LOCSU

Advice & Refer Case Study

July 2025

At a Glance

The Medical Retina Advice and Guidance pathway was developed to facilitate digital communication between primary care optometrists and ophthalmologists within secondary care. It aimed to enhance patient management, reduce avoidable referrals, provide educational feedback and strengthen direct relationships between primary and secondary care clinicians through a digital platform.

- Challenge: The original Medical Retina Advice and Guidance (MRAG) was piloted in June 2023 in North Central London (NCL). While the pilot demonstrated clinical value, it faced challenges around funding, unclear clinical responsibilities and increased administrative burdens for primary care optometrists.
- Objective: To implement an improved Advice and Guidance pathway that enables primary care optometrists to access timely, expert advice on medical retina clinical queries—without incurring additional workload or costs. The new pathway must ensure optometrists are supported while delivering high-quality, safe, and efficient patient care.
- Solution: Medical Retina Advice and Guidance to transition to a robust Retina Advice and Refer (A&R) model under the Single Point of Access for NCL Ophthalmology (SPoA).
- Result: Avoided hospital visits, faster consultant-led decision-making and clearer ownership of clinical responsibility held by the hospital trust- with no added administrative burdens on referrers. There should be a seamless transition to referral where indicated, with all referral responses including a report that offers educational value and benefits the referrer.

Introduction

Many primary care optometrists now have access to imaging technologies, such as Optical Coherence Tomography (OCT). However, interpreting these scans for retinal pathologies can be challenging and requires new skills. Furthermore, NHS sight tests do not provide funding for OCT imaging or fundus imaging. This contributes to healthcare inequalities, as those who can afford to pay privately for a diagnostic OCT scan or fundus scan may be able to access more timely clinical advice from an ophthalmologist, where appropriate. Under the GOS framework, there is no mechanism for optometrists to receive and act upon secondary care advice. Additionally, there is no funding to support follow-up consultations or additional assessments that may be required based on the advice received.

The MRAG Pilot

In response to these challenges, a Medical Retina Advice and Guidance (MRAG) pilot (first iteration) was launched in North Central London (NCL) in June 2023 with a small number of selected practices. This pilot allowed optometrists to email OCT scans, fundus photographs and queries to consultant ophthalmologists, who then provided management advice within two working days. The service was based entirely on the goodwill of all participating stakeholders and was facilitated by the Single Point of Access (SPoA) team, who intended to expand the service across the entire Integrated Care System (ICS).

However, the NCL Local Optical Committee (LOC) raised several concerns:

- No funding within the GOS sight test for additional tests (such as OCT scans and/or fundus photography), despite proving particularly valuable in this pilot, as all referrals were related to medical retina conditions.

No funded mechanism to receive and act upon advice or carry out follow-up activity.

It was unclear who was responsible for the patient when advice is acted upon in primary care. For example; Who holds liability if advice is given remotely, and the patient's condition deteriorates? The LOC questioned whether "Advice and Guidance" inadvertently shifted responsibility onto optometrists if they followed a consultant's remote recommendations. As a result, some optometrists continued to refer the patient directly rather than seek specialist advice until they had greater clarity regarding clinical responsibility.
Increased administrative burden on optometrists, including following up with patients, reading consultant reports, and implementing advice.

Pilot Outcomes

During the second iteration of the pilot, which ran for 115 days from 24th January 2024:
37% of queries did not require onward referral to secondary care resulting in avoided referrals, reduced costs for NHS commissioners and patients and reduced burden placed on secondary eye care services.

Educational opportunities arose through detailed feedback on retinal scans and management advice.
Positive environmental impact demonstrated by reducing travel and clinic related activities and potentially reduced patient anxiety arising from avoided referrals.

Participating primary care optometrists reported several key benefits including enhanced patient care, increased optometrist confidence in managing medical retina cases and strengthened relationships between primary and secondary care.

Service Reconfiguration: Retina Advice and Refer

To address the challenges raised, the NCL LOC and Moorfields Eye Hospital (supported by the SPoA referral hub in North Central London) reconfigured the service into the "Retina Advice and Refer." pathway. This updated model offers practical advice and directs referrals to the appropriate support or resources without the need for further action from the Referrer (Optometrist or GP) and incorporates advice from Vitreoretinal Ophthalmologists in addition to the original Medical Retina only specialists.

