

Top Tips for Writing a Good Referral Letter

Wendy Newsom
Lead Optometrist
Moorfields at Bedford
7th December 2015

A good quality referral letter

- Is an essential part of the care of your patient
- Will build up trust between you and the person you are referring to
- Enables us to triage the referral effectively into the right specialist eye clinic in the most appropriate timescale
- Increases the likelihood that you will get feedback from your referral

Communication

- It is in the patient's best interests that we communicate effectively
- Ophthalmologists quote poor referral letter quality as a significant reason why they are reluctant to work with community based optometrists
- Reduction in avoidable referrals to 2ndary care is on the agenda of most CCGs
- Effective triage of referral letters reduces the number of ophthalmology appts that may be needed

10 top tips...

- **1) No handwriting**
 - It is unprofessional to send a letter that is illegible
 - Handwriting in faxed letters are often difficult to read
 - Clearly identify yourself and your practice (if you use a stamp make sure it is clear)
- **2) Make sure the patient details are correct**
 - Name spelt correctly, DOB correct (check with the patient). NHS number is ideal
 - Incorrect details cause delays and increase the risk of not being able to contact the patient

10 top tips...

- **3) VAs should always be given**
 - Never omit this even if referring for raised IOP alone
 - Helps with triage of urgency of the referral
 - gives a baseline to determine rate of change
 - The latest refraction is useful (risk factors and prognosis)
- **4) History and Symptoms**
 - What is the presenting complaint or was it an asymptomatic finding? (preferably in their own words)
 - HOW LONG HAVE THE SYMPTOMS BEEN PRESENT?

10 top tips...

- **5) Past Ocular History**
 - Do not assume that the ophthalmologist knows the past history or that the GP will pass it on
 - Carefully question the patient about previous eye conditions, surgery, injuries or treatment
- **6) Say why you are referring the patient**
 - Preferably a provisional diagnosis
 - Be clear and to the point without writing too much

