Moorfields Eye Hospital NHS F

Speciality	High Risk (Remain Face to Face)
Glaucoma	
New	Urgent internal or external referrals with IOP >38mmHg
	Urgent internal referrals with uveitis, neovascular glaucoma
	Acute Angle-Closure Glaucoma
Follow-up	High risk avoidable vision loss within 2 months - found by review of clinics
	Post-op patients with surgery (within 6/52 of trabeculectomy; 3/12 tube)
	Consultant led clinic pts where followup interval was 4 weeks or less (suggesting high risk)
Surgery	High pressure uncontrolled medically with risk of rapid loss of vision
	High risk vision loss in only eyes inc 5% of cataract surgery for angle closure
Medical Retina	
New	Referral for Proliferative diabetic retinopathy, CNVM, CRVO from Diabetic screening, community optometry, A&E
Follow-up	Listed for R3A laser but not delivered yet
	Newly identified Wet AMD to follow protocol for treatment. AMD patients beyond first year will maintain current followup interval with less clinic journey time due to no OCT and subjective VA only in prior to assessment.
	Only patients identified by a consultant review will continue injections for DMO/RVO
	First follow-up post PRP for R3A/Neovascular glaucoma
Surgery	Indirect PRP working with the VR service
Adnexal	
New	2 week wait news / Lid Oncology
	Visual loss secondary to adnexal conditions e.g. orbital
Follow-up	Post-op complex surgery
	Orbital cases with visual loss
	Tumour cases
	Severe inflammatory orbital cases
Surgery	Tumour cases or orbital with visual loss
	Lid trauma
Ocular Oncology	
New	All new referrals but with enhanced triage by team

Follow-up	Patients on less than 12 month follow-up interval
Surgery	Expected to continue unless extenuating circumstances
General Ophthalmology	
New	None
Follow-up	None
Genetics	
New	None
Follow-up	None
Vitreoretinal Surgery	
New	Vitreoretinal Emergency Clinic to remain open
Follow-up	Complex Surgery post-ops
Surgery	VRE clinic identified patients
	Support for MR service with Indirect PRP
	Trauma support
Cataract	
New	None
Follow-up	Complex post-op or complications
Surgery	Unlikely unless support for other services e.g. uveitis
External	
New	Corneal pathology from A&E
Follow-up	Post-op patients
	Other unstable patients on short followups e.g. under 6 weeks
Surgery	Urgent cases, perforations etc
	Trauma support
Paediatrics	
New	Sight threatening conditions
	Cataracts causing amblyopia or under 8 months old
	Other conditions with rapid amblyogenic potential
	Orbital inflammation and infection
	Suspect glaucoma
	Reduced vision (0.2 logMAR or worse) in both eyes
	Reduced vision in one eye in under age 7
Follow-up	Follow-up for the conditions listed above
	Post-ops within last 2 months
	Children on medication (drops or systemic) for glaucoma, uveitis, corneal disease
Surgery	Surgery for High IOP, acute emergencies or acute amblyogenic conditions
	Anaesthesia for examination or intraviteal injections to treat CNV
	Cataract surgery in under 8 month olds or where causing amblyopia

Strabismus	
New	Triage of referrals on patient by patient basis
Follow-up	
Surgery	
Neuro-Ophthalmology	
New	Patient by patient triage needed
Follow-up	Patient by patient triage needed
Uveitis	
New	Panuveitis
	Posterior Uveitis
	Retinal vasculitis
	Intermediate Uveitis with vision loss
Follow-up	Reviewed ahead of clinic by telephone triage on a patient by patient basis but potentially 1/3 of patients may have to
	Immunosuppressed patients losing vision due to uveitis will be invited to attend a dedicated area at City Road for the sole use of these patients
Surgery	Urgent surgery to allow visualisation for diagnosis
Contact Lens	
New	
Follow-up	Some Therapeutic Contact Lens patients
	Boston K-Pro patients if triaged by telephone

oundation Trust- Ophthalmologic

Medium Risk
Video or Phone Consultation with F2F followup rebooked for first part of recovery phase

Not suitable as asymptomatic disease

Post-op cataracts (no previous glaucoma Sx) done by glaucoma

Genetic Retinal Disease

Video consultation for some patients will be considered but unclear how helpful in MR

Lumps and bumps patients - chalazion/papilloma

Mild thyoid eye disease patients

Post-op simple surgery with or without sutures needing

Stable thyroid eye disease patients


Patients on greater 12 month follow-up interval
Triage consultation for routine referrals via phone/
All patients triaged via phone/video consultation
All patients
Most routine post ops
Routine post-op managed by telephone
Patients having amblyopia treatment
Paediatric oculoplastic/adnexal cases

May be possible to get an idea of severity on video that
Neuromusclar disorders
Neuromuscular disorders
Anterior Uveitis in A&E to be given standard 6-8 week tapering drop course then telephone consult at 7-9 wks Clinic review in 3 months if indicated by telephone consult
Anterior Uveitis patients (will require ability to post medication)
Stable patients on drops

cal Risk Stratification

Low risk Rebooked 6 months ahead
Patient by patient triage of new referrals needed
Stable monitoring/Virtual clinic/Optom led clinic patients postponed 6 months ahead without review
Cons led clinics stratify by planned f/u at last appt if 6 months or over = postpone by 6 months if 3-6 months planned = postpone by 4 months if <3 months needs case by case review to identify those possible high risk needing face to face
Delaying surgery in this group may lead to loss of vision in some therefore needs consultant review of cases and work on retriaging and stratifying whole population before recovery phase
Defer cataract surgery for 6 months
Delay by 3 months to Face to Face clinics - Referrals from DR Screening with Severe NPDR), Referrals from
New Genetic Retinal Disease
Delay by 4-6 months to Face to Face clinic -Severe NPDR (recent progression), Post-op macular oedema, Chronic CSCR, any other macular oedema
Delay by 6 months to Virtual clinic or Face to Face - R1M1 patients, 'stable' Severe NPDR (R2) patients (no progression
Cataract surgery in MR patients can be delayed
Patient by patient review to check no high risk factors, but
Most other surgery could be postponed

Patients with no issues on video/telephone triage could be
Postponement or discharge from phone/video triage
All patients
ERM, Macula Hole
Routine surgery could be delayed with minimal risk but must be reviewed on a case by case basis
Deferred for 6 months
Routine follow-up delayed
Referrals from external sources triaged to allow longer delays
Patient by Patient triage needed
Cross-linking could be delayed with minimal risk but must be reviewed on a case by case basis
Graft surgery/Keratoconus Sx
Triaged on a case by case basis with clinical team but be postponed by 6 months
Patient by patient triage needed

Toxin clinics could be delayed safely

Can be delayed

Stable followup on a patient by patient basis

Cataract surgery for uveitis patients could be delayed

Can be delayed

Delays acceptable in other patients