



Greater Manchester Healthi Referral System

Advice on referring using Healthi

Version 2.5 Mar 2020

Background

The Healthi electronic referral system has been developed by the Greater Manchester Health & Social Care Partnership (GMH&SCP) and the Confederation of Greater Manchester Local Optical Committees (GMLOCs) in conjunction with CegedimRx. The project has been financed by the GMH&SCP.

The objective aligns with that of the wider NHS, which is to move to paperless systems as far as possible. This project also deals with the problem created by the NHS intention to remove fax machines.

The intention is that all referrals, other than those related to extended services, should be made through the Healthi referral system. Routing to the correct recipient is automatically determined by the patient's GP location and any provide preference expressed by the patient.

Where extended services are in place, e.g. Cataract counselling and referral, MECS, repeat readings and glaucoma refinement, then the referral should be made through the relevant extended service. This is either Optomanager 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 Healthi, your own copy is advisable

With effect from October 2019 all routine Greater Manchester ophthalmology referrals will be routed by Healthi into the NHS eRS system directly to providers or booking centres and bypassing Greater Manchester GP. Ophthalmology referrals should no longer be sent to GPs who no longer expect to receive them. There are a small number of exceptions that will still be sent by NHSMail, which are some Low Vision and Orthoptic clinics. Urgent referrals are unchanged and go from a central NHSMail address.

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

- For eRS the system needs to know your GOC number. You should get a pop-up to remind you to add it under 'User Management'. You won't be able to complete referrals without it.
- Use Chrome. Internet Explorer has been unsupported ever since Windows 10 appeared and does not always work correctly with modern websites.
- If you don't seem to be able to see buttons at the bottom of the screen, use the mouse wheel to scroll up or change the zoom level of the browser. 100% is generally OK.
- There are 20 clinic types in the drop down list, again – scroll with the mouse wheel or arrow keys to see them all and choose carefully.
- Support details are in "User Guides" – "Contact support".
- We strongly suggest that you join the GM Google group (if not already a member) where Healthi 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"
- Search is very literal - when searching for GPs, less is more – start with the first few letters of the practice name, or search the area. Too many terms carries the risk that the NHS database doesn't hold the information in the same way.
- When searching for patients, you also need to be exact. If entering surname and first name, make sure you enter the comma after surname and a space before first name.
- Be aware that if you search on surname alone and there are more than 20, then only the first 20 are displayed, so then add an additional search term first name (or just initial), or DoB.
- 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 urgent referrals

Users and roles

When selecting role types for a user, you need to select "Health Professional" (the default) for all. Then pick the role. There are many due to the current mingling with pharmacy systems, but the ones for optics are:

- Registered Optometrist Admin
- Registered DO or CLO (Admin)
- Unregistered Staff (Admin) e.g. Reception
- Registered Optometrist / OMP
- Registered DO or CLO
- Unregistered Staff e.g. Reception

The 2 types of DO/CLO admin and Unregistered staff admin are recent additions. If you have unregistered staff allocated an incorrect legacy role type, please update them to a correct role.

Using the NHS number as part of patient demographics

With effect from late August 2019, a new button has appeared on the patient demographic entry screen. This will find the NHS number for a correctly entered patient. Because we don't use the NHS network it will only return one result, or none at all, so all fields must be correct.

The required fields for a successful search are **First Name, Surname, Gender, Date of Birth and Postcode**. The first 4 are mandatory in any case but must be spelt correctly. If the first name is Claire it will not return a result for Clare and if a patient is Adam John Smith, but they go by John, then it will not find John Smith if John is entered as the first name.

The button is faded out until the 5 fields are entered.

After entering the 5th field, move to to the next field and the button will become active after the move. Just click and it will return either a number or say “no match found” (top left of screen). If the latter, check spelling etc with the patient and try again. You cannot move forward without attempting to find the NHS number. If you are unable to find it, then you can tick the box that appears after one attempt to say it couldn’t be found. Use of this will be monitored.

Please ensure that all those members of staff who enter patient demographics start to add the NHS number in all cases. This is important for several reasons:

- Healthi now directs ophthalmology routine referrals through the NHS eRS system, and this requires an NHS number. The big advantage is that you will get a printable confirmation of the referral within a minute, so none of the previous DocMan woes as only information letters (and GP-only referrals) will go by DocMan.
- The eRS switch will mean we are making direct referrals to providers (apart from those areas using referral centres) and, again, providers need the NHS number – they would normally receive it from the GP

In the early phase, if an NHS number cannot be found, refer anyway and our partners FDS (who provide the eRS link for Cegedim) will do a more extensive search for the number. They don’t expect to have to do this very much, so if this is abused we will authorise them to return referrals.

