

Provisional Guidance for Optometrists referring to the SPoA and Choice

Single Point of Access

North East London now has in place two single points of access (SPoA) for optometrist to refer to for secondary care services avoiding using GPs to refer or referring direct to some providers which means referrals are not captured by the national system and counted in health reporting.

Barking & Dagenham, Havering and Redbridge registered patients should be referred to the ONEL or BHR SPoA hosted by Evolutio.

These single points of access are mandatory for NEL patients and NHS referrals. GPs should only be referred to if you need their clinical input. Other exceptions to this are those referrals made directly to urgent care/Accident and Emergency services because on the day diagnosis or treatment is indicated.

One of the reasons for the SPoAs is to ensure we can track referrals through the system and enable us to monitor capacity to ensure patients are receiving the services they need on time.

The SPoAs allow for the patient's choice of secondary care provider to be indicated when being referred and will only be changed with consultation with the patient and this would only usually happen if the choice was clinically inappropriate or not available.

Basic advice on Choice – [see internet page for more information](#)

It is important that when deciding patients are able to have informed choice where Optometrist can help with and this discussion should cover several criteria which patients need to be aware of when choosing:

1. Does the service meet the clinical needs of the patient? Co eye morbidities may need a full hospital service to be involved – you should ideally refer to the ophthalmology provider who is providing the ongoing care and not send them to multiple providers for different ophthalmology conditions
2. Location of service – is it located within easy travel distances for the patient. What is easy may vary depending on the patients own circumstances. They may rely on public transport and therefore may choose services closer to home.
3. Waiting times – patients are entitled to be seen, diagnosed and treated within 18 weeks of initial consultation, however, not all specialist clinics are meeting this standard so it is however important that where permanent sight loss is possible these patients are referred as a high priority whereas cataract and minor eye surgery does not lead to permanent site loss so longer waits may have less of a clinical impact and these patients can be seen over 18 weeks pathways completely safely.

Note: Cataracts are a reversible condition and patients should be assured that there is no urgency for treatment if some providers have longer waiting times than others. Patients should also be aware that cataracts will need regular intervals of corrective laser treatments in most cases so early surgery is not necessarily right for all.

4. Other considerations - Patients may have their own firm opinions and unless a referral is **not clinically necessary** or the provider they have chosen is not able to provide the specialist care requested they are entitled to their choice.