Freedom of information request

I would like to submit a Freedom of Information request for the following interest:

Papill(o)edema refers to swelling of the optic nerves at the back of both eyes caused by raised intracranial pressure. Sometimes this is described as blurred disc margins, raised disc margins, indistinct disc margins, or optic disc swelling. Some patients may have no symptoms, some have visual symptoms and others have headaches. Additionally, patients with headaches are often screened for signs of raised intracranial pressure, such as papilloedema.

We would like to find out how **adults and children** with papilloedema or headaches are handled in the community, and which secondary care services they may be referred to.

**1. Where do community referrals of adults and children with papilloedema to secondary care come from?**

Please could you provide details of the referral process for patients with papilloedema from the community in the table below (you may expand the size of the boxes to fit your text). We have assumed that most cases of papilloedema will be picked up by different types of primary eye care professional. However, if this does not apply in your area, please provide details of the sources of referrals of papilloedema in the row marked “Other”.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Please indicate which primary eye care service(s) you have commissioned in your area?***  ***(Y/N)*** | | ***What type of contract do you have with this type of primary (eye) care service?*** | ***Can this service directly refer patients with papilloedema to secondary care, i.e., not via GP?***  ***(Y, N or N/A)*** | ***What is the typical urgency for referral and timeframe?***  ***(e.g., an urgent referral to be seen within 2 weeks? 4 weeks? etc.)*** | ***How are these referrals made?***  ***(e.g., email, letter, electronic referral system - please indicate all that apply)*** | ***Are these referrals screened before reaching secondary care?***  ***Please provide the details of any screening methods that apply in your area*** | ***Are digital eye images screened in the triage process?***  ***Please provide the details of any screening methods that apply in your area*** |
| *Y* | *GP* |  | *Y*  *Y* | *Urgent referral within 4 weeks*  *Urgent referral that day or within 1-2 days if acutely ill* | *Letter/ERS*  *Letters usually sent to A+E who may call Paediatric Ophthalmology team* | *Letters are triaged based on the clinical history*  *Letters triaged based on clinical details* | *Rarely provided with referral. If imaging is mentioned in the referral letter, optometrists are now asked to email the images before the referral is accepted for triage*  *Not from GP* |
| *N* | *Minor Eye Conditions Service (MECS)* |  |  |  |  |  |  |
| *N* | *Community*  *Urgent Eyecare Service (CUES)* |  |  |  |  |  |  |
| *Y* | *Community Optometrist* |  | *Some patients are told to go to the Eye Casualty at BEH which has a walk-in service (this is not actually a referral as such). Most referrals to BEH are all via GP otherwise.*  *We also have an email mailbox that optometrists can use to refer patients directly to the neuro-ophthalmology service with accompanying imaging.*  *We receive many referrals from optometrists of well children with possible mild disc swelling* | *Some patients sent to Eye Casualty on same day. Others, e.g. asymptomatic or mildly symptomatic patients, are referred via GP and triaged to urgent care clinic within 4 weeks (without imaging).*  *Referrals via email that genuinely have disc swelling based on imaging are triaged to urgent care clinic within 4 weeks. Those that have pseudopapilloedema are triaged as routine.*  *If unwell or < 7 years old we see within 1 -2 weeks; if clinically well and 7+ we see in a dedicated “disc clinic within 3-4 months depending on capacity and slots available* | *Letter/ERS via GP*  *Letters sometimes direct sometimes via GP* | *Letters that come via GP are triaged based on the clinical history as above. Walk-ins to Eye Casualty are seen same day. Email referrals are triaged based on whether they genuinely have disc swelling (urgent care clinic within 4 weeks) or pseudoswelling (routine) or no abnormality (referral not accepted).*  *Triaged based on clinical details in the referral* | *Walk-ins are not screened. Referrals via GP are triaged and screened as mentioned elsewhere.*  *Sometimes we are sent images from optoms, not often. If they come we use in our triage decision but clinical details more important* |
|  | ***Other (please specify)***  *Paediatric Neurosciences (Neurology or Neurosurgery) in BRCH or Developmental Community Paediatricians* |  | *Many of our referrals come from secondary care* | *Triaged according to clinical details* | *Referred by internal form or phone call* | *Triaged based on clinical details* | *Rarely- we take images ourselves* |

**2. If there are established referral pathways or guidelines for papilloedema could you please provide a copy, or the directions for accessing them online if available?**

No

**3. Could you please provide the name(s) of the secondary care provision(s) that accept referrals of adults and children with papilloedema?**

Adults are referred to the neuro-ophthalmology service at Bristol Eye Hospital.