To address concerns of financial inequities in accessing OCT imaging, the new process is incorporated into the Medical Retina module of the recently commissioned Medical Retina pathway for community-based imaging via Primary Eyecare Services Limited (PES). There is no charge to patients for scans at the point of delivery or for participation in this pathway. Additionally, optometrists have the option to seek Specialist (hospital ophthalmologist) advice with or without accompanying imaging. Additionally, optometrists have the option to use this Advice and Refer pathway outside of the commissioned Primary Care pathways.

To address the LOC concerns and ensure safe, effective patient care, the LOC members sought advice from their representative bodies. The Advice and Refer service is a formal, structured pathway, rather than informal advice with often unclear responsibilities. All referrals and communications are fully documented to maintain a clear audit trail. This approach offers a more robust level of assurance for optometrists, improves confidence in managing patients collaboratively and ensures optometrists can still benefit from rapid specialist input. Patients, in turn, receive more definitive care pathways—either monitoring by the hospital or direct referral—based on consultant review of imaging and clinical details.

Engagement with the service is entirely voluntary. Optometrists who do not wish to make use of the Advice and Refer service are able to refer following the normal processes.

What Was Done?

1. **Service Redesign:**

- Building on the MRAG pilot's successes and lessons, an **"Advice and Refer"** service was launched. The SPoA coordinates digital queries from optometrists and GPs regarding retinal issues. Consultants and senior ophthalmologists in medical retina or vitreoretinal specialties review the submissions and determine patient management and either discharge the patient or initiate a referral to secondary care, as appropriate. A letter outlining the outcome is sent directly to the patient, with a copy also shared with the referring practitioner.
- Crucially the shift to Advice & Refer means when hospital referral is not indicated, the Specialist writes directly to the patient. The patient receives a written letter explaining that the information provided by their optometrist was reviewed by a specialist, along with instructions to represent if their symptoms change.

2. Inclusion Criteria:

CONDITIONS: Any ophthalmic clinical queries regarding the retina in patients over 16 years of age.

IMAGES: Image submissions are not mandatory but encouraged and preferred as they can aid diagnosing retinal problems.

The Referrer requesting advice should be available, or should nominate another clinician who will be available, for active monitoring of eRS/ the practice email inbox for a response within two working days following submission.

Working days are defined as 9am-5pm Monday to Friday excluding Bank Holidays.

Note: Queries not meeting locally agreed inclusion criteria are rejected with reasoning provided.

3. Exclusion Criteria:

Queries involving red flag conditions are excluded. These include cases with pain or systemic symptoms, high intraocular pressure (>30 mmHg), recent eye surgery or trauma, intraocular inflammation, pregnancy-related retinal issues or where the primary problem is non-retinal.

4. Submission Process:

- Query request types can include:
- **Educational queries:** Primary focus on educational support.
- **Clinical advice:** Handling clinical queries in cases where the need for a referral is not immediately clear.
- Optometrists (or GPs) send patient details, relevant images (OCT scans/ fundus photographs), and a clinical summary including all information which would be included on a GOS 18 referral via secure NHS email, an encrypted email like Egress, the NHS e-Referral Service (eRS), or practice email (with patient consent).
- Queries are generally answered within two working days. If there are any points that require clarification, the consultant team requests this via email, and the query is placed on hold pending the referrer's response.

If no response is received after two working days, the Advice & Refer (A&R) team will close the conversation and notify the referring optometrist via email, inviting them to resubmit another referral if they wish. However, if there is any evidence of a sight threatening condition and the referral includes the correct patient information, then a referral will be processed by the team. The same process applies for referrals that do not meet the inclusion criteria.

5. Decision Pathway:

- The Specialist can:
- Provide advice, no referral: If a referral is not required, the optometrist will receive advice relating to the patient's condition. This may include likely diagnosis, image interpretation of any submitted images, and clinical management. The patient will also receive a summary of the outcome.
- **Request clarification (and referral if necessary):** This usually relates to administrative detail or missing information e.g. Where no visual field data is attached but the referral mentions a visual field defect.
- **Convert to a hospital referral:** If the consultant determines that a referral is necessary, the case will be escalated via the SPoA.
- If a referral is generated, the patient receives direct contact from the SPoA team explaining that a referral has been processed. The optometrist does not have to manage further administrative steps.

6. Financial Considerations:

- Since an NHS sight test does not cover the cost of imaging, most optometry practices charge a private fee for the OCT scans and fundus imaging. However, the long-term goal is an equitable system where digital triage and imaging could be fully NHS-funded.

