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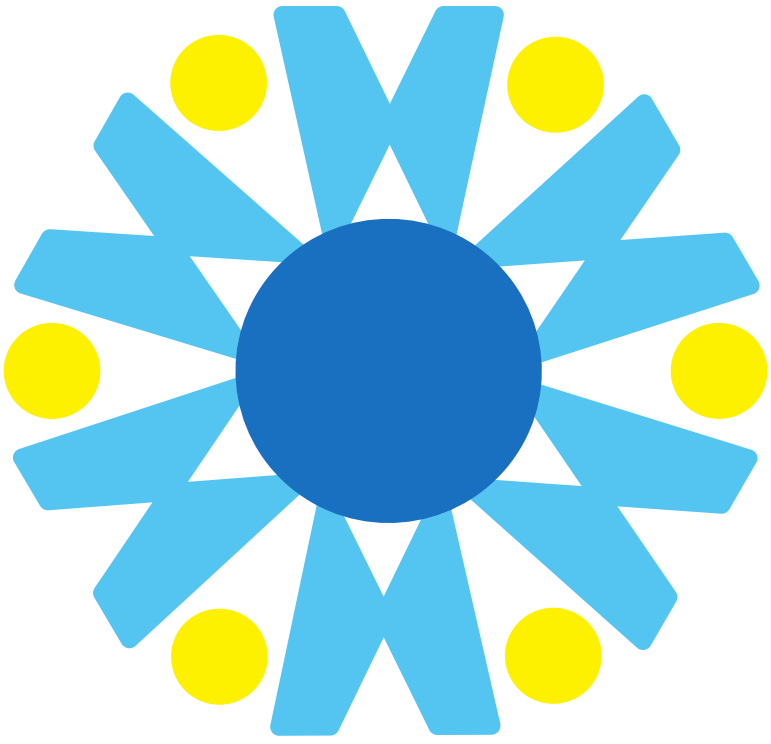
Manchester Royal Eye Hospital

Referrals Guide for Primary Care Optometry



MREH Referrals Guide, Version 5, July 2025

Welcome

The following information has been compiled by the Manchester Royal Eye Hospital (MREH), by clinicians, to guide you when referring to MREH services and particularly to help identify the department or service required for certain clinical presentations.

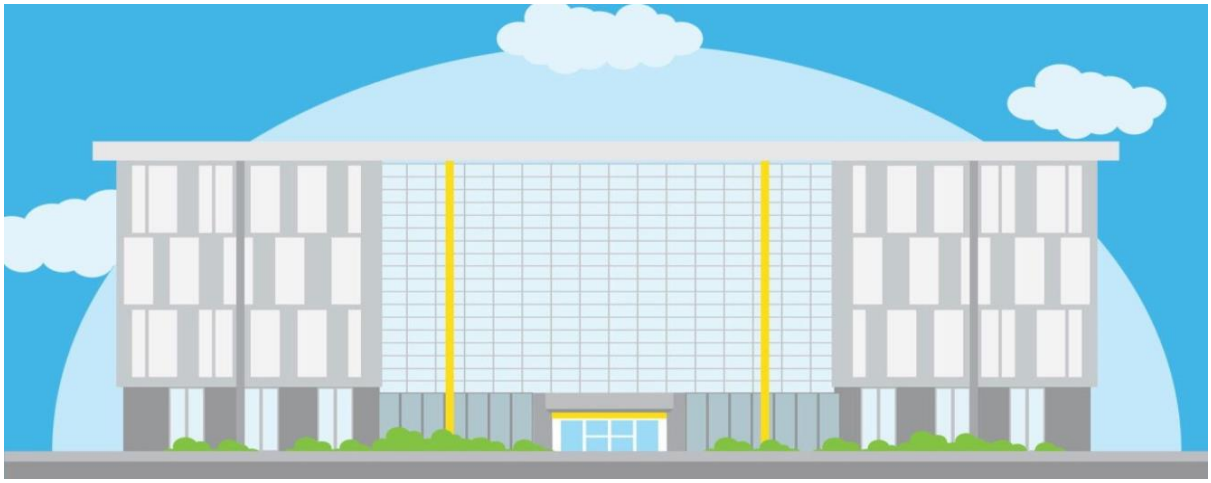
This document has been designed as a digital document to allow for quick updates when required. If you decide to download it, take note of the version and date information in the footer and then look out for newer versions to make sure you have the most up to date version. It will be available on the MREH website here:

https://mft.nhs.uk/royal-eye/about-us/primary-care-optometrists/

This document makes reference to Opera, however MREH does not administer the Opera referral system, this system has been commissioned to be used in primary care optometry by NHS England and overseen by Primary Eyecare Services. Should you experience difficulties, you should contact the Opera helpdesk.

