

# Ophthalmology Referral Assessment Service Routine (non-Urgent)

## Distribution: Optometrists and General Practice Staff

The Ophthalmology Service at the Royal Wolverhampton NHS Trust has introduced a Referral Assessment Service (RAS) for routine referrals.

## What is a RAS?

A Referral Assessment Service (RAS) is an intermediate service that allows for a greater level of clinical expertise in assessing a patient than would normally be expected of a referring clinician. This expertise is used to ensure that patients are directed efficiently and effectively into the most appropriate onward care pathway to meet their needs/urgency. GPs in Wolverhampton will be familiar with the Gastro CAS that is a very similar approach.

In practical terms, a RAS allows all referrals to be triaged by a consultant before a decision is made on the correct pathway for that patient. It is a clinical type with the Electronic Referral System (eRS) used by GPs. Consultants are allocated time to review the referrals and determine the most appropriate care pathway and urgency, to meet that patient's needs.

Referrals are triaged within 3-5 days enabling identification of any urgent needs in a timely manner. At present a significant proportion of referrals entering urgent pathways are not found to be urgent by consultants, therefore referring clinicians are asked to review published guidelines for urgent referral and use routine pathways where appropriate. The CCG is working with the Eye Hospital and Local Optometry Committee to review referral guidelines and improve the information contained within the referral.

To ensure effective triage can be undertaken, it is essential that accurate and complete information is provided with the referral, the referring optometrist should give a clear reason for the referral with relevant signs/symptoms, recommended clinic and urgency, it is helpful for GPs to include a summary of relevant medical history. Please note discussions are underway with NHS England to enable direct referral from Primary care optometry to secondary care where appropriate.

If you have any queries with the process or if any issues arise whilst using the RAS please contact 01902 695100.

**Please note that this is only for Routine referrals where the Optometrist does not have access to direct referral pathways for example suspect wet AMD or MECS referrals to WEI Acute Referral Clinic. Also, Fastrack/2WW patients should follow the existing Fastrack process.**

## **Benefits of the RAS**

### *Patient*

Patients will benefit by being directed to the most appropriate course of treatment in the most appropriate setting. Currently patient appointments often get rescheduled or patients attend an outpatient appointment only to have to return to a different clinic, or attend again for tests and then return as an outpatient follow up patient.

By introducing a RAS the consultant can review the referral prior to an appointment to ensure that the patient is booked into the most appropriate clinic. The service operates a one-stop-shop clinic approach where appropriate to enable diagnostics, assessment and treatment in one visit. Ensuring patients are booked into the right clinic first time is key to improving the patient experience and reducing the risk of the patient having to attend the hospital unnecessarily.

### *Secondary Care*

The implementation of a RAS empowers secondary care clinicians to direct patients to the most appropriate treatment in the most appropriate setting. Reducing the risk of avoidable attendances also supports the department to better manage capacity and treat the increasing numbers of patients requiring eye care in a timely manner.

### *Community Optometrist*

The RAS means that the community optometrist can refer confidently knowing that their referral will be reviewed and prioritised upon receipt (within 3-5 days). To be effective, the referral must be clear and concise. Note that the RAS must not be used for urgent or emergency referrals and that referrals will be prioritised based on clinical need. Further information can be found on the LOC website [www.wolvesloc.net](http://www.wolvesloc.net).

### *General Practice*

A RAS simplifies the process for staff across Primary Care. There are a significant number of care pathways that referrers are expected to follow and it is almost impossible to expect staff in Primary Care to be aware of all of them. Where a RAS is in place, the referral is made to the RAS for the secondary care clinician to decide on the best pathway to meet the patients needs.

### *Commissioner*

A RAS reduces cost for the CCG by reducing the number of avoidable outpatient appointments, supports demand management, enables high quality care delivered in the right place first time, and supports achievement of waiting time standards for our population.