Moorfields Eye Hospital NHS Foundation Trust

Ophthalmological Risk Stratification & Implementation Guidance

Speciality	High Risk Remain Face to Face (F2F)	Clinical Action for High risk	Admin Action for High risk	Medium Risk Remote (Video or Phone) Consultation with F2F followup rebooked for first part of recovery phase	Clinical Action for Medium risk	Admin Action for Medium risk	Low risk Defer to 6 month waiting list (add to non-outcomed list without giving appt date) will require prioritisation at later time to identify those needing F2F when restarts	Clinical Action for Low risk	Admin Action for Low risk
GLAUCOMA									
New	Urgent internal or external referrals with IOP >38mmHg Urgent internal referrals with uveitis, neovascular glaucoma Acute Angle-Closure Glaucoma	Triaged referral or phone referral internal/external	Book urgent OPA at relevant site.	Not suitable for remote consultation as asymptomatic disease	Triage referrals to ensure no high risk	Defer - 6 month clinic wait list	Patient by patient triage of new referrals needed	Triaged referrals to defer new low risk	Defer - 6 month clinic wait list
Follow-up	High risk avoidable vision loss within 2 months - found by review of clinics Post-op patients with surgery within 6/52 of trabeculectomy; 3/12 of tube surgery Consultant led clinic pts where followup interval was 4 weeks or less (suggesting high risk)	Case by case review of clinics	Book urgent OPA at relevant site.	Post-op cataracts (no previous glaucoma Sx) done by glaucoma	Remote consult	Defer - 6 month clinic wait list	Stable monitoring/Virtual clinic/Optom led clinic patients postponed 6 months ahead without review Cons led clinics stratify by planned f/u at last appt if 6 months or over = defer to 6 month wait list if 3-6 months planned = book remote consult in 4-6 months if <3 months needs case by case review to identify those possible high risk needing face to face and who needs remote consult arranged	No clinical review needed in this group apart from the <3 months when should be case by case	Follow instructions as on left
Surgery	High pressure uncontrolled medically with risk of rapid loss of vision High risk vision loss in only eyes inc 5% of cataract surgery for angle closure	Identifed from urgent OPA slots	Book urgent theatre slots				Delaying surgery in this group may lead to loss of vision in some therefore needs consultant review of cases and work on retriaging and stratifying whole population before recovery phase Defer cataract surgery not for narrow angles with risk of vision loss	Triaged case by case with clinical team to ensure can be deferred	Defer - 6 month clinic wait list
MEDICAL RETINA									
New	Referral for Proliferative diabetic retinopathy, CNVM, CRVO from Diabetic screening, community optometry, A&E	Triaged referral by Cons with imaging	Book urgent OPA CNVM 2/52, R3A/CRVO 4/52	Severe Non-PDR or DMO	Triage referrals with imaging	Remote consult then defer 6 months wait list	Referrals with moderate NPDR, Referrals with suspicion of BRVO, Recent onset CSCR. New genetic disease	Triage referrals with imaging	Defer - 6 month wait list or consider remote consult
Follow-up	Listed for R3A laser but not delivered yet	Identify laser lists	Book within 4 weeks	Severe Non-PDR or severe DMO not at OCT criteria for injection	Identify from clinics/remote consultation if progressing VA loss, if yes consider urgent OPA	Populate to remote consult at same interval as were booked	Genetic Retinal Disease	Identify from clinics	Defer - 6 month wait list
	Newly identified Wet AMD to follow protocol for treatment. AMD patients beyond first year will maintain current followup interval with less clinic journey time due to no OCT and subjective VA only in prior to assessment.	Triage referral or identify from current RTU list	Book to local RTU unit at specified time intervals				Defer to 6 months wait list -moderate NPDR (recent progression), Post-op macular oedema, Chronic CSCR, any other macular oedema. Naevus clinic to be suspeneded for 4 - 6 months, with case review of any urgent cases to be sent to oncology	Identify from clinics by senior review	Defer - 6 month wait list
