

Note from Nottingham and Nottinghamshire ICB:

Nottingham and Nottingham ICB is made up of four place-based-partnerships:

- *Bassetlaw*
- *Nottingham City*
- *South Nottinghamshire*
- *Mid Nottinghamshire*

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 (Nottingham City, South Nottinghamshire, and Mid Nottinghamshire PBP)	N/A	N/A	<p>GPs are advised that patients with papilloedema should go to eye casualty/Accident & Emergency (A&E)</p> <p>GPs are advised to refer patients urgent (same day) via Acute Medical admissions if accelerated hypertension, i.e., > 180/110 mmHg with signs of papilledema and/or retinal hemorrhage</p>	Patients are directed to A&E / eye casualty. All referrals are made via phone to eye casualty by the GP or patient.	No screening as this would be a direct referral	N/A
Y	GP (Bassetlaw PBP)	N/A	N/A	It is dependent on clinical presentation, the patient will either be referred to Assessment and Treatment Centre (ATC) at Bassetlaw Hospital or	<p>ATC referral – Will speak to admitting nurse in Medical Ward.</p> <p>Emergency Eye clinic – Ophthalmology nurse will be contacted via mobile</p>	No screening as this would be a direct referral	N/A

				Emergency eye clinic at Doncaster Royal Infirmary (DRI) – this will be on the same day.			
Y	Minor Eye Conditions Service (MECS) <i>(Bassetlaw PBP)</i>	NHS Standard Contract	Yes	Urgent / routine	For urgent onward referral: MECS optometrist shall inform the provider by telephone and a copy of the referral shall be forwarded by NHS.net email or given to the patient to take with them on attendance.	If the patient is seen by a MECS optom, they will do the screening	HES will screen any images sent
	Minor Eye Conditions Service (MECS) <i>(Nottingham City, South Nottinghamshire, and Mid Nottinghamshire PBP)</i>	No contract in place					
Y	Community Urgent Eyecare Service (CUES)	NHS Standard Contract	Yes	Urgent / routine	Urgent onward referral: The practitioner refers the patient for an eye casualty / emergency consultation at the local hospital eye service, contacting the service in advance of referral to confirm appropriate referral management and booking if accepted.	If the patient is seen by a CUES optom, they will do the screening	HES will screen any images sent

	Community Urgent Eyecare Service (CUES) (Nottingham City, South Nottinghamshire, and Mid Nottinghamshire PBP)	No contract in place					
N	Community Optometrist	N/A commissioned by NHSE					
Y	Other (please specify) (Nottingham City, South Nottinghamshire, and Mid Nottinghamshire PBP) Community Ophthalmology Services (adults aged 18 and over (Nottingham City and South Nottinghamshire PBP) Community Orthoptic Service (pediatric service –)	NHS Standard Contract	Papilledema is excluded from the community contract criteria at identification patients are directed to the Eye Emergency Department/A&E	N/A Papilledema is excluded from the community contract criteria (both the community ophthalmology service and community orthoptics service)	N/A Papilledema is excluded from the community contract criteria (the community service receives referrals from primary care via the electronic referral system)	N/A Papilledema is excluded from the community contract criteria (both the community ophthalmology service and community orthoptics service)	N/A Papilledema is excluded from the community contract criteria (both the community ophthalmology service and community orthoptics service)

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?

There is no established referral pathway for papilloedema in Nottingham and Nottinghamshire, at identification patients are directed to the Eye Emergency Department/A&E/ATC

The following guidance is available to primary care on eHealthscope (eHS):

Optic Disc Swelling (including Papilloedema): Professional Reference artical: PatientUK
Optic Nerve (Disc) swelling (Papilloedema) - CKS: NICE / CKS
Nottingham University Hospitals NHS Trust have a Triage Tool for Eye Casualty please contact the trust directly for this information via FOI@nuh.nhs.uk
Sherwood Forest Hospitals NHS Foundation Trust have Referral Guidance please contact the trust directly for this information sfh-tr.foi.requests@nhs.net

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

The below trusts accept adult and children referrals.

- Sherwood Forest Hospitals NHS Foundation Trust – Emergency Eye Department / A&E
- Nottingham University Hospitals NHS Trust – Emergency Eye Department / A&E / Acute Neurology Team
- Doncaster and Bassetlaw Teaching Hospitals (DBTH) NHS Foundation Trust - Emergency Eye Department / A&E
- Sheffield Teaching Hospitals NHS Foundation Trust – Neurology Team (based at DBTH)

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

The ICB does not hold this information, please contact Sherwood Forest Hospitals NHS Foundation Trust, Nottingham University Hospitals NHS Trust, Doncaster and Bassetlaw Teaching Hospitals (DBTH) NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust.

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</u> is present? (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 (Nottingham City, South Nottinghamshire, and Mid Nottinghamshire PBP)	N/A	GPs are advised that patients with headaches with papilledema should go to eye casualty/A&E or be referred to the acute neurology team	If red flags present (without papilloedema) 2 week wait referral be triggered or emergency admission on the same day. If no red flags referral will be made via the chronic headache pathway to be seen within 18 weeks.	Electronic referral system.	Yes, virtual review takes place
GP (Bassetlaw PBP)	N/A	Same day referral and assessment at ATC, Bassetlaw Hospital	If urgent CT head needed able to speak to consultant radiologist and get right appointment.	Electronic referral system.	Yes, virtual review takes place
Minor Eye Conditions Service (MECS) (Bassetlaw PBP)	No	Urgent / routine	N/A	For urgent onward referral: MECS optometrist shall inform the provider by telephone and a copy of the referral shall be forwarded	The MECS optoms do the screening

