



Greater Manchester Opera Referral System

Advice on referring using the Opera General Referral Module

Version 1.52 March 2021

Contents

[Background and quick advice](#)

[Ages that will be accepted](#)

[Available Clinic Types](#)

[Cataract](#)

[Consent](#)

[Effective use of Resources](#)

[EMAC](#)

[Emergency referrals](#)

[eRS endpoint types and feedback](#)

[Failsafe](#)

[GP Referrals](#)

[MREH EED](#)

[Phone Numbers](#)

[Repeat IOP and/or Visual Field](#)

[Retinal Vein Occlusions](#)

[Routine or Urgent or Emergency?](#)

[Routine referrals for Greater Manchester Patients](#)

[Selecting Pathology](#)

[Urgent Providers by area](#)

[Users and roles](#)

[Using the NHS number as part of patient demographics](#)

[Wet AMD Referrals](#)

◀◀ = Back to start of document

Background

For the last 18 months referrals in GM have been made electronically using the Healthi platform. Most of those referrals went directly to providers using the NHS electronic referral service (eRS) with a few going via email from a central NHS Mail account. With the withdrawal of Cegedim from the optical market, and the recent use of Opera for CUES, the GM referral service is transitioning to an Opera service provided by Primary Eyecare Services (PES).

For those who have used CUES, you will know that Opera is quick and easy to use. Following a quick NHS number lookup, the patient's entire demographic profile will be completed for you. With the patient's permission the patient's Summary Care Record is available containing details of their medication. Attachments are possible – images, OCT files or visual field plots, and these are held in a PAC system (picture archiving and communication system) and can be viewed by hospital clinicians.

For those using Opera for extended services, note that the patient demographic is common to all modules – so if the patient has already had, for instance, a CUES service, then they won't need adding again.

For practices that do not provide extended services through Primary Eyecare there is a registration process for Opera (lightweight compared with what is required for extended services). <https://help.optom-referrals.org/article/317-transferring-from-healthi> This is NOT for use by practices who otherwise contract with Primary Eyecare.

The main item is completion of the NHS Data Security and Protection Toolkit (DSPT). When using Opera, practitioners have access to the NHS spine (for demographic look-up) and also to any past history of referrals or MECS/CUES episodes, so there needs to be some assurance of IT governance on the part of the practice.

There are some differences:

Selection of primary and secondary conditions will be similar to MECS and CUES – so typing in a field and it auto completes. However, the fields are linked to the SnoMed database (SnoMed stands for Systematised Nomenclature of Medicine) which means that all conditions are coded in a standard manner as used by the NHS. Just about any condition you can conceive of is listed and the searching works effectively.

Urgency - A further difference is the expansion of the levels of urgency and this is something everyone needs to bear in mind. There is Routine as before. 'Urgent' will be patients you feel need seeing in the next few weeks (because of the pathology, not because they are going on holiday). How soon will be determined by the HES triage. Emergency is, in effect, eye casualty and is patients that need seeing in 24hrs or so. This is a change of terminology to match eRS – we used to use the term 'Urgent' for what will now be 'Emergency'. See further on for more detail on this.

All referrals should be made through the Opera referral system other than those related to extended services. Routing to the correct recipient is automatically determined by the patient's GP location and any provider preference expressed by the patient.

Where extended services are in place, e.g. Cataract counselling and referral, MECS or CUES, repeat readings and glaucoma refinement, then the referral should be made through the relevant extended service. This is currently Optomanager (migrating to Opera extended services soon) or, in some areas, paper-based systems.

