

## Durham LOC statement on proposed Electronic referral system (EeRS)

In 2021 NHEngland procured an electronic referral platform (EyeV) for the whole of the North East and Yorkshire. Unfortunately local Optometrists were not consulted during this process. Since then, the rollout has been concentrated in the Yorkshire region.

Durham LOC have been informed of a planned rollout of this system for non-commissioned general referrals after a GOS (or private sight test) from Primary Care Optometry to certain Ophthalmology departments in Newcastle. It is unclear at this stage exactly which other Ophthalmology departments are hoping to utilise EeRS.

***All enhanced community services (such as MECS/cataract/repeat readings) will continue to use the OPERA platform.***

All four North East and North Cumbria (NENC) LOCs have raised significant concerns with the NENC ICS regarding the lack of financial support for Optometry practices to onboard and learn how to use the new platform effectively, especially as this is a separate referral platform to that which the commissioned services run on.

The proposed process as Durham LOC understands it:

1. Optometry practice signs up to use the EyeV platform (Optometry practice is responsible for completing the DSPT, and all other admin tasks).
2. Optometry practices "onboard" individual optometrists (including uploading necessary ID/registration docs).
3. Optometry practices arrange to deliver training to admin and clinical staff.
4. Patient has GOS ST.
5. Decision made to refer.
6. The optometrist discusses the choice of referral centre with the patient.
7. The optometrist logs on to EeRs, completes the referral which is sent to a triage service.

*We have taken national level advice regarding the GOS contract.*

*Discussion of patient choice of referral centre does not form part of a GOS sight test.*

***The advice we have received indicates that an electronic referral system cannot be mandated under the current GOS contract, and that historical referral routes will have to remain available.***

**Against the back drop of continued low GOS fees, your LOC suggests that it may be unwise for practices to commit to the extra significant unfunded work outlined above.**

Importantly: once you have committed to routing a referral via EeRS, you will become responsible for the referral - so if a patient has a query on their appointment, or if there is an issue where the patient doesn't receive an appointment - you will have the job of contacting/chasing secondary care to establish what stage the referral is at.

*We are aware of reports from other regions that practices and LOCs have had to spend significant amounts of time chasing referrals (again there is no extra funding for this).*

There is often talk of the benefits of electronic referral platforms with regard to imaging transfer and advice and guidance. And we are already aware of requests for extra imaging to be performed prior to referrals in our area.

You should be aware that there is no mandate for eg OCT imaging to be part of a GOS sight test. Therefore the true functionality of any electronic referral system can only be utilised if there is additional funding available within primary care for imaging (and other) requests.

**The Association of Optometrists (who, will for many of you be your insurance provider) has recently [guided against using any EeRS system](#) and recommended Optometry waits for the expected ERS (Choose and Book that the GPs use) changes which are anticipated.**

If you are contacted regarding signing up for EeRS, please get in touch with us for further advice.