This information is aimed at optometrists when MREH is selected as the provider the patient is being referred to. We are a large specialist hospital, where our clinicians work within sub-specialist teams to meet the needs of our patients; we organise our referral pathways to reflect this. Please do not apply the guidance here to other providers you may refer patients to, as they are likely to have different processes in place. The Opera system will offer you a list of providers based on the patient's CCG of responsibility.

We welcome any feedback you have regarding this document:
https://www.surveymonkey.co.uk/r/BCJTH23

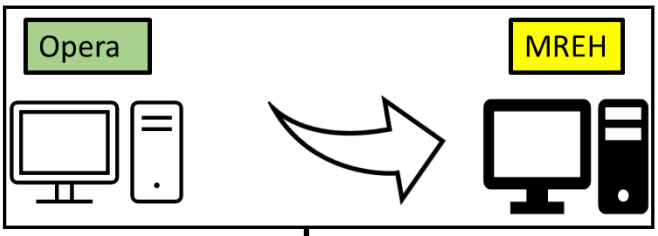


How are referrals processed?

After you send a referral from Opera, it is converted to land within the MREH electronic referral service (eRS) then onto the hospital electronic patient record. MREH clinicians are then presented with referrals to triage; to accept or reject them and decide a suitable timeframe for an appointment. The diagram on the next page outlines this process.

This triage process excludes referrals to our quick access emergency services; EED and EMAC. These services have a different process recognising the emergency pathway required.

This process also excludes adult cataract referrals. The enhanced referral scheme in place requires adult cataract referrals to meet a certain threshold for referral and therefore do not require a clinical triage. These referrals are received by the Cataract Centre then allocated an appointment based on order of receipt.



Referral is sent via Opera.

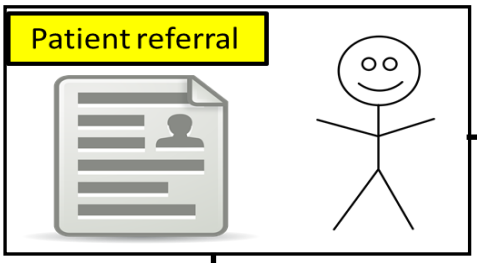
Software converts Opera referral to land onto MREH referral system

Referral lands on the worklist of the Ophthalmic sub-specialty selected within Opera

Each sub-specialty team are responsible for triaging referrals on their worklist.

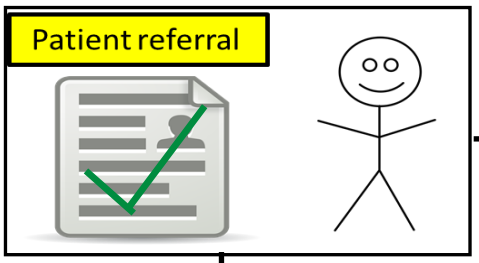
Teams have nominated clinicians or rotas

The target is that each referral is triaged within 7 working days of it landing on the worklist



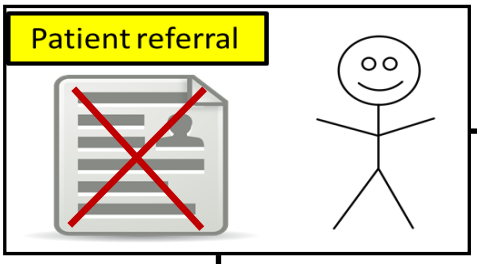
Each referral, particularly clinical examinations, attachments and free text field are reviewed.

Clinician considers; is there enough information to triage this patient and do they need to be seen in hospital?



If accepted, the clinician will use all the referral information to decide how soon an appointment is needed.

We may or may not agree with the routine/urgent referral label, a decision is made from the clinical information presented. Caution is therefore advised when communicating with patients about urgent labelling of referrals.



If rejected, it has been decided:

Hospital care not required, based on information provided. We may provide advice to manage in primary care. Or ...

Not enough information to enable a triage decision - we may ask for more information.

Urgent ??

Routine ??

