

Standard Operating Procedures

Retinal Diagnostic Clinics

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Approved by:	Ophthalmology Clinical Governance
Approved by Medicines Safety Committee: <i>Where medicines included in guideline</i>	N/A
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Aim and scope of Standard Operating Procedure

This Standard Operating Procedure (SOP) describes the correct processes and procedures of delivering the remit of diagnostic ophthalmology clinics for Medical Retina patients

Target Staff Categories

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Key amendments to this Standard Operating Procedure

Date	Amendment	Approved by:

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1 Scope of Document

1.9 Background

- 1.10 Worcestershire Acute Hospitals NHS Trust (WAHT) Ophthalmology departments have moved many patients to a 'virtual' model of healthcare, whereby patients attend nurse-led clinics for diagnostic investigations, which are later reviewed by clinicians. This is to help with addressing the demand for such services.
- 1.11 Many patients are suitable for reviewing virtually by attending a nurse led diagnostic clinic for full history, imaging and measurements. These results will then be reviewed virtually by doctors and nurse practitioners. This helps with reducing the waiting time for patients for traditional face to face outpatient appointments.
- 1.12 There is a clear need to plan and prepare on how the outpatient demand will be met to ensure the increased demand for face-to-face activity is managed safely and effectively.

1.13 Scope

- 1.14 This Standard Operating Procedure (SOP) provides guidance on how to provide patients with nurse led diagnostic appointments followed by timely virtual review, whilst working within the legal, regulatory and professional frameworks that govern safe practice. The content of this SOP has also been checked against and is compliant with the Trusts Quality Impact Assessment (QIA) check list for Secondary Care OPD-Planned Care (Appendix 1) and the Midlands Region Principles for Infection Prevention and Control document, version 2.

1.16 Procedure

- 1.17 It is the responsibility of all employed by the Trust to remain up to date with Trust and PHE advice and guidance. All staff must also remain up to date with mandatory training, including infection control policies and procedures.
- 1.18 It is the responsibility of all registered health professionals to work within the legal, regulatory and professional frameworks that guide the safe management of patients, the safety of the wider public and everyone who works in the Trust.

2.0 Location/Facilities:

The Princess of Wales Community Hospital Bromsgrove

Kidderminster Treatment Centre

Worcestershire Royal Hospital

- 2.1 There are Ophthalmology Outpatient Departments across 3 of the Trusts sites with communal waiting areas. Each outpatient area contains a mixture of consulting rooms, treatment rooms and testing areas.

3.0 Operational Hours

- 3.1 Routinely, all the departments across the Trust operate a service from 08.00-17.00 Monday to Friday.

4.0 Diagnostic Clinics

- 4.1 The Outpatient Ophthalmology Department will continue with a **Virtual First Approach** for patients from subspecialties of Glaucoma, Medical Retina (including Age-related Macular Degeneration (AMD)), Vitreo-Retinal (VR) and Cornea (keratoconus).
- 4.2 The decision for a patient to attend a diagnostic clinic should be an informed one, in which the benefit vs risk of attendance is discussed and the measures in place to mitigate these risks are explained
- 4.3 Diagnostic Clinic patient information leaflet should be sent with the appointment letter.

5.0 Nursing Responsibilities

- 5.1 Check visual acuity with Snellen chart
- 5.2 Measure intraocular pressure with iCare, Ora or Tonopen. If using Tonopen, do this after all the imaging is complete.
- 5.3 Ask the patient about any changes in their eyesight; general health (specifically any CVA / TIA / MI or any other ischaemic event in last 3 months or new diagnosis of Diabetes) or medication changes since their last visit. Ask about social history, including driving status.
- 5.4 Undertake Spectral Domain OCT (Ocular Coherence Tomography) of the macula (line and volume scans). Disc OCT for new patients only or those with known Ocular Hypertension or Glaucoma.
- 5.5 Undertake OPTOS imaging for all patients except AMD diagnostic clinic unless specifically requested.
- 5.6 Intraocular pressure check with Ora or Tonopen (if using Tonopen please check IOP last after OCT / OPTOS images completed as corneal epithelium can become hazy after local anaesthetic drops & Tonopen)
- 5.7 Patients to be informed that they should hear the outcome of their visit by a copy of the GP letter which may take up to 12 weeks. Patients to be given contact telephone number on discharge from clinic. Patients are to be given the Medical Retina SOS letter (and may also be given a contact card) with the telephone number of the site where they attended the diagnostic clinic. They should be encouraged to phone if they don't receive a letter after 10-12 weeks) so that this can be investigated. If patients have questions about the content of the letter, they should phone the department where their diagnostic appointment took place.

