

# Welcome to Winter 2025 EeRS update

From BSol ICB; Birmingham LOC & Solihull LOC

Now that the vast majority of practices are onboarded, we hope you are seeing the benefits for your patients. We also have nearly all providers available with the remaining Independent Service Providers coming onboard in January. Please read Where **are you sending referrals** to ensure you are sending appropriately.

**Why choose EeRS for all your referrals whether from a private sight test or GOS** [NB referrals generated on OPERA still go in the usual way]

**Designed, built and thoroughly tested** by expert software engineers and programmers with EXTENSIVE input from leading optometrists and ophthalmologists.

- Centrally funded license
- Help protect your organisation from potential IG breach / ICO implications
- Eliminate postal costs from referral activity
- Reduce the risk of referrals getting lost in transit
- Reduce delays associated with posting referrals (e.g. minimum 3-4wk delay when referring via registered GP)
- Supports transit of any imaging, improving your ability to provide enhanced quality for your private patients where you deem appropriate
- See (and report on) all patient activity from referrers in your practice
- Over 80% of local optometry practices are already seeing the benefits

**Is the contractor responsible for referrals made by any optometrist working in the practice [includes locums and resident]**

Your GOS contract requires you to provide a sight test. Referral is part of a sight test whenever indicated. You have a joint responsibility with the optometrist who performed the sight test to ensure the referral is completed **see help is at hand.**

## Where are you sending referrals?

**Practices onboarded should not be sending referrals by post, via GP or direct email.**

**THINK EeRS FIRST**

**THINK LOCAL**

- Check inclusions for Single Point of Access
- Why send a routine referral across the city when there are other local providers.
- Think about the carbon footprint.
- Have you offered your patient a choice if so, please indicate the patient's choice after the reason for referral.
  
- Independent Service Providers and pathways other than Cataract YAG or WET AMD are accessed through the Single Point of Access provided by Health Harmonie in those cases CHOICE is offered through ERS when the patient books.

## How things change

At the beginning of 2024 referrers were often left wondering what had happened to the patient after referral. At best you received a standard response to indicate the referral had been received, most did not. Now at the beginning of 2025 we have a robust electronic referral system. There are some features that will impact on your clinical management and your responsibility.

The majority of referrals will have a referral accepted response and once you have acknowledged this by selecting the icon in your Cinapsis inbox, you have completed the contractual requirements of a GOS sight test or provided appropriate care for your private patient.

## Help is at hand.

- Cinapsis provides practice activity analytics
- Contractors employing optometrists including locums will need a system in place to ensure all referrals are completed
- A lead should be appointed who is responsible for checking the practice inbox. Duties should include
  - checking, to see if there have been any referrals not accepted and/or whether there are any actions for the optometrist
  - Has the optometrist completed any outcome report actions
- You should also have a procedure in place for actions when the optometrist/ locum is not available whether it is sickness, annual leave or not booked for another session; to manage any referral outcomes by delegation

Individual optometrists should always include an email for outcome notifications and act upon them as soon as received

## Tips for locums and admin staff

Easy process to onboard your locum  
Ensure key personnel have admin rights  
Information you need

### Do you use locums frequently?

- Ensure you have a practice manager with admin access to add locums daily
- **What information do I need**

You will need the following information the first time an optometrist is added

- first name
- surname
- email [does not need to be nhs.net email as this is for log in purposes only]
- GOC number.

Or search users to add an optometrist to your practice

### Optometrists

You should have a system to check that your referral has been completed correctly where this is delegated to admin users

### Finally if an optometrist no longer works for you.

Do not remove access to your practice until all referrals by that optometrists have a completed outcome

However, there are other outcomes.

- Referral not accepted - Duplicate referral (patient already under our care)

< insert answer I requested info as to whether letters are added to the patient notes or not if the referral is rejected >

- Referral Not Accepted - More Information Required
- Referral not accepted - Request for additional information/images

You are still responsible for the patient's care and should therefore check your outcome reports regularly and respond in a timely fashion.

- Referral not accepted - Information provided / no referral warranted

Please look at College case scenarios and guidance. You should review the referral and the patient record. You may wish to amend your clinical management, and you should then discuss this with your patient.

