Eye Care Electronic Referral System
North East and Yorkshire

NHS England

Eye Care Electronic Referral System (EeRS)

Frequently Asked Questions (FAQs)

Section 1: General overview

What is an Eye Care Electronic Referral System (EeRS)?

The EeRS is a referral system that supports two-way communication, advice and guidance and image-sharing functionality. It connects primary care optometry and other community commissioned services with secondary care NHS and independent sector eyecare service providers.

Who has procured this system?

The North East and Yorkshire (NEY) NHS England region has procured the EeRS solution on behalf of the NHS services they represent (the four Integrated Care Systems, or ICSs, in NEY). Their ambition is for this system to act as a 'digital enabler' for the restoration and transformation of eyecare services across the region by providing the following;

- A safe, secure, easy to use and accessible referral platform that integrates with the existing electronic referral system (eRS) used by General Practice and enables optometrists to refer patients directly to any secondary, community, independent or enhanced optometry NHS commissioned service within the context of local NHS pathways (this would include referrals to urgent clinics such as wet AMD), or GPs.
- A platform which allows two-way communication between primary or community care users and secondary care eyecare service providers.
- A content management engine and support model that works with each eyecare system to develop user-friendly approaches to clinical decision support, minimum referral datasets (including symptom specific), and advice and guidance.

- The extraction, uploading, storage, sharing, viewing and downloading of ophthalmic imaging (all relevant modalities) and supporting information between primary and secondary care.

All NHS England regions were given the opportunity to procure an EeRS and there is variation as to stages of procurement and implementation and the actual EeRS procured across each region currently.

What EeRS has been procured?

EyeV (pronounced 'ai vi') is the name of the EeRS procured by NEY and it is supplied by East Midlands Medical Services (EMMS). The system is already being partially used in the Leicester, Leicestershire and Rutland COVID-19 Urgent Eyecare Service and pre- and post-operative cataract service, as well as the Nottingham City Community Ophthalmology Clinical Assessment service, Glaucoma service and Orthoptics service.

What are the benefits of the system?

The move to EeRS will provide a number of immediate realisable benefits to specialist and hospital eyecare providers. These include::

- Providing a dedicated, fit-for-purpose referral portal for triaging eye care referrals and managing requests for advice. It also integrates with the existing electronic Referral System (eRS) that GPs use to refer to secondary care. By integrating with eRS it facilitates booking of triaged referrals, or (depending on the implementation model chosen) can allow referrals to be passed to eRS for triage.
- Enabling image sharing and two-way communication to increase the quality of referrals you receive, providing richer and clearer information in a standardised electronic format to support triage decisions.
- Improved clinical safety as referrals will be managed through a more direct and standardised route, reducing the administrative burden and manual processes such as paper or email which may not be secure and carry a risk of error and delays.
- Ensuring patients are seen by the right person, in the right place, first time.
- Reducing unnecessary referrals and the associated administrative burden by providing guidance on inappropriate or cautious referrals and deflecting to community-commissioned services where appropriate.
- Increasing efficiency and streamlining the referral process.
- Depending on the implementation model chosen and local technical integration work, the system facilitates feedback post-consultation to primary care optometry.
- The ability to streamline data capture of emergency and elective referrals from primary care optometry and other community-commissioned services for audit, to facilitate education and training of clinical staff, and aid future workforce and service planning within organisations and larger geographical areas. This was traditionally possible with paper to a limited extent as analysis was limited due to the time and people resources required, and the challenges of collating data from multiple organisations.

Using EeRS instead of existing referral methods will provide several immediate realisable benefits to optometrists. These include:

- Providing increased confidence in the referral process by allowing a date and time stamped record of the referral to be saved and the referring optometrist, practice and patient to track the status of a referral, saving time checking whether referrals have been sent and received, and sending you follow-up correspondence if required.
- Providing an intuitive and easy-to-understand referral system, making the referral process quicker and more efficient. It also integrates with the existing electronic Referral System (eRS) GPs use to refer into secondary care.
- Allowing the referring practitioner to attach images and test results to a referral to help accurately convey a patient's condition and save time, as well as providing evidence for suspected diagnoses.
- Offering enhanced knowledge and job satisfaction. The system gives access to two-way communication to support feedback for secondary care referrals that you have made. This can form an important part of self-directed learning, supporting continuing professional development (CPD) and emphasising your role in patient care.
- Creating overall improvements in system-wide optical care services, leading to better patient outcomes, increased clinical safety and reduced waiting times by ensuring the patient sees the most appropriate clinician at the appropriate time.

