**Post-Operative Cataract Service**

**South Staffordshire Post-operative Cataract Service – Guidance for Participating Optometrists (August 2016)**

Each accredited practice will have a sub-contract with Primary Eye Care (Shropshire & Staffordshire) Ltd (SAS PEC) to supply services under the Cataract Post-operative shared care scheme, which will be launched on Monday 12th September, 2016. The following guidance mirrors the contract between SAS PEC and Stafford & Surrounds, Cannock Chase, SE Staffordshire & Seisdon Peninsula, and East StaffordshireClinical Commissioning Groups (CCGs). Please read it and ensure that you understand what is required of the contractor and each Post-op shared care practitioner.

**Purpose**

The main purpose of the Post-operative shared care scheme is to allow accredited Optometrists to use their skills to perform the check-up following day case cataract surgery**,** meaning that the patient does not require another appointment at the hospital. This allows the Ophthalmologists more clinical time to attend to more serious cases, the patients are able to attend their usual Optometrist not the hospital and so they should be more comfortable and be more accessible for patients especially those with mobility issues.

**Key points:**

* All provision of service must be recorded on the IT system (Webstar Health OptoManager Post-op Cataract module). It’s the only way you’ll get paid.
* Following day case surgery at Rowley Hall Hospital the patient will be given a list of accredited practices and they will then pick which practice they would like to attend for their Post-operative check.
* The patient will then contact the Optometric practice they wish to attend stating that they are to have a Post-operative cataract check
* The patient will make an appointment for the post-operative check 4 weeks following surgery and no later than 6 weeks
* Following the check there are 5 possible outcomes:
* The Cataract episode is complete – there are no problems and patient is discharged
* Please list for second eye surgery – if the patient requires cataract extraction of the 2nd eye
* Non-urgent Post-Op complications referred to provider – for routine referrals
* Urgent (<1 week) Post-Op complications referred to provider – for conditions that need to be seen within 1 week
* Emergency (same day) referral – for ocular emergencies
* You must complete the Equality & Diversity and Patient Satisfaction Questionnaires (E&D and PROMS) for all Post-op cataract patients seen, where possible. The company requires a significant number of questionnaires to be completed so that it can demonstrate the quality, efficacy and safety of Post-op cataract scheme to the commissioners. This is also available for download from the secure page of Staffordshire LOC’s website.

Non-Urgent Post-Op complications – refer back to Rowley Hall (posterior capsular opacification/thickening should be referred routinely)

Urgent referrals (< 1 week) - refer back to Rowley Hall (eg. Cystoid macular oedema without other complications, corneal haze/oedema without other complications, raised IOP 22 – 30mmHg)

Emergency (same day) Referrals – **refer back to Rowley Hall on Mondays and Tuesdays only.** On all other days, refer to New Cross A&E if patient is registered with a GP from Stafford & Surrounds CCG or Cannock Chase CCG areas, and refer to Queens Hospital if patient is registered with a GP from SE Staffordshire CCG or East Staffordshire CCG (eg. endophthalmitis, retinal tear/detachment, wound leak, unexplained hypotony – below 7mmHg, Raised IOP – above 30mmHg, sight threatening corneal problems, sympathetic ophthalmia, \*post-operative anterior uveitis)

\*In most circumstances post-operative anterior uveitis is considered an emergency (same day) referral. However, if the patient is Kanski grade 2+ and asymptomatic they can continue using the prescribed topical steroid drops following surgery and be referred back to Rowley Hall as urgent (<1 week). If they have finished or have run out of their steroid drops, then an urgent prescription request should be written to the GP, requesting an additional supply of the steroid eye drops, referred as urgent (< 1 week) on Webstar.

Post-operative anterior uveitis grades 2+ with symptoms, and all grades 3+ and 4+, are to be referred as an emergency same day to the appropriate emergency hospital. Post-operative anterior uveitis Kanski grade 1+ or less are not to be referred unless there are unusual circumstances.

**Post-operative Check**

At the post-operative check all patients must:

* Be questioned for any persistent ocular pain/redness/soreness. Any discharge, any lid swelling and any new flashes or floaters as these are signs of serious complications
* Following a thorough history and symptoms including the above a full refraction is to be performed including unaided visions, retinoscopy, subjective refraction including distance and near visual acuity
* The IOP is to be measured noting any abnormally high or low IOP
* The patient is to be dilated
* Following dilation a thorough ocular check is to be performed noting:
* Conjunctival redness
* Lid condition
* Corneal clarity
* The incision – any iris in wound and that the wound is healed
* The pupil – it should be regular and round
* The iris – should be unaffected no breaks, tears or holes
* The intra-ocular lens – should be clear any PCO should be noted. The implant should be central.
* Check for cells and/or flare in the anterior chamber
* Check for any Shafer'ssign
* Fundus check – checking for any CMO, retinal breaks/holes/tears, any posterior or intermediate uveitis etc

Note: this list is meant for guidance and is not supposed to be exhaustive.

Following the check one of the 5 possible outcomes discussed earlier should be selected.

**Primary Eye Care (Shropshire & Staffordshire) Ltd**

SAS PEC is a company that has been created as a contracting vehicle for Cataract shared care, PEATS, GRR and others to follow. The CCGs wished to offer the Post-op pilot out to all interested parties under the “Any Qualified Provider” (AQP) process. The specification was such that an individual practice would be unable to provide the service, hence the SAS PEC contracting vehicle was provided by LOCSU, along with a huge amount of advice, support and time from the LOCSU Optical Lead Dharmesh Patel, and Webstar Health Director Gian Celino.

Five local optometrists are directors of the company and are this taking responsibility for the actions of all practices involved. They have had to put in a lot of work, and take out a considerable amount of time from their own practices. They are therefore likely to have a low tolerance for anyone who does not comply with the contracting requirements.

The 3 Staffordshire directors are:

Stewart Townsend (also Chairman)

Irfan Razvi (also Clinical Governance & Performance Lead for Glaucoma)

Mark McCracken (also Clinical Governance & Performance Lead for PEATS)

Please feel free to contact them with any questions. We suggest you start with Alison Lowell (SAS PEC secretary), or you can go straight to John Hollins as Clinical Governance & Performance Lead (CG&PL) for cataract shared care (pre and post op).

SASPEC considers itself fortunate to have had the considerable help of Mr Bal Manoj (Consultant Ophthalmologist at Rowley Hall Hospital) in development of the South Staffordshire Post-Operative Service. He has advocated the benefits of the service to commissioners right from the outset, and has been very supportive throughout, both in terms of clinical guidance and the service mobilisation. Bal will continue to serve as the specialist ophthalmologist mentor to the service.