

Produced in partnership



**Joined Up Care**  
Derbyshire

# Optometrist Guide to using Consultant Connect for Advice & Guidance

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**For support from Consultant Connect:**

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# Ophthalmology Project overview

Since launch 28/06/21 to 28/11/22

**29** practices

in the area are using  
Consultant Connect



**1** working day

is the average response time to requests

**>1450** requests

sent via Consultant Connect for  
Advice & Guidance

**82%** of cases

have resulted in advice being given  
and no appointment needed (100% of  
cases have had reported outcomes)

## Signing up

### 1. How do I sign up for this service?

You can create a login by signing up [here](#). You must use an NHS email address and select your practice.

### 2. What if I do not have an NHS.net email account?

If you do not have an NHS email address and want to use a non-NHS email to create your account/or your practice isn't already listed, please directly contact Marija Tofts from Consultant Connect ([marija.tofts@consultantconnect.org.uk](mailto:marija.tofts@consultantconnect.org.uk))

### 3. Can I sign up independent of any individual practice?

You must associate yourself with a practice to use the Consultant Connect platform. However, if you are a locum, or you work across multiple sites, we can adjust your access - please contact Marija Tofts from Consultant Connect directly ([marija.tofts@consultantconnect.org.uk](mailto:marija.tofts@consultantconnect.org.uk)).

### 4. Do I need further or different accreditation to use this service?

No additional accreditation or training is needed to use Consultant Connect.

## Reimbursement

### 5. Do I get paid for these queries?

Consultant Connect is a free platform from which Optometrists can seek Advice & Guidance from an Ophthalmologist. The Optom does not get paid to use the service; however, the platform is an invaluable asset to support practice and increase knowledge for optoms.

### 6. If further imaging on the same patient is needed later on, do I get reimbursed for these?

Contractors (as a practice and not as an individual optometrist) can claim £25.00 for repeat OCT scans, or fundus images if recommended by the Consultant Ophthalmologist.

Any subsequent visits / Optometry consultations will be at the Optometrist's discretion. Any earlier than expected or planned reviews may be considered under GOS, but those will be the exceptional cases and will not be considered as a rule.

### 7. How do I claim for this reimbursement?

Claims should be made via the ICB secure website for payment for enhanced services. To log onto the system, click on the following link: <https://es-ddccg.necsu.nhs.uk/nGMSLogin.aspx>  
If you need support, please contact the ICB; [ddicb.optometry@nhs.net](mailto:ddicb.optometry@nhs.net)

### 8. Should I send Patient identifiable data (PID)?

The Consultant Connect platform is IG/GDPR compliant so you may include PID as part of your query. Please include as much relevant detail as possible to enable the team at UHDB to provide comprehensive advice accordingly.

### 9. Is this query a referral?

Queries via Consultant Connect do not constitute a formal referral, so do send a proper referral if instructed to do so. The query can be referenced if needed.

### 10. If I am a trainee Optometrist, can I use this platform to ask questions of UHDB?

Yes you can, in fact this is a great learning tool for trainee Optometrists. However, it is important that you are discussing these cases with your own supervising Optometrist before sending queries to Consultant Connect.

### 11. Can I refer patients in need of immediate or urgent attention to CRH via this platform?

If your query is urgent, please use the Eye Casualty telephone line on the Consultant Connect App to speak to a specialist, and follow local guidelines for Emergencies or Urgent Cases.

If your query is not urgent but for specific Advice & Guidance, then please do specify this in your Consultant Connect message to the specialty team.

### 12. What patient cases are most appropriate, to use this platform for?

In general, any case where you need advice, such as:

- Any case where the symptoms are long-standing.
- Incidental findings of note that may or may not have been noted by the patient or the Practice before.
- Retinal concerns – a majority of the queries are of this nature.
- For personal educational development and wanting to learn more about the case.

## Information (continued)

### 13. Are there any queries where Consultant Connect is not appropriate or suitable to use?

While this is not to discourage you from asking questions, please consider the following categories and do not use this pathway for:

- Emergencies and very urgent referrals.
- Suspected Cancer referrals. Sending a query will delay the 2-week wait.
- Cataract referrals. Use established pathways already in place.
- Glaucoma referrals. Use Glaucoma Screening Service.
- Definite Retinal Detachments. Use the established medical emergency pathway already in place.

### 14. Who do I contact if I am having technical difficulties with completing or sending my query?

If you are experiencing technical difficulties, please directly contact Marija Tofts from Consultant Connect ([marija.tofts@consultantconnect.org.uk](mailto:marija.tofts@consultantconnect.org.uk))

### 15. Can I use Consultant Connect on my smart phone only? Or can I use it on my desktop?

You can use Consultant Connect on both a smart phone and your desktop. For more information on how, please refer to this guide [here](#).

