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 / 03000 855229 (nurse practitioner line, not for patients)
- **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	**Abergele**	**Ysbyty Gwynedd**
Patient Access and Booking Centre Wrexham Maelor Hospital Croesnewydd Road Wrexham LL13 7TD	Stanley Eye Unit Abergele Hospital Llanfair Road Abergele LL22 8DP	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
- Unexplained sudden loss of vision
- Penetrating injuries
- Direct blunt trauma to eyeball
- Lid or corneal laceration
- Hyphaema
- Hypopyon
- Acute anterior uveitis
- Microbial keratitis
- HSK (first time finding)
- Periorbital inflammation with pain and swelling
- Pulsating proptosis
- Suspect Intra Orbital Foreign Body
- Acute flashes and floaters with tobacco dust
- Vitreous haemorrhage
- Central Retinal Artery Occlusion within 24 hours, ideally 6 hours
- Retinal breaks and tears
- Retinal detachment
- Suspected temporal arteritis with ocular symptoms
- Posterior uveitis
- Papilloedema/3rd nerve palsy
- Acute angle closure glaucoma
- Ophthalmia neonatorum

Urgent referrals

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

Routine referrals

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

Optometrist/ GP managed

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

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.

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