Using EeRS instead of current referral methods will provide numerous realisable benefits to patients. These include:

- Giving patients greater confidence in the referral process by allowing them to track their own referral via the patient log-in portal.
- Ensuring that when patients need to attend outpatient appointments they will be seen at the right time, in the right clinic with the most suitable healthcare professional.
- Improving waiting times, with referrals being received and triaged more quickly.
- Reducing the likelihood of patients having to attend multiple appointments.

Who have you engaged with to support this project?

The NEY NHS England project team have engaged with colleagues across the region and have been overwhelmed by the support from stakeholders for this project. We have sought expert input from optometrists, ophthalmologists, operational managers, digital leads, commissioners, and programme managers from all ICSs within the NEY region.

We have a specific communications plan to link with all of the Local Optical Committees (LOCs) by joining the regional LOC meetings when required, and meeting with individual LOCs as part of engagement at individual eyecare system level.

ICSs have linked us to NHS hospital and specialist eyecare services and independent sector providers, and we engage with these organisations at individual eyecare system level.

Over the summer of 2022, we have established a regional stakeholder forum which provides the opportunity for stakeholders to become involved in implementation planning, sharing learning and discussing eye care services transformation more broadly than EeRS. This group includes representative optometrists, ophthalmologists, operational managers, patient booking team leads, digital leads, commissioners, patients and programme managers.

If you would like to contact the NEY EeRS team to discuss supporting this project please email: england.neyeyecare@nhs.net

How can patients track their referral status?

Patients can track their referral status using an online portal. This can be accessed from any device, including a smartphone.

During this initial stage of the project, the priority is to get the system live in as many optometry practices and eyecare providers as possible. Once the system is in use, the region will work with the supplier to improve the useability of the system for patients and service users. Initial optimisation will occur during 2022/23 and 2023/24.

Please can you provide more detail about how EyeV integrates with eRS?

EyeV can be used by secondary care providers as a standalone web based platform used for viewing referrals, images and advice and guidance requests and using the web based functionality to respond and triage. However, it is recognised that eRS is used for most referrals and colleagues may not wish to save information to multiple systems. Therefore, EyeV offers the ability to integrate with eRS and be used in the following ways;

- eRS only – a referral will come into the trust via eRS from EyeV. The trust will use the information provided in the eRS platform only. There will be no accessing the EyeV platform. Local triage and recording of outcomes will happen on local systems. Any feedback to the refer will come from actions taken by the trust on the eRS system

- eRS with EyeV read only - a referral will come into the trust via eRS from EyeV. A link to the EyeV platform will be provided in the referral which trust staff can click on for read only access to the referral within eyeV and the images. Triage and recording of outcomes will happen on local systems. Any feedback to the refer will come from actions taken by the trust on the eRS system

- eRS with EyeV full functionality - a referral will come into the trust via eRS from EyeV. A link to the EyeV platform will be provided in the referral or advice request which trust staff can click on to access the EyeV system and

see the referral or advice and guidance request. Trust staff will use this link and will perform triage, instant feedback to refers and advice and guidance within EyeV. eRS will be updated manually by trust taff or by using and application Programming interface (API) which will electronically move required information from EyeV into eRS

EMMS are currently working on further integrations between EyeV and hospital PAS and electronic patient record systems such as Cerner, Lorenzo, Medisoft and Medisight.

How do other referral routes tie into this scheme, for example, the need to go to A&E?

EyeV has the functionality to support all types of eyecare referrals to multiple destinations (any to any) and exactly how the system is used will depend upon local agreements within a local area. Local areas are currently mapping all of their eyecare referral routes to understand exactly where EyeV would fit and how its benefits could be optimised.

We are currently at the initial stages of implementation however, it is anticipated that as the project progresses, the referral purposes for which the system is used could broaden. As the initial priority EyeV will be used for referrals from primary care optometry practices to secondary care NHS and independent sector providers or eyecare services.

