**Standard Operating Procedure**

**PCAL Referral Pathway to Ophthalmology**

|  |
| --- |
| **Purpose** |
| Primary Care Advice Line (PCAL) provide primary and community based clinicians with immediate access to a consistent and comprehensive telephone based advice and triage service, as an alternative to sending patients direct to the Emergency Department. PCAL facilitate timely access to high quality and consistent advice, enabling patients to access the required treatment in an appropriate care setting. This will:* Reduce the number of patients attending the E.D.
* Increase the use of specialty assessment areas.
* Reduce inpatient admissions where possible by offering service alternatives.
* Improve the patient experience.
* Increase utilisation of outpatient clinics and hot clinics, offering same/next day appointments.
* Simplify the process for health professionals to access clinicians at LTHT by the use of one telephone number.

This SOP provides guidance in assessing and triaging patients to the relevant pathway where an optic condition is confirmed or suspected.This SOP has been developed in collaboration with Ophthalmology Acute Referral Clinic (ARC) to ensure a degree of consistency in pathway and reduction of ambiguity. This SOP is not exhaustive and there is an expected degree of variation during an assessment as different patients present with different comorbidities which may determine the outcome of the assessment. |
| **Scope** |
| PCAL Service, Emergency and Specialty Medicine CSU, Patient Flow Coordinators and Ward Managers, Primary and Community care clinicians, Head and Neck CSU (Ophthalmology) |
| **Ophthalmology Criteria** |
| * All eye conditions
 |
| **Ophthalmology pathways** |
| * Adult Patients
* Paediatric Patients
* Ireland Wood Ophthalmology Acute Referral Clinic
* Trauma injuries affecting eyes
* Ophthalmology Advice
 |
| **Pathway -** Adult patients  |
| * All patients aged 16 or over.
* All patients that are contact lens users require same day assessment.
* All patients with foreign objects in eyes that require x-ray need to be seen in the ARC at SJUH.
* Patients who meet the above criteria will be referred to ARC at SJUH in the pre-agreed appointment slots as provided to PCAL.
	+ Please Note: Opening Times for ARC are 08:30am - 17:30pm Monday to Friday and 09:30 - 12:30 on weekends.
* If referred out of hours of ARC a 3-way-call between PCAL nurse, Referrer and Ophthalmologists will be initiated prior to the referral to the Emergency Department.
* If no same day appointment slots available ARC a 3-way-call between PCAL nurse, Referrer and Ophthalmologists may be initiated prior to the referral to Emergency Department or ARC.
 |
| **Pathway -** Paediatric referrals |
| * All patients aged 15 or under.
* All patients that are contact lens users require same day assessment.
* All paediatric patients a 3-way-call between PCAL nurse, Referrer and Ophthalmologists is initiated prior to the referral to Paediatric ED (LGI), CAT unit (LGI), ARC (SJUH) or Multi-speciality Outpatients (SJUH).
 |
| **Pathway -** Ophthalmology Acute Referral Clinic (Ireland Wood Surgery) |
| **Exclusions:*** Foreign Objects in Eyes requiring x-rays

**Inclusions:*** All patients aged 12 or over.
* All patients that are contact lens users require same day assessment.
* Patients who meet the above criteria except the exclusions above will be referred to ARC at Ireland Wood Surgery in the pre-agreed appointment slots.
* If no same day appointment slots available a 3-way-call between PCAL nurse, Referrer and Ophthalmologists may be initiated prior to the referral to Emergency Department or ARC.
 |
|  |
|  |
| **Pathway -** Ophthalmology Advice calls |
| * All paediatric patients a 3-way-call between PCAL nurse, Referrer and Ophthalmologists may be initiated.
 |
| **Additional Information** |
| * PCAL triage form is completed for all patients and can be viewed via PPM.
* Where GPs decide that patients require YAS; transport is booked by PCAL team (admin).
 |
| **Risks and Mitigations**  |
| GP’s will refer patients direct to ED via 999 ambulance where there is a clear risk of deterioration and patients’ condition is life-threatening. GP’s do not need to contact PCAL in these circumstances.External services such as YAS delays:Risk: There is a reliance on transport be it provided by patient or by hospital which could affect the timely access to treatment at the hospital. Mitigation: As ED is opened 24/7, this is mitigated by factoring in the impact of transport delays to the time of arrival.IT system failures:PCAL triage / assessment form is completed and saved on PPM and therefore will be affected by IT failures. Mitigation: Staff will need to complete paper copy and scan / e-mail to receiving specialty. Patients will need to ensure they attend with a referral letter from the GP especially in those instances.Deterioration of patients:Where patient’s condition deteriorates, it is expected that the referrer assesses the patient and a 999 ambulance is requested for patient to attend ED. |
| **Escalation process** |
| It is expected that when there are pressures within ARC which may prevent them accepting patients referred via PCAL, these are escalated to a member of the triumvirate management team ie GM / HoN / CD for Head and Neck CSU for review. A member of the tri team for H&N will contact a member of the tri team in Urgent Care (UC) to inform of pressures and a decision made. A decision will be made by the tri team (UC / H&N) and the decision could be:* Extra criteria to further reduce admissions to that particular pathway /specialty until pressure subsides.
* A request to suspend admitting patients to that particular pathway / specialty until pressure improves.

Clear timescales and alternative referral pathway will be given and regular updates provided if pressure continues beyond anticipated timescales. BM / PCAL staff will be informed by UC tri team.CSMs and other ED Matrons will be informed as well in order to expect possible increased attendance at ED as a result. Once pressure ceases, UC tri team will be informed by a member of the tri team in H&N and PCAL nurses informed by UC tri team to follow normal procedure.PCAL nurses will operate as normal until confirmation of change in procedure is communicated to them by UC tri team (either via BM or Matron). |
| **Contacts** |
| PCAL telephone number: 0113 2065996PCAL e-mail address: leedsth-tr.pcalleeds@nhs.netIreland Wood: Eye Casualty: 0113 2064566 |
| **References** |
| *Authors: Tara Bain (Business t Manager), Jan Hunter (PCAL Sister,* *August 2021*  |