Case study

Digitally optimising eye care referrals in West Yorkshire

December 2025

Summary

In November 2022, Calderdale and Huddersfield NHS Foundation Trust (CHFT) became an early adopter of a digital referral and triage platform, supported by five optometry practices. The trust was chosen for its experience using an internal e-referral prototype. The following year, the platform was extended across West Yorkshire – to Bradford, Leeds and Mid Yorkshire – as part of an NHS England-funded Eye Care Digital Accelerator Project. The aim was to standardise referral processes, ensure consistent patient access to care, and reduce administrative burden through a secure single point of access (SPoA).

Today, almost all optometry practices in West Yorkshire use the platform, with most referrals processed digitally. This has vastly improved triage times, reduced unnecessary referrals and strengthened collaboration between primary and secondary care.

"**Everything comes out in a digital format. You can directly pop it into the in-house electronic patient record system. The process has been completely streamlined, including for the patient, making it more efficient and safer.**"

Karnesh Patel, consultant ophthalmologist and Digital Lead for Ophthalmology, CHFT

The challenge

Before implementation, referral pathways across West Yorkshire were inconsistent, creating duplication, delays and the risk of lost referrals. Some primary care optometrists were referring patients to their GP for onward referral to hospital eye services, which was an inefficient pathway that increased the administrative burden on GPs.

Digital exclusion also posed challenges. Some optometry practices still relied on paper forms and were underprepared to switch to a digital model, citing increased workload. Some patients, especially those with profound sight loss, were unable to complete automated, online referral questionnaires.

> **"We needed to find a way to reduce variation in how patients were accessing services. We wanted to offer something a bit more digital and innovative."**
>
> *Louise Corp, Programme Manager*

The solution

Working with NHSX (now part of NHS England), the Trust developed a secure, cloud-based referral and triage platform centred on a SPoA. Cataract referrals were chosen first, given their straightforward triage needs. Optometry practices were encouraged – but not mandated – to join. Local optical committees helped identify early adopters, who participated in user testing and system refinement before wider rollout. Each practice received structured training, guidance and ongoing feedback loops to enable two-way communication between clinicians. Optometrists gained authorised access to hospital eye service records and began submitting referrals directly through the platform rather than by NHS Mail, which ceased to support referrals after 2023. Designated clinical leads from both optometry and ophthalmology helped to foster collaboration and ensured that the platform could be adopted smoothly.

The platform included an accessible, online questionnaire to automate referral and triage, and provide transparent waiting time data to help patients make informed choices. The Royal National Institute of Blind People assisted the project leads in refining the questions and providing additional support to vulnerable or digitally excluded patients who requested it.

Initial attempts to incentivise adoption were short-lived. Once the benefits became clear – time saved and the ability to track referrals and receive information from hospitals efficiently – uptake increased rapidly. An early issue with double-keying (entering the same information twice) was resolved through improved interoperability with practice management systems.

"The only way forward is improved communication. The collaboration between ophthalmology and optometry was a breath of fresh air. It was great to make the system as smooth and user-friendly as possible."