Section 2: FAQs for Optometry

- Why is this being introduced?
- What are the benefits of EyeV for optometrists?
- Who will have access to EyeV?
- How is it different to what I'm doing currently?
- Will making a referral using EyeV take longer than it does now?
- How will we be supported in the implementation of this EeRS?
- Can EyeV only be used for GOS sight test referrals?
- Do I have to attach images to a referral? There may be a resource implication for me if I do.
- When is EyeV being rolled out across North East and Yorkshire?
- Will I receive training on the system?
- What if the patient is registered with a GP out of the area or there is a need to refer across borders?
- Can a GP access the system to make a referral?
- We already use an EeRS or the EPR management systems for enhanced services from another supplier, will EyeV be used instead?
- How do we register?
- Can EyeV be used to ask for advice and guidance only?
- Can an advice and guidance (A&G) record be printed?
- How and when will the provider be chosen by the optometrist?
- Is there a general clinic to refer to if I don't know what the best service / clinic would be for the patient?
- If you don't have a PMS, can you print it out for the record?
- Can I attach a video of optical coherence tomography (OCT) scans?
- My practice has a traditional field screener that does not connect with standard computer systems. Can I attach scanned images to the referral?
- How will GPs receive a copy of the referral?
- How is the referral stored in the patient record?
- Is it mandatory for secondary care to leave feedback?
- Will EeRS link to hospital eyecare services' electronic patient records (EPRs)?
- If a patient has had a test elsewhere that resulted in a referral, am I able to look up their history?
- Can EyeV be used to collect patient reported outcome measures (PROMS) data?
- Can EyeV do financial administration of commissioned services beyond GOS?
- Can I refer to other local NHS services, or just ophthalmology and GP?
- Who is currently using the software and for what purpose?
- What support is going to be given to LOCs with more queries?
- The GOS18 form on EyeV has more fields than a standard form. Do I have to complete all of these?
- How do I refer a patient without an NHS number?

Why is this being introduced?

The EeRS programme was jointly commissioned by NHS England and NHS Improvement and NHSX in November 2020, with the primary objective of delivering two fundamental digital capabilities for eyecare: electronic referral management and image sharing. This was in response to consistent requests by primary and secondary care stakeholders for these tools to support pathway transformation.

What are the benefits of EyeV for optometrists?

Using EeRS instead of existing referral methods will provide several immediate realisable benefits to optometrists. These include:

- Providing increased confidence in the referral process by allowing the referring optometrist, practice and patient to track the status of a referral, saving time checking whether referrals have been sent and received, and sending the referring optometrist clinical correspondence and outcomes if required.
- Providing an intuitive and easy-to-understand referral system, making the referral process quicker and more efficient. It also integrates with the existing electronic Referral System (eRS) GPs use to refer into secondary care.
- Allowing the referring practitioner to attach images and test results to a referral to help accurately convey a patient's condition and save time, as well as providing evidence for suspected diagnoses.
- Offering enhanced knowledge, development and job satisfaction. The system gives access to two-way communication to support feedback for secondary care referrals that the optometrist has made. This can form an important part of self-directed learning, supporting continuing professional development (CPD) and emphasising your role in patient care.

- Creating overall improvements in system-wide optical care services, leading to better patient outcomes, increased clinical safety and reduced waiting times by ensuring the patient sees the most appropriate clinician at the appropriate time.
- Keeping the GP automatically informed when referring to secondary care.
- Providing a direct secure digital referral to the GP for non-ocular issues, or other specific circumstances.
- Ensuring optometrists only need to have a single user account across multiple locations. This makes it easier when working across the region as practices would be using the same system for referrals (as long as referring within region).
- Providing optometric practices, the ability to oversee all referrals in the practice for governance.
- Secure login using 2 Factor Authentication (2FA), rather than Smartcard.

Who will have access to EyeV?

EyeV is available to all optometry practices providing services under the General Ophthalmic Services Contract, other NHS community eye services and providers of NHS hospital and specialist eye care services within the NEY region.

The optimal benefits of the system will be realised where the receiving provider of the referral also has EyeV.

Adoption of the system will focus on each eye-care system (acute NHS trust and its referral footprint of optometry practices and associated NHS providers of hospital and specialist eyecare services). Adoption in each eyecare system across the region will be staggered over a number of months.

How is it different to what I'm doing currently?

EyeV connects optometrists electronically to primary and secondary eyecare providers. It has several functions that will improve the referral process. For example, with EyeV you can:

- Submit referrals directly to secondary care while still keeping GPs informed, rather than referring via GPs, which can cause delay to patient care at times.
- Track the status of existing referrals.
- Attach images and test results to referrals, reducing the need for lengthy written descriptions of patients' condition.
- Receive feedback at the point of triage, and on referrals (depending upon the model of integration at the receiving organisation.
- Seek and receive advice from clinicians (where commissioned).

Will making a referral using EyeV take longer than it does now?

We believe that, ultimately, using EyeV will save you time through the benefits detailed earlier, but also through its design.