Each accepted referral is labelled & the admin team action

'Urgent' = book appointment within 6 weeks

'Urgent, & X weeks' = book appointment within time specified

'Routine' = add patient to waiting list for next available appointment

Patient factors

By highlighting specific information about the patient in the 'Patient Factors' section, we can make adjustments for the patient before and/or during their appointment.

Eg. By recording that a child has an autism diagnosis, we could:

- Find a side room they can wait in
- Book them as the first patient of the clinic
- Send a storyboard out to help them prepare

By highlighting key information, we can also contact the patient, parent or carer.

Please make use of free text field at the end, perhaps observations you make or information you are told; it is extremely valuable and will improve the patient's experience.

Referral information, images, scans

The information provided with referrals enables MREH clinicians to make a decision of how to proceed in the care of a patient; so please include all clinical details requested.

We are very grateful for you enclosing visual field and imaging attachments where possible, as this helps us triage referrals effectively and is useful when looking for repeatability of results.

General health and medications

Please do seek patient consent to include the summary care record with referrals where possible. This ensures the clinician triaging or reviewing the patient has additional clinical information. If this isn't possible, we are grateful for you providing as much relevant information as you have in your Opera referral.

Multiple clinical presentations

If a patient presents with more than one complaint, which would fall under different sub-specialties, please refer each complaint separately to the sub-specialties the patient requires. This will allow the patient to access care from each sub-specialty in the most appropriate timeframe.

Guidance for patients already under the care of MREH

If a patient already under the care of MREH experiences a change or deterioration in the condition MREH are treating/managing, it is helpful for this information to be escalated to the team caring for the patient so they can review the patient and act if needed. You can do this by documenting your clinical observations demonstrating change/ deterioration plus examinations undertaken then:

> Send via your nhs.net email account (to ensure a secure exchange) - mark the email *FAO consultant and/or clinical team responsible for patient* and send to mft.mreh.referrals@nhs.net

If you identify that a patient already under the care of MREH needs to be seen for a different/new presenting complaint by a different sub-specialty, you need to refer the patient to the sub-speciality they now need, as a new referral on Opera.

Please do not assume this will be done internally; if they have not been seen recently at the hospital the different/new presenting complaint will not have been identified.

Emergency services

Our emergency services are designed to see and treat patients who need emergency care for a clinical presentation requiring eye or sight saving intervention.

These services are organised to enable quick access to care for patients who need it, these patients do not follow the clinical triage process set out on page four.

Eye Emergency Department

If a patient needs to be seen due to an eye or sight threatening emergency, they can be referred to our Emergency Eye Department (EED), please follow our advice below.

EED opening times - 7 days a week 08:00 – 20:00

Patients should be sent to MREH EED in the two scenarios below:

When to send patient to EED	Process for primary care optometrists to follow
1. Where the presenting complaint falls under the red section of the 'REFERRAL GUIDELINES FOR OCULAR PATHOLOGY IN GREATER MANCHESTER' document located on the GM LOCs website within the Emergency eye referrals section for each locality area	Where the presenting complaint falls into the red category of the guidelines table, you should send the patient straight to EED. You do not need to call the department. MREH will **not** contact patients referred through on Opera, it is your responsibility to make sure they attend straight away. Give the patient a referral letter or an opera print-out to bring with them.
OR	
2. After the patient case has been discussed with a clinician in the department. This is for cases where the presenting complaint does not fall into the red emergency section but you suspect the patient may still need some form of emergency care.	Optometrists can seek advice on a patient you think needs referring to EED by calling the department on 0161 701 0249 – 7 days a week 08:00-20:00 EED do not contact patients - it is the responsibility of the optometrist to follow up with the patient after seeking advice, which may include sending the patient to EED.

Referring to MREH EED on Opera

MREH recognise, practices using Opera will have used the system to refer to EED to evidence the end point the patient has been sent to.

Opera referrals to EED are not seen by clinicians.

There is currently no capacity for the clinical team working in EED to review referrals sent via Opera; no clinical feedback will be provided. Advice can be sought via telephone - 0161 701 0249

If you are sending a patient to EED, please print out the Opera referral or send a letter with them. This allows the EED to understand your clinician concerns and examinations undertaken.

Community Urgent Eyecare Services (CUES)

If you are not providing CUES in your practice, you should consider whether the CUES service could meet your patient's needs, e.g. does this patient meet CUES suitability criteria? If so, please refer the patient onto CUES. You can use the information on the Primary Eyecare Service's webpage to help your patient find a suitable optometrist .