We recommend that you keep a copy of the referral – this can be printed or downloaded as a PDF into your PMS. A referral letter is a part of your record and whilst these will be saved and archived within Opera, your own copy is advisable

Ophthalmology referrals should no longer be sent to GPs and they no longer expect to receive them, although they will be informed of the referral. With Opera, all routine Greater Manchester ophthalmology referrals will be routed into the NHS eRS system directly to providers or booking centres and bypassing the GP. There are a small number of exceptions that will still be sent by Opera from a central NHS Mail account, which are some Low Vision and Orthoptic clinics. Emergency (24hr) referrals are unchanged and also mostly go from a central NHS Mail address (1 or 2 may transition to an Emergency eRS). You should continue to follow your local area protocol for these referrals, contacting the Eye Casualty department in advance if that is the local procedure (see <https://www.gmlocs.co.uk/> for referral info)

For children, the age restrictions at providers vary, so check the age listed next to the provider. In some instances, there may be 2 options for the same provider because of age.

Points to note

- Use Chrome. Internet Explorer has been unsupported ever since Windows 10 appeared and does not always work correctly with modern websites.
- We strongly suggest that you join the GM Google group (if not already a member) where Referral system issues are being discussed and queries answered. You will need to have a Google account, then go to <https://groups.google.com/d/forum/greater-manchester-locs> There should be a small blue button saying "Apply to join Group"
- Please list any known allergies and, as well as entering the medications, advise the patient to take a recent prescription to their appointment.
- Always confirm receipt of emergency referrals by phoning. If you want to discuss the case and have referred with attached images, do leave it for 3 or 4 hours so that there has been a chance to review them at the hospital.

eRS endpoint types and feedback [◀◀](#)

There are 2 types of eRS end point:

- **Direct Booking Services (DBS)**
 - GPs use these to directly book patients into clinics. That is felt to be too time-consuming at present for optics, so a deferred booking is used. This sends a letter to the patient so they can book the appointment directly themselves. At present this is sent by the IT provider, but we may be asking practices to give it to the patient directly in the future. This is the same letter that appears in Opera as confirmation, so you can give it to the patient yourself if you choose. **NOTE** that the provider will not receive the actual referral until the patient has booked their appointment
- **Referral and Assessment Services (RAS)**
 - These go straight to the provider where they are assessed and then the patient is sent an appointment or an invitation to book one. Again, the letter of confirmation that appears in Opera can be given to the patient if you choose.

RAS services have the facility for the hospital to provide immediate feedback on the referral. Not all of them do so, but where they do the feedback will be in Opera and you will receive an email alerting you.

All referrals sent from Opera contain a link to easily allow an email to be sent to the practitioner with feedback.

At the moment it is not possible to receive a copy of the GP letter with the outcome, but this may happen in the future.

Users and roles [◀◀](#)

Adding practitioners will simply require their professional registration number or other role, along with a scan of photo ID – passport or driving licence for instance. The level of access is controlled and is role-based.

Using the NHS number as part of patient demographics [◀◀](#)

When using Opera, you must search for the patient's NHS number. This will only work if spellings, postcode etc are correct. The initial search can be made with just surname, gender and date of birth – this is known as 'Quick Add'. If this is not successful, then first name and postcode can be added. Only one result will be returned, so if all terms are filled in and there is no result, then either the patient is not registered with a GP, or one of the search terms (name etc) is incorrect. The latter is the most likely explanation. Once a successful search is made, the patient demographics will be completed for you. This should include a phone number, but check it is the one that is best for contacting the patient, especially with urgent and emergency referrals. If you still don't find an NHS number, then you can continue to add

the patient manually and the central team will attempt to find the number. BUT, note below that this will be returned on no number can be found, so double check with the patient that the name spelling and date of birth are correct and that you have the address they are using with their GP. The latter is the most common issue where, for instance, a patient has used a relative's address in order to register at a surgery they like.

