D10 Referrals/notifications

Guideline

D10.01 During the course of professional practice, the optometrist has a duty to refer the patient for appropriate ongoing clinical care and/or management whenever s/he observes a sign or symptom of a condition that cannot be managed within his/her competence and scope of practice, whether the observation is made during the eye examination or at any other time in the course of practice.

Advice

General

D10.02 The optometrist has a statutory duty to refer a patient suffering from injury or disease for appropriate medical advice unless, in his/her professional judgement, there is no justification to do so.\(^1\)

D10.03 The optometrist has a duty to exercise his/her professional judgement to ensure that the welfare of the patient is never compromised. The optometrist should advise the patient of the urgency of the referral.

D10.04 If an optometrist observes a sign or symptom of injury or disease of the eye during an eye examination or at any other time in the course of practice, careful consideration should be given as to whether management of the condition is within the optometrist’s scope of practice or whether the patient should be referred to a medical practitioner or other clinical practitioner.

D10.05 When referring a patient to a medical or other clinical practitioner the Opticians Act states that the optometrist must inform the patient ‘that s/he is referring him or her’…. ‘and’. ‘the reason for the referral’.\(^2,3\) The optometrist should prepare a written report describing in full the nature of the condition and the reason for the referral.

D10.06 In emergency cases the optometrist will exercise his/her professional judgement and might refer the patient directly to the Hospital Eye Department or as agreed in local protocols. In such a case the patient’s General Medical Practitioner (GMP) should also be notified of the referral and the reasons for it.

D10.07 If the optometrist detects an abnormality or pathological condition in a patient but by exercising his/her professional judgement decides that there is no justification to refer, or that it would be impracticable or inexpedient to do so, the optometrist may at his/her discretion decide not to refer and manage the condition him/herself. In such a situation the optometrist must record a full description of the diagnosis, the reason for not referring to a medical practitioner, details of the advice given to the patient and an account of the

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\(^1\) The General Optical Council (Rules relating to Injury or Disease of the Eye) Order of Council 1999

\(^2\) Opticians Act 1989, s.26(1)(b)(ii)

\(^3\) Sight testing (examination and prescription)(no 2) regulations 1989 s 3(b)(iii)
management or treatment carried out on the patient. Where appropriate the patient’s GMP should be informed.

D10.08 There may be occasions when the optometrist considers it appropriate to refer the patient to another optometrist with more specialised skills. In this case s/he should record the details of the referral made, the details of the diagnoses and any advice s/he has given to the patient. The optometrist should consider whether it is appropriate for him/her to inform the patient’s GMP.

D10.09 If a referral is to be made and the patient refuses to consult a registered medical practitioner, the optometrist should ensure that the patient fully understands why referral is necessary and a full account of the matter should be recorded in the patient’s notes. This would include the reason for the patient’s refusal to be referred. In the case where the patient refuses to be referred the optometrist would be advised to obtain the patient’s signature to a declaration that s/he does not wish to consult a registered medical practitioner.

D10.10 If a referral is to be made and the patient is not registered with a medical practitioner, the optometrist should give the referral letter to the patient and advise the patient to consult a medical practitioner. Alternatively, the optometrist might write to the patient advising them to consult a medical practitioner and enclosing a suitable referral letter. Recorded delivery would provide evidence that this letter had been sent and received.

D10.11 Where the patient is already under medical care in respect of the observed sign of injury or disease, the patient’s GMP, consultant and/or other practitioner should be notified where the finding will provide additional useful information.

D10.12 Where the optometrist considers it necessary to refer the patient to a registered medical practitioner, the letter of referral should give as much factual information derived from the eye examination as possible, indicating the reason why a referral has been made and the degree of priority it should receive.

D10.13 Local arrangements may be in place for the optometrist to refer the patient to a Referral Service Centre, rather than to the patient’s GMP. If this is the case, arrangements should be in place for the GMP to be kept informed of the referral.

Copying letters to patients

D10.14 If they are referring the patient, it is a legal requirement that optometrists give patients a written statement of the ‘reasons for referral’, ‘immediately following the sight test’. This applies both to GOS and private patients. This can be done by giving the patient a copy of their referral letter, if it is done in time.

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4 Sight Testing (Examination and Prescription)(No 2) Regulations 1989 para 3(1)(b)(iii) and Opticians Act s.26(1)(b)(ii)
D10.15 It is good practice to give patients a copy of any correspondence about them. This can help to improve a patient’s understanding of their health and the care they are receiving. Where the patient is not legally responsible for their own care, letters should be copied to the person with legal responsibility for the patient’s care.

