The ROYAL COLLEGE of OPHTHALMOLOGISTS

Guidance document

Prioritisation of ophthalmic outpatient appointments

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1 Introduction

The SARS-CoV-2 pandemic has caused dramatic changes to the provision of medical services within the UK and has caused a reduction in ophthalmic services being provided to reduce the spread of the disease. This guidance has been developed to aid ophthalmic services in the prioritisation of their outpatient capacity of their departments. The majority of outpatient appointment types are covered within this guidance however it is not an exhaustive list and services may wish to adapt this list to create a prioritisation system which best suits the population which they provide an ophthalmic service.

Outpatient appointments have been broken down into the following priority levels:

- Level 1: Emergency appointment same day
- Level 2: Appointment within 7 days
- Level 3: Appointment within 14 days
- Level 4: Appointment within 30 days
- Level 5: Appointment above 30 days, safe date needs identification per patient

These time intervals have been based on usual accepted practice and developments in that during the lockdown period, and where delaying these appointment times may result in greater risk of an adverse outcome for the patient due to progression or worsening of the condition being treated/monitored.

2 Levels of risk associated with delaying appointments and lost to follow up

Ophthalmic services have been put under severe pressure due to the SARS-CoV-2 pandemic. It is crucial that patients are not lost during this period of reduced service and during the subsequent recovery to business as usual. With the extra pressure the pandemic has put on services, it is clear that some patients with lower risk conditions will need to have their appointments delayed to allow for the patient's at higher risk of visual loss to be seen. Clear records must be kept detailing any decision to delay a patient's outpatient appointment and a coordinated review of delayed patients must be undertaken at regular intervals to ensure patients are not coming to harm due to being deferred. Any decision to defer a patient must evaluate the risk that the patient will come to harm due to the delay in any treatment the patient would subsequently receive.

All outpatient appointments in the priority levels below have been colour coded according to the risk of harm to the patient of any decision to delay an outpatient appointment:

Level of Risk	**Colour Code**
High Risk	
Medium Risk	
Low Risk	

Although these appointments have been coded according to risk, individual patient circumstance (for example someone with only one good seeing eye) may mean that a patient does not fall under the same risk category as highlighted below and ophthalmologists must have the discretion to assign risk based on clinical judgement.

In the tables below, please note some appointments straddle more than one subspecialty and to be concise have **not** been noted in both.

3 Level 1: Emergency appointments (same day, may be in A&E)

Vitreoretinal	Vitreous haemorrhage if risk retinal tear or detachment	Trauma	Retinal detachment					
Neuro-ophthalmology	Giant cell arteritis with visual disturbance or diplopia	Acute third nerve palsy Acute sixth nerve palsy	Acute painful Horners	Papilloedema	Neurological acute loss of vision under 50 years old	Amaurosis fugax	Possible myasthenia gravis with bulbar or respiratory symptoms	Acute homonymous or bitemporal field loss
Medical Retina and Uveitis	Severe infectious retinitis and chorioretinitis with rapid loss of vision	Endophthalmitis	Severe necrotising or infectious scleritis	Severe non-infectious uveitis with rapid vision loss	Central retinal artery occlusion if within 8 hours of onset (otherwise less urgent)			
Glaucoma	Acute angle closure glaucoma	Other acute very high IOP >40mmHg						

Adnexal	Trauma to lids or tear ducts	Orbital inflammation or tumour or haemorrhage with imminent threat to cornea or optic nerve	Orbital cellulitis					
Trauma	Penetrating or intraocular foreign body	Severe chemical burn to the eye	Penetrating injury	Severe blunt trauma				
External and corneal	Acute very severe corneal pathology	Severe acute microbial or inflammatory keratitis	Actual or imminent corneal perforation					
Paediatrics	As per adults as described in the other rows							

4 Level 2: Urgent appointments needed within 7 days

Vitreoretinal	Retinal tear					
Neuro-ophthalmology	Optic neuritis	Corneal exposure from acute facial nerve palsy	Patients losing vision due to neuro-ophthalmic condition	Acute loss of vision (neurological cause) >50 yo	Sudden onset strabismus, likely neurological cause	
Medical Retina and Uveitis	Severe non-Infectious uveitis or scleritis with reduced vision	Painful recurrence of anterior uveitis	Infectious retinitis or chorioretinitis with reduced vision	Neovascular age-related macular degeneration in 2-stop treatment model		
Glaucoma	High risk avoidable vision loss within 2 months –	Post-op patients with surgery within 6/52 of trabeculectomy; 3/12 of tube surgery				
Adnexal	Severe inflammatory orbital and lid disease	Visual loss secondary to adnexal conditions e.g. orbital compression	Severe thyroid eye disease			