There are a couple of instances in which referrals may be returned to you. Experience in dentistry is that this is rare:

1. Very occasionally the patient turns out not to be registered with a GP, despite what they told you. This can be because they are switching practice. The referral will be returned for you to follow up with the patient as eRS cannot handle no registration. In dentistry this is of the order of 1 in 1000. You should contact the patient and ask them to register, then re-refer or give them a copy referral to take to their new GP when registered.
2. No NHS number can be found despite a more extensive search. The details must be incorrect somewhere, so this will be returned for you to follow up with the patient. This is about 2% of those sent with no NHS number

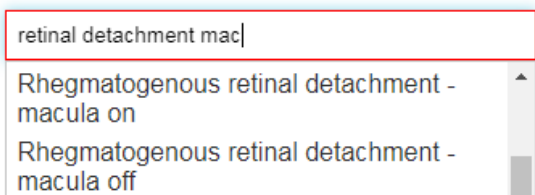
In both cases, if you establish the problem, then re-refer through Opera. If you can't find a problem, send the referral in the old way via the GP if you are sure that is correct, or give to the patient to take themselves.

Phone Numbers [⏪](#)

Please ensure that at least one contact phone number for a patient is entered. Providers often wish to contact patients by phone where it is an emergency or urgent referral, sometimes for routine referrals, and nearly always when the referral goes via a booking centre.

Selecting Pathology [⏪](#)

As mentioned above, as you type a list of possible pathologies will appear. There are over 5,000 available, some of which are not ocular but do crop up in practice. It is very unlikely that the pathology you want is not there somewhere. When searching, think in terms of the primary element of the condition. If the search is for a macula off retinal detachment, then it is going to be a subset of retinal detachment:



Searching 'macula first' doesn't quite get what you want, and searching 'macular off' gets nothing

macular det

Traction retinal detachment involving macula

You can add further conditions, but always put the primary reason for referral first.

| | | | |
|------------------------------|-----------|-----------------|-----|
| Dendritic ulcer | 193764001 | Right Eye | + |
| Blepharitis | 41446000 | Right Eye | + - |
| Tear film insufficiency | 46152009 | Right Eye | + - |
| Basal cell carcinoma of nose | 402818009 | Not eye related | + - |

All the conditions are coded using Snomed and so are in a form that the NHS use. Interestingly, typing "wet" brings up the following:

wet

Exudative age-related macular degeneration

Routine or Urgent or Emergency? [⏪](#)

Routine is normally 13-18 weeks but due to Covid is likely to be far longer. **Urgent** as far as eRS and the HES are concerned is typically 2-6 weeks but again, might be longer due to Covid. **Emergency** (often called urgent in the past) is for pathology that cannot wait and needs seeing in the next day or so, depending on the condition. Retinal detachment is an obvious emergency pathology. BRVO is Urgent except with macular involvement. Wet AMD is Urgent but has dedicated local pathways (still via Opera) and can be assumed to continue to meet NICE guidelines for 1st appointment and treatment

For other conditions you should refer to the GM referral guidance table:

<https://www.gmlocs.co.uk/LiteratureRetrieve.aspx?ID=155111>

If you have a macular condition other than Wet AMD should choose "Other Medical Retina" and select the appropriate urgency and provider.

If you have a non-ophthalmology GP referral you consider to be an emergency or urgent, you should phone the GP. GPs may not check messages more than once a day so cannot be relied on for an emergency referral.

Routine referrals for Greater Manchester Patients

These should all be made through the Opera system and will be delivered electronically direct to the provider, or referral management centre (RBMS), as determined by the local commissioners. The CCGs using an RBMS are Bolton, Bury and Oldham. In these cases, the referral goes to the RBMS and the GP simply receives a copy for information. Manchester Gateway booking centre is not being used for routine GOS18 referrals from Opera, so these go direct via eRS, or NHSMail in a few cases.

Where a referral is being sent by eRS the system will show you the available providers, how far away they are from the practice and the waiting time for a routine appointment. A confirmation of the referral in the form of the copy letter to the patient will appear in Opera in less than a minute. Confirmation of receipt from those providers that continue to require NHSMail is inconsistent. Where it is received it is added to Opera but, in any event these email referrals are monitored for bounces which would be notified to the practitioner.