EyeV has been designed to:

- be intuitive.
- have well-designed logic.
- auto populate patient demographics from the NHS Patient Demographics Service (PDS) on the 'Spine'.

For optometrists using a practice management system (PMS), work is also underway to allow generation of a referral in PMS to be transferred to EyeV. At the point of go-live there will be a facility to 'drag and drop' a PDF referral output from most PMSs into EyeV. More PMS outputs are continuing to be added.

To compliment this, a software interface known as an Application Programming Interface (API) has been developed to allow a referral created within a PMS to be added directly to EyeV. The PMS must be compatible with the API for this to work. EyeV is compatible with this API. The NHSE regional and national teams alongside EMMS are working with PMS suppliers in NEY to support them to build the API into their systems.

If you would like to discuss the API for optometry practice management systems with the regional EeRS team please contact us: england.neyeyecare@nhs.net.

How will we be supported in the implementation of this EeRS?

The NEY EeRS project team and EMMS will work with you to support implementation of this system.

EMMS will provide a comprehensive training package for optometrists, predominantly in a virtual format (videos, links etc) however, face to face options will be available where required. Training will be supported by regular user groups where users will have a regular opportunity to provide feedback on the system, learn from other colleagues and receive update and further training from EMMS.

The NEY EeRS project team will provide you with an implementation toolkit which will contain information, tools and resources required for implementation including to support you in meeting any requirements around information governance and clinical safety. The team will also create opportunities for shared learning among the optometry community.

Can EyeV only be used for GOS sight test referrals?

EyeV can be used for all eye care referrals and it is our intention that, where appropriate, its full functionality is used. However, which patients and in which situations it is used will be decided locally based on current services provisions, referral systems and future plans for eye care services transformation.

Do I have to attach images to a referral? There may be a resource implication for me if I do.

Optometrists will not be expected to upload an image as a default for all EeRS referrals because images may not be required for all clinical situations. However, if – as part of your assessment – you have already taken an image, attaching the image can help with the clinical decision making process as to whether a patient needs review or not, by whom, and how quickly. If you are already commissioned to share images as part of any enhanced commissioned services agreement, we hope this would continue in any relevant instances where EeRS is being used.

Common situations where images can support clinical decision making include (but are not limited to): eyelid / corneal / anterior chamber / iris lesions, suspected / identified retinal / macular / optic disc pathology.

We are aware that not all optometric practices currently connect their diagnostic devices to a network in the practice to facilitate the transfer of images to one or more computers. This is a decision for a practice to make. Please note, jpeg files can be drag and dropped into EyeV without need for full integration.

Uploading images to a referral or advice request will incur no financial cost to the optometrist for storage in EeRS

The ability of EeRS to share images is one of the key benefits that will contribute to wider eyecare transformation. In the future, it is likely that commissioners will explore how this facility can be used as part of commissioned care pathways or enhanced commissioned services to facilitate ongoing improvements to eyecare services.

When is EyeV being rolled out across North East and Yorkshire?

A proof of concept pilot was carried out in November 2022 with Calderdale and Huddersfield NHS FT. Further pilots will be implemented in four eyecare systems, including acute NHS trusts, associated independent providers of eyecare services, and optometrists willing to take part in their referral footprint.

Region-wide roll out will follow successful proof-of-concept pilots and will run from January 2023. The roll out will be staggered over this time period. More information will be made available once the pilots have been completed.

Will I receive training on the system?

Yes. EMMS will provide a comprehensive training package for optometrists predominantly in a virtual format (videos, links etc) however, face to face options will be available where required. Training will focus around the user guide. Training will be supported by regular user groups where users will have a regular opportunity to provide feedback on the system, learn from other colleagues and receive update and further training from EMMS.

What if the patient is registered with a GP out of the area or there is a need to refer across borders?

EyeV can send a referral to a provider through eRS therefore the referral can be sent to a provider out of area. However, it is unlikely that an image will be able to be attached because the provider will not be able to access the EyeV system however, they will be able to read all of the information that you share.

Can a GP access the system to make a referral?

In order to make a referral in EyeV, a license is required. NEY has prioritised licenses for optometrists and providers of hospital and specialist eyecare service for this stage of the project, therefore, GPs cannot currently make a referral using EyeV. They are also nationally mandated to refer to secondary care using eRS. However, they can receive referrals from EyeV into their MESH inbox or NHS mail. EeRS is a digital enabler for eyecare transformation and access to EeRS for GPs will be something considered by the ICSs within this context as the project progresses.

We already use EPR management systems for enhanced services from another supplier, will EyeV be used instead?

