Phase 1 - Qualitative framework for themes and subthemes

## The GP

| **Interviewee** | The GP as custodian of patient information | GP responsible for payments so must inform the GP to get paid | GP often does not attach optom details when forwarding on a referral to the HES | GP very busy |
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| Ophthal 1 | 'The GPs always get them (referral reply letter). I know that optometrists don't always get a letter.' | '…I think hospitals make a point of generating the letter back to the GP. You know. I mean the money follows the GP so they have to write a letter back to get paid so that's the priority.' | '…I get lots of referrals from GPs directly because the optician sent the referral directly to the GP but when it gets to me it's often just a letter from the GP with the patient's past medical history and the presenting complaint and not necessarily the original GOS 18 and sometimes we don't know from the GP who the optician is.' | |
| Academic | '…the ophthalmologist is writing back to the GP just because the GP's the keeper of all this information, that's where all the information about a person's healthcare is stored so they may appreciate that that's more important that that information is as | | | |

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| | comprehensive as possible maybe they just don't think about the issue for the optometrist.'<br>*NB this quote leads on to the theme of the 'perception of the optometrist's value'* | | | |
| Optom 1 | | | | '…my experience is that GPs are so busy…' |
| GP 1 | 'Um it is has to be because I um unless there is anything that needs to be done um I mean follow up kind of things I'm not sure how the hospital's in touch with the optometrist because we the GPs kind of collecting all the data and we arrange it in order for patient care. So, like we get a letter from an optometrist we act on it and the notes stay in the patient's notes. If we get a reply back it stays with us. Our job is to contact the team who if we need any further input to it. Getting the feedback from the hospital team to the optometrist we are not a conduit for that.' | | 'Personally, I usually attach a copy of the letter (optometrist's referral letter) with the referral so that the specialist team know what is the reason for the referral.' | 'Things are changing now because of obviously the workload so we usually most of the surgeries now they some have trained staff who go through the letters and see that is it just a normal letter for information or does it need any action.' |

## Technology

| **Interviewee** | Connectivity & fragmentation | Cost – of equipment and training | No database of optom names and addresses on current systems | GOS 18 – reproduction by tech templates and scan quality issues |
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| Ophthal 1 | Re the Open Eyes scheme:<br>'…if once the IT gets sorted I think the idea is opticians and general practitioners would with the right computers secure networks should be able to link up and to see clinical letters directly.'<br>'…I know with these sort of things it takes a very long time to happen. It's mainly the IT side of it, the software side of it is fine it's the yeah it's the IT side getting practices, it's like the NHS email system took a while to get sorted out …' | | | 'I think lots of the referrals now are not on the old hand written GOS 18 but um computer generated from a standard template sometimes that template doesn't have all the right bits filled in…' |
| Academic | '…it ought to help it in that presumably it's so much easier to electronically transmit information and um perhaps to send back reports that are in some sort of very condensed form that are for letters and that very few parts of that form are filled in by the ophthalmologist, so it could almost be very just sort of template style replies. But I suppose that the other side | | | |

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| | of that is that it has become increasingly difficult to protect people's privacy and the regulations around transmitting information have become so much more difficult that um technology is so easy to email things to people you just can't do that from the point of view of privacy and GDPR regulations.' | | | |
| Optom 1 | 'Well we've got loads of practice systems which do not connect to e referrals and any of the NHS systems whereas if you've got GP systems like vision or EMIS they all interface with it and so it's connectivity within the hospital but it's also connectivity with the optical systems. Where we've got it working in optical practices people have got laptops on where they are generating uh the referral on ERS but they've got to transfer the um the letters and write the letters on the laptops so we've got a gap between how that could be joined up but it's a start.'<br><br>'Open Eyes is a bit clunky.'<br><br>'…so it's the technical bit that we've got to get right um but we're doing it with multiple systems and that's a challenge.' | | 'Now within the hospitals there are Medisoft or Open Eyes packages and currently all the GP practice addresses are loaded unto those systems…<br><br>what it will need it will need all the optical practice addresses <u>also</u> loaded onto those so that when there is a copy to be made all that data is at hand.' | 'All GP referrals have to go on to ERS. Now many go through and they attach the GOS18 or the letter to that referral. Now if they scan it the quality of the scans are not very good sometimes so that is an issue cause you can't read them. The other issue is the GP tends to summarize GOS form with a couple of lines and that's the only thing that goes forward. So it often doesn't pass.' |