6.0 Reviewing Doctor/Nurse Practitioner Responsibilities

- 6.1 AMD patients should be reviewed within 7 days in case urgent intravitreal (eye) injections are needed. All other patients should be reviewed within 4 weeks (the same as for other Medical Retina reviews).
- 6.2 Micro-sessions for clinicians accessing patient review notes on Retinal Diagnostic Clinics (RDC):
 - **RDC Routine review: WAHT OPHTH RETINAL ROUTINE NOTES HOLDING LIST**
 - **RDC Urgent review: WAHT OPHTH *URGENT* RETINAL NOTES REVIEW HOLDING LIST**
 - **AMD review: B DIAGNOSTIC RETINAL/AMD&CORNEAL OPHTHALMOLOGY**
- 6.3 For any patients needing treatment like intravitreal injections, it is the responsibility of reviewing doctor to inform the IVT secretaries by copying them into the letter. For any urgent injections please inform by generic email (wah-tr.ivtadminteam@nhs.net) or telephone call if feasible. Please specify clearly number of injections, right, left or both eyes and follow up plan. E.g. Listed for induction of Eylea to right eye for DMO followed by review in diagnostic clinic or Treat and Extend pathway.
- 6.4 For laser listings, the doctor/clinician should dictate or create the patient letter (which should be copied to the GP) and the secretary / admin staff should action. Please avoid the use of abbreviations in the letters and offer as much explanation as possible (template letters are available on OpenEyes). Please specify clearly the type of laser e.g. Retinal or YAG capsulotomy and the priority e.g. urgent (within 2 weeks); soon (2 to 6 weeks) or routine (after 6 weeks) and number of time slots to book. Please see laser booking rules for guidance.
- 6.5 For patients listed for first time treatment, the clinician should request for the secretary / admin staff to send appropriate information leaflet (PASCAL laser, IVT Eylea for DMO etc.) with GP letter to patient. The Nurse/Specialist Practitioner generic e-mail account (wah-tr.ophtalmologypractitioners@nhs.net) should also be e-mailed with patient details. This account is checked daily (Monday-Friday) and a practitioner will try to telephone patients to discuss the proposed treatments. Written consent can be obtained on day of the first procedure. Additional time should be allowed for consent when booking laser; IVT steroid implants or IVT lists if the patient has not been telephoned.
- 6.6 All DNA's to be sent letter to GP copying patient, and other relevant referrers such as diabetic eye screening programme or optometrists. DNA letters to invite patients to rebook within 2 weeks by ringing admin team failing which they will be discharged. For urgent sight threatening conditions allow one more booking but also copy patient into letter explaining importance of attending and risk of serious loss of vision with non- attendance.
- 6.7 DNA outcome also to be registered on 'Open Eyes.'

7.0 Escalation

- 7.1 Patients unsuitable for diagnostic clinics include:
- 7.2 Poor or no images obtained on OPTOS or OCT scanning, despite help with positioning and support
- 7.3 Poor co-operation due to dementia or learning disability
- 7.4 Poor mobility or neck deformity etc. where patients cannot reach the OPTOS camera.
- 7.5 All above should be flagged up routinely by noting this on the nursing diagnostic clinic section on 'Open Eyes'. A face-to-face clinic appointment requested by reviewing clinician in medical retina clinic.
- 7.6 Patients where no satisfactory imaging can be obtained, should not be rebooked into diagnostic clinics in the future. This should be made clear on Open Eyes.

8.0 Urgent Escalation

- 8.1 Acute loss of vision within 2 weeks of presentation to clinic e.g. Vitreous haemorrhage
- 8.2 Painful eye or severe headaches
 - 8.3 Intraocular pressure measurement of 30 mmHg or more in one or both eyes.
 - 8.4 Unusual mass lesion noted on 'OPTOS imaging e.g. Suspected Melanoma
- 8.5 These patients need to be referred to the Acute eye clinic in Kidderminster Treatment Centre to be triaged by the Acutes doctor.
- 8.6 Please note that worsening of OCT scan and gradual loss of vision even if severe is not an indication for referral to the Acutes clinic. The nurse will action this for an urgent doctor review. This will be picked up for a doctor review within 7 days and will be dealt with accordingly.

9.0 Patients with more than one eye condition

- 9.1 If a patient attends for AMD diagnostic clinic and they have a co-existing pathology which needs review, e.g. glaucoma or corneal problem, a further appointment in the appropriate clinic should be requested by the reviewing clinician.

10.0 Appointment times and Scheduling

- 10.1 Appointment scheduling to reflect other clinics that are running alongside within the same vicinity.
- 10.2 Patients will book in at the reception desk just outside the Ophthalmology department.

11.0 Personal Protective Equipment

- 11.1 Adherence to current Infection and Prevention Control guidance

12.0 Risk Assessment of the Working Environment

- 12.1 A risk assessment of all clinical areas has been conducted using the Trusts outpatient risk assessment document. This enabled risks to be identified, and measures put in place to mitigate these risks.

13.0 Infection, Prevention and Control Measures

- 13.1 All staff to follow Trust infection prevention and control guidelines including hand washing.
- 13.2 100% compliance with infection control mandatory training to be maintained.
- 13.3 The Trust provides all appropriate cleaning products.
- 13.4 Staff to wash hands on arrival and departure and as required throughout the day in relation to patient contact.
- 13.5 All areas to be cleaned post-patient departure, including waiting room chairs and clinical areas.

1. Governance Structure

This Standard Operating Procedure is to be signed off by The Divisional Director of Nursing.

1. Review

This Standard Operating Procedure will be reviewed 3 years on from implementation or sooner if Trust or Government guidance changes significantly.

1. Contribution list

This key document has been circulated to the following individuals for consultation:

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This key document has been circulated to the chair(s) of the following committees/groups for comments:

Committee
Ophthalmology Clinical Governance committee
SCSD Clinical Governance committee