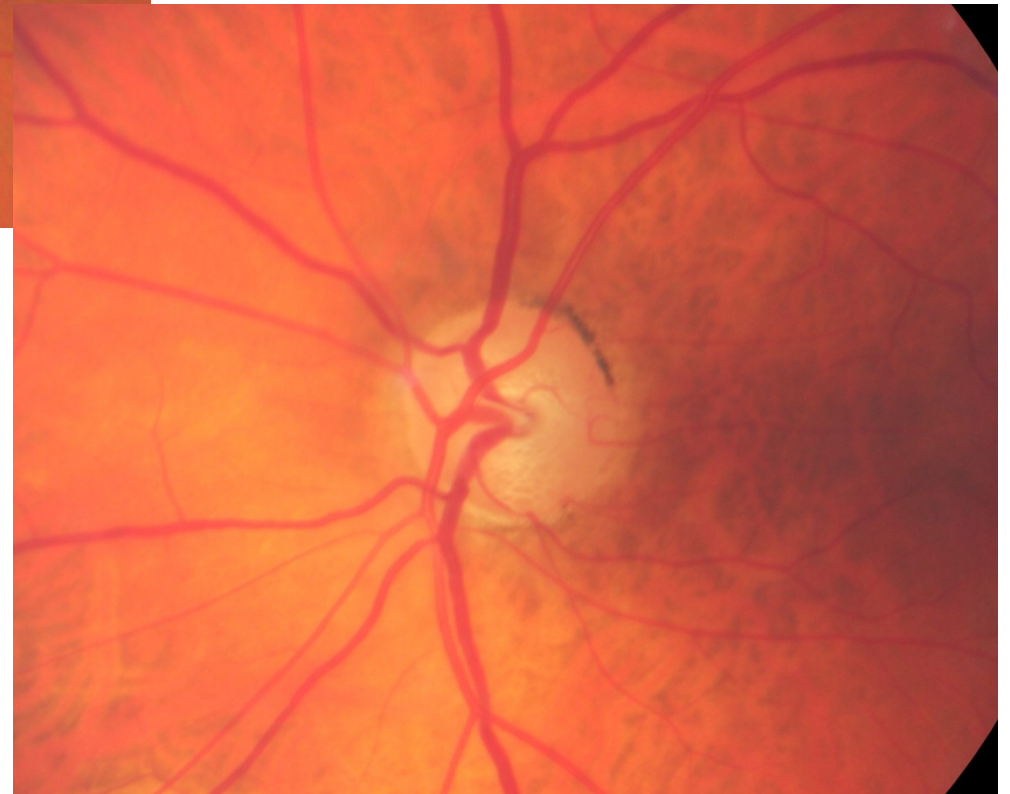
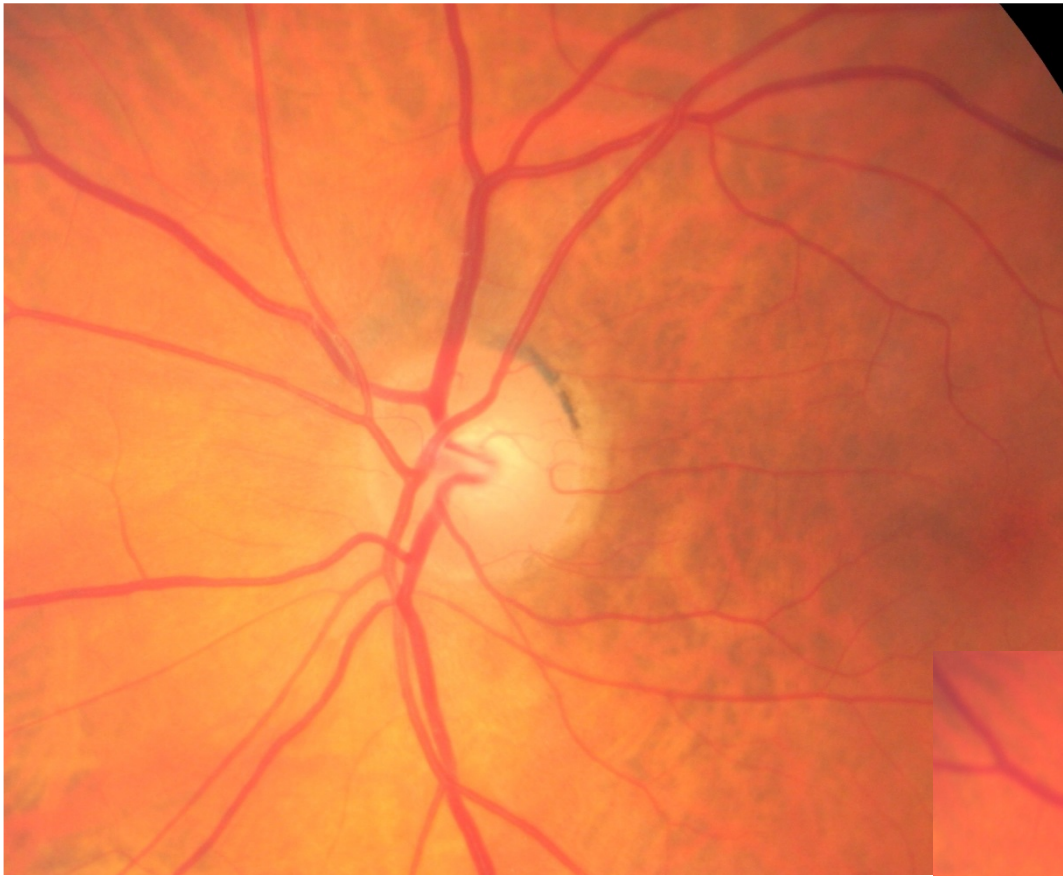
10 top tips...