Please be aware that patients arriving in our department undergo a clinical triage and in suitable cases we are streaming away from EED and directing patients to CUES.

If you are a CUES practice and do not have capacity to see a patient needing a CUES appointment, your practice is responsible for finding the patient an appointment from the local network of CUES practices.

Emergency Macular (EMAC)

Appears on Opera as:

MREH - EMAC - (EMERGENCY MACULAR ASSESSMENT CLINIC) REFERRALS FOR WET AMD, RVO WITH MACULAR OEDEMA AND CNV ONLY

Guiding principle for referral - patients who you feel may require urgent treatment with intravitreal injection therapy. E.g.

- Wet Age-related Macular Degeneration
- Retinal vein occlusion with CMO
- Myopic choroidal neovascularisation

This does not include conditions needing surgical management, eg. Macular hole. They should be referred to the Vitreoretinal service via Opera.

The EMAC service enables patients to have scans and images taken quickly to make a diagnosis and initiate a treatment plan.

Artery occlusion of recent onset (within 24 hours) -send to Emergency Eye Department. If not recent onset -send to GP the same day & routine Medical Retina.

For guidance, we have highlighted examples of macular presentations which do not need to be referred to EMAC but to other ophthalmic services instead:

Clinical presentation	Refer to
Central/Branch Retinal Vein Occlusion without macula oedema	Medical Retina
Diabetic Macular Oedema	
Central Serous Retinopathy	
Vitreomacular Traction	Vitreoretinal
Macular Hole	
Epiretinal membrane	

EMAC referral pathway

Advise the patient that you have organised an urgent referral as you consider the patient to have a sight threatening pathology and best outcomes are often obtained by prompt treatment.

Explain to the patient they will receive a phone call from MREH to book an urgent appointment as you consider the patient to have sight threatening pathology. Please tell them to expect a phone call within the EMAC office hours.

Please give them this patient handout, so they can fill in the time and date details, this also lists the clinic locations they can attend for their appointment.

Refer via Opera selecting the EMAC option. Ensure the referral clearly states the best telephone number for the patient to enable us to contact them.

For Optometrists without access to Opera, please follow all steps above, then refer patients by completing the MREH EMAC Referral form and send via your nhs.net email account. Fillable form available on GMLOCs website.

Email form to: mft.macular@nhs.net - only secure if sent from an nhs.net account

Please note our EMAC office hours are Monday – Friday 08:30-16:30

Sub Speciality services

The following information is to help identify which MREH service to refer certain clinical presentations to. Referral to these services will enact a clinical triage process which is described on page four of this document.

Adult Diplopia/Squint	
Conditions treated	Ocular motility disorders, cranial nerve disorders, squint, strabismus, double vision diplopia, binocular vision disorders.
Procedures performed	Restoration of binocular vision or ocular alignment which may include, prisms, bangerter foils, occlusion, Strabismus surgery, botulimum toxin injections, exercises, manipulation of lenses.
Examinations or information required	Up to date optometric assessment report. For patients with diplopia, to help the MREH clinician judge the timeframe to see the patient within, please also include the following: • time of onset (weeks/months/year) • direction of diplopia (horizontal/vertical/torsional) • whether it is constant or intermittent • whether it is occurring at near/distance/or only in certain gazes • if there are any associated symptoms or features (new headaches/lid/pupil changes)
Key information for referrer	If urgent, acute onset please send to Emergency Eye Department, with a letter documenting the patients clinical presentation.
Ages accepted	18 years and over
Appointment types available to MREH clinicians	Urgent Routine

Cataract	
Conditions treated	Cataract, lens opacity, lenticular opacity, nuclear cataract.
Procedures performed	Cataract surgery under local and general anaesthetic/sedation. All patients undergo an initial assessment at the Cataract Centre at Withington Community Hospital. Local anaesthetic cases are undertaken there. Sedation or general anaesthetic cases are undertaken at the main MREH site on Oxford Road.
Examinations or information required	Indicate if patient has cataract related symptoms that affect their ability to function day to day in a significant way (blur, glare or night-time halos). Up to date optometric assessment report, including refraction and best corrected visual acuity measurements. Indicate if the patient has chronic confusion, learning disabilities or dementia.
Key information for referrer	Referrals must align to the Greater Manchester effective use of resources policy. Referrals must adhere to the enhanced cataract referral pathway, through optometrists trained to undertake 'pre cataract' appointments. Patient should have been counselled on the risks and benefits of cataract surgery and then be willing to undergo surgery if offered. If there is a concurrent condition which may need assessing first please refer to that sub-specialty e.g. Macular hole, significant ERM with traction, significant entropion. This service does not provide YAG laser, they must be sent via Opera by selecting the dedicated YAG laser pathway, using a GOS18 referral.
Ages accepted	18 years and over Patients younger than 18 years – see paediatric section
Appointment types available to MREH clinicians	Urgent Routine Following your referral, patients will be sent a letter inviting them to book an appointment on a day/time that suits them. Waiting times are short and kept up to date on opera at the point of referral.

