

Freedom of information request

I would like to submit a Freedom of Information request for the following interest:

Papill(o)edema refers to swelling of the optic nerves at the back of both eyes caused by raised intracranial pressure. Sometimes this is described as blurred disc margins, raised disc margins, indistinct disc margins, or optic disc swelling. Some patients may have no symptoms, some have visual symptoms and others have headaches. Additionally, patients with headaches are often screened for signs of raised intracranial pressure, such as papilloedema.

We would like to find out how **adults and children** with papilloedema or headaches are handled in the community, and which secondary care services they may be referred to.

1. Where do community referrals of adults and children with papilloedema to secondary care come from?

Please could you provide details of the referral process for patients with papilloedema from the community in the table below (you may expand the size of the boxes to fit your text). We have assumed that most cases of papilloedema will be picked up by different types of primary eye care professional. However, if this does not apply in your area, please provide details of the sources of referrals of papilloedema in the row marked “Other”.

| Please indicate which primary eye care service(s) you have commissioned in your area? (Y/N) | | What type of contract do you have with this type of primary (eye) care service? | Can this service directly refer patients with papilloedema to secondary care, i.e., not via GP? (Y, N or N/A) | What is the typical urgency for referral and timeframe? (e.g., an urgent referral to be seen within 2 weeks? 4 weeks? etc.) | How are these referrals made? (e.g., email, letter, electronic referral system - please indicate all that apply) | Are these referrals screened before reaching secondary care? Please provide the details of any screening methods that apply in your area | Are digital eye images screened in the triage process? Please provide the details of any screening methods that apply in your area |
|--|---|--|--|--|---|---|---|
| Y | GP | N/A | N/A | * | * | * | * |
| N | Minor Eye Conditions Service (MECS) | N/A | N/A | | | | |
| N | Community Urgent Eyecare Service (CUES) | N/A | N/A | | | | |
| N | Community Optometrist | N/A | N/A | | | | |
| | Other (please specify) | | | | | | |

* Information on referrals is not held by the ICB but may be held by the providers mentioned in answer to Q3 – the providers can be contacted as below.

2. If there are established referral pathways or guidelines for papilloedema could you please provide a copy, or the directions for accessing them online if available?

Not applicable

3. Could you please provide the name(s) of the secondary care provision(s) that accept referrals of adults and children with papilloedema?

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4. Where do community referrals of adults and children with headache to secondary care come from?

Please could you provide details of the community referral process for patients with headache in the table below (you may expand the size of the boxes to fit your text). We are interested to know whether patients who have headache + papilloedema are handled differently to those without papilloedema.

| Primary care service | Can this service directly refer patients with headache to secondary care, i.e., not via GP? (Y/N) | What is the typical urgency for referral and timeframe if <u>papilloedema is present?</u> (e.g., urgent referral to be seen within 2 or 4 weeks) | What is the typical urgency for referral and timeframe if papilloedema is <u>NOT</u> present? (i.e. headache alone) (e.g., urgent referral to be seen within 2 or 4 weeks) | How are these referrals made? (e.g., email, letter, electronic referral system- please indicate all that apply) | Are these referrals screened before reaching secondary care? (e.g., virtually / electronically) Please provide the details of any screening methods that apply in your area |
|---|---|--|--|---|--|
| GP | N/A | | | | |
| Minor Eye Conditions Service (MECS) | N/A | | | | |
| Community Urgent Eyecare Service (CUES) | N/A | | | | |
| Community Optometrist | No | | | | |
| Other (please specify) | | | | | |

* Information on referrals is not held by the ICB but may be held by the providers mentioned in answer to Q3 – the providers can be contacted as below.

4. If there are established referral pathways or guidelines for headache could you please provide a copy, or the directions for accessing them online if available?

Not applicable

5. Could you please provide the name(s) of the secondary care provision(s) that accept referrals of adults and children with headache + papilloedema?

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6. Could you please provide the name(s) of the secondary care provision(s) that accept referrals of adults and children with headache?

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