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| GP 1 | 'As I said electronic footprint is very important as long as it is secure, and it is following all the guidelines and protection measures it is always a good thing. The whole NHS is trying to cut down the paper trail.' | | | |
| Admin 1 | I guess the main reason is technology, IT and connectivity. So the um the ophthalmic practices on the high street sit outside the health and social care network – the new N3 - which means that the ability to transfer data from practice to hospital and then back to practice directly is limited because of that lack of security around confidentiality. So that's problem number one. Problem number two is hospitals- I used to work in a hospital - so a lot of hospital IT systems when they record a referral coming in they record that referral has come in from primary care and that's primary care in its most generic sense. So what they always do on hospital pad systems is they always default to the GP. So if a referral is being made by an optometrist in the community and the referral goes into hospital quite a lot of the hospital systems | | | |

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| | won't record the optometrist details that came with the referral but rather would record the patient's GP details which means that if the (referral) information does flow back because in some cases it does flow back, it doesn't flow back to the optometrist it actually flows back to the GP. We've got that little break down there so I think we need – our needs are fundamentally one of connectivity and technology. I don't think it's one of unwillingness because from the optometrist's side we're very keen to share information and get (information) back but and I actually think from what conversations we have with our hospital colleagues they're in the same position. They want to but we're slightly hamstrung by technology and that's really where I'm at. | | | |

Treatment location- duality of themes

| **Interviewee** | Community optometrists almost always send a reply | HES cataract department tend to send a form/link to Open Eyes- duality of subthemes – use value | HES on call/A&E ophthalmologists are not known to send a reply | GP is known to seldom send a reply |
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| Ophthal 1 | Re optometrists getting a referral reply letter: 'They do from our practice. Every optometrist gets a letter back.'<br><br>'…I think we make a point of generating a letter to the optometrists, but I think hospitals make a point of generating the letter back to the GP.' | '…cataract surgery elsewhere we get letters back from them.' | When working privately for a high street optician: 'If I refer to a hospital directly I don't think that I do. I am yet to see a reply back.' | Referral via GP: 'I haven't got a reply back. I get very few, in fact I think I can count on one hand letters I've got back from hospitals when I've referred either directly or via a GP.' |
| Optom 1 | | '…on national ophthalmology database work and um the cataract | | |

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| | | they're really desperate to get the post op refraction… So the ability for feedback is crucial for them to complete their outcomes. So that's one way that we can get better feedback.' | | |
| GP 1 | | | | '(pause) If, if if we need to contact if we already have any contacts from them we know who to contact because then it is easier for continuity. If not, then again, we follow the usual procedure.'<br><br>'Our secretaries have all the information so. Our secretaries they have all the information. So, um we again ask them to contact, dictate letter or in any way possible to arrange follow-up.' |

## Perception of the optometrist's value- duality of themes

| **Interviewee** | Perceived use value of & replying to community optometrists | HES appears to value the optometrist as a refractionist/for their refraction skills – duality of sub themes – HES cataract treatment location | Need to educate the ophthalmologist as to why it is good to reply to the optometrist | The perceived and actual transience of a particular optometrist/optometric practice |
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| Ophthal 1 | '…I don't know if you've got to see my letters but they do try and educate the optometrist in some respects so they get some feedback about why I've made the decision and what they should look for you know the important bits and often I realise that optometrists if they don't have that feedback uh feel they have to send everybody that they're not certain about because they don't know what's important and what's less important. Um so yes I guess it will help manage referrals as well so it's beneficial to the hospital if the optometrist is educated, beneficial to the patients and reduce the | | '…I think it's just a little bit of education or maybe just letting them (the HES ophthalmologist) know that it (the referral reply) will be important it will be helpful to you (the optometrist).<br><br>'I don't think that the doctors in hospital are consciously deciding not to send you (the optometrist) a letter. I don't think it's a conscious decision. I think it's not in their head that optometrists get a | |

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| | amount of unnecessary referrals.' | | letter when they make a referral. They always write the GPs so it should not be too difficult to copy you in.' | |
| Academic | | | | 'I think for a lot of patients they may not feel they have a particularly close relationship with their optometrist to be able to name them. Um they may think more about it being the practice that they've gone to rather than the individual optometrist um and it may have been that they haven't been going to that practice for a long time that they don't really think about the value of having a body of records built up there so the patient might not realize that it was a helpful thing at all …'<br><br>'I think it's a fairly subtle issue in some ways um whether it really makes a difference |