### 16. Do I need to include my contact details with the query?

Yes please. These may be needed if further immediate information is required or there is need for very urgent review on the basis of the information provided. Please also ensure your full name is included.

### 17. Am I monitoring the patient on behalf of UHDB?

No, Consultant Connect is not a monitoring service for Optometrists.

However, if the Advice & Guidance received, suggests reviewing the patient at your discretion, then:

- Always advise the patient to observe and report any worsening or deterioration, and;
- If symptoms or signs warrant earlier than the normal 1-2 yearly review, then this can be considered on a case-by-case basis and seen accordingly by an Optometrist, under GOS.

### 18. How do I add images?

You can add images in two ways; (1) via the mobile app or (2) via the desktop portal. For a step-by-step guide, please reference this document [here](#).

### 19. What images can I add?

The Consultant Connect portal accepts almost all file types (including but not limited to: DICOM, File types, Stills, Videos, Max. capacity etc). From clinical perspective – any useful and clear image related to the query.

### 20. How many images can I add?

You can add as many images as you see fit. There is a limit of 50MB per file but this should be ample to send everything you need.

### 21. Can I send a video?

Yes – it is possible to send a video via the desktop version of Consultant Connect. Capturing video in-app on a mobile is currently still under development.

### 22. How do I get the patient's permission to send their images for Advice & Guidance?

When using the app, you will be reminded/prompted to obtain patient consent. Verbal consent is sufficient for this use and can be recorded on the patient record.

The College of Optometrists recently issued the following statement:

“Written consent is not required to obtain images performed for the purpose of providing clinical care, or in order to use the images for quality or governance purposes, such as clinical audit or discussing the case privately with another registered clinician. Written consent is also not required to share images via NHS.net from one registered clinician to another”.

### 23. What should I do if the images are poor quality?

It is imperative to ensure that the quality of images is good enough for the ophthalmologist to help with your query. Please review the images to make sure this is the case. The information you provide will determine the advice provided.

### 24. Are there any tips on how to improve the images I send?

If you are having difficulty capturing an image of sufficient quality using the phone-based app, it may be worth logging in to the web-browser version on your desktop and directly attaching your original images.

## Images (continued)

### 25. What if I need to add more images after I have already sent the query?

To add additional images to an existing query, you must use the Consultant Connect online portal [here](#). Click 'Messages' on the top blue bar and navigate to the case where you would like to add additional information. Click into the case and scroll to the bottom. You will then see the paperclip attachment icon, where you can then add further images as required. Unfortunately, you cannot add photos on to an existing query via the mobile app.

## After sending my query

### 26. How soon after I send my query should I expect a response?

The response time from UHDB Ophthalmology Team is up to 5 working days. However, practically speaking, most queries get answered within 1 working day.

### 27. What should I do after UHDB has responded to my query?

It is important to acknowledge the advice from your Ophthalmology colleague and thank them, as this service is all about building relationships between primary care optometry and the hospital eye service. If you are unsure on any aspect of the Advice & Guidance given, do not hesitate to clarify with further questions if needed.

Once you understand and are happy with the Advice & Guidance received, close the query and leave an outcome when prompted to do so. The query is only complete after the outcome is left.

### 28. Can I reopen a closed query? If I close a query but need to add further information about the same patient, how do I do this?

Yes, you can reopen a closed query. Simply find the message you'd like to reopen and scroll to the bottom of the page. You will see a blue 'Re-open' icon appear which will allow you to open up the dialogue on that particular case again.

### 29. Can I change an outcome if I have already left one, after closing the query? If I have closed a query and chosen an outcome, but on reflection and/or following discussions with my colleagues and/or the patient, I wish to change this outcome, can I do so?

Yes you can amend an outcome. To do so, simply find the message you'd like to amend and scroll to the bottom of the page. If you click 're-open' and close it again, you will be able to select a more appropriate outcome as required.



## After sending my query (continued)

### 30. If I disagree with the advice given from UHDB, can I address my, or the patient's, concerns accordingly?

After discussing with the patient or if new information comes to light, and if you then believe the outcome should be contrary to the Advice & Guidance received, it is not a problem at all. You are more than welcome to accordingly refer, or not, as the duty of care remains with the Optometric Practice.

### 31. How do I benefit from this forum?

You will receive clinical advice quickly, allowing you to understand different presentations and whether they need to be referred to the hospital eye service.

It is an excellent learning tool for you to increase your knowledge by reviewing both your own cases and those of colleagues, which will help you to refine your clinical decision-making skills for future cases.

