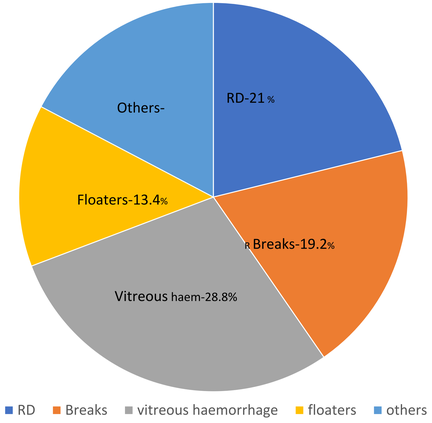
VR Referrals from optician in eye casualty - legitimate or not?

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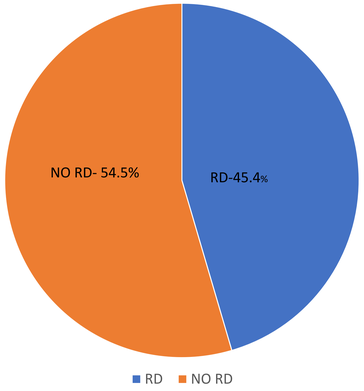
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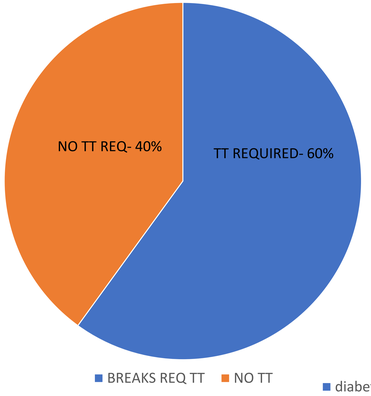
Abstract- Retrospective study of VR referrals to eye casualty in tertiary hospital in Wales from optician practice over a period of 2 months (June 2020- august 2020). We looked at the referrals – reason for referral, information given on the referral, was the information on referral letter adequate to perform a proper triage and did the referral match the outcome.

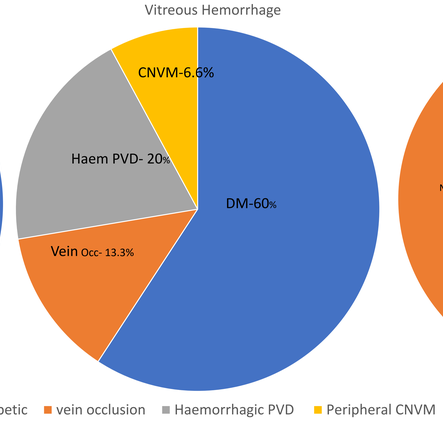
Material and methods- 52 patients were analysed. The break up of referrals were -11 retinal detachment, 10 retinal breaks, 15 Vitreous Haemorrhage, 7 Flashes and floaters, 9 were miscellaneous.

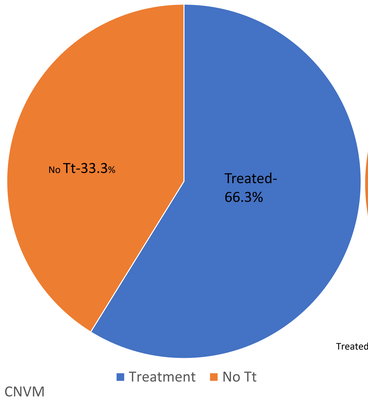


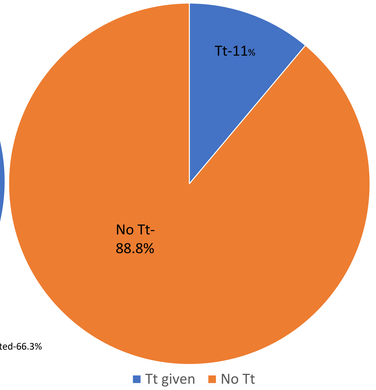
Results- We found that 54% of patients suspected and sent as RD did not have RD, 40% patients referred with retinal breaks did not need any retinopexy. 33.3% Patients with Vitreous haemorrhage did not have any treatment. None of the referrals with floaters and miscellaneous needed any treatment. Of the 52 referred patients only about 43% needed urgent same day treatment while 58% needed no treatemt in the eye casualty.

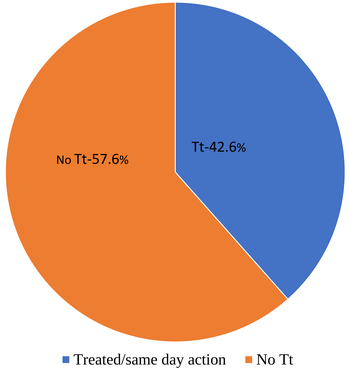












Discussion- In Wales opticians can refer patients to eye casualty which they deem need urgent review and management. The referrals are then triaged by hospital nurse/doctor according to the information available on the referral letters and booked accordingly. Although this is a useful service our small pilot study shows that there is a problem.

Significant number of referrals did not need to be urgent and this has negative impact on smooth running of the department and causes Stress on already stretched system**.**

About 58% of patients referred to the eye casualty did not need any treatment that day suggesting that these could have been referred to other clinics and the eye casualty slots could be used for other patients who needed urgent eye care. We also found that many referral letters had handwritten information which was not always legible or relevant. The way forward might be 1)Digital referrals in place of handwritten referrals, with specific relevant information. 2)) OCT /Optos pictures along with referrals to help triage better and genuine cases. 3) Feedback to referring optician regarding outcome of referrals) 4)Regular clinical meetings / teachings of opticians with CPD points to ensure they are up to date with their clinical knowledge to refer.

In conclusion our small pilot study confirms a suspicion that there is a problem in VR referrals to emergency eye clinics but numbers are not big enough and more work needs to be done. We plan to collect larger data and analyse it.