Cornea/External Eye Disease	
Conditions treated	Keratoconus, Corneal Dystrophy, Fuchs Endothelial Dystrophy, Corneal Transplant, Corneal Graft, Corneal Ectasia, Peripheral Ulcerative Keratitis, Mucous Membrane Pemphigoid, Pterygium, iris lesions, conjunctival lesions, ocular surface issues
Examinations or information required	Up to date optometric report. Refraction information is required. Any previous refractive data is very helpful to assess change in keratoectasia.
Key information for referrer	
Ages accepted	18 years and over Patients younger than 18 years – see paediatric section
Appointment types available to MREH clinicians	Urgent Routine

Glaucoma	
Conditions treated	Glaucoma, ocular hypertension, suspected glaucoma
Examinations or information required	Full optometric report including intraocular pressure, Van Herick assessment, optic disc examination, visual field assessment. All patients with suspected glaucoma should undergo repeat readings or be seen by a GERs Optometrist prior to referral to MREH. Therefore, all referrals should include Goldmann applanation tonometry (GAT). Nice guidance specific to glaucoma is available here, with section 1.1 aimed at primary care professionals to support referral. https://www.nice.org.uk/guidance/ng81/chapter/Recommendations
Key information for referrer	Ensure repeat readings and Glaucoma Enhanced Referral schemes are used first if they are commissioned by the CCG responsible for patient's care.
Ages accepted	18 years and over Patients younger than 18 years – see paediatric section
Appointment types available to MREH clinicians	Urgent Routine

Medical Retina	
Conditions treated	Retinal pathology, retinal lesion, retinal vein occlusion, retinal aretry occlusion, retinal embolus, retinal vascular conditions, retinal haemorrhage, retinal macroaneurysm, central serous retinopathy, retinoschisis, inherited retinal conditions, retinal dystrophy, myopic degeneration, drug induced retinal toxicity including chloroquine and hydroxychloroquine toxicity, diabetic retinopathy, diabetic macular oedema
Examinations or information required	Up to date optometric report.
Key information for referrer	If you suspect WET AMD, Myopic CNV, CNV of unknown cause -Refer patient to the EMAC service (see guidance on page nine). Artery occlusion of recent onset (within 24 hours) -send to EED; If not recent onset/TIA -send to GP the same day & routine MR
Ages accepted	18 years and over
Appointment types available to MREH clinicians	Urgent Routine

Neuro-ophthalmology	
Conditions treated	Cranial nerve problems (2, 3, 4, 6 *NOT* 5 or 7), non-glaucomatous optic disc concerns/pathology, non-glaucomatous visual field defects, bitemporal hemianopia, investigated homonymous visual field defects, visual function monitoring in confirmed neurological pathology, unequal pupils, diplopia, ophthalmic neuro-muscular disorders, visual perception disorders.
Examinations or information required	Up to date optometric report.
Key information for referrer	Please refer above conditions treated to neuro-ophthalmology, except, **EED** - Acute vision loss, Unilateral or bilateral swollen discs, Anisocoria associated with ptosis or diplopia, acute double vision, Suspected GCA with ophthalmic signs (Ischaemic optic neuropathy, new cranial nerve palsy, transient visual loss), Acute optic neuropathy **General A&E** – New homonymous visual field defect*, Suspected GCA without ophthalmic signs, Systemic symptoms (breathing, speech, swallowing issues) in those with or suspected of having a neuro-muscular disorder that can affect eyes **GP** – Migraines or headaches with normal eye exam, transient visual symptoms with normal eye exam (migraine/TIA) *If non-symptomatic/incidental finding - please direct to GP to investigate (stroke work up) in addition to sending a routine OP neuro-ophthalmology referral.
Ages accepted	18 years and over
Appointment types available to MREH clinicians	Urgent Routine