EyeV is not intended to replace any systems currently in place. Strategic discussions will be required at a local level about the systems and processes already in use. NEY will work with each ICS and their stakeholders and support them to map referral pathways in each area on a case-by-case basis. The regional EeRS team will work closely with the ICSs and their stakeholders to understand this. The final decision on how EyeV will be used alongside other referral methods will be agreed locally and with the ICS. Discussions are ongoing between EPR management systems as part of service mapping.

How do we register?

Registering will be very easy, EMMS will contact practices directly to do this. Practices will have the ability to add users, and link to or unlink from the practice. This allows users to require only a single account, which they can utilise across multiple practices.

Can EyeV be used to ask for advice and guidance only?

Yes, the platform has the facility to request advice and guidance (A&G) without the need to make a referral. This correspondence can be converted to a referral if required. Whether this facility is used will be a commissioning decision.

Can an A&G record be printed?

Yes, an A&G record can be printed.

How and when will the provider be chosen by the optometrist?

The EyeV system is linked to the NHS directory of services. Once a condition is selected it will automatically populate what services are available. This will include secondary care NHS trusts, independent providers and any qualified providers as appropriate.

Is there a general clinic to refer to if I don't know what the best service / clinic would be for the patient?

The final choice on where and when a patient will be seen will be down to the triaging clinician at the receiving end. The referrer should choose the most appropriate pathway from the options available for the clinical issue being referred.

If you don't have a PMS can you print it out for the record?

The referral can be printed but it will always be stored in EyeV and be available to the NHS and or ICS. If the contract with EMMS ceases EMMS are required to return all data to data controllers. This will be via PDF's of all referrals and advice requests to optometry practices. Other methods of transfer can be discussed with practices on a case-by-case basis.

Can I attach a video of optical coherence tomography (OCT) scans?

Yes, standard images, videos, and full Digital Imaging and Communications in Medicine (DICOM, also known as DCM) compliant files are supported by the EyeV system.

In addition, the system allows you to attach diagnostic test results such as anterior and posterior segment imaging, Optical Coherence Tomography (OCT) scans, and visual fields tests.

My practice has a traditional field screener that does not connect with standard computer systems. Can I attach scanned images to the referral?

Yes, although the quality of scanned images or photos of a monitor or printed image are usually of poor quality. This can mean they are significantly less useful for clinical decision making versus digital files directly exported from diagnostic devices.

How will GPs receive a copy of the referral?

GPs will be automatically notified of any referral made via MESH inbox or nhs.net email.

How is the referral stored in the patient record?

The referral will always be stored in EyeV and be available to the NHS or ICS. The optometrist can use their login details to access all their referrals. Practice managers or other appointed deputies will have access to the referral even if the referrer is not in work. A copy of the referral or advice request can be downloaded to local systems if a local record is required.

Is it mandatory for secondary care to leave feedback?

To make the system as effective as it can be and maximise the benefit to system-wide eyecare, secondary care users will be encouraged to leave feedback at triage. However, it will be down to individual secondary care providers to arrange this. The level of feedback possible will depend on how EyeV is being used by the provider and the level of clinical information provided in the referral. Feedback from subsequent consultations will depend on the ability to integrate EyeV with the required secondary care systems.

Will EeRS link to hospital eyecare services' electronic patient records (EPRs)?

Referrals from community optometry using EeRS in NEY can be sent via eRS. Due to acute trusts having different EPR's, it is not possible, at this stage, for EyeV to integrate with them all immediately. However, work at the early adopter sites is focusing upon integration with Cerner and Medisoft / mediSIGHT.

As EyeV is implemented at each acute NHS Trust EMMS will work with Trust IT teams to attempt the integration with the EPR systems desired by the acute trust

If a patient has had a test elsewhere that resulted in a referral, am I able to look up their history?

This will not be possible as part of this initial implementation stage. However, adoption of EyeV will be an enabler for wider eye care transformation, therefore, this functionality (which is technically possible) will be considered in later stages when optimising the use of EyeV.

Can EyeV be used to collect patient reported outcome measures (PROMS) data?

Yes, the system can collect PROMS data. This functionality is not currently planned for implementation as it was not requested within the regional specification, but could be added at a later date with planning.

Can EyeV do financial administration of commissioned services beyond GOS?

Yes, EyeV can provide financial administration on the platform. This functionality is not currently planned for implementation as it was not requested within the regional specification, but could be added at a later date with planning.

Can I refer to other local NHS services, or just Ophthalmology and GP?

