

01 March 2022

Trust Medical Directors  
Rheumatology Clinical Directors  
Dermatology Clinical Directors  
MSK Clinical Directors  
Ophthalmology Clinical Directors  
Devon LMC

Dear Colleagues,

### **Re: Update on Community Hydroxychloroquine Retinopathy Monitoring Service**

Work is slowly progressing on the commissioning of a Devon community monitoring service for hydroxychloroquine/chloroquine (HCQ) retinopathy, the intention is still to have a service in place by the Summer 2022. We would like to remind you that the Hospital Eye Services/Ophthalmology ARE NOT commissioned to run the monitoring service and are still receiving referrals for routine monitoring. Ophthalmology is struggling with huge backlogs and is not able to cope with current demand for services.

In the meantime, we are conscious that both Consultants and GPs have patients who have a higher risk of HCQ toxicity or are symptomatic and so they would like to refer for expert opinion.

Only patients who are symptomatic of retinopathy due to their HCQ/chloroquine medication; who are at very high risk according to the [Royal College Guidelines](#) or have proven anatomical or functional findings should be referred to the hospital Ophthalmology department at this time. This is a very small number of patients, most of your patients will be in the routine monitoring group. **Any referrals for patients not meeting these criteria will be returned due to the extremely low risk of toxicity.**

Any patients not meeting these criteria should be offered reassurance about the low risks of retinopathy and advised that the new community provider will be in contact as soon as a service is available. Please note that there is no longer a requirement for routine baseline monitoring and the Royal College of Ophthalmology guidelines have been updated multiple times to reflect Clinical opinion of risk.

All Rheumatology and Dermatology departments should be keeping a register of all patients prescribed hydroxychloroquine/chloroquine since 1 November 2019. This will form a key part of the cohort management process for the new community provider and is vital to ensure the patients who have been prescribed HCQ for longest, and those in the highest risk groups, are prioritised for community monitoring.

We thank you for your continued patience whilst the new community monitoring service is commissioned and will keep you updated when a launch date is known.

With kind regards,

*Elizabeth Wilkinson*



**Paul Johnson**  
**Clinical Chair of NHS**  
**Devon CCG**

**Elizabeth Wilkinson**  
**ICS Clinical Lead for Ophthalmology**