Do ensure that the postcode lookup is used to find an address. There are a number of incorrect postcodes coming through – oftentimes a zero instead of an O, or vice versa. This will prevent the NHS number from being found and using the postcode lookup will prevent this as it won’t work if incorrectly entered.

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 Healthi. 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 urgent referral, sometimes for routine referrals, and nearly always when the referral goes via a booking centre.

Routine or Urgent?

The clinic types of WetAMD, RVO and Eye Casualty are urgent, all the rest are routine with the exception of those areas where EMAC is commissioned. In those cases if you have a macular condition other than AMD or oedema with RVO, you should choose "Other Medical Retina" and select Urgent. This only works for EMAC, for all other providers, OMR is routine. If the following message appears when you select urgent, do not ignore it:

This is a routine clinic route and is subject to routine waiting times (up to 18 weeks).

If you have a non-ophthalmology GP referral you consider to be urgent, you should phone the GP as the DocMan route to the GP is not instant transmission and may not be checked more than once a day.

Routine referrals for Greater Manchester Patients

These should all be made through the Healthi system and will be delivered electronically direct to the provider, or referral management centre (RBMS), as determined by the local commissioners. The 2 CCGs using an RBMS are Manchester, Bury– in these cases the referral goes to the RBMS and the GP simply receives a copy for information. Manchester Gateway booking centre is also an exception to the use of eRS as they don't accept referrals that way. Referrals to the Gateway will continue to be by NHSMail from Cegedim and so there is currently no acknowledgement. We have asked the Gateway and Cegedim to work on a solution for this. Routine NHSMail referrals are sent overnight, so wait 24hrs if you wish to check receipt.

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

Please remember that if you have something you feel needs seeing sooner than 13 weeks, then use Eye Casualty or one of the dedicated urgent pathways where appropriate (WetAMD, RVO). “Soon” is not a reliable way of ensuring a fast appointment.

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 rather than make a new referral. For urgent new conditions you would follow the urgent pathway for the condition and area

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.

DocMan Status

These no longer carry routine ophthalmology referrals although GP referrals (not for ophthalmology) and copies of referrals for information will still be delivered by DocMan. So if you send a referral for the GP (as opposed to being for ophthalmology) it is best to still check the DocMan status

- **Pending** means the referral has been delivered
- **Accepted** means the GP has accepted the referral. Not all versions of DocMan have the ability to accept, so in reality, this is just another version of delivered
- **Rejected** means just that – probably the GP couldn’t find a match for the patient in their register
- **Error**, again, means just that – look for the reason.

If making a referral for the GP, it is good practice to advise the patient to make an appointment to see the GP.

Print & post or Print and give to patient

You will see this with a small number of providers – most notable MREH Emergency Eye Casualty and also where a referral to another practice for direct cataract referral is required for an extended service.

Wet AMD Referrals

These should be made through the Healthi system and will be sent by the system to the appropriate WetAMD service by NHSMail.

For all providers except EMAC you should simply send the referral via Healthi and phone to check receipt. **Urgent NHSMail** referrals are sent every 15 minutes, so we suggest waiting half an hour before checking for receipt.

For EMAC you should phone to arrange an appointment for the patient, but still send the referral through Healthi. 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.

Retinal Vein Occlusions

These should be made through the Healthi system and will be sent by the system to the appropriate medical retina/macula service by NHSMail.

For all providers except EMAC you should simply send the referral via Healthi and phone to check receipt. **Urgent NHSMail** referrals are sent every 15 minutes, so we suggest waiting half an hour before checking for receipt.

For EMAC you should phone to arrange an appointment for the patient, but still send the referral through Healthi.

Urgent 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 Healthi, 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 Healthi. It will be sent to the Wrightington, Wigan and Leigh NHS FT via NHSMail. 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. **Urgent NHSMail** referrals are sent every 15 minutes, so we suggest waiting half an hour before checking for receipt.

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 NHS Mail).

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 NHS Mail).

Manchester, Salford, Trafford, Tameside & Glossop

Print the referral letter and give it to the patient to take with them to the MREH Emergency Eye Dept. You cannot ring to obtain an appointment, but you can ring for advice.