- Referral not accepted - Patient does not require BMEC Emergency Eye Casualty as not urgent. Please refer to a local provider
- Referral not accepted - Refer patient to alternative service

You are still responsible for your patient care and should arrange onward referral in a timely fashion.

## Optometrist once onboarded

You should work through the training section to familiarise yourself with the service.

You can claim self directed CPD for this activity see the topics in the support section.

You will need to be onboarded as a user for each practice you work in. On arrival ask the practice manager or other administrator to add you to the users for this practice as a clinician

Does your PMS populate a GOS 18 as this can easily be uploaded so no double entry.

All forms are intuitive and easy to use.

The latest BSol ICB EeRS Standard Operating Protocol and Business Continuity Plan SOP and BCP can be requested from [nhsbsolccg.plannedcarebsol@nhs.net](mailto:nhsbsolccg.plannedcarebsol@nhs.net)

## Getting the most from Cinapsis

### Find a patient

Please always use the search facility by entering the patient details or NHS number which can be found on any repeat prescription

Send a reply please see the support info in the clinicians section

Support sections listed here for your information  
These are updated from time to time so always worth a look if you have a query

[log in to view](#)

### Clinicians

- [Dictation Functionality](#)
- [How to invite a patient to send in a photograph](#)
- [Creating an asynchronous case \(via eOpinion\)](#)
- [Starting a synchronous case \(call direct\)](#)
- [How to initiate a '\\*Call back' request if enabled on the service](#)
- [How to upload images taken on from your Cinapsis app on your mobile to your GP system](#)
- [Taking and editing photos using the Cinapsis App](#)
- [Sending a case with the GP Connect record included](#)
- [Add an image or text from your clipboard](#)
- [Sending a reply](#)
- [Attaching previous cases to a request](#)
- [How to use the 'Training mode' option on Cinapsis](#)

### Practice administrators

- [Add existing users to a practice](#)
- [Step 1: Registration and how to save your login credentials and check your allocated practice ~ 2 min](#)
- [Step 2: Add and remove users or change user permissions ~ 7 min](#)
- [Step 3: Await for users to complete their Cinapsis registration ~ 1 min](#)
- [Step 4: Check your practice details are correct including how to view information ~ 1 min](#)
- [Step 5: Check access to services ~ 1 min](#)
- [Step 6: Decide who files the report into the patient record? ~ 5 min](#)
- [Step 7: What you can use Analytics for ~ 7 min](#)
- [Step 8: Check which cases are awaiting a reply ~ 2 min](#)
- [Reminder: If you have both Clinical and Admin permissions, be sure to complete the Clinical training as well.](#)
- [EeRS Supplier Integration - Ophthalmology Only](#)
- [Resources](#)

### Referring Optometrists

- [Step 1: Registration and how to save your login credentials if you are NOT using a shared device and understand your menu ~ 2 min](#)
- [Step 2: Add your Professional Registration Number and bio ~ 1 min](#)
- [Step 3: Take a patient photo using the Cinapsis app ~ 5 min](#)
- [Step 4: How to use the 'Training mode' option on Cinapsis](#)
- [Step 5: Create your first case and upload images ~ 11 min](#)
- [Step 6: Check if your case has had a response ~ 1 min](#)
- [Step 7: Request for more information \(Specialist workflow\) ~ 6 min](#)
- [Step 8: Adding further information or files to the request ~ 5 min](#)
- [Step 9: How to report problems to Cinapsis Support and request product improvements ~ 3 min](#)
- [Reviewing a full volumetric OCT scan \(Specialist workflow\) ~ 6 min](#)
- [Guide to exporting a full volume OCT from Topcon ImageNet to Cinapsis](#)
- [Optometrist resources](#)

**Feedback**      **complete the LOC survey** <https://forms.office.com/e/e44FDmbTCQ>

Let us know if you receive requests for more information that is not part of a standard sight test and for which there is no local service commissioned, such as IOP measures for patients with uveitis or specific OCT scans etc. You should be clear with patients about funding for additional services and where patients refuse such services indicate this on your response.

Previous Comms with useful info and tips are posted on the LOC website.