

Referral Thresholds for Ophthalmology

Mr Richard Smith, Ophthalmologist, suggests that the following would be appropriate referrals to the Practice Intermediate Ophthalmology Service

- Oculoplastics, low complexity surgery, cysts, and warts
- Oculoplastics intermediate complexity surgery, entropion, ectropion and lift reconstruction following BCC
- Orbit/Lachrymal low complexity plugs and syringing
- Orbit/lachrymal intermediate complexity
- Cornea/sclera low complexity, removal foreign body
- Cornea/sclera intermediate complexity, pterygia, removal epithelial tissue
- Monitoring high intraocular pressure

The majority of referrals are from optometrists and a recent survey by Mr Smith has shown that 71% of these are totally appropriate, 12% are probably appropriate with the remaining 17% less necessary. The PCT is addressing this issue.

GPs can reduce referrals by

- Making sure patients with cataracts really want to have surgery before referral.
- Checking PMH and seeing if old pathologies really need re-referral. (eg old retinal vein thromboses etc)
- Only referring those patients with minor oculoplastic problems where sight might be impaired eg ptoses etc.