EyeV has been procured in NEY currently for Ophthalmology and will be the focus of this initial implementation programme. However, the platform is scalable and can adapt to a multitude of conditions. This would potentially allow primary care optometrists and optometrists providing community-commissioned eyecare services to refer to other NHS services, such as neurology, rheumatology, dermatology and low vision services in the future.

Who is currently using the software and for what purpose?

EyeV is already being used in a different configuration in the Leicester, Leicestershire and Rutland COVID-19 Urgent Eyecare Service and pre- and post-operative cataract service, as well as The Nottingham City Community

Ophthalmology Clinical Assessment service, glaucoma service and orthoptics service.

What support is going to be given to LOCs with more queries?

The NEY EeRS team and EMMS have good links with LOC chairs in each of the ICSs and will work with them to understand the best way to support LOC colleagues. However, please feel free to contact the NEY EeRS team england.neyeyecare@nhs.net.

The GOS18 form on EyeV has more fields than a standard form. Do I have to complete all of these?

The additional fields over and above the standard GOS18 fields are not mandatory. However, you are encouraged to complete the form as fully as you can. The additional fields are there to give additional useful information to primarily aid clinical decision making, patient needs and subsequent patient care.

How do I refer a patient without an NHS number?

EyeV is able to access the PDS to identify and import a patients' NHS number. If a patient has not been allocated an NHS number on the spine they can still be referred. However, the choice of services available might be limited. With eRS the patient cannot be referred without an NHS number however, where a provider service has a MESH inbox or NHS mail account EyeV can be configured to send to these in these rare instances. Final agreement on how these patients are referred (including whether EyeV is used) will be agreed with ICSs and the region during implementation planning.

Can EyeV be used to book an appointment for a patient on 'Choose and Book' where an eRS service is configured for Choose and Book?

No, EyeV cannot be used to book an appointment, but once the eRS 'internet first' version (part of the NHS' national effort to make digital services available over the internet) is available, EMMS will work on integrating EyeV with Choose and Book.

Can the referring optometrist check the referral status?

Yes, there is a referral progress bar which shows the referral status. Optometrists also receive a notification when there has been a change in referral status.

Can referrals from EyeV be directed through eRS?

Yes, the optometrist makes the referral from EyeV selecting the service and service ID. This is submitted to the EyeV IT team who have a 'smart card' registered with the care identify service who would submit the referrals in bulk. Uploads will happen from the EyeV central team every hour, 24 hours a day 7 days a week. There is a version of eRS that will be available online that we are working on EyeV integrating with, however, the internet version of eRS is not available yet.

Can I convert an A&G request into a referral if required?

Yes, either the referrer can convert the advice and guidance (A&G) conversation into a referral or the person giving the advice can convert the A&G session into a referral from which the optometrist would simply click 'initiate referral'. Please note, although the platform has the functionality to support A&G, whether this clinical service is provided will be dependent on local commissioning arrangements.

Does A&G work through eRS?

Yes, advice and guidance (A&G) from EyeV will integrate with the eRS advice and guidance functionality if the provider is using this and requests it. A&G requests from EyeV will be sent with the hourly upload from EyeV to eRS. Please note, although the platform has the functionality to support A&G, whether this clinical service is provided will be dependent on local commissioning arrangements.

Can patients track the progress of their own referral?

Yes, they can.

Can I refer a patient with multiple eye conditions?

The referral forms are designed to allow for multiple conditions, and these will be easily seen and understood by secondary care clinicians. Please note that some clinical pathways are for dedicated use only (for example, wet age-related macular degeneration or suspected skin cancer), and there may be local preferences about the appropriateness of combining multiple suspected/identified pathologies into a single referral. Please check local pathway requirements before referring.

Will this system allow for clinical feedback to the referrer after the patient has been seen?

Yes, the EyeV platform has the functionality to do this. However, this depends on the ability to integrate EyeV with secondary care clinical systems fully.

If my referral is rejected due to a lack of information, will I have to start the referral again to resubmit?

No, when you add in new information and resubmit, both the original information and the new information will be merged into one record for the provider. Although the platform has the facility to reject referrals, the criteria for rejecting referrals will need to be agreed by the relevant stakeholders as part of the wider service and care pathway design.

Where can I find more information?

Please visit the dedicated NHS Futures web page for implementation of EeRS within North East and Yorkshire. All healthcare professionals can register. If you do not have an NHS email address the verification may take a little longer but access will be granted.

Section 3: FAQs for acute settings

Why is this being introduced?