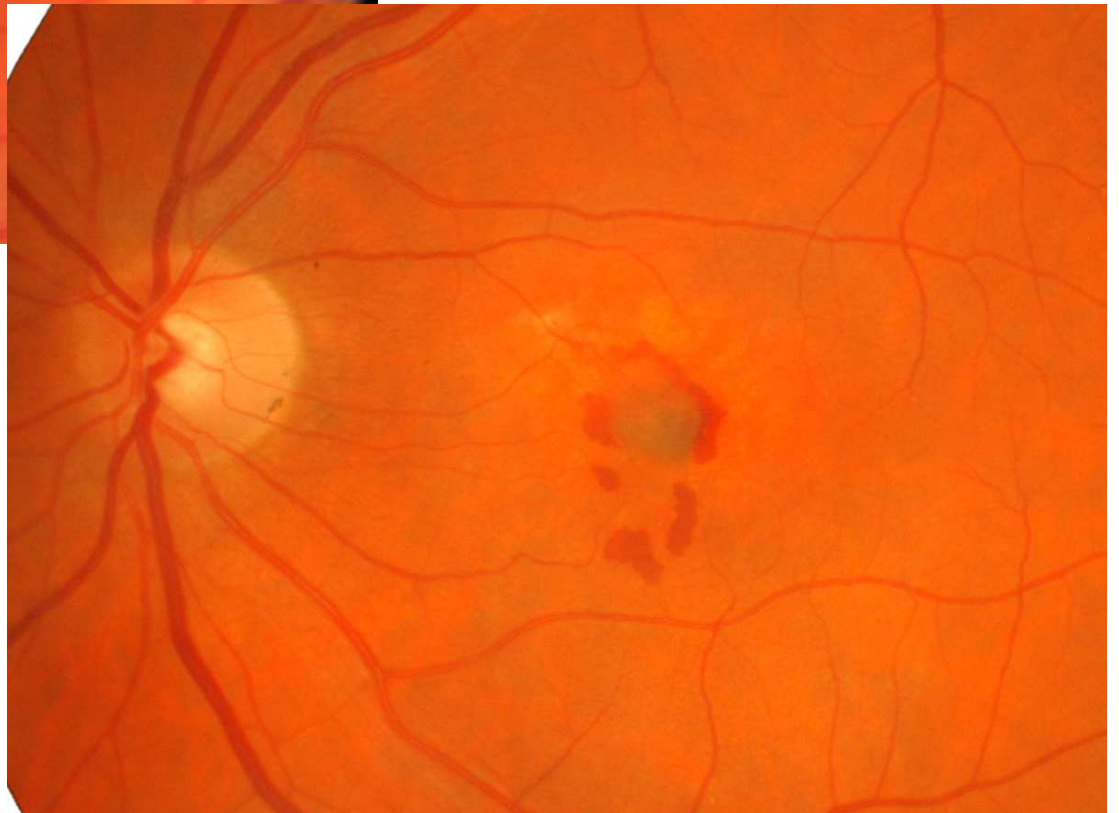
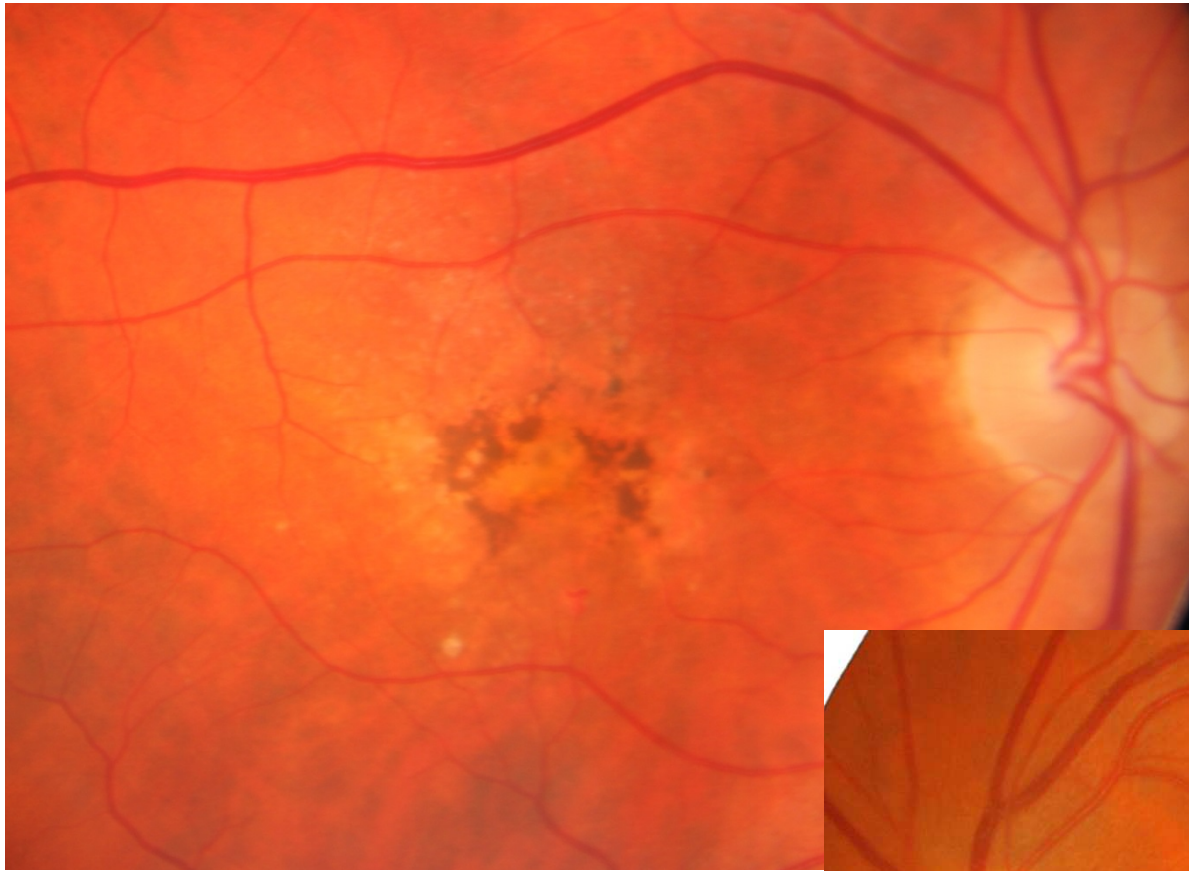
- **7) What did you see?**
 - SIGNS- exactly what did you see and where?
 - eg do not write 'I think this patient has wet AMD' without telling us why you think that
- **8) Try not to give an exact timescale**
 - Timescales given are often inaccurate or unachievable
 - Causes patient anxiety of they are not seen in the timescale given
 - Include the patient's phone number in an urgent referral so we can contact them with an appointment
 - 18 week pathway

