

# The ACORTH Study

Audit of Community Optometrists' Referrals & Replies from the Hospital Eye Service

**Bruce Evans**  
 Director of Research: Institute of Optometry, London  
 Visiting Professor: City, University of London  
 Visiting Professor: London South Bank University  
 Primary Care (Community) Optometrist: Essex

VISION FOR THE FUTURE  
 100% optical  
 20-20-20

Follow @BruceJWEvans for regular tweets on vision research of interest to eyecare practitioners  
 For research publications: [https://www.researchgate.net/profile/Bruce\\_Evans4](https://www.researchgate.net/profile/Bruce_Evans4)  
 For handout of slides: [www.bruce-evans.co.uk](http://www.bruce-evans.co.uk)

1

## Acknowledgments

**ACORTH team**

- Presentation author: Prof Bruce Evans
- Leadership team: Prof Bruce Evans, Prof Dave Edgar, Dr Rakhee Shah, Dr Zahra Jessa
- Audit team: Dr Robert Yammouni, Ms Angharad Hobby, Ms Abeeda Khatoun, Dr Amaad Beg
- Expert panel: Dr Peter Campbell, Ms Kiki Soteri, Prof Rajesh Aggarwal

**Funding**  
 Association of Optometrists  
 Central LOC Fund

**Support**  
 We thank the clinicians, support staff, and administrators in the anonymised primary care optometrist and hospital eye service units.

2

## PLAN

Background

How

Outcomes

Speculation

Follow @BruceJWEvans for regular tweets on optometric research

Handout from [www.bruce-evans.co.uk](http://www.bruce-evans.co.uk)

3

## Background

- New patients seen in HES mostly originate from Primary Care Optometrist (PCO) Referrals
- Previous research: outcomes of referrals
- Anecdotal Feedback: over-referrals by PCOs
- Rarity of replies to PCO
  - Has the patient been seen by the HES?
  - Has the problem for which they were referred been addressed?
    - Could lead to a "Never Event"
  - Can result in unnecessary re-referral
  - PCO unlikely to learn if the referral was appropriate
- 2015: Joint statement on sharing patient information (RCO & CoO)
- Caldicott (2013):
  - "relevant personal confidential data should be shared among the regulated health & social care professionals"
  - "There is universal agreement that implied consent may be used as the legal basis for sharing relevant personal confidential data in communications such as letters and discharge summaries"

4

## Aims

- To assess contemporary optometric referrals and replies, investigating whether these are in line with standards set out in the joint statement from the RCO & CoO
- To establish if patients receive a copy of referral correspondence as stated in the Caldicott review
- To establish if optometric referrals are directed to the most appropriate healthcare professional

5

## PLAN

Background

How

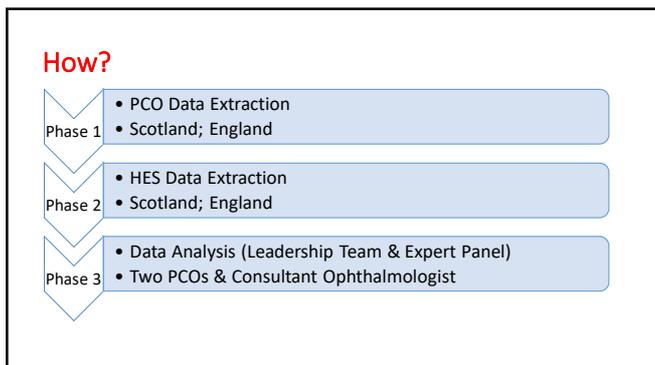
Outcomes

Speculation

Follow @BruceJWEvans for regular tweets on optometric research

Handout from [www.bruce-evans.co.uk](http://www.bruce-evans.co.uk)