Routine appointment waits are generally 13 weeks (or more due to Covid). Some eRS providers state their waiting times. Where Urgent is used the wait may be 2 to 6 weeks and will be determined by the provider triage. Do not over-use or abuse “Urgent” – its use will be monitored. Remember it is where the pathology requires dealing with soon, not because the patient is going on holiday.

Already under the care of an ophthalmologist? In these cases, for a routine condition, normal advice is to write to the consultant about the new condition outside of the Opera platform rather than make a new referral. For urgent new conditions you would follow the urgent pathway for the condition and area

GP Referrals

Routine GP referrals

These are sent by DocMan. You should tell the patient to check with the GP surgery in a few days to ensure the referral has been noted and actioned. If it hasn't, they should contact you.

Emergency or Urgent GP referrals

You should always phone the GP practice as DocMan referrals are not sent or processed with any urgency.

Effective use of Resources

Do ensure that you are familiar with the EUR policies – for us these principally relate to cataract, lid lumps and bumps and cosmetic squint operations. You will find the policies at the bottom of this web page:

<http://www.gmlocs.co.uk/GMLOCs/Information-for-Practitioners>

Referrals are being returned – most commonly for benign lid cyst removal or ptosis. Check the EUR – these will only be removed, or ptosis treated, if they are causing problems such as interfering with vision. If that is the case, make it clear in the referral. You don't need to demonstrate that with a visual field plot, but you do need to state the subjective symptoms.

Wet AMD Referrals

These should be made through the Opera system and will be sent by the system to the appropriate WetAMD service either by eRS or by NHS Mail. You should phone to confirm receipt.

Note that for areas using EMAC there are 2 options:

- a) If you are attaching full OCT files (not just slices) **and** colour fundus images and you are confident of the diagnosis and that it is treatable, you can send to MREH Macular. The referral will go via eRS and will be booked directly into the appointment system. Still phone after a few hours to confirm receipt.
- b) If you are not attaching full OCT files then you should phone EMAC to arrange an appointment whilst the patient is with you, but still send the referral through Opera. EMAC are trying to provide a same day assess and treat service, so if you phone in the morning the patient can attend and be treated that day. You can still attach files to assist triage. If the patient has left the practice you can still send the referral for EMAC to contact the patient but this is not the preferred option.

Retinal Vein Occlusions

These should be made through the Opera system after selecting “Other Medical Retina” and then the appropriate provider. You should phone to confirm receipt.

Note that for areas using EMAC there are the 2 options mentioned above in WetAMD.

Patients with an RVO should also be referred to their GP for a systemic workup.

Emergency referrals

These are referrals that you would direct to an eye casualty department, (e.g. retinal detachments, corneal ulcers etc). For these you should follow the existing protocol for your area but should generate the referral letter through Opera, selecting Eye Casualty / Urgent Eye Clinic as the clinic type. Full details of all contact phone numbers can be found at www.gmlocs.co.uk under referrals for your area.

Ashton, Leigh & Wigan

Make the referral through Opera. It will be sent to the Wrightington, Wigan and Leigh NHS FT. You cannot ring to obtain an appointment, the clinic will contact the patient

so be sure to include their phone number. You should phone to confirm receipt. The out of hours service is provided by MREH. Emergency referrals to ALW currently go by NHS Mail from Opera.

Bury, HMR, Oldham

Phone the Rochdale Eye Unit for advice and an appointment. Print the letter and give to the patient to take (it will also be sent by Opera). Emergency referrals to Bury, HMR, & Oldham currently go by NHS Mail from Opera.

Bolton

Phone the Eye Unit to ask for advice and send the patient with a copy of the referral letter (it will also be sent by Opera). Emergency referrals to Bolton currently go by NHS Mail from Opera.