EMAC you should phone to arrange an appointment for the patient, but still send the referral through Healthi.

Stockport

Phone Stepping Hill Eye Casualty Unit for advice and to arrange an appointment. Print the letter and give to the patient to take (it will also be sent by NHS Mail).

Other macular pathology (i.e. not wetAMD or RVO)**Areas that do not use EMAC (MREH Emergency Macula Service)**

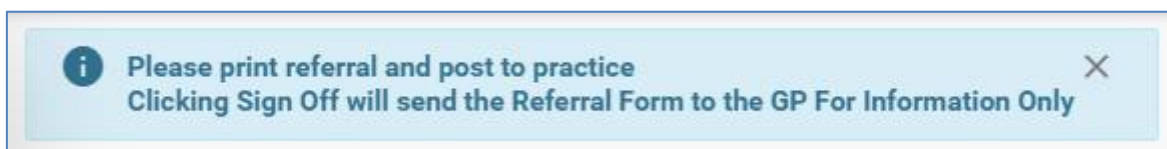
You should use the urgent clinic type if the pathology is urgent and *“Other Medical Retina (includes EMAC where commissioned)”* if routine.

Areas that do use EMAC

EMAC also deals with macular pathology other than wet AMD and RVO, whereas other providers use their eye casualty clinics. If your area uses the EMAC service then choose the clinic type of *“Other Medical Retina (includes EMAC where commissioned)”* for all other macular pathology whether routine or urgent. If you select urgent and see a message telling you this is a routine clinic type, you can ignore it if you are selecting EMAC as the provider at the end of the referral process. As for Wet AMD, you should phone to arrange an appointment for the patient at EMAC.

Repeat IOP and/or Visual Field

If you do not participate in this extended service, or it is not available in your area, then if it is available in the patient's GP area, a list of practices will appear as the providers. After picking the patient's preferred choice, the following message will appear at the top of the screen:



Note that **Stockport** does not have a repeat VF element to their service, only IOP. So 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 referrals use Optomanager, they 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 Healthi. If the patient comes from an area where an extended service operates, then the list of providers will be practices providing that service. Pick the patient's preferred choice and then the following message will appear at the top of the screen:



Consent

Consent to share data within this group

Please confirm that the patient agrees with the following:

"I consent to my patient record being shared by health professionals who require the information to support my care. This will include optometrists that you consult in the future."

* ☐

Not Known

☒

Yes

☐

No

Ask the patient whether they consent to this referral record being shared in the future. This is consent to share data with their GP, Hosp and other optometrists. This is not consent to be referred – if the patient declines referral then they won't be entered on Healthi at all.

Failsafe

Where you are not phoning in advance (wetAMD, RVO and some casualty) then, as with fax, it is always wise to check the referral has been received by phoning after 30-60minutes. The follow up phone numbers can all be found at www.gmlocs.co.uk under referrals for your area.

Available Clinic Types

Where the clinic type is routine, the referral will go via the GP or Referral Centre. Urgent referrals should not use these clinic types. Urgent clinic types are Eye Casualty, RVO, WetAMD and Other Medical Retina only when the provider is EMAC

- **Cataract (Routine)**
 - If there is a funded extended service in your area, use that. If you don't participate or are out of area, then choosing this option will enable you to refer to a practice that does participate. If there is no funded service, then refer through Healthi
- **Cornea (Routine)**
 - As the title suggests – for corneal problems
- **Diabetic Medical Retina (Routine)**
 - Check whether the pathology is already known and under care at the HES. Health Intelligence will be providing contact details soon.
- **External Eye Disease (Routine)**
 - As the name suggests
- **Eye Casualty / Urgent eye Clinic (Urgent)**
 - Follow your previous protocol for the clinic – phone ahead or not, but generate the letter through Healthi
- **GP - not for onward referral (Routine)**
 - For those cases just for GP attention
- **Glaucoma (Routine)**
 - Where there is suspicion of glaucoma beyond just IOP or suspect VF
- **Glaucoma (Raised IOP or suspect VF only) (Routine)**
 - Where you are involved in a repeat measures service you should use that. If not, choose this option and it will either direct you to a practice that provides that service for the patient's areas, or will refer via the GP (or RBMS) if there is no service
- **Laser (YAG Capsulotomy (Routine)**
 - As the name suggests
- **Low Vision (Routine)**
 - Referral to the low vision service
- **Neuro-ophthalmology (Routine)**
 - As the name suggests
- **Not Otherwise Stated (Routine)**
 - For cases where there doesn't appear to be a suitable clinic type
- **Oculoplastic / Orbit / Lacrimal (Routine)**
 - As the name suggests
- **Orthoptic (Paediatric)**
 - 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 paediatric orthoptic service is limited to children aged up to 7.