Stephen Thomas,
Optometrist Clinical Lead

Figure 1: Electronic eye care referral pathway
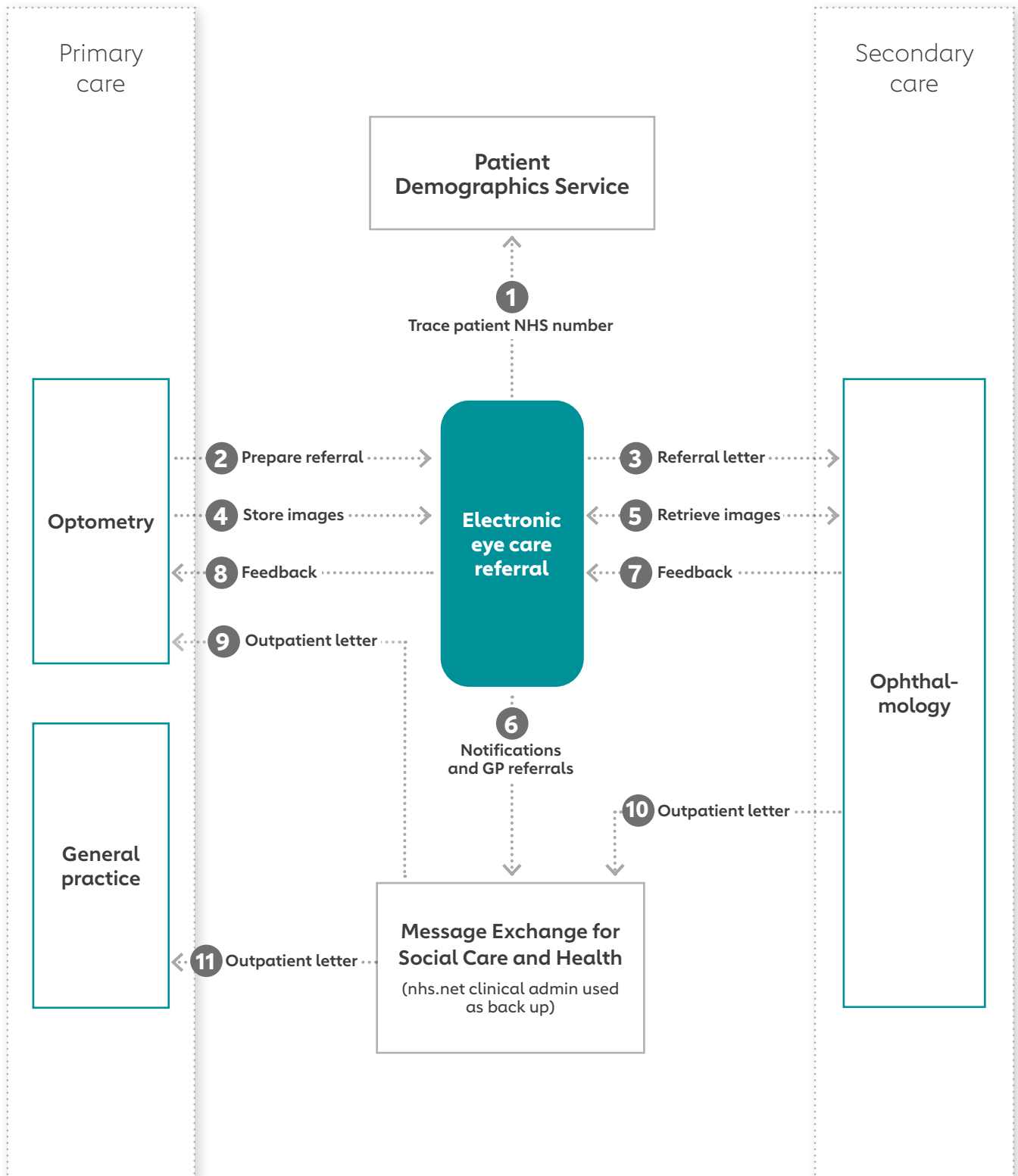
Outcomes and impact

The digital platform has transformed referral management across West Yorkshire.

- **High adoption.**
  Ninety-five per cent of optometry practices use the platform, with 85% of referrals processed through its SPoA.

- **Reduced administration.**
  Optometrists can track referrals and view patients' outcomes, closing the feedback loop. Early concerns about overwhelm and flooding the system with requests for clinician advice did not materialise.

- **Faster triage.**
  Emergency referrals are reviewed within one hour, urgent cases within a few hours, and routine cases within one to two days – all faster than before.

- **Effective referral avoidance.**
  Between November 2022 and December 2024, 72% of advice requests did not require hospital referral, saving time for both clinicians and patients.

- **Reduced GP input.**
  Direct optometrist-to-ophthalmologist referrals have cut GP involvement by 90%, reducing delays and minimising the risk of lost or mislabelled information.

- **Enhanced patient choice and insight.**
  Access to real-time waiting time data has supported informed decisions and shifted 10-12% of ophthalmology referrals back to NHS trusts and away from independent sector providers.

- **Wider implementation.**
  The platform has since been expanded to school vision screening and diabetic eye screening, incorporating machine learning for auto-triage.

95%
of optometry practices now use the digital platform

72%
of advice requests avoided hospital referral

90%
reduction in GP involvement in referrals

Key takeaways for other units

The West Yorkshire experience shows that large-scale digital change is achievable with collaboration and clear clinical benefit.

- **Co-production works.**
  Joint development between optometry, ophthalmology and NHS partners ensured the system met local needs.

- **Communication is key.**
  Regular engagement across primary and secondary care built confidence and sustained momentum.

- **Prioritise interoperability.**
  Seamless integration between practice management systems and hospital records was critical to efficiency and uptake.

- **Start with a high-volume pathway.**
  Focusing on a relatively straightforward and high-throughput condition enabled rapid testing and refinement.

- **Design for inclusion.**
  Early involvement of patient voice groups ensured accessibility and equity.

- **Support users.**
  Structured training and clear guidance encouraged adoption and reduced resistance to change.

This case study demonstrates how digital innovation, implemented collaboratively, can improve efficiency, safety and patient experience across regional eye care systems.

For further information on this case study,
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