10 top tips...

- **9) Referrals for suspect glaucoma should include**
 - IOPs
 - Disc appearance
 - Visual fields
 - Van Herick (very often not included)
- **10) The patient**
 - Inform the patient why you are referring them
 - Good practice to give them a copy of your referral
 - Patient might not attend an eye clinic appointment if they do not understand why they have been referred







	V	Sph	Cyl	Axis	Prism	Base	VA	Add	Dev VA	Date
RE		+7.75	-3.75	35			6/24	6.50	NR	30/7/99
LE		+8.50	-2.50	165			6/36	6.50	NR	

PLEASE COMPLETE BELOW AS APPROPRIATE

Disc Appearances: RE ☒ LE ☒
 Intra Ocular Press. RE 24 mmHg LE 23 mmHg
 Visual Fields: RE ☒ LE ☒ (Enclose Copy if available)

POINTS REQUIRING ATTENTION - FOR INFORMATION (AND POSSIBLE REFERRAL):

Mr. [REDACTED] was previously under hospital care and discharged.
 He has a form of ocular albinism and is registered
 Partially sighted.
 His IOPs were very high today (last seen 2007-2009)
 Please screen for glaucoma.

I agree / do not agree that any Ophthalmologist to whom I am referring
 and / or treatment may make a referral to me.

Signature

Name and Address of Ophthalmologist/OMP

Suggested Audit

- Keep a spreadsheet of referrals you make including provisional diagnosis
- Log reply letters so that you learn from your referral and the diagnosis
- Apply your learning to future referrals

Conclusion

- Your referral letter is your face in the eye clinic
 - Think about the person who reads your letter
- Make sure your letter is clear and to the point
 - Minimise irrelevant information
 - Give symptoms, duration of onset and signs
- Send Urgent referrals direct to the eye clinic
 - not via the GP
- Good communication builds good working relationships
 - HES should write back to you
- Integrated eye care benefits our patients and helps eliminate avoidable sight loss