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- **Orthoptic (Adult)**
 - This is for a direct referral to orthoptics where you don't feel ophthalmology involvement is necessarily required.
- **Other Medical Retina (includes EMAC where commissioned) (Routine)**
 - For all providers except EMAC this is a routine clinic type via the GP for other retinal conditions. If the condition is urgent then, except for EMAC, use the Urgent Clinic. If your area's CCG has commissioned EMAC, then the referral may be routine or urgent, but will go direct to EMAC.
 - 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.
- **Retinal Vein Occlusions (Urgent)**
 - As the name suggests
- **Squint / Ocular Motility (Routine)**
 - 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 (Routine)**
 - As the name suggests
- **Wet AMD Referrals (Urgent)**
 - 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 Healthi and the manner in which Healthi 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 Urgent Referrals by area

CCG	Category Of referral	Provider Options	Route	Transmission method by Healthi
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 Wrightington, Wigan and Leigh NHS FT	Direct	NHS.net
	Retinal Vein Occlusions	Pennine Acute Hospitals NHS Trust (Rochdale Infirmary)	Direct	NHS.net
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	Bolton NHS FT	Direct	NHS.net
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	Pennine Acute Hospitals NHS Trust Care UK - Rochdale Croft Shifa	Direct Direct	NHS.net NHS.net
Manchester CCG	Eye Casualty / Urgent Eye Clinic*	Manchester University NHS FT - Emergency Eye Department	Direct	Paper
		Manchester University NHS FT – EMAC (Macular only)	Direct	NHS.net
	WET AMD Referrals *	Manchester University NHS FT - EMAC	Direct	NHS.net
	Retinal Vein Occlusions	Manchester University NHS FT - EMAC Optegra	Direct Direct	NHS.net NHS.net
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	Oldham ICC (Pennine Acute Hospitals NHS Trust) Optegra	Direct Direct	NHS.net NHS.net

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 Phone/Paper by Practice
	WET AMD Referrals *	Manchester University NHS FT - EMAC	Direct	NHS.net
	Retinal Vein Occlusions	Manchester University NHS FT - EMAC	Direct	NHS.net
		Optegra	Direct	NHS.net
Stockport CCG	Eye Casualty / Urgent Eye Clinic*	Stockport NHS FT	Direct	NHS.net
		Manchester University NHS FT – EMAC (Macular only)	Direct	NHS.net
	WET AMD Referrals *	Optegra	Direct	NHS.net
		Manchester University NHS FT - EMAC	Direct	NHS.net
	Retinal Vein Occlusions	Stockport NHS FT	Direct	NHS.net
		Manchester University NHS FT – EMAC	Direct	NHS.net
		Optegra	Direct	NHS.net
Tameside & Glossop CCG	Eye Casualty / Urgent Eye Clinic*	Manchester University NHS FT - Emergency Eye Department	Direct	Phone/Paper by Practice
	WET AMD Referrals *	Care UK - T&G	Direct	NHS.net
		Pennine Acute Hospitals NHS Trust (Rochdale Infirmary)	Direct	NHS.net
	Retinal Vein Occlusions	Care UK - T&G	Direct	NHS.net
		Optegra	Direct	NHS.net
		Pennine Acute Hospitals NHS Trust (Rochdale Infirmary)	Direct	NHS.net
Trafford CCG	Eye Casualty / Urgent Eye Clinic*	Manchester University NHS FT - Emergency Eye Department	Direct	Phone/Paper by Practice
	WET AMD Referrals *	Manchester University NHS FT - EMAC	Direct	NHS.net
	Retinal Vein Occlusions	Manchester University NHS FT - EMAC	Direct	NHS.net
		Optegra	Direct	NHS.net
Wigan CCG	Eye Casualty / Urgent Eye Clinic*	Wrightington, Wigan and Leigh NHS FT	Direct	NHS.net
		Manchester University NHS FT - Emergency Eye Department **	Direct	Phone/Paper by Practice
	WET AMD Referrals *	Wrightington, Wigan and Leigh NHS FT	Direct	NHS.net
	Retinal Vein Occlusions	Wrightington, Wigan and Leigh NHS FT	Direct	NHS.net

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