The EeRS programme was jointly commissioned by NHS England and Improvement and NHSX in November 2020, with the primary objective of delivering two fundamental digital capabilities for eyecare: electronic referral management and image sharing. This was in response to consistent requests by primary and secondary care stakeholders for these tools to support pathway transformation.

What are the benefits of EeRS?

The move to EeRS will provide a number of immediate realisable benefits to specialist and hospital eyecare providers. These include:

- Providing a dedicated, fit-for-purpose referral portal for triaging eye care referrals and managing requests for advice. It also integrates with the existing electronic Referral System (eRS) that GPs use to refer to secondary care.
- Enabling image sharing and two-way communication to increase the quality of referrals you receive, providing richer and clearer information in a standardised electronic format to support triage decisions.
- Improved clinical safety as referrals will be managed through a more direct and standardised route, reducing the administrative burden and manual processes such as paper or email which may not be secure and carry a risk of error.
- Ensuring patients are seen by the right person, in the right place, first time.
- Reducing unnecessary referrals and the associated administrative burden by providing guidance on inappropriate or cautious referrals and deflecting to community-commissioned services where appropriate.
- Increasing efficiency and streamlining the referral process.
- These changes will also apply to urgent referrals, reducing risk to patients as there will be no delay in sending referrals to secondary care.
- Furthermore, it will provide governance for the triage process, through date, time and user stamping for all changes.

Longer term, EeRS could also reduce the need to book or wait for scans before seeing a patient as the system allows primary eyecare scans to be attached as an image. It can widen the opportunity for patients to be scanned in the community, support shared care arrangements and increasing capacity across ophthalmology services to support the reduction of elective care waiting lists.

Who will have access to EeRS?

EyeV will be available to all NHS acute trusts providing ophthalmology services across NEY and a number of independent providers of NHS hospital and specialist eye care services.

All optometry practices across the North East and Yorkshire NHS England region who are providing services under the General Ophthalmic can request access to this system. The optimal benefits of the system will be realised where the receiving provider of the referral also has EyeV.

Adoption of the system will focus around each eye care system (acute NHS trust and its referral footprint of optometry practices and associated NHS providers of hospital and specialist eye care services). Adoption in each eye care system across the region will be staggered over a number of months

Will it integrate with our electronic patient records (EPRs)?

Referrals from community optometry using EeRS in NEY can be sent via eRS however, each trust will decide whether they wish to use this functionality.

Due to acute trusts having different EPRs, it is not possible, at this stage, for EyeV to integrate with them all immediately. However, work at the early adopter sites is focusing upon integration with Cerner and Medisoft.

As EyeV is implemented at each acute NHS trust, EMMS will work with trust IT teams to attempt the integration with the EPR systems desired by the acute trust

Will we need to pay for storing the images?

No. The images will be stored in EeRS and this has been funded for the duration of the contract (until June 2023). However, if providers wish to download the images to their own system, this may incur local storage charges.

What noticeable changes will it bring to our current methods of processing referrals?

This is likely to depend on the level of integration with acute trust electronic patient records and eRS.

The functionality of EyeV allows triaging of referrals and A&G. Depending on the working model agreed by the Trust, staff may be required to undertake more detailed triage than previously and there may be a request to provide feedback on referrals of support advice and guidance requests.

If the decision is made to receive all EyeV referrals via eRS and process them in eRS there is likely to be minimal change to current systems however, it will be

important for NHS providers to be aware of how this may reduce the scale of the potential benefits to be realised from implementing EyeV. for example this will limit the ability to collect structured data and to prospectively audit referral pathways electronically (compared with resource-intensive paper-based methods) and put some limitations to the 2-way communication with referrers.

Is it mandatory or optional for secondary care to leave feedback?

This is optional, just as the ability for referrers to provide more clinical information than GOS18 referrals require is optional. However, we would encourage both clinical colleagues to leave feedback for your primary care optometry and community colleagues. This helps make the system as effective as it can be and maximises the benefit to system-wide eyecare. However, it will be down to individual secondary care providers to arrange this.

We already use an EeRS from another supplier, will EyeV be used instead?

EyeV is not intended to replace any systems currently in place. Strategic discussions will be required at a local level about the systems and processes already in use. NEY will work with each ICS and their stakeholders and support them to map referral pathways in each area on a case-by-case basis. The regional EeRS team will work closely with the ICSs and their stakeholders to understand this. The final decision on how EyeV will be used alongside other referral methods will be agreed locally and with the ICS.