Paediatric Squint and vision clinic	
Conditions treated	A number of community orthoptic services, separate to MREH, should be referred to initially for some children. They provide a suitable clinic closer to home. Please note this varies based on the patient's age and CCG – see 'Key Information for referrer' box below. For Manchester CCG patients aged 8 years or above, refer the following conditions to MREH: Ocular motility disorders, squint, strabismus, reduced vision, amblyopia, double vision, diplopia, binocular vision disorders.
Examinations or information required	Up to date optometric report. All refraction information, including what the prescription is, whether it has been issued and if cyclopentolate was used for the refraction. Please include information regarding the health of the fundus and media; this is needed for triage timeline decisions. Include information regarding any learning disabilities and autism, as part of free text field or patient factors boxes. This allows MREH to make adjustments required for children with mild, moderate and severe learning disabilities.
Key information for referrer	If urgent, acute onset please send to Emergency Eye Department, MREH. If any significant glasses prescriptions requirements are found, please issue these. Exclusion - The below conditions should be referred to the community orthoptics teams for: - Trafford, Salford, Tameside and Glossop CCG patients up to 18 years old. and - Manchester CCG patients up to 7 years, 11 months Ocular motility disorders, squint, strabismus, reduced vision, amblyopia, diplopia, binocular vision disorders. To find this service on Opera select: Children and adolescents > Ophthalmology – orthoptics > And select '[CCG name] Orthoptic service -paediatric' Exclusion - Patients over the age of 18 need to be referred to a MREH sub-specialty service.
Ages accepted	0 - 17yrs 11 months
Appointment types available to MREH clinicians	Urgent Routine

Paediatric clinic	
Conditions treated	Ptosis / eyelid disorders, uveitis, optic nerve disorders, corneal and external eye disease, paediatric cataract, monocular diplopia, new onset nystagmus, oscillopsia, paediatric glaucoma, epiphora, non -resolving eyelid cysts or eyelid disorders affecting vision, retinal pathology, ocular structural abnormalities, inherited eye disease
Examinations or information required	Up to date optometric report. All refraction information, including what the prescription is, whether it has been issued and if cyclopentolate was used for the refraction. Please include information regarding the health of the fundus and media; this is needed for triage timeline decisions. Include information regarding any learning disabilities and autism, as part of free text field or patient factors boxes. This allows MREH to make adjustments required for children with mild, moderate and severe learning disabilities.
Key information for referrer	Exclusion - Patients over the age of 18 need to be referred to a MREH sub-specialty service. Please note, for Strabismus and amblyopia, follow the guidance in the 'Paediatric Squint and vision' table above. Including referral to community orthoptic clinics.
Ages accepted	0 - 17yrs 11 months
Appointment types available to MREH clinicians	Urgent Routine The urgent or routine appointment label on the referral may be changed by the triaging clinician who will ask for an appointment to be booked within a reasonable timeframe based on the referral information. Caution is recommended when discussing urgent and routine labels with parents/guardians/children, as the hospital is able to change these and will do so based on the clinical information provided.

