

BCUHB Optometry Referral Guidance

Referral Process

Emergency referrals (telephone same day)

The emergency eye casualty clinic is for emergency cases and accessed by appointment only. Please do not send a patient to eye casualty without an appointment or directly to A and E. Please telephone the eye clinic at:

- **Wrexham Maelor:** 03000 848670
- **Abergele:** 03000 855214
- **Ysbyty Gwynedd, Bangor:** 03000 841779 / 03000 841777

Out of hours please ask for the on-call Ophthalmologist by calling the switchboard at:

- **Wrexham Maelor:** 01978 291100
- **Glan Clwyd:** 03000 844100
- **Ysbyty Gwynedd, Bangor:** 01248 384384

Please give the patient your referral to bring to the hospital.

Urgent referrals (email)

Please do not send these referrals via post and please do not telephone these through to the eye clinic. Please email these referrals to the urgent referral email address for the appropriate eye clinic:

- **Wrexham Maelor:** BCU.OphthalmologyReferralsEast@wales.nhs.uk
- **Abergele:** BCU.EyesUrgentReferrals@wales.nhs.uk
- **Ysbyty Gwynedd, Bangor:** BCU.OphthalmologyOnCallReferralsWest@wales.nhs.uk or for wet AMD: BCU.OphthalmologyAMDreferralsWest@wales.nhs.uk

Please remember to include the patient's full telephone number.

Please note that there is a dedicated clinic for wet AMD. Please use the 'Rapid Access Wet AMD Referral Form' and mark the email subject FAO: Rapid Access AMD Clinic.

Routine referrals (letter posted)

Priority will be assessed on receipt of referral

Please post your referral to the below address at the relevant site:

Wrexham Maelor

Patient Access and Booking
Centre
Wrexham Maelor Hospital
Croesnewydd Road
Wrexham
LL13 7TD

Abergele

Stanley Eye Unit
Abergele Hospital
Llanfair Road
Abergele
LL22 8DP

Ysbyty Gwynedd

Appointment Centre
Ysbyty Gwynedd
Bangor
Gwynedd
LL57 2PW

Referral Guidelines

The conditions outlined in this document are not exhaustive but rather examples intended to reflect those that might be encountered in primary care practice. This is for **guidance** only and does not override a practitioners own clinical judgement or professional responsibility. Each patient should be dealt with on an individual basis.

NB, if a condition can be managed via IPOS Urgent and there is local provision and capacity, then all Optometrists have an obligation to refer to IPOS Urgent ahead of secondary care. For IPOS Urgent referral guidance and up-to-date availability, please consult the BCUHB page of the Eye Care Wales website.

Emergency referrals

- | | | |
|-------------------------------------|---|---|
| - Chemical injuries | - Periorbital inflammation with pain and swelling | - Retinal breaks and tears |
| - Unexplained sudden loss of vision | - Pulsating proptosis | - Retinal detachment |
| - Penetrating injuries | - Suspect Intra Orbital Foreign Body | - Suspected temporal arteritis with ocular symptoms |
| - Direct blunt trauma to eyeball | - Acute flashes and floaters with tobacco dust | - Posterior uveitis |
| - Lid or corneal laceration | - Vitreous haemorrhage | - Papilloedema/3rd nerve palsy |
| - Hyphaema | - Central Retinal Artery Occlusion within 24 hours, ideally 6 hours | - Acute angle closure glaucoma |
| - Hypopyon | | - Ophthalmia neonatorum |
| - Acute anterior uveitis | | |
| - Microbial keratitis | | |
| - HSK (first time finding) | | |

Urgent referrals

- | | | |
|---|--|---|
| - Acute diplopia | - Rust ring (OO removed corneal FB) | - Optic neuritis |
| - Pain on ocular movements | - Vitritis | - Pre-retinal haemorrhage |
| - HZO (refer immediately to GP to commence anti-viral treatment before HES appointment) | - Central Retinal Artery Occlusion more than 24 hours | - Suspect choroidal melanoma or high risk/elevated naevus |
| - HSK (known) | - Retinal Vein Occlusion (within 3 months) | - IOP greater than 30 mmHg (clear cornea, pain free) |
| - Iris rubeosis | - Macular oedema | - Proliferative diabetic retinopathy |
| - Scleritis | - Central serous retinopathy | - Visual field defect suggesting neurological investigation |
| - Squamous cell carcinoma | - Optic disc pallor with reduced vision/ other signs of concerns | |
| - Severe corneal abrasion | | |

Routine referrals

- | | | |
|--|--|---|
| - Cataracts | - Severe dry eye | - Optic disc pallor (no obvious cause) |
| - Basal cell carcinoma | - Keratoconus | - Glaucoma suspect (primary open angle) |
| - Entropion/Ectropion – | - Pterygium threatening visual axis | - Ocular rosacea |
| - Inflamed pingueculae | - Corneal dystrophy and reduced VA | - Nasolacrimal duct obstruction |
| - Persistent blepharitis | - Incidental finding of unequal pupils | - Certification for registration |
| - Persistent meibomian, zeis or moll cysts | - Macula hole | - Any significant incidental findings with no associated symptoms |
| - Persistent hordeolum | - Retinal haemorrhages (non diabetic) | - Request to expedite a previous referral |
| - Melanosis of lids - changed | - Optic disc pits | |
| - Conjunctival cysts causing discomfort | - Retinitis pigmentosa | |
| - Unusual pigmented lesions of the fundus | | |
| - Persistent epiphora | | |

Optometrist/ GP managed

- | | | |
|--|---|--|
| - Blepharitis | - Dry eye | - Pterygium |
| - Chalazion | - Diagnosed corneal dystrophy with good VA | - Asteroid hyalosis |
| - Hordeolum | - Superficial corneal abrasion | - Flashes and floaters (EHEW guidance applies) |
| - Contact lens associated conditions | - Foreign bodies – superficial corneal and subtarsal | - Dry AMD |
| - Concretions | - Keratitis – contact lens associated infiltrative, marginal and photokeratitis | - Diagnosed Ocular Hypertensive and suspect glaucoma patients discharged from HES with accompanying management plan. |
| - Bacterial conjunctivitis | - Episcleritis | - Migraine |
| - Hayfever and allergic conjunctivitis | - Pinguecula | |
| - Sub-conjunctival haemorrhage | | |
| - Meibomian gland dysfunction | | |

General guidance

Please ensure all referrals contain accurate patient contact details and referring Optometrist/ practice details. Please try to avoid acronyms and abbreviations as these are not necessarily universally recognised by different professional groups.

Please use your judgement as to the urgency of a referral and use the eye clinic telephone number for true emergencies only. Following an urgent referral via the urgent email address, you should receive confirmation of receipt from the eye clinic. If you receive this confirmation, you do not need to follow up with a phone call to confirm receipt.

Please do not send routine referrals via the urgent email in addition to posting as this creates additional work for staff, duplication of paperwork and potentially duplication of appointments.