	Only patients identified by a consultant review will continue injections for DMO/RVO	Consultant review of DMO/CRVO cases	Postpone 6 mths low risk, keep high risk or laser				Delay by 6 months wait list for Virtual clinic - R1M1 patients, 'stable' Severe NPDR (R2) patients (no progression over past two visits), Stable treated PDR, Stable BRVO/CRVO.	Identify from clinics by senior review	Defer - 6 month wait list for virtual
	First follow-up post PRP for R3A/Neovascular glaucoma	Identify from list triage	8 week f/u in urgent OPA				Hydroxychloroquine Toxicity Surveillance	Identify from clinics or triage referrals	Defer - 6 month wait list for virtual
Surgery	Indirect PRP working with the VR service	From Urgent OPA	Discuss with VR				Cataract surgery in MR patients can be delayed		Defer - 6 months wait list
ADNEXAL									
New	2 week cancer wait news / Lid Oncology Visual loss secondary to adnexal conditions e.g. orbital compression	Identify high risk from triaged referrals	Book urgent OPA	Lumps/bumps - chalazion/papilloma (Age>40) Mild thyoid eye disease patients New Blepharospasm pts	Identify from triaged referrals	Book remote consultations	Lumps/bumps - chalazion/papilloma (Age<40) Lacrimal patients	Identify at triage decide defer or remote consult	Defer - 6 months wait list or book remote consult
Follow-up	Post-op complex surgery Orbital cases with visual loss Tumour cases Severe inflammatory orbital cases Immunosuppressed patients losing vision due to adnexal disease - review in a dedicated area (see uveitis section below)	Identify high risk from clinic review	Book urgent OPA	Post-op simple surgery +/- sutures needing removal (suture removal arranged locally) Stable thyroid eye disease patients Blepharospasm <70 years old	Identify from clinic review for remote consult	Book remote consult clinic	Patient by patient review to check no high risk factors Blepharospasm >70 years old	Identify from clinic case by case review triage to defer or	Defer - 6 months wait list or book remote consult
Surgery	Tumour cases or orbital with visual loss Surgery to protect ocular surface/sight loss Lid trauma	Identify from urgent OPA	Book surgery	Lacrimal Sx with mucocele and Entropion/Ectropion progressing to surface damage	Identify from urgent OPA & triage to Sx or not		Most other surgery could be postponed inc lacrimal without mucocele, ptosis, blepharoplasty entropion/ectropion without threat to ocular surface		Defer - 6 months wait list
OCULAR ONCOLOGY									
New	All new referrals with enhanced triage by team	Triage by team	Book urgent OPA						
Follow-up	Patients on less than 6 month follow-up interval	Identify from clinic review	Book urgent OPA	Patients > 6 mths f/u interval will be rebooked to notes review & telephone triage	Identify by clinic review	Collect notes and arrange remote consult	Patients with no issues on video/telephone triage defer 6 months wait list. Pts Bx results that are benign or require only monitoring informed result & discharged/rebooked	Identify by clinic review	Collect notes and arrange remote consult
Surgery	Expected to continue but patients stratified by mortality risk	Identify from urgent OPA	Book surgery						
GENERAL OPHTHALMOLOGY / PRIMARY CARE									
New	A&E, Urgent care cases should prioritise high risk cases to relevant sub-speciality clinic not PCC			Routine referrals triaged to remote consultation via telephone or video	Review lists & triage to remote consult or defer - 6 months wait list	Arrange remote consultation			
Follow-up	High risk cases unlikely, if occur should come to sub-speciality clinics as above			Clinic case review triaged to remote consultation via telephone or video			Clinic case review identifies low risk	Identify by clinic review	Defer - 6 months wait list
GENETICS									
New	Not high risk conditions unless needs other speciality input - see in that clinic	Triage referrals	Liase with other spec team				Clinic review to ensure no high risk cases with other speciality concerns in this low risk population	Triage referrals	Defer - 6 months wait list
Follow-up				Review clinics to low risk to defer or medium risk needing remote consultation	Case by case review	Book remote consult or defer	Low risk identified from clinics	Case by case review	Defer - 6 months wait list