Oculoplastics	
Conditions treated	Chalazion, blepharitis, noninfectious dermatoses of eyelid, dermatochalasis, inflammation of eyelid, entropion, trichiasis, ectropion, lagophthalmos, blepharochalasis, ptosis, eyelid function disorder, lid retraction, blepharophimosis, ankyloblepharon, degenerative disorders, chloasma of eyelid, madarosis of eyelid, vitiligo of eyelid, hypertrichosis, retained foreign body, parasitic infestation of eyelid in leishmaniasis, parasitic infestation of eyelid in loiasis, parasitic infestation of eyelid in onchocerciasis, parasitic infestation of eyelid inphthiriasis, involvement of eyelid in herpesviral, involvement of eyelid in leprosy, involvement of eyelid in molluscum contagiosum, involvement of eyelid in tuberculosis, involvement of eyelid in yaws, involvement of eyelid in zoster, involvement of eyelid in impetigo, disorder of lacrimal system, dacryops, dry eye syndrome, watery eyes, lacrimal cyst, lacrymal gland atrophy, epiphora, acute inflammation of lacrimal passages, acute dacryocystitis, subacute dacryocystitis, acute phlegmonous, subacute phlegmonous, acutecanaliculitis, subacute canaliculitis, acute dacryopericystitis, subacute dacryopericystitis, chronic inflammation of lacrimal passages, chronic dacryocystitis, chronic lacrimal canaliculitis, chronic lacrimal mucocele, lacrimal system stenosis, lacrimal system insufficiency, dacryolith, punctal ectropion, eversion of lacrimal punctum, stenosis of lacrimal canaliculi, stenosis of lacrimal duct, stenosis of lacrimal sac, disorder of lacrimal system, lacrimal fistula, disorder of orbit, acute inflammation of orbit, abscess of orbit, cellulitis of orbit, osteomyelitis of orbit, periostitis of orbit, tenonitis of orbit, chronic inflammatory disorder of orbit, granuloma of orbit, exophthalmic conditions, displacement of globe, haemorrage of orbit, oedema of orbit, deformity of orbit, atrophy of orbit, exostosis of orbit, enophthalmos, cyst of orbit, dysthyroid exophthalmos, thyroid eye disease, thyroid ophthalmopathy, Grave's orbitopathy
Examinations or information required	Up to date optometric report. Please use the free text field to document the presenting complaint, this helps the triage process. Attaching an image to the referral is recommended where relevant.
Key information for referrer	Suspected non-BCC periocular cancers need to be referred urgently. All other BCCs will be seen on a soon basis, usually within six weeks.
Ages accepted	All ages
Appointment types available to MREH clinicians	Urgent Routine

Vitreoretinal	
Conditions	Epiretinal membrane (macular pucker), vitreomacular traction and/or macular hole, vitreous haemorrhage, floaters, tractional retinal detachment, complications of cataract surgery and trauma. Rhegmatogenous retinal detachment and retinal tears; send patient straight to eye emergency department.
Examinations or information required	Up to date optometric report
Key information for referrer	Rhegmatogenous retinal detachment and retinal tears; send patient straight to eye emergency department at MREH. Patients under the age of 18 should be referred to the Paediatric clinic in the first instance but may have surgery with the Vitreoretinal Unit if indicated.
Ages accepted	18 years and over
Appointment types available to MREH clinicians	Urgent Routine

YAG laser capsulotomy	
Conditions	Posterior capsular opacification
Examinations or information required	Up to date optometric report Tonometry (contact or non-contact) should be included. OCT is useful if available in your practice
Key information for referrer	Please note, we do not perform YAG laser at the Cataract Centre at Withington community hospital. Referrals for YAG laser need to go to the YAG option via Opera. Referral to the cataract service will significantly delay the patient. Laser procedures separate from PCO should be referred to the sub speciality responsible for the underlying pathology. E.g. glaucoma for - Laser iridotomy. If the patient is under 18, please refer to paediatrics.
Ages accepted	18 years and over
Appointment types available to MREH clinicians	Urgent Routine

Sub Speciality services with no Opera endpoint

Uveitis

MREH do not have a uveitis endpoint for primary care optometrists to refer via Opera. A uveitis presentation requires time critical treatment, which MREH provide through the Emergency Eye Department, who can treat the patient and arrange any tests required then liaise with the uveitis sub specialist team. Patients should access care via their local Eye Emergency pathway (to enable any local ongoing care if required), if this is MREH please follow the Emergency Eye Department guidance set out in this document. For uveitis presentations optometrists should always give patients a letter or an opera print out to bring with them documenting; their examination findings, an up-to-date optometric report, visual acuity, IOP and a summary of their clinical concerns to support the suspicion of uveitis.

The Uveitis team look after the following conditions: Uveitis, chorioretinitis, anterior uveitis, intermediate uveitis, posterior uveitis, panuveitis, retinal vasculitis, retinitis, intraocular lymphoma, scleritis.

Low vision

MREH does not currently have a single 'Low Vision' endpoint for you to refer to. Patients in need of this service should be referred to the sub-speciality related to the primary condition causing sight loss. If your patient requires access to the low vision service, refer to the relevant sub-specialty team, with as much information as possible. The clinical team at MREH will decide if the patient also needs to be seen as part of a speciality clinic or can be referred to the low vision service only. Information to help inform this decision-making process and ensuring patients are seen in the correct service/s most efficiently includes:

- Opera referral with all fields full and complete, containing up to date information from eye examination and any additional procedures where indicated
- Relevant history including previous/current best corrected visual acuity
- Existing diagnosis (supported by imaging if available in your practice)
- Which hospital the patient is or has previously been under the care of
- Patients' current visual difficulties and reason for LVA referral