

Update - Bradford Teaching Hospitals NHS Foundation Trust

27th May 2020

WHAT IS HAPPENING WITHIN THE EYE DEPARTMENT AT BTHFT?

The current situation at BTHFT is that the default for appointments is still a Telephone Consultation (FTF) with minimal face to face (FTF). We are starting to plan the next 3-6 months as we envisage slowly opening up to more FTF or test-only (TO) clinics.

OUTPATIENTS - Booked NEW and F/UP appointments

All patients who currently have an appointment in Ophthalmology, or who are due an appointment in the next few weeks are being triaged by the lead consultant or Optometrist within each sub-specialty. The vast majority of patients are having a telephone consultation (TC) with the use of photos or video consultation (VC) if necessary.

In addition, all patients on waiting lists are being given either a 'RAG rating' (RED, AMBER, GREEN) or some other triaging system to describe how urgent future treatment, testing (e.g. OCT/visual fields etc) or future FTF consultation is. The idea is that as we slowly open up to more FTF appointments, patients who have been classified as RED will be seen first.

What should I tell my patients?

If your patient is already under the HES for routine outpatient care or was referred prior to the current COVID-19 situation for a routine outpatient appointment. Please reassure them that we are reviewing the waiting lists and continuing to assess the clinics in a timely order. They will receive an 'appointment' letter which will advise them of a TC appointment or may be directly phoned by a secretary or doctor. Please tell them NOT to attend the hospital for their appointment unless they have been contacted by the Dr or their secretary and asked to do so.

When can I start sending Routine referrals?

At the moment **NO NEW ROUTINE** referrals can be accepted. As such the advice regarding routine referrals that was sent out in communications in March and copied below still stands.

"Routine – **Refer after the CV crisis has ended.** Write the referral now, give/post a copy to the patient but **do not send to the GP yet**; keep a list of referrals you need to send when normal service has been resumed (HES will advise when)"

What about cataract surgery?

At present there is no routine cataract surgery taking place. All patients on the waiting list for cataract surgery are being triaged according to a priority grading. Patients who have already been referred DO NOT need to be referred again. Once surgery recommences, patients will be contacted according to priority grading.

Unfortunately, even if considered 'urgent' (e.g. driving standard issues, anisometropia) we are **currently unable to accept new referrals for cataract surgery.** As soon as this situation changes, we will let you know.

OUTPATIENTS – Urgent eye care referrals

Eye casualty is still running Monday to Friday (9:30am-12:30pm, 1:30pm-5:00pm) and out of hours via the on-call as normal.

We are currently running one FTF clinic, one TC clinic and we have one phone line for in-coming calls (01274 364238). After 5pm Mon-Fri and on weekends and Bank Holidays, please call 01274 542200 and ask for the ON-CALL Ophthalmologist.

Please also use (01274 364238) for other less urgent queries or to ask for advice about your patients.

What sort of conditions are we seeing in Eye Casualty?

Any patient that we are not happy to manage over the phone is being asked to attend for an FTF appointment. We are able to do any scans/tests/ slit-lamp assessment the clinician feels are necessary, whilst being conscious to avoid unnecessary time within the department and contact with the patient.

When a clinician calls with a referral, from the information given, it will be decided if a TC or FTF appointment is needed. If, following a subsequent TC with the patient, an FTF appointment is needed, this will be booked.

What would you be comfortable with Optometrists managing?

As always, it is important for all clinicians to work within the limits of their competence. We want to ensure that Optometrists feel they are able to refer patients who they believe would benefit from a second opinion. If you would like advice, please ring the above number.

What do I do with a patient with a...?

For all situations listed below, please ring for advice if you are unsure. When contacting, please have as much information as possible to hand. Including, but not exclusive of, VA's, time course, medications, general health, past ocular health.

- 1) **Red Eye/painful eye** -key red flags are pain that keeps a patient awake at night or an eye that is getting worse despite treatment
- 2) **Flashes and Floaters** – if you suspect a retinal tear, please contact us. We are able to do laser retinopexy's. If you suspect a retinal detachment, useful information to include (if readily available) is:
 - a. Lens status – pseudophakic/phakic
 - b. Symptoms and duration
 - c. Extent of retinal detachment in clock hours – if you have a fundus view/photo
 - d. Presence of breaks – type, location
 - e. Ask about symptoms – reporting of a shadow or field defect

3) Watery Eye/Lid/lacrimal system problems

- a. If any ocular surface issue has been identified and treated and FTF assessment of lacrimal apparatus is needed, this can be referred routinely, but there are no dates for starting these clinics at present.
- b. Currently only query tumour biopsies are being carried out in theatre
- c. Once we are open to routine referrals, situations causing ocular discomfort/lid malposition can be referred routinely and will be triaged with a possible TC. These patients could be listed from an adequate photo (sent either by the referrer or patient), but these procedures are not currently being carried out.

4) Blurry vision – a good history – get as much information as possible. If you are talking to the patient over the phone think about:

- a. How long?
- b. Getting worse/better/stable?
- c. Sudden onset/gradual?
- d. Full visual field or specific (e.g. central) area
- e. Constant/intermittent?
- f. Any predisposing factors?
- g. Any associated symptoms?
- h. Contact lens wearer?

What is your preferred option for receiving images?

At present, both referrers and patients are able to send pictures via a new (bthft.nhs.uk) email address. The usual restrictions with regards to using only nhs.net emails have been lifted. However, this is not a monitored email, and as such, you will be given the details of the address if it is considered appropriate for dealing with the patient.

In the future, we are hoping to be able to offer other digital forms of communication with local Optometrists and are currently looking into the logistics of this. For example, a queries email address for non-urgent questions. However, we are unable to offer this at the current time.

Any other questions?

We plan to continue to update community Optometry as changes occur and are keen to keep the lines of communication open. If you have any questions about our service that are not related to a specific patient, please feel free to email the Head of Optometry, Dr Charlotte Hazel (charlotte.hazel@bthft.nhs.uk)