VITREORETINAL									
New	Vitreoretinal Emergency services to remain open Bilateral Vitreous Haemorrhage Trauma support (Posterior globe ruptures)	Triaged referral or phone referral internal/external	Booked to VRE by VRE clerk				Epiretinal Membrane, Macula Hole, visual obstruction, unilateral diabetic vitreous hemorrhage (not active PDR)	Triaged referral, ideally with OCTs attached	Defer 6 months wait list
Follow-up	Complex Surgery post-ops	Triaged by surgeon	Post-op booked	Most routine post ops could trial remote consult	Triaged by surgeon	Post-op booked per surgeon	Epiretinal membrane, Macula Hole		Defer - 6 months wait list
Surgery	Surgery on patients identified by Vitreoretinal emergency service Support for MR service with Indirect PRP Trauma support	Identify from urgent OPA	Book VRE list				Routine surgery could be delayed with minimal risk but must be reviewed on a case by case basis	Clinical review of the referral by Consultant or fellow	Defer - 6 months wait list
CATARACT									
New	VA worse than 6/60 in only eye due to cataract - Social isolation/severe effect on life to justify risk	Triaged from referrals	Book urgent OPA					Clinicans review in case rare high risk	Defer - 6 months wait list
Follow-up	Complex post-op or complications	Clinicians identify	Book urgent OPA	Routine post-op managed by remote consult	Identify from post-op clinics	Arrange remote consult	Routine follow-up delayed	Clinician review in case high risk	Defer - 6 months wait list
Surgery	Support other services or <6/60 only eye	Identify from urgent OPA	Book theatre list						
EXTERNAL									
New	Corneal pathology triaged from A&E/urgent referrals	Triaged from referrals	See directly or urgent OPA				Referrals from external sources triaged to allow longer delays	Triaged by fellows to either urgent OPA or low risk defer to 6 months wait list	Follow instructions as left
Follow-up	Case by case review of clinics identify high risk Other unstable patients on short followups e.g. under 6 weeks Immunosuppressed patients losing vision due to external disease - review in dedicated area (see uveitis section below)		Book or keep urgent OPA	Medium risk patients identified by case by case review and suitable for remote consult esp video	Case by case review	Arrange remote consult	Patient by Patient triage needed Cross-linking could be delayed with minimal risk but must be reviewed on a case by case basis	Case by case review of crosslinking clinics	Defer to 6 months wait list
Surgery	Urgent cases, perforations etc Trauma support						Graft surgery/Keratoconus Sx	Case by case review urgent OPA/defer 6 mths wait list	

PAEDIATRICS									
New	Cataracts causing amblyopia or under 8 months old Other conditions with rapid amblyogenic potential Orbital inflammation and infection Suspect glaucoma Reduced vision (0.2 logMAR or worse) in both eyes Reduced vision in one eye in under age 7	Identify by cons led triage of internal/external referrals and Paeds A&E	Book urgent OPA				Triaged on a case by case basis with clinical team but should be defered to 6 month wait list and parents informed by clinical team	Telephone parents to to discuss low risk category	Defer 6 months wait list
Follow-up	Follow-up for the conditions listed above Post-ops within last 2 months Children on medication (drops or systemic) for glaucoma, uveitis, corneal disease	Identify from clinic review	Book urgent OPA	Patients having amblyopia treatment Paediatric oculoplastic/adnexal cases	Identify by review of clinics as suitable for remote consult	Book remote consult	Patient by patient triage needed, may need discussion with parents and carers for reassurance	Identify by review of clinics	Defer - 6 monhts wait list
Surgery	Surgery for High IOP, acute emergencies or acute amblyogenic conditions Anaesthesia for examination or intraviteal injections to treat CNV Cataract surgery in under 8 month olds	Identify from urgent OPA	Book surgery or liase with GOSH				Low risk surgery identified from clinic lists including lacrimal	Triage of theatre lists	Defer - 6 months wait list
STRABISMUS									