D10.16 Letters should not be copied to patient if they ask not to have a copy, or if the letter contains information about another person who has not given consent to disclosure of this information (unless this information was originally provided by the patient or is removed from the letter on the patient’s copy). The letter may also not be copied to the patient if the clinician feels that it may cause harm to the patient although the giving of ‘bad news’ is not in itself sufficient justification for withholding a copy.

D10.17 Young people who are Gillick competent (see section A2) should be asked for their agreement to receive copies of letters about them. The optometrist should be aware that the young person may prefer to collect in person copies of letters giving personal information rather than having them sent to their home.

D10.18 Where a letter is to be written at the request of an outside agency, optometrists must remember the provisions of the Data Protection Act 1998 and other legislation such as the Health and Social Care Act 2001 regarding confidentiality.

D10.19 Consideration should be given to providing copies of letters in large print for patients with visual impairment.

D10.20 Letters should be written in plain English and written to avoid giving offence or creating misunderstandings. They should reinforce and confirm the information given in discussion with the patient in the consultation or in the consultation with the receiving professional.

D10.21 If the copies are posted, patients should be asked where they would like them sent, and the optometrist should check they have up-to-date patient contact details. It would also be helpful to use the patient’s full name in the address rather than just the patient initials and to ask the patient if there is anyone living at the same address with the same name. Letters should be marked ‘private and confidential’.

D10.22 Practice procedures should be in place to minimise the likelihood of information being accessed by unauthorised persons and should ensure that patients who choose to have information posted or emailed are aware of the risks such procedures might entail.

**Electronic and facsimile communication**

D10.23 Referrals may be made by means other than a written letter addressed to the practitioner to whom the patient is being referred. Whenever patient identifiable information is being transferred, optometrists should always consider if this will compromise patient confidentiality. Electronic referrals, without encryption, would not normally be suitable for transmitting patient

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identifiable details. If the referral letter is transmitted by facsimile, the optometrist has a duty to ensure the referral is only seen by the person it is intended for. However, where urgent referral is appropriate, practitioners should weigh up the benefits of transferring referral details as quickly as possible against any risk to patient confidentiality and seek patient consent to do this.

D10.24 The principles regarding electronic and facsimile transmission of referral letters apply equally to copies of these communications that are given to the patients. This does not prevent patients from explicitly consenting to receive their copies by these means.

Information

D10.25 Where patients are eligible to receive NHS sight tests by reason of their having been diagnosed as suffering from glaucoma or diabetes, practitioners have a statutory duty to inform the patients' GMP of their findings after every visit.\(^6\)

D10.26 Department of Health guidance on Copying Letters to Patients Good Practice Guidelines, published 1/1/2003, can be found on the DH website.\(^5\)

D10.27 Clause 31 of the GOS contract in England states that where the contractor or an ophthalmic practitioner employed or engaged by it refers the patient to an ophthalmic hospital, which includes an ophthalmic department of a hospital, it shall 'inform the patient's doctor or GP practice that it has done so, and give the patient a written statement that it has done so, with details of the referral'.

D10.28 The GOC has made rules providing that where it appears to a registered optometrist that a person consulting him is suffering from an injury or disease of the eye the optometrist shall take the prescribed steps to refer that person to a registered medical practitioner.\(^7\) This duty applies except:

- a) in an emergency,
- b) where the person is consulting the optometrist for the purpose of being given orthoptic treatment, or
- c) in such other case as may be prescribed.\(^8\)

Rules made under this section were made in 1999.\(^1\)

Additional information
The following information is relevant to this section:

- Framework for Optometric Referrals, the College of Optometrists, 2009
- Opticians Act 1989
- General Ophthalmic Services Regulations (Northern Ireland) SI 436 of 2007
- NHS Code of Confidentiality
- National Health Service (General Ophthalmic Services) (Scotland) Regulations SSI 135 of 2006
- The NHS (General Ophthalmic Services) Regulations SI 1986/975 as amended

\(^6\) The National Health Service (General Ophthalmic Services) Amendment (No. 2) Regulations 1989/1175 Schedule 1, para10(3)

\(^7\) Opticians Act 1989, s. 31(5)

\(^8\) As yet no ‘other cases’ have been prescribed pursuant to the Act.
The National Health Service General Ophthalmic Services Contracts Regulations SI 1185 of 2008
The Sight Testing (Examination and Prescription) (No 2) Regulations SI 1230 of 1989