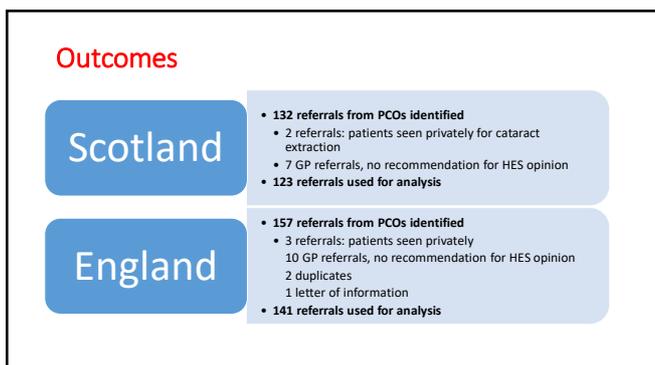
6



7



8



9

### Outcomes: Referral Reply Rate (RRR)

92% (Scotland) | 38% (England)

**Example of good referral & reply**

Mrs -- attended for a routine eye examination one year after her bilateral cataract removal at [HES]. She has noticed some blurred vision and stinging. Ophthalmoscopy showed slight map and dot dystrophy and GPC for which I have suggested opticrom. The left eye was showing PCO with only early PCO in the right eye. Could you arrange an ophthalmological opinion at [HES] for an opinion re left YAG laser treatment.

**Diagnosis:** Right eye: posterior capsule opacification  
Left eye: posterior capsule opacification

**Operation:** Right YAG posterior capsulotomy 24 November 2016

**Visual Acuity:** right eye 6/6 unaided, left eye 6/6 unaided

**IOP:** 20 mmHg right eye, 23 mmHg left eye

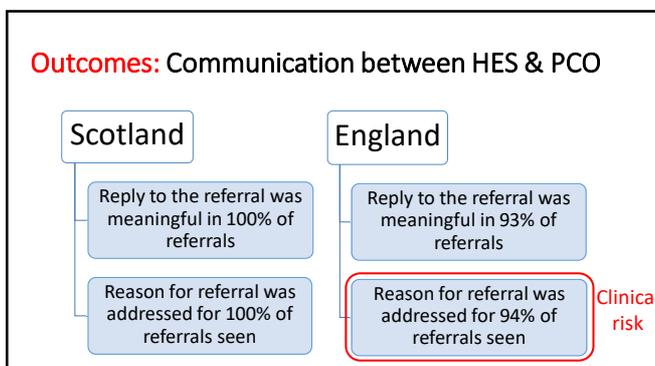
**C/D ratio:** 0.3 right eye, 0.3 left eye

[redacted] was reviewed at [redacted] 6 weeks after uncomplicated surgery to the right eye.

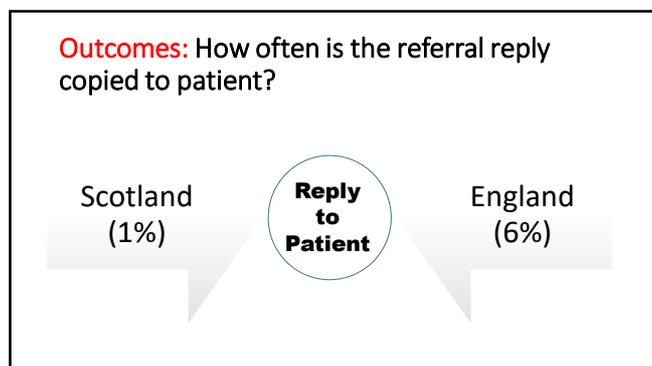
**Management plan / comments:**  
This lady was seen as a follow up for laser posterior capsulotomy in November 2016. The procedure was very successful with now near perfect distance vision. It is expected that she may need glasses for near vision. Her intraocular pressures were mildly elevated but this is not unexpected after the procedure, though she does have a family history of glaucoma.

**plan:**  
discharge from clinic;  
annual eye checks and pressures at optician  
[redacted] has been discharged from further follow up, but should she have any further problems we would happily review her again.