Manchester, Salford, Trafford, Tameside & Glossop when using MREH EED [◀◀](#)

When using Opera, the referral will be sent by eRS and you can expect a triage response within about an hour or you can ring for advice as in the past. Please don't send the patient to EED before receiving the response on Opera, or advice on the phone. The patient can stay in your waiting room or you may choose to tell the patient that you will contact them before they actually attend the EED. You should also print the referral letter and give it to the patient to take with them to the MREH Emergency Eye Dept.

EMAC – there are 2 options:

- a) If you are attaching full OCT files (not just slices) **and** colour fundus images and you are confident of the diagnosis and that it is treatable, you can send to MREH Macular. The referral will go via eRS and will be booked directly into the appointment system. Still phone after a few hours to confirm receipt.
- b) If you are not attaching full OCT files then you should phone EMAC to arrange an appointment whilst the patient is with you, but still send the referral through Opera. EMAC are trying to provide a same day assess and treat service, so if you phone in the morning the patient can attend and be treated that day. You can still attach files to assist triage. If the patient has left the practice you can still send the referral for EMAC to contact the patient but this is not the preferred option.

Stockport

Phone Stepping Hill Eye Casualty Unit for advice and to arrange an appointment. Print the letter and give to the patient to take. Emergency referrals to Stockport currently go by NHS Mail from Opera.

Repeat IOP and/or Visual Field [⏪](#)

If you do not participate in this extended service, or it is not available in your area, then the patient will be referred to a practice that provides the service. PES will provide a choice of practices to the patient.

Note that **Stockport** does not have a repeat VF element to their service, only IOP. So in Stockport, if you have a VF defect that might be glaucoma, refer using the glaucoma clinic type. If it may be something else, then pick another likely clinic type

Cataract [⏪](#)

Where you send referrals via a commissioned enhanced cataract referral pathway on Optomanager (transferring soon to an Opera cataract module), you should continue to do so. If referrals are via a paper form and a fee is paid, then you should continue to use the paper form. If no fee is paid, then you should use the Opera general referral module. If the patient comes from an area where an extended service operates, then the patient will be referred to a practice that provides the service. PES will provide a choice of practices to the patient.

Consent [⏪](#)

The consent is more involved than in the past. You will be able to see details of past referrals and extended service episodes made by other practices, regardless of whether you participate in those services. In addition, with the patient's permission, you will be able to view their summary care record (SCR) and the NHS is rightly protective of viewing rights to the SCR. For all these reasons the consent is quite involved and in 2 parts. The first section is essentially, *"are you OK with any optometrists involved in your care being able to view details of this referral and can we contact you about the referral and your experience of the service by email, text letter and phone."*

The second section is very important to make clear to the patient *"Do you consent to all clinicians involved in your direct care being able to view your GP summary care record? This has details of your medication and allergies and may have some other limited information?"*

If the patient declines, you can still refer them.

The patient understands and consents to the following - note that consent to eye care record sharing is enable a referral to be made *

- Select All**
- PES clinicians can access eye care records in order to deliver direct care
- That PES may contact the patient via text message, email, letter or telephone call regarding their direct care
- That PES can contact the patient via text message, email or letter regarding their experience of the services provided

Does the patient give their explicit Permission to View their Summary Care Record? They must consent to the record being available for all clinicians involved in their direct care to have access to these records. *

- Yes - the patient provides explicit permission to view their Summary Care Record
- No - the patient does not want their Summary Care Record to be used within the CUES pathway

Patients **do not have to consent to SCR viewing in order to access clinical services**. Consent to SCR is distinct process and should be re-visited on each referral and clinical contact. You should ensure that consent for accessing the patient's GP records is obtained if you wish to view the SCR.

For all the reasons given above a data agreement is required for those practices that do not otherwise contract with PES (PES practices already have data agreements), as well as a completed NHS Data Security and Protection Toolkit (DSPT, available through www.qualityinoptometry.co.uk)

Failsafe [⏪](#)

Where you are not phoning in advance (wetAMD, RVO and some casualty) then, as was the case with fax, it is always wise to check that an emergency referral has been received by phoning after 30-60minutes unless the referral is to a RAS and you receive confirmation and feedback through that. Most eye casualty departments are not an eRS RAS, but you will be able to tell at the point of selecting the provider. The follow up phone numbers can all be found at www.gmlocs.co.uk under referrals for your area.