### 32. What is the benefit to me if I plan to refer the patient regardless of any advice received?

If sending a Consultant Connect image for Advice & Guidance, you should be open-minded about what action you will take according to the advice you receive. However, there will be cases where the Advice & Guidance is still useful even when you plan to refer, as the ophthalmologist may be able to direct you to the correct clinic and timeframe for the referral.

### 33. If I see ways of improving this service, who do I talk to about this?

- Feedback on the service is most welcome at any time.
- If there are technical issues or would like to suggest different or alternative ways to share or receive information, do contact Consultant Connect directly about this.
- If there are administrative issues with the service, you need to raise this with your Local Optometry Counsel (LOC) .
- If there are clinical issues you wish to raise, then please address them via the individual queries with the responding clinician. Alternatively, if there is a collective concern with more than a few queries and unable to resolve with the responding clinician, then do raise this with your LOC as well for further advice.

**We would like to thank the teams at University Hospitals of Derby and Burton NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust for helping us produce this guide.**



## Appendix: Consultant Connect Queries

### Guide for Southern Derbyshire Optometrists when using Consultant Connect for Non-Urgent Advice & Guidance:

***This is for Advice & Guidance of Non-Urgent queries only and Not Referrals.***

***Do not use this platform for emergencies or cases where you want advice urgently. Contact UHDB Eye Casualty directly via Telephone for advice.***

#### When sending the information, DO:

- Obtain permission from patient, parent(s) or guardian to send images and information to UHDB Eye Casualty.
- Make the reason for referral clear – what question would you like answered.
- Include both relevant positive, and relevant negative, information.
- Send as much information on as you think is necessary for best Advice & Guidance.
- Avoid using abbreviations if possible.

#### When sending images, DO:

- Acquire and send adequately clear images relevant to the query. If you cannot see your area of interest on your image, then neither can we.
- If unable to add images, do feed this back to Consultant Connect.
- Include images of the fellow eye, even if there are no concerns. This is useful for comparison.
- If previous images are available, please include for comparison, highlighting the respective dates.

## When completing your query, DO:

- Close the query and leave an outcome if you are happy with the Advice & Guidance received.
- The query is complete only after an Outcome is left.
- Send a proper referral if instructed to do so. This Consultant Connect query can be referenced in the referral.
- Learn from the Advice & Guidance received so that it may be applied to similar cases in the future.
- Feel free to share knowledge gained from the queries with your colleagues.
- Provide relevant feedback on how we may be able to improve the service.

## For both information and images, DO NOT:

- Send a query based on images only, or send images alone without accompanying information.

## DO NOT use this pathway for:

- Emergencies and very urgent queries.
- Suspected cancer referrals. Sending a query will delay the 2-week wait.
- Cataract referrals. Use established pathways already in place.
- Glaucoma referrals. Use Glaucoma Screening Service.
- Definite Retinal Detachments.

## Tips for some conditions:

- For **Retinal concerns**: include reference, or location lines for OCT scans, and/or colour fundus images.
- For **Macular fluid** (seen as dark or hypo-reflective areas, or increased retinal thickening, on OCT scan) where Wet AMD is suspected, please discuss with the on-call Ophthalmologist within the UHDB Ophthalmology Department.

## Tips for some conditions (continued):

- For **Choroidal Naevi**: if possible, include an OCT of the central portion of the central base of the lesion. This is to gauge the elevation of the lesion.
- For **Optic Disc Swelling**: do radial scans and send the most horizontal section as this give best detail of temporal and nasal segments of the disc. Note: If you are worried about papilloedema do contact the the UHDB Ophthalmology team directly. Ideally, these should not be sent via Consultant Connect.

## Additional Notes:

- At present, this is a non-paid service for Optometrists, **with 1 exception**:
  - If asked by UHDB to obtain more, or different images, then there is a provision for recall of patient for repeat imaging. This recall can be considered for reimbursement.
- Consultant Connect is not a monitoring service for the Optometrist.
- If, however, Advice & Guidance received suggests review of patient at your discretion, then:
  - Always advise patient to observe and report any worsening or deterioration, and;
  - If symptoms or signs warrant earlier than the normal 1-2 yearly review, then this can be considered on a case-by-case basis and seen accordingly by Optometrist, under GOS.
- No additional accreditation is needed for Consultant Connect.
- To register, contact Consultant Connect for further information (call 01865 261 467, email [hello@consultantconnect.org.uk](mailto:hello@consultantconnect.org.uk) or visit [consultantconnect.org.uk/](http://consultantconnect.org.uk/)). There is no charge for registering, either as an individual or as a Practice.

**Thank you for taking the time to review these recommendations.**

**We would like to thank the teams at University Hospitals of Derby and Burton NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust for helping us produce this guide.**