				<p>by NHS.net email or given to the patient to take with them on attendance.</p> <p>For non-urgent referrals, MECS optometrist will refer back to the patient's GP as applicable.</p>	
<p>Minor Eye Conditions Service (MECS) (Nottingham City, South Nottinghamshire, and Mid Nottinghamshire PBP)</p>	No contract in place				
<p>Community Urgent Eyecare Service (CUES) (Bassetlaw PBP)</p>	No	Urgent / routine	N/A	Urgent onward referral: The practitioner refers the patient for an eye casualty / emergency consultation at the local hospital eye service, contacting the service in advance of referral to confirm appropriate referral management and	The CUES optoms do the screening

				<p>booking if accepted.</p> <p>Non-urgent referral: The practitioner refers the patient non-urgently for further investigation and/or treatment in line with local referral pathways and protocols.</p> <p>Systemic condition: The practitioner makes a referral to their GP.</p>	
Community Urgent Eyecare Service (CUES) (Nottingham City, South Nottinghamshire, and Mid Nottinghamshire PBP)	No contract in place				
Community Optometrist	N/A commissioned by NHSE				
Other (please specify) <i>Mid Nottinghamshire, South Nottinghamshire, and Nottingham City</i>	No	Papilledema is excluded from the community contract criteria at identification patients are directed to the Eye	N/A	N/A Papilledema is excluded from the community contract criteria (both the community ophthalmology service and	N/A Papilledema is excluded from the community contract criteria (the community service receives referrals from primary care via the electronic referral system)

Community Ophthalmology Services (adults aged 18 and over) <i>Nottingham City and South Nottinghamshire</i> Community Orthoptic Service (pediatric service)		Emergency Department/A&E		community orthoptics service)	
<i>Bassetlaw PBP</i> Optometry Referral Assessment Service	No	Urgent / routine	N/A	Electronic referral system	Yes, goes through a referral assessment service.

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?

Mid Nottinghamshire, South Nottinghamshire, and Nottingham City Adult Headache Pathway can be accessed here:

[headache-pathway.pdf \(nottsapc.nhs.uk\)](https://www.nottsapc.nhs.uk/headache-pathway.pdf)

Mid Nottinghamshire, South Nottinghamshire, and Nottingham City Paediatric Headache Pathway, taken from Nottingham and Nottinghamshire Children and Young People's Health Network Referral Guidelines for Paediatric Out-Patients from Primary Care.

CATEGORY	DETAIL	Action required prior to referral or alternative avenues suggested	📞 urgent telephone advice ✉️ paediatric OPD referral	SFH	NUH
		<p>TICS leaflet NUH Leaflets</p> <p>CYP already under the care of CAMHS tier 2 and above can access Tic advice and management via internal CAMHS pathways without requiring paediatric referral, unless there is diagnostic uncertainty that requires a paediatric assessment.</p>			
	HEADACHE INCLUDING MIGRAINE	<p>Please see NICE CKS Headache guidance and Headsmart for quick reference for concerning associated symptoms</p> <p>Examination to include neurology and BP - and if you suspect hypertension please see NUH Family Health guidelines hypertension guideline (under family health->renal)</p> <ul style="list-style-type: none"> · Ask family attend for eye test and to keep headache diary <ul style="list-style-type: none"> ○ frequency, duration and severity of headaches ○ any associated symptoms ○ all prescribed and over the counter medications taken to relieve headaches (consider medication overuse headache) ○ possible precipitants ○ relationship of headaches to menstruation · Headache post-concussion not requiring acute referral follow Return to Activities advice (CYP require an extended period rest to avoid short and long term health problems) 	<p>📞 Sudden-onset thunderclap headache</p> <p>📞 New-onset neurological deficit, cognitive dysfunction or change in personality, school performance</p> <p>📞 Headache triggered by cough, valsalva (trying to breathe out with nose and mouth blocked) or sneeze</p> <p>📞 Orthostatic headache (headache that changes with posture)</p> <p>📞 Recent (typically within the past 3 months) head trauma</p> <p>📞 Abnormal head position such as wry neck, head tilt or stiff neck</p> <p>📞 Abnormal eye movements, blurred vision</p> <p>📞 Seizure</p> <p>✉️ If persistent, not responding to treatment in primary care and none of</p>	<p>If NICE guidance advises assessment</p> <p>General Paeds</p>	<p>If NICE guidance advises assessment</p> <p>Electronic referral system for General and Comm. Paeds</p>

BASH Guidelines:

[10102 BASH - Guidelines update \(2\) v5.1.indd](#)

[Bassetlaw PBP Adult Headache Pathway](#)



Adult Headache
Pathway.doc

See NN-ICB 22 21c.

NICE Headache assessment:

[Headache - assessment | Health topics A to Z | CKS | NICE](#)

NICE: Diagnosis and Management of headaches in young people and adults

[Headaches in over 12s: diagnosis and management \(nice.org.uk\)](#)

Living with Migraines Self-Management

[Managing your migraine - The Migraine Trust](#)

Mid Nottinghamshire, South Nottinghamshire, and Nottingham City Chronic Headache Pathway



NUH Neurology
Service for chronic he

See NN-ICB 22 21d.

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

- Sherwood Forest Hospitals NHS Foundation Trust – Emergency Eye Department / A&E
- Nottingham University Hospitals NHS Trust – Emergency Eye Department / A&E / Acute Neurology Team
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust - Emergency Eye Department / A&E
- Sheffield Teaching Hospitals NHS Foundation Trust – Neurology Team (based at DBTH)

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

- Sherwood Forest Hospitals NHS Foundation Trust – General and community Pediatrics
- Nottingham University Hospitals NHS Trust – (age 16 and over) Neurology Service, General Pediatrics
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – General and Pediatrics

- Sheffield Teaching Hospitals NHS Foundation Trust – Neurology Team (based at DBTH)