7. Patient Communication:

- Patients are informed that if a referral is needed, they will be contacted by the hospital.
- For patients with maculopathy not requiring referral, information is provided by the hospital to give reassurance and advice on what to do if their vision changes.

8. Ongoing Collaboration

- Regular feedback, data-sharing and service evaluation involving LOCs, SPoA, Ophthalmologists, and commissioners helps refine the pathway and consider service improvement.
- Educational sessions for optometrists continue, aiming to improv e OCT interpretation skills and reduce avoidable referrals over time.

Results / Benefits / Outcomes (from the third iteration of the pilot)

1. A Reduction in the number of hospital referrals

- In the preceding MRAG pilot, up to 37% of cases did not require a hospital referral once imaging was reviewed by a retinal specialist. Early “Advice and Refer” data show a similar proportion of referrals and HES attendances can be avoided, helping to ease pressure on secondary care and reduce hospital waiting times. This also leads to cost savings associated with reduced outpatient visits.
- Between 09/12/2024 and 19/03/2025,104 new Advice and Refer queries were received from 10 referring practices.
- 39% of queries received into the Retina Advice & Refer service were suitable to be returned to the referrer with no onward referral required.

2. Clearer Responsibility

- The revised service provides additional assurance for optometrists by introducing a clinical audit step and introducing a safety net. Once the consultant responds, the hospital trust owns the responsibility for the clinical advice given. This process helps to provide clarity and reassurance to optometrists regarding their clinical responsibility.

3. Timely Triage

- Typical responses are provided within two working days. All onward referrals are processed in line with SPoA processes, including guidelines on processing referrals based on clinical urgency.

4. Optometrist Education

- Optometrists receive the educational benefit of consultant input.
- 30% of queries in the MRAG pilot were related to the interpretation of retinal scans or photographs, an unmet need addressed by the service. Optometrists gain direct feedback on their scans, diagnoses, and management plans, increasing diagnostic accuracy from as low as 33% to 82% when guided by a consultant (based on the MRAG pilot’s final-report comparisons).
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5. Patient Satisfaction

- Patients benefit from faster consultant insight and fewer hospital visits, reducing travel time and associated costs. They are also reassured that, if referred, the process is handled seamlessly by the SPoA .
- For patients not needing referral, less disruption and anxiety results from a “false alarm” and the wait associated with a referral.

6. Potential for Expansion

- This streamlined approach could be deployed for other subspecialties (e.g., glaucoma) if the model continues to show positive outcomes.
- By partnering with local commissioners and NHS providers, the service might eventually become widely accessible, potentially incorporating new funding pathways for OCT imaging.

Next Steps/ Learnings

The A&R service remains in its pilot phase, currently involving a limited number of practitioners. In the next phase, NCL LOC will work more closely with the A&R team to ensure that fail-safe protocols are fully established. This will include developing clearer procedures for situations where an optometrist does not respond to a request from the A&R team.

Conclusion

“Transitioning from “Advice and Guidance” to “Advice and Refer” is a landmark development shaped by the LOC’s input. It has successfully addressed many of the concerns around clinical responsibility associated with remote consultant input, whilst also reducing the administrative burden placed on optometrists.” — *Chair, North Central London LOC*

Early data indicates that many referrals can be avoided when a consultant confirms benign findings via OCT or photographic images —freeing up secondary care for genuinely urgent cases. Meanwhile, patients requiring urgent attention move smoothly into hospital-based services, guided by an ophthalmologist’s assessment.
Going forward, the NCL LOC plan to refine this approach further, seeking opportunities to expand the system across broader geographic regions. Overall, “Advice and Refer” exemplifies a collaborative, technology-driven pathway that improves retinal care for patients and optometrists alike.
” It is clear that this local initiative will help to deliver the governments three essential shifts: moving care from hospitals to the community, embracing digital transformation, and shifting from treatment to prevention and offers essential learning for all LOCs seeking to implement similar new processes.”— *LOCSU Clinical Director*

LOC Case Study – North Central London LOC Led by the Chair and Vice Chair.

Acknowledgements

Single Point of Access (SPoA) team, North Central London, hosted by Moorfields Eye Hospital and Royal Free Hospital
Editorial Oversight: Chair and Vice Chair, North Central London LOC
Data Collection & Analysis: Moorfields Eye Hospital Clinical Service Improvement Manager & the SPoA team

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