External	Severe keratitis	Corneal graft rejection	Corneal ulcer or microbial keratitis	Acute severe ocular surface inflammatory disease eg MMP, SJS		
Paediatrics	Cataracts causing amblyopia or under 8 months old	Retinopathy of prematurity screening	Orbital non infective inflammation and Preseptal cellulitis	Suspect glaucoma	Swollen optic nerves with symptoms	Symptomatic uveitis

5 Level 3: Appointments within 14 days

Vitreoretinal	Complex surgery post-ops			
Neuro-ophthalmology	New onset acquired nystagmus	Asymptomatic possible mild optic disc swelling (NOT likely papilloedema)	Potential myasthenia gravis without systemic symptoms	
Medical Retina and Uveitis	Other choroidal neovascularizaton	Neovascular age-related macular degeneration in 1-stop treatment model	Active uveitis or scleritis with significant pain and/or visual symptoms	
Paediatrics	Leukocoria or abnormal red reflex	Acquired nystagmus	Sudden onset strabismus, likely neurological cause	
Adnexal	Lid oncology	Tumours of lacrimal system and orbit	Adnexal care for sight threatening ocular surface disease	

Trauma	Orbital floor fractures			
Cataract	Complicated post-op / follow-up cataract surgery (uveitis/CMO/others)			
Other	Ocular oncology			

6 Level 4: Appointments within 30 days

Vitreoretinal				
Neuro-ophthalmology	Acute 4th nerve palsy			
Medical Retina and Uveitis	Central retinal vein occlusion	Proliferative diabetic retinopathy	Review post intraocular steroid implant for uveitis	
Glaucoma	High risk avoidable vision loss within 4-6 months			
Oncology				

Adnexal	Visually disabling blepharospasm			
Cataract	Cataract with best seeing eye below 6/60 , risk of fall/injury/inability to function	Cataract/PCO with best seeing eye <6/18 and unable to work/drive /function		
Paediatrics	Poor visual behaviour in infancy			
Trauma				
Other				

7 Level 5: Appointment above 30 days, safe date needs identification per patient

Vitreoretinal	Epiretinal membranes	Macular hole	vitreomacular traction					Other routine appointments
Neuro-ophthalmology	Unexplained loss of vision already investigated by others with normal results	Incidental finding of asymptomatic optic atrophy	Chronic,stable (>1y) diplopia of unknown cause	Monitoring of known intracranial tumours	Incidental finding of asymptomatic ansicoria.	Incidental finding of non-neurological visual field defect by optician		Other routine appointments
Medical Retina and Uveitis	First follow-up post pan-retinal photocoagulation for proliferative diabetic retinopathy /neovascular glaucoma	Moderate to severe NPDR	Branch retinal vein occlusion	Central serous chorioretinopathy	Inflammatory eye disease	Diabetic macular oedema Postop macular oedema	Haemangiomas	Other routine appointments
Glaucoma	Poorly controlled or unstable glaucoma but not at risk of significant visual loss within 4-6 months	Monitoring of stable glaucoma patient	Suspected glaucoma	Ocular hypertension				Other routine appointments

Adnexal	Inflammatory adnexal disease	Active thyroid eye disease	Blepharospasm <70years old	Blepharospasm >70 years old	Lacrimal patients	Lid malposition	Hemifacial spasm	Other routine appointments
Paediatrics	Amblyopia	Strabismus	Juvenile idiopathic arthritis screening					Other routine appointments
External	Rapidly progressive keratoconus	Routine graft follow ups	Inflammatory external eye disease					Other routine appointments
Trauma								Other routine appointments
Cataract	Cataract or PCO with reduced working/driving/ carer ability marked effect on QoL	Cataract with severe anisometropia affected BV						Routine Cataract
Other			Oncology 6 month follow up					Other routine appointments

8 References

1. Measuring follow up timeliness and risk for performance reporting, improvement actions and targeting failsafe procedures in England, RCOphth: https://www.rcophth.ac.uk/wp-content/uploads/2020/03/Measuring-follow-up-timeliness-and-risk-for-performance-reporting-improvement-actions-and-targeting-failsafe-procedures-in-England.pdf