Available Clinic Types [⏪](#)

- **Cataract**
 - If there is a funded extended service in your area, use that. If you don't participate or are out of area the patient will be referred to a practice that provides the service with PES providing a choice of practices to the patient, If there is no funded service, then the system will refer directly through Opera
- **Cornea**
 - As the title suggests – for corneal problems
- **Diabetic Medical Retina**
 - Check whether the pathology is already known and under care at the HES.

- **External Eye Disease**
 - As the name suggests
- **Eye Casualty / Urgent eye Clinic**
 - Follow your previous protocol for the clinic – phone ahead or not, but generate the letter through Opera
- **GP - not for onward referral**
 - For those cases just for GP attention. If this is anything other than routine, you should phone the surgery
- **Glaucoma**
 - Where there is suspicion of glaucoma beyond just IOP or suspect VF
- **Glaucoma (Raised IOP or suspect VF only)**
 - If there is a funded extended repeat service in your area, use that. If you don't participate or are out of area the patient will be referred to a practice that provides the service with PES providing a choice of practices to the patient, If there is no funded service, then the system will refer as suspect glaucoma directly through Opera.
- **Laser (YAG Capsulotomy)**
 - As the name suggests
- **Low Vision**
 - Referral to the low vision service
- **Neuro-ophthalmology**
 - As the name suggests
- **Not Otherwise Stated**
 - For cases where there doesn't appear to be a suitable ophthalmic clinic type
- **Oculoplastic / Orbit / Lacrimal**
 - As the name suggests
- **Orthoptic (Paediatric and Adult)**
 - This is for a direct referral to orthoptics where you don't feel ophthalmology involvement is necessarily required. For most areas the destination for paediatric and adult is the same, but note that the Manchester community paediatric orthoptic service is limited to children aged up to 7.
- **Other Medical Retina**
 - Stockport practitioners should note that MREH provide the paediatric service for Stepping Hill, though the patient may still be seen at Stepping Hill. This is MREH@Stepping Hill in eRS.
 - Use this clinic type for RVO unless it's an emergency.
- **Squint / Ocular Motility**
 - This is the clinic type for strabismus and amblyopia
 - Stockport practitioners should note that Stepping Hill do not see children under 16, these referrals should go to Manchester
- **Vitreo-Retinal**
 - As the name suggests

- **Wet AMD Referrals**

- This will utilise the wet amd pathway appropriate to the patient's area

Age Note: [⏪](#)

- **Optegra** do not see or treat patients under the age of 18 for any referrals.
- **Stepping Hill** do not see children under 16 for routine referrals (they should go to Manchester).
- **CareUK** do not see or treat patients under the age of 18 for any referrals.

Urgent Providers by area. [⏪](#)

The following table shows the urgent providers commissioned for your area and which will appear as a provider choice in Opera and the manner in which Opera sends the referral. This will help you be aware of the available options. You will also find details of these and the referral protocol for each area at www.gmlocs.co.uk