New	Triage of referrals on patient by patient basis to urgent, telephone appointment (with further triage) or low risk delay	Urgent cases identified	Admin book urgent OPA	Remote consult and triage to determine risk	Urgent/ow risk cases identified	Admin book urgent OPA or defer per triage	Low risk news or triaged low from remote consult	Low risk cases postponed by 6 months	Defer - 6 months wait list or book remote consult
Follow-up	Individual case by case triage by consultant and senior fellows of future clinics	Urgent cases identified	Admin book urgent OPA	Remote consult to assess severity and identify any needing urgent OPA	Urgent identified	Admin book urgent OPA	All Toxin clinics could be delayed safely. Patients on 1-4 week f/u post first inj need remote consult	Low risk identified, orthps to identify post toxin pts	Defer - 6 months wait list or book remote consult
Surgery							Defer to 6 months wait list		Defer all
NEURO-OPHTHALMOLOGY									
New	Patient by patient triage of referrals needed	Urgent cases identified	Book urgent OPA	Neuromuscular disorders - development of remote consultation clinics for myasthenia & swollen disc news and followups	Identify from referral or clinic case review	Book remote consult			
Follow-up	Patient by patient triage needed Immunosuppressed patients losing vision due to neuro-ophth condition - review in a dedicated area (see uveitis section below)	Urgent cases Identified	Book urgent OPA				Stable followup decision on a patient by patient basis - with remote consult where appropriate	Low risk cases identified	Book remote consult of defer to 6 months wait list
UVEITIS									
New	Panuveitis Posterior Uveitis Retinal vasculitis Intermediate Uveitis with vision loss	Identify from triage of referrals or A&E	Book urgent OPA				Anterior Uveitis in A&E to be given standard 6-8 week tapering drop course then remote consult at 7-9 wks Remote consult may suggest escalation to urgent OPA for higher risk	Triage to low risk for remote consult	Arrange remote consult
Follow-up	Reviewed ahead of clinic by telephone triage on a patient by patient basis but potentially of patients may have to continue to attend if worsening vision	Case by case review of clinics	Book only required to urgent OPA				Anterior Uveitis patients (will require ability to post medication)	Identify from clinic review for remote consult	Arrange remote consult
	Immunosuppressed patients needing to attend uveitis clinics are high risk medically and efforts should be made to review by telephone/video triage. Where this triage identifies vision loss they should be invited to attend face to face with efforts to isolate them from other patients e.g. dedicated clinic area or time period	Identified by DAWN software, telephone discussion for all	Book with specialist pharm team advice						
Surgery	Urgent surgery to allow visualisation for diagnosis	From Urgent OPA					Cataract surgery for uveitis patients could be delayed		Defer 6 months wait list
CONTACT LENS									
New							Automatically defer to 6 months wait list		Defer 6 months wait list
Follow-up	Some Therapeutic Contact Lens patients Boston K-Pro patients (higher risk after remote consult)	Identify by case review	Book urgent OPA	Remote consult for most patients		Arrange remote consults	Delays acceptable in other patients	Identify by case review	Defer 6 months wait list

Notes

- High risk cases by definition require continued face to face clinic appointments to prevent sight loss in the majority - These urgent outpatients (OPA) should occur with greater physical spacing between patients and appointment timing without multiple bookings to allow patients to spread out across the clinic time and avoid mixing in waiting areas
- Remote consultations for medium risk patients, low risk patients should be confidential, be recorded in the health record and aim to follow an agreed proforma so information is not lost. Remote video consultations should occur with confidentiality ensured and using NHS approved software such as 'Attend Anywhere'
- Low risk patients are not booked to a date in 6 months (due to ongoing uncertainty around when normal clinic activity will resume) but to a deferred 6 month waiting list, that will require later review and prioritisation by clinical staff