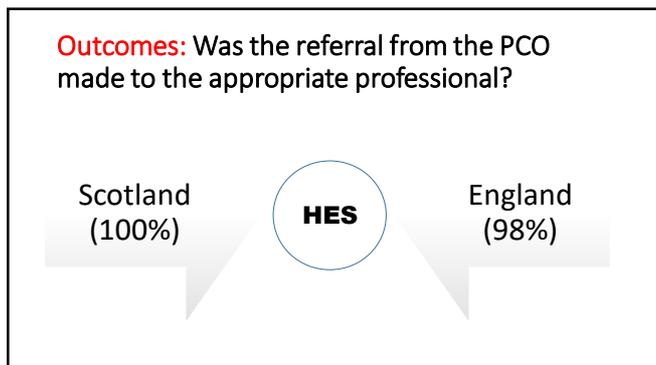
10



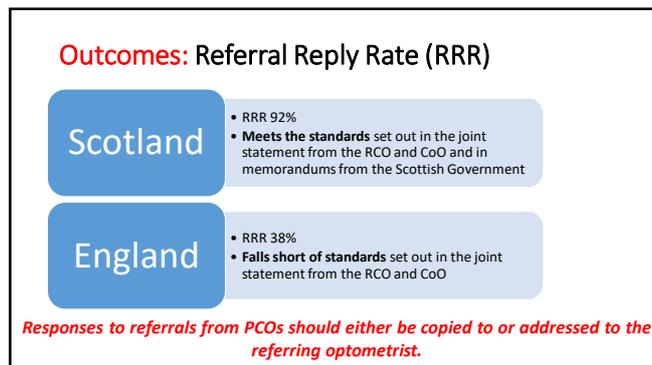
11



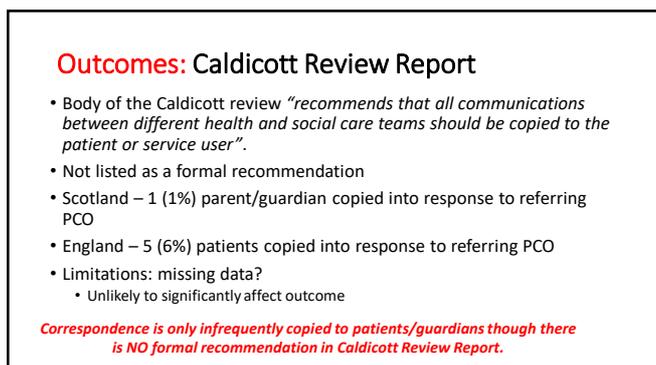
12



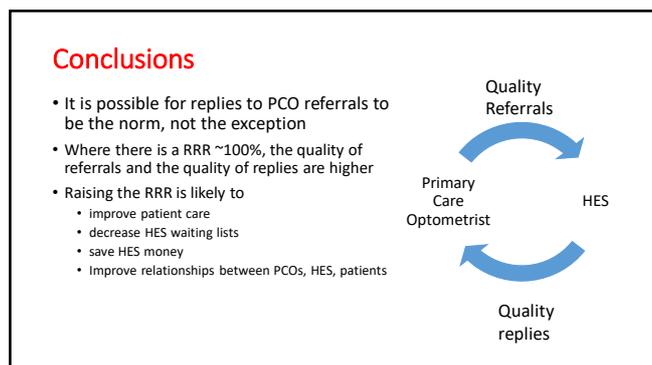
13



14



15



16

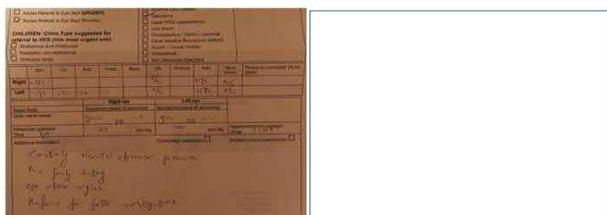


17



18

### Example of apparently poor referral and reply



19

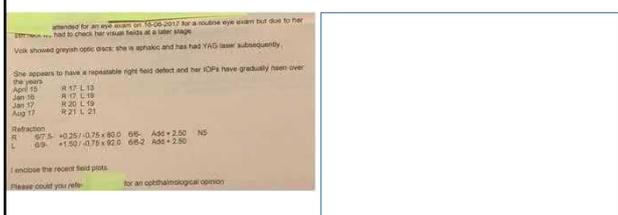
### Problem:

- No reply
- The feedback loop is broken
- Failed opportunity to improve quality of referrals



20

### Example of reasonable referral and reply



21

### Problem:

- No reply
- The feedback loop is broken
- Failed opportunity to maintain quality of referrals
- Speculation: if the feedback loop is broken, there is likely to be a downward spiral of referral quality