Providers for Emergency Referrals by area

| CCG | Category Of referral | Provider Options | Route | Transmission method by Opera |
|--|---|--|--------|-----------------------------------|
| Bury CCG | Eye Casualty / Urgent Eye Clinic | Pennine Acute Hospitals NHS Trust (Rochdale Infirmary) | Direct | NHS.net |
| | WET AMD Referrals | Pennine Acute Hospitals NHS Trust (Rochdale Infirmary) | Direct | NHS.net |
| | | Bolton NHS FT | Direct | NHS.net |
| | | Manchester University NHS FT - EMAC | Direct | NHS.net or eRS RAS with images |
| | | Care UK - Rochdale Croft Shifa | Direct | NHS.net |
| Wrightington, Wigan and Leigh NHS FT | Direct | NHS.net | | |
| Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | eRS | |
| Bolton CCG | Eye Casualty / Urgent Eye Clinic | Bolton NHS FT | Direct | NHS.net |
| | WET AMD Referrals | Bolton NHS FT | Direct | NHS.net |
| | Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | eRS |
| Heywood, Middleton & Rochdale CCG | Eye Casualty / Urgent Eye Clinic | Pennine Acute Hospitals NHS Trust (Rochdale Infirmary) | Direct | NHS.net |
| | WET AMD Referrals | Pennine Acute Hospitals NHS Trust (Rochdale Infirmary) | Direct | NHS.net |
| | | Care UK - Rochdale Croft Shifa | Direct | NHS.net |
| Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | eRS | |
| Manchester CCG | Eye Casualty / Urgent Eye Clinic | Manchester University NHS FT - Emergency Eye Department | Direct | eRS but send copy with Px |
| | | Manchester University NHS FT – EMAC (Macular only) | Direct | NHS.net or eRS RAS with OCT files |
| | WET AMD Referrals | Manchester University NHS FT - EMAC | Direct | NHS.net or eRS RAS with OCT files |
| | Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency. EMAC if macular | Direct | eRS |
| Oldham CCG | Eye Casualty / Urgent Eye Clinic | Pennine Acute Hospitals NHS Trust (Rochdale Infirmary) | Direct | NHS.net |
| | WET AMD Referrals | Oldham ICC (Pennine Acute Hospitals NHS Trust) | Direct | NHS.net |
| | | Care UK - Rochdale Croft Shifa | Direct | NHS.net |
| Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | eRS | |

Greater Manchester Local Optical Committees

Ashton, Leigh & Wigan - Bolton - Greater Manchester East - Manchester - Salford & Trafford

| | | | | |
|-----------------------------------|---|--|------------------|--------------------------------------|
| Salford CCG | Eye Casualty / Urgent Eye Clinic | Bolton NHS FT Manchester University NHS FT - Emergency Eye Department | Direct Direct | NHS.net eRS but send copy with Px |
| | WET AMD Referrals | Manchester University NHS FT - EMAC | Direct | NHS.net or eRS RAS with images |
| | Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | eRS |
| Stockport CCG | Eye Casualty / Urgent Eye Clinic | Stockport NHS FT | Direct | NHS.net |
| | | Manchester University NHS FT – EMAC (Macular only) | Direct | NHS.net or eRS RAS with images |
| | WET AMD Referrals | Optegra | Direct | NHS.net |
| | | Manchester University NHS FT - EMAC | Direct | NHS.net or eRS RAS with images |
| Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | eRS | |
| Tameside & Glossop CCG | Eye Casualty / Urgent Eye Clinic | Manchester University NHS FT - Emergency Eye Department | Direct | eRS but send copy with Px |
| | WET AMD Referrals | Care UK - T&G | Direct | NHS.net |
| | | Pennine Acute Hospitals NHS Trust (Rochdale Infirmary) | Direct | NHS.net |
| Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | eRS | |
| Trafford CCG | Eye Casualty / Urgent Eye Clinic | Manchester University NHS FT - Emergency Eye Department | Direct | eRS but send copy with Px |
| | WET AMD Referrals | Manchester University NHS FT - EMAC | Direct | NHS.net or eRS RAS with images |
| | Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | eRS |
| Wigan CCG | Eye Casualty / Urgent Eye Clinic | Wrightington, Wigan and Leigh NHS FT | Direct | NHS.net |
| | | Manchester University NHS FT - Emergency Eye Department (out of hours) | Direct | eRS but send copy with Px |
| | WET AMD Referrals | Wrightington, Wigan and Leigh NHS FT | Direct | NHS.net |
| Retinal Vein Occlusions | Go through Other MR, or Eye casualty if emergency | Direct | NHS.net | |