When is it being rolled out?

A proof of concept pilot was carried out in November 2022 with Calderdale and Huddersfield NHS FT. Further pilots will be implemented in four eyecare systems, including acute NHS trusts, associated independent providers of eyecare services, and optometrists willing to take part in their referral footprint.

Region-wide roll out will follow successful proof-of-concept pilots and will run from January 2023. The roll out will be staggered over this time period. More information will be made available once the pilots have been completed

Can images supplied in an A&G request be moved into Medisoft when a referral is made?

Yes, images can be directed to a Medisoft 'watch folder' (or potentially to another clinical system of choice) for access from that system. Each Trust would need to organise the purchase and implementation of such a 'watch folder' with Medisoft separately.

Will I receive training on the system?

Yes. EMMS will provide a comprehensive training package for acute trust staff predominantly in a virtual format (videos, links etc) however, face to face options will be available where required. Training will be supported by regular user groups where users will have a regular opportunity to provide feedback on the system, learn from other colleagues and receive update and further training from EMMS.

Where can I find more information?

Please visit the dedicated NHS Futures web page for implementation of EeRS within North East and Yorkshire. All healthcare professionals can register. If you do not have an NHS email address the verification may take a little longer but access will be granted.

Section 4: Data Security and Protection Toolkit

- Is DSPT a prerequisite for EeRS
- What level of DSPT is required for EeRS?
- Is there a specific DSPT toolkit for the optometry sector?
- Does the Quality in Optometry (QiO) achieve the 'standards met' level required for EeRS?
- Does the DSPT toolkit need to be completed and published prior to onboarding for EeRS?
- How can optometry practices check that their DSPT submission has been published?
- Who can optometry practices contact for support with DSPT submissions?
- Can the headquarters (HQ) of optometry multiples complete and submit DSPT submissions on behalf of all sites?
- Where can optometry practices obtain further information about DSPT?

Is DSPT a prerequisite for EeRS?

Yes. The optical DSPT is a requirement for the Eye Care Electronic Referral System which is being rolled out across parts of England in 2022/23. Electronic communication will become an increasingly integral part of service provision as we consider future opportunities for remote working and implement digital solutions, a key part of the NHS Long Term Plan.
DSPT assessment is something to be undertaken each year to ensure alignment with evolving trends in data security.

What level of DSPT is required for EeRS?

The requirement is to achieve 'Standards Met'.

Is there a specific DSPT toolkit for the optometry sector?

Yes, there is an optical DSPT. Practices can complete the NHS optical DSPT via the Quality in Optometry (QiO) site or directly via the NHS Digital DSPT site.

Does the Quality in Optometry (QiO) achieve the 'Standards Met' level required for EeRS?

Yes. The DSPT 'Entry Level' previously used to access NHS mail was removed from the 1 April 2021. The current optical DSPT meets the required level for EeRS.

Does the DSPT toolkit need to be completed and published prior to onboarding for EeRS?

Yes. DSPT achievement must be within the previous 12 months and evidenced prior to practices onboarding for EeRS.

How can optometry practices check that their DSPT submission has been published within the last 12 months?

An organisation search can be completed via the NHS Digital website using the practice ODS code https://www.dsptoolkit.nhs.uk/OrganisationSearch
This will confirm the status and date published.

Who can optometry practices contact for support with DSPT submissions?

For any administration queries, including a missing DSPT submission or who the nominated lead administrator is, practices can contact the Exeter Helpdesk either via exeter.helpdesk@nhs.net or 0300 303 4034 quoting the practice ODS code.

For any technical queries relating to the evidence required or best practice, optometry sites can contact the NHS England North East and Yorkshire (NEY) regional team via optometry.dsptney@nhs.net

Can the headquarters (HQ) of optometry multiples complete and submit DSPT submissions on behalf of all sites?

Yes. The optometry DSPT must be completed via the NHS Digital website and the linked sites included within the final submission. The Exeter helpdesk can support any HQ submissions which had any linked sites omitted.

Where can optometry practices obtain further information about DSPT?

NHS Digital have regular webinars and update events which practices can join for free via https://www.dsptoolkit.nhs.uk/News/webinars Please ensure you join the DSPT webinars specifically for Opticians. Please find a link below to one of the previous DSPT webinars aimed at opticians.
https://vimeo.com/657901346/e6282302d4

You can also contact the North East and Yorkshire Optometry DSPT support team optometry.dsptney@nhs.net for more information.

For more information about EyeV and general questions, please contact england.neydigital@nhs.net.