22

### Putative interventions to increase RRR

- Giving lectures (like this!) to optometrists or ophthalmologists is likely to be "preaching to the converted"
- Write high quality referrals
- If format allows, include text asking for a reply:
  - "I enclose a copy of this letter for onward referral and to assist the ophthalmologist in grading the urgency of the appointment. I would be grateful to know of the outcome. Receiving a reply to referrals assists optometrists in providing continuing care to patients and also helps to avoid unnecessary re-referrals."
- At follow-up, when patient care may be disadvantaged by the absence of a reply, write to the ophthalmologist/clinic/lead clinician requesting a reply
- Locally: lobby LOC for raising RRR as an issue
- Nationally: support AOP, C.Optom, LOCSU in their work to raise nationally

23



[bjwe@bruce-evans.co.uk](mailto:bjwe@bruce-evans.co.uk)

follow @BruceJWEvans for regular tweets on vision research of interest to eyecare practitioners  
 For research publications: [https://www.researchgate.net/profile/Bruce\\_Evans4](https://www.researchgate.net/profile/Bruce_Evans4)  
 For handout of slides: [www.bruce-evans.co.uk](http://www.bruce-evans.co.uk)

24

## References

- Bourne, R. R. et al. Can a community optometrist-based referral refinement scheme reduce false-positive glaucoma hospital referrals without compromising quality of care? The community and hospital allied network glaucoma evaluation scheme (CHANGES). *Eye*. doi:10.1038/eye.2009.190 [doi] (2009).
- Bowling, B., Chen, S. D. & Salimon, J. F. Outcomes of referrals by community optometrists to a hospital glaucoma service. *Br J Ophthalmol* **89**, 1102-1104 (2005).
- Caldicott, F. The Information Governance Review. (Department of Health, 2013).
- Clarke, M. NHS sight tests include unevaluated screening examinations that lead to waste. *BMJ* **348** (2014).
- College of Optometrists. *Referrals*. <<http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/working-with-colleagues/referrals/>> (2017)
- Davey, C. J., Green, C. & Elliott, D. B. Assessment of referrals to the hospital eye service by optometrists and GPs in Bradford and Airedale. *Ophthalmic Physiol Opt* **31**, 23-28, doi:10.1111/j.1475-1313.2010.02077.x [doi] (2011).
- El-Asal, K., Foulds, J., Dobson, S. & Sanders, R. A comparative study of glaucoma referrals in Southeast Scotland: effect of the new general ophthalmic service contract, Eye care integration pilot programme and NICE guidelines. *BMC Ophthalmology* **15**, 1-8, doi:10.1186/s12886-015-0161-5 (2015).
- Evans, B. J. W., Harle, D. E. & Cocco, B. Optometric referrals: towards a two way flow of information? *British Journal of Ophthalmology* **89**, 1663 (2005).
- Lash, S. C. Assessment of information included on the GOS 18 referral form used by optometrists. *Ophthalm. Physiol. Opt* **23**, 21-23 (2003).
- Pierscionek, T. J., Moore, J. E. & Pierscionek, B. K. Referrals to ophthalmology: optometric and general practice comparison. *Ophthalmic Physiol Opt* **29**, 32-40, doi:10.1111/j.1475-1313.2008.00614.x [doi] (2009).
- Royal College of Ophthalmologists & College of Optometrists. *Sharing patient information between healthcare professionals - a joint statement from the Royal College of Ophthalmologists and College of Optometrists*. <<https://www.rcophth.ac.uk/2015/03/sharing-patient-information-between-healthcare-professionals-a-joint-statement-from-the-royal-college-of-ophthalmologists-and-college-of-optometrists/>> (2015). 6
- Scottish Government Population Health Improvement Directorate. *GOS. Feedback to Optometrists on Referrals PCA(O)(2016) 4&5*
- Scully, N. D., Chu, L., Sirwardena, D., Wormald, R. & Kotcha, A. The quality of optometrists' referral letters for glaucoma. *Ophthalmic Physiol Opt* **29**, 26-31, doi:10.1111/j.1475-1313.2008.00600.x [doi] (2009).
- Vernon, S. A. & Ghosh, G. Do locally agreed guidelines for optometrists concerning the referral of glaucoma suspects influence referral practice? *Eye* **15**, 458-463 (2001).