

# Optimising eye care referrals in London

February 2026

## Summary

In July 2023, Moorfields Eye Hospital NHS Foundation Trust introduced SPARC (Single Point of Access and Referral Communication), previously known as SPoA 2.0. Building on the established single point of access (SPoA) model, SPARC enables rapid clinical triage, two-way feedback between primary care referrers and secondary care ophthalmology providers, and clear patient choice. It also supports continuous service improvement through targeted optometrist education and engagement, alongside data insights to inform commissioning, capacity and demand modelling, and population health research.

Developed in partnership with local optical committees (LOCs) and optometrists, SPARC strengthens collaboration across the entire eye care sector. Now operating across North Central London and Inner North East London, it has processed over 65,000 referrals to date. The platform has cut triage and referral processing times significantly, ensuring timely access to care while reducing unnecessary hospital referrals.

**“SPARC isn’t just a single point of access; it’s a facilitator, a risk management tool and an educator.”**

*Louisa Wickham,  
National Clinical Director  
for Eye Care*

## The challenge

Before SPARC, community referrals into hospital eye services were fragmented and often paper-based, resulting in many avoidable referrals, incomplete records, delays to care, lost referrals and inconsistent patient experience.

Historically, optometrists had no visibility or feedback on their referrals, which hindered opportunities for learning. Inefficient image and data sharing between primary and secondary care compounded delays and weakened the patient experience.

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## The solution

Supported by the NHS England accelerator fund, between July 2023 and May 2024 the team piloted SPARC. The platform facilitates collaboration rather than acting as a gatekeeper, offering real-time feedback, risk management and educational value. It also collates population health data to inform the development of interventions to address health inequalities.

The SPARC platform allows optometrists and clinicians to send, track and manage referrals efficiently. The clinical triage team accept, triage and respond, providing near-immediate feedback to optometrists. This consistent approach to decision-making and feedback supports improved referral quality and greater image sharing. Referrals can include partial optical coherence tomography scans, and a dedicated portal is in development to support the secure transfer of full Digital Imaging and Communications in Medicine (DICOM) images. While emergency and wet age-related macular degeneration cases remain within established urgent care pathways, referrals received in error are redirected without delay.

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The system also ensures patients receive accessible, impartial information at the right point in their pathway, enabling informed choice between providers based on location, waiting times and quality.

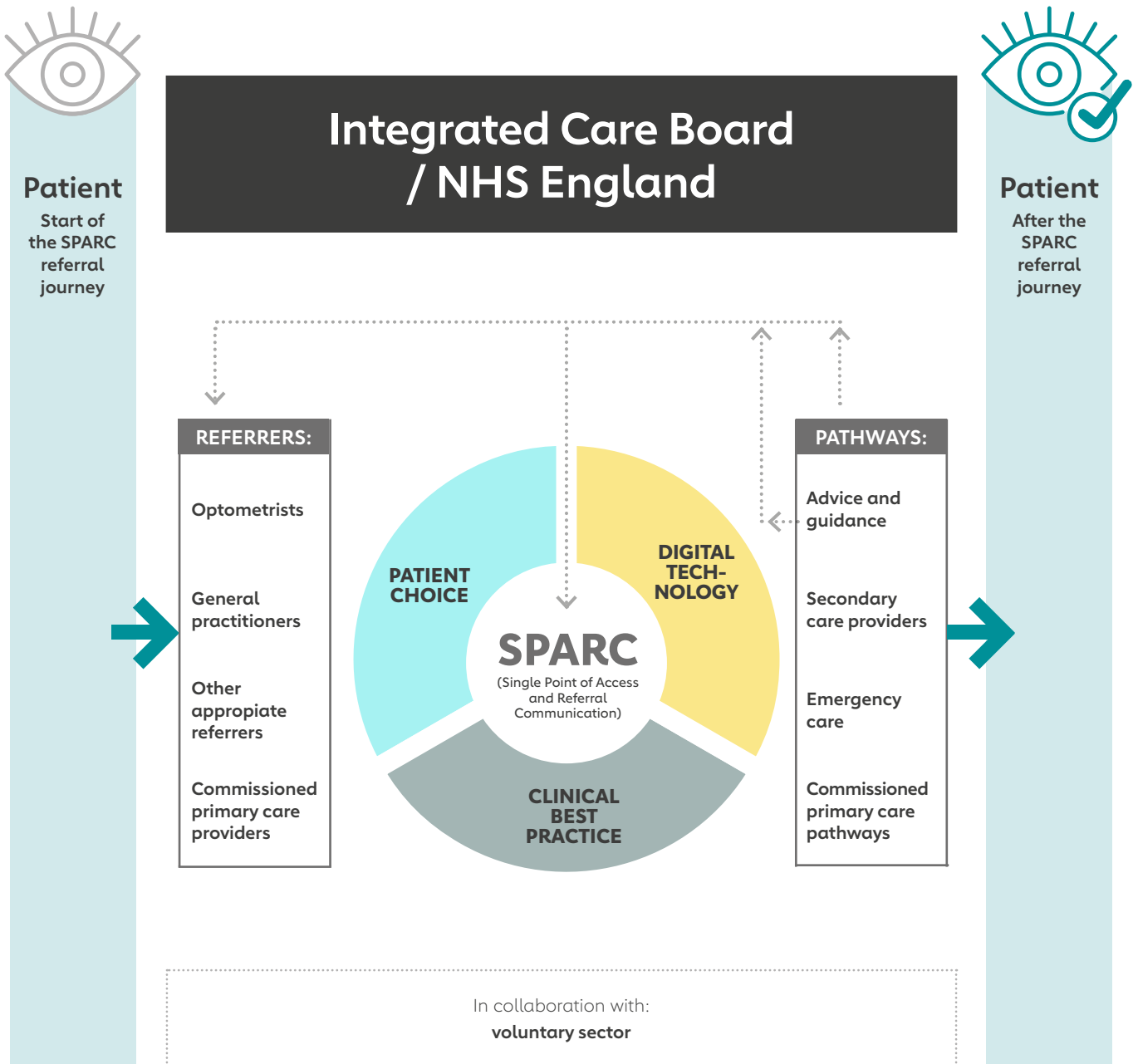
### Innovations include:

- **Immediate two-way feedback**  
Optometrists receive structured responses and can upload supporting images, ensuring accurate triage and shared learning.
- **Education and training**  
Regular sessions provide attendees with tools, knowledge and support to improve clinical decision-making, referral quality and confidence.
- **Improved patient choice**  
Patients receive transparent information on provider options, supporting informed decision-making.

**“I get a quick response to my referrals and am contacted if further discussion is needed. I am the only optometrist in this practice, so this is my vision of good communication and helps me to assess myself.”**

*North Central London  
optometrist*

**Figure 1:** The SPARC referral pathway



## Outcomes and impact

SPARC has significantly improved referral quality, system efficiency and patient experience across London.

- **Faster triage**

Referral processing time is now just 2–3 hours (down from 11 days), ensuring patients with the most urgent needs are prioritised promptly.

- **Improved capacity management**

About 58% of initially urgent referrals are safely downgraded to routine, compared to 1% signposted to emergency care, protecting clinical capacity for those requiring immediate treatment.

- **Greater accuracy of referral routing**

Around 40% of referrals are redirected to the most appropriate service following triage, reducing unnecessary hospital appointments and improving patient flow, with a further 11% returned to community optometry with advice or simply requiring medical history updates.

- **Reduced demand on secondary care**

Half of all advice and guidance requests are resolved without the need for onward referral, easing pressure on ophthalmology services.

- **Enhanced professional learning**

Ninety-four per cent of optometrists attending training sessions rate them as extremely or very useful, and 91% say the teaching will impact their referral management.

- **Data-driven service improvement**

Population-level insights gathered through SPARC support NHS England and local commissioners in planning services and mapping health inequalities.

- **More informed patient choice**

While around 50% of referrals include an initial provider preference, 37% of those patients revise their choice after reviewing transparent information on location, waiting times and provider quality.<sup>1</sup>

>99%

*reduction in urgent  
referral processing time –  
from 11 days to just 2-3 hours*

58%

*of urgent referrals  
safely downgraded*

40%

*of referrals redirected to  
the most appropriate service*

**“It gives a lot of system intelligence about population need in a way that I don’t think anyone has had before. It’s really quite exciting.”**

*Mark Redhead,  
Associate Director  
of Strategy and Partnerships,  
Moorfields Eye Hospital*

## Key takeaways for other units

The Moorfields experience shows that digital innovation, education and collaboration can deliver measurable benefits for clinicians and patients.

### Ingredients for success included:

- **Co-designing with users**  
Collaboration between Moorfields, LOCs and community optometrists ensured the platform met clinical needs.
- **Piloting before scaling**  
Testing at a manageable scale enabled refinement before wider rollout.
- **Embedding interoperability**  
Integrating SPARC with existing NHS digital infrastructure was vital for efficiency.
- **Investing in education**  
Ongoing training and feedback enhanced referral quality and strengthened professional relationships.
- **Using data for improvement**  
Real-time analytics supported proactive planning and informed commissioning decisions.

SPARC is now being shared as a model of best practice for integrated, data-driven eye care across the NHS.

**“We’ve worked very closely with the LOC. We’ve spent a lot of time building those relationships and that’s helped us make the impactful changes.”**

*Claire Lovegrove,  
Digital Innovation  
Programme Manager,  
Moorfields Eye Hospital*

## Reference

- <sup>1</sup> Moorfields Eye Hospital NHS Foundation Trust report:  
*Patient choice in elective eye care: a deliberation  
with Londoners.* (2025)

For further information on this case study,  
please contact Louisa Wickham via  
**[policy@rcophth.ac.uk](mailto:policy@rcophth.ac.uk)**.

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