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| | | | | because cause you could argue that the patient never goes back to that practice again and so it doesn't really matter whether the letter goes back to them that there's not that sort of central… central reference where somebody can go back and have a look at what those letters were…' |
| Optom 1 | | '…on national ophthalmology database work and um the cataract they're really desperate to get the post op refraction… So the ability for feedback is crucial for them to complete their outcomes. So that's one way that we can get better feedback.' | | |

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| GP 1 | 'I'm always satisfied with my colleagues. I think they know what they are doing and I always respect their opinion, because they are the specialist in their own field.'<br><br>'…I think that you are trained in your own field and my knowledge is limited in that so if anything, I rely on their opinion and advice.' | | | |

Shoptician versus healthcare optician – Latent theme

| **Interviewee** | Optometrist as a 'seller of spectacles' | Commercial high street/multiple versus healthcare sole practitioner/independent | Optometrists must join shared care/healthcare schemes such as MECs to increase likelihood of a referral reply | Should an optom have the right to choose if they wish to be part of healthcare schemes or maintain a general/more refractionist role |
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| Academic | '…something that's unique to optometry I would think it's perhaps because of ophthalmologists feeling that optometrists perhaps weren't interested in this information that um optometrists were interested in just selling spectacles and therefore they didn't really want to know this information, it really wasn't relevant to them…' | | On the issue of legislation to make it mandatory for doctors to send optoms a reply:<br><br>'…that seems a bit excessive I think. I can't see why, I can't see anybody in government think that was a worthwhile use of parliamentary time (chuckles). So I think that would be extremely unlikely that would happen.<br><br>I don't think that it would be seen as | Admin stakeholder opinion here |

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| | | | being in the patient's interest.' | |
| Optom 1 | | '…if you look in Scotland they have all that within one contract so it's contracted nationally. Everybody has to do it there's not an opt out and so there is one service model. Now the problem we've got is you could have half your practices doing really good work but let down by large practices not involved in the scheme churning out a whole lot of activity that shouldn't have been referred should they have been to somewhere else.' | 'I think um the problem is we've had so far is if you if you have um the opt out and all enhanced services are non-mandatory you know it's never above 50% engagement in our local area but if you want the desired outcomes and you're looking at achieving the best outcomes then all practices need to adopting the same you know um level of service. The difficulty is you can have a patient going to one practice just gets the basics and they go to another practice and they get everything that know MECs, repeat measures, cataract assessment and therefore you look at the outcomes why is there such wide variability and well that's why. And you know if you've got a small area of the CCG and the patient | |

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| | | | goes out of the CCG area for their sight test you're not going to get it anyway. So so it's this fragmented approach that is leading to variable outcomes.' | |
| Patient 1 | | 'Certainly I feel um the relationship I'm developing with the optometrist I've got at the moment cause I generally see the same one each time- if um – going back to the other question you were asking- I changed rather because it was a large sort of – the Boots chain um and you just sort of saw a different person each time. Now I go to this particular optometrist, I see the same person and he is one of these people - optometrists in the community - optometrist with specialist knowledge um and good equipment so I feel more comfortable about going to him for | | |

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| | | various conditions – various questions I've got and um getting some advice there before going into a hospital. I think that liaison I would rather go there than go to my GP - I don't feel that my GP has the capacity or the (chuckles) willingness to gen up sufficiently enough about eyes.' | | |

Patient mobilisation

| **Interviewee** | Patient charter means that patients always/should always receive a reply/outcome letter | Patient education needed to get the patient to take letter to optom | Personality trait influences- some patients will bring in letter to optom and some will not – duality of sub themes here with personality trait below | Recent changes underway to give patient referral and re referral information to take to the optician of their choice |
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| Ophthal 1 | | 'I wonder if mentioning to the patient that if they get a letter back from the hospital to bring it in.' | '…patients get letters back, often they copy them and bring them with them sometimes.' | |
| Academic | | 'I think for a lot of patients they may not feel they have a particularly close relationship with their optometrist to be able to name them. Um they may think more about it being the practice that they've gone to rather than the individual optometrist um and it may have been that they haven't been going to that practice for | | |

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| | | a long time that they don't really think about the value of having a body of records built up there so the patient might not realize that it was a helpful thing at all and and certainly if you were going to routinely ask them to do that probably would need a bit of education.' | | |
| Optom 1 | | | | 'I was also on the NICE glaucoma committee … So what we've said there is if you've got somebody with stable OHT and they've been under the hospital for a few years with no change then you should discharge those patients with a letter to the referring optom who did it or where they want to go if they've changed their mind with the re referral thresholds… So you're giving a discharge letter to the patient so that the optom has |