Children are referred to paediatric ophthalmology service at Bristol Eye Hospital.

**4. Where do community referrals of adults and children with headache to secondary care come from?**

GPs and community optometrists

Please could you provide details of the community referral process for patients with headache in the table below (you may expand the size of the boxes to fit your text). We are interested to know whether patients who have headache + papilloedema are handled differently to those without papilloedema.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Primary care service*** | ***Can this service directly refer patients with headache to secondary care, i.e., not via GP?***  ***(Y/N)*** | ***What is the typical urgency for referral and timeframe if papilloedema is present?***  ***(e.g., urgent referral to be seen within 2 or 4 weeks)*** | ***What is the typical urgency for referral and timeframe if papilloedema is NOT present? (i.e. headache alone)***  ***(e.g., urgent referral to be seen within 2 or 4 weeks)*** | ***How are these referrals made?***  ***(e.g., email, letter, electronic referral system- please indicate all that apply)*** | ***Are these referrals screened before reaching secondary care?***  ***(e.g., virtually / electronically )***  ***Please provide the details of any screening methods that apply in your area*** |
| *GP* | *N/A* | *Urgent referral within 4 weeks*  *These are rare but see above* | *We refuse these referrals if vision is normal and there is no papilloedema as we are an eye hospital*  *If referring for headache we may triage to imaging first within 1-2 weeks and if that is normal we would suggest an optometrist to check refraction.*  *GPs rarely check back of the eye* | *Letter/ERS/email* | *Rarely provided with referral. If imaging is mentioned in the referral letter or email, optometrists are now asked to email the images before the referral is accepted for triage. The decision to accept the referral and offer an appointment is based on what the imaging shows (true swelling, pseudoswelling or normal discs)*  *We use our own images to help triage GP headache referrals of children/teenagers* |
| *Minor Eye Conditions Service (MECS)* |  |  |  |  |  |
| *Community*  *Urgent Eyecare Service (CUES)* |  |  |  |  |  |
| *Community Optometrist* | *N* | *Via GP so urgent referral within 4 weeks*  *Triaged according to clinical details* | *We refuse these referrals if vision is normal and there is no papilloedema as we are an eye hospital.*  *However, Specsavers opticians use a referral letter template that prompts their optometrists to refer patients with headache to neuro-ophthalmology, whether they have disc swelling or not (the same template is used nationally)*  *If vision and refraction normal and OO says discs OK we would refuse* | *Letter/ERS/email* | *As above* |
| *Other (please specify)*  *Paediatric Neurosciences as above* |  | *Triaged according to clinical history* |  |  |  |

**5. If there are established referral pathways or guidelines for headache could you please provide a copy, or the directions for accessing them online if available?**

There is a headache referral pathway for North Bristol Trust - the other Trust in Bristol please contact their FOI team [foi@nbt.nhs.uk](mailto:foi@nbt.nhs.uk)

**6. Could you please provide the name(s) of the secondary care provision(s) that accept referrals of adults and children with headache + papilloedema?**

Adults with headache+ papilloedema are accepted by Neuro-Ophthalmology/Eye Casualty at BEH, General Medicine/A&E at UHBW, General Medicine/Neurology/A&E at North Bristol Trust. Children are seen in paediatric ophthalmology at BEH and referred to Bristol Royal Hospital for Children

**7. Could you please provide the name(s) of the secondary care provision(s) that accept referrals of adults and children with headache?**

Adults with headache are accepted by General Medicine/Neurology/A&E at North Bristol Trust, General Medicine /A&E at UHBW. Children with headache and no eye problems should be refracted at some stage by their optometrist and then may be seen by Paediatric Neurology