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| | | | | that information to base their future referral patterns or future referral decisions on. Which might say re refer back when the pressures go over 26 ...' |
| Patient 1 | | 'I think that patients need to be made aware that they need to take responsibility for their condition and and to ask for things, ask questions etcetera.' | 'I think that patients need to be made aware that they need to take responsibility for their condition and and to ask for things, ask questions etcetera. For some people that's ok but there're a lot of people who won't do that. They think everything's hunky dory and for example if they don't get an appointment in the time the consultant said they should they don't ask questions or anything and they really should. They should say was I meant to have an appointment or has the appointment changed say 6 months instead of three months. They don't always say I should have been | |

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| | | | seen sooner or sometimes it's a year or more than a year and they should be seen within 6 months. I get a bit frustrated sometimes (chuckles)' | |
| GP 1 | | | | 'Um again this is a lot of data protection issue there, so I don't know. I don't know. And also important is that how the data is flowing. From one end to the other and who is taking responsibility for the safety and level of following up on the notes. So, if it is a one-off kind of event and then it is followed up or all the information stays with the GP.'<br><br>'So, they have their email which runs on the secure NHS email. So electronic contact is usually better because it has an electronic footprint. Suppose |

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| | | | | you give a letter to the patient and the patient does not deliver or the patient loses it then it is gone though I am assuming that you usually maintain it on your computers. But other it can be that if you know what surgery the patient is registered with you can email as well and you can ask for confirmation, if it is received or not. Um so that is another way of making sure that the information reaches the appropriate place.' |

An existing personal/professional relationship between the optometrist and secondary health care provider (example ophthalmologist or GP)

| **Interviewee** | Professional relationship means professional courtesy of a reply is extended | Work colleagues are more likely to reply to one another | Friend/colleague can be asked for a reply due to personal relationship | |
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| Ophthal 1 | '…if I've referred somebody to the hospital from B(redacted) or C(redacted) where I work we do tend to get a letter back.'<br><br>'…because it comes from, because our headed paper would be with the GP practice details in. Because both the C(redacted) and B(redacted) practice are based in a GP practice…'<br><br>'…I mean there is a professional courtesy involved a professional courtesy I guess, they may be obliged to write something back.'<br><br>'…I guess there is an unintentional bias there.' | | Insert GEP/patient stakeholder comment as a HES volunteer not afraid to ask medical secretaries for reply | |
| Academic | | 'I see a lot of referral letters from MSci students on placement and it's obvious that the practitioners they are working with um those optometrists have got a really good relationship with the ophthalmologists um and they've really developed this two way | | |

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| | | dialogue between them…'<br><br>'I think you can educate students about writing good referral letters, making sure all the information is there but I don't think you can that extra bit about developing those relationships and how to encourage them.' | | |

Human factors/personality trait influences

| **Interviewee** | On the part of the ophthalmologist | On the part of the optometrist | On the part of the patient – duality of themes here with the theme of patient mobilisation | |
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| Ophthal 1 | 'Some consultants (HES) will cc in the optometrist but not always.' | See reflexivity journal of the chief investigator - requesting a reply in my early years of qualification | | |

Willingness to adapt/embrace change/ respond to the issue

| **Interviewee** | 2015 memorandum of understanding between optom and ophthalmol | LOCSU and NHS England tech efforts – change ?albeit slow pace of change | Emerging schemes such as hospital liaison optometrist scheme | New thoughts on point of consent |
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| Optom 1 | '…when I was president of the College (of Optometrists) I signed a joint statement of the then president of the College (of Ophthalmologists) of the need for sharing information. | '…there is work going on within NHS England at this present moment looking at solutions to improve the level of connectivity between the hospital and primary care…' | 'Moorfields of Bedford they had liaison optoms so the hospital optom acting as a central point so that people (optometrists) from outside could email her or give her a call. They've got a patient in their practice they're under the hospital do I need to re refer or is this something that I don't know anything about and that actually made such an impact on referrals…' | 'The time that you need to have permission is in that conversation between the ophthalmologist and the patient.'<br><br>'…all you need to do is to have a conversation with the patient – is it alright to write back to the practice that referred you? yes tick and then you just will copy to optom on the system. That's that's the level of um uh consent required when you're giving that patient's details back out to the optom.' |