

January 2023

# **Staffordshire Pre Cataract Referral Service Pathway & Protocols**

V1.0



## Outline

The Enhanced Cataract Referral (pre-cataract) pathway is designed to improve the patient journey by reducing the number of patient visits overall and to include as few visits to secondary care as possible.

It provides a comparable service for people who are unable to leave their home unaccompanied but who are able to attend for surgery.

## Purpose of Service

Using the skills of primary care optical practices to support quality cataract referrals for those who want, need and are eligible for surgery:

- Provide a rapid access, high quality service to patients with cataract
- Ensure equity of service including provision to housebound individuals
- Reduce the total number of patient visits
- Reduce the number of visits the patient makes to secondary care
- Reduce waiting lists
- Improve the quality of referrals
- Support care closer to home
- Provide accurate data about outcomes and patient satisfaction

## Description

### Enhanced Cataract Referral Service

A routine NHS or private sight test will reveal the presence of cataract and the examining practitioner will discuss this with the patient. If the cataract is not presenting any significant visual or lifestyle difficulties, then they will continue to be reviewed by the optometrist in the normal way. If the patient wishes to consider surgery and other causes of the drop-in vision have been excluded, then the optometrist will discuss this and if the patient wishes to proceed the practitioner will provide a self-assessment health questionnaire, which will help to establish suitability for surgery by highlighting other health problems and possible contra-indications.

The service to enable them to consider the possibility of referral and subsequent discussion will be carried out at this time if:

- the practitioner is accredited in the service
- if time permits and
- the patient agrees

Where necessary a patient will be given a further appointment

If the examining practitioner is not accredited to deliver this service, then the patient will be referred to an optometrist participating in the service either at the same or another practice.

Information which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care will be gathered. This will include:

- Identify and discuss any co-existing ocular disorders in addition to the cataract which would require different/separate referral or potentially impact the outcome of cataract surgery.
- This service does not mandate pupil dilation, but it is expected that the practitioner should have followed college guidance and used their professional judgement with regards to the sight test requirement to detect diseases of the eye.
- Discussion of the health questionnaire and any outstanding issues dealt with prior to referral.
- If necessary, the GP should be consulted prior to direct referral to assure fitness for surgery.
- The practitioner should be aware of the current referral criteria for each provider of cataract surgery and ensure patients are referred to a suitable provider for their needs.
- Communicating the relative risks and benefits of cataract extraction. Ascertaining the patient's willingness for surgery and choice of provider.

Clinical guidelines and a patient self-assessment questionnaire will support the participating optometrist to differentiate between:

- Cataract patients who are not currently appropriate for referral for NHS treatment either because the patient chooses not to be considered for cataract surgery or because the patient has chosen to be referred privately.
- Cataract patients who are suitable for direct referral to the hospital. In this case, the supporting information provided with the referral will allow the hospital to determine whether the patient is likely to be suitable for a direct access clinic or a traditional clinic due to their more complex health needs.

It will be the practitioner's responsibility to establish the patient's eligibility.

They should therefore only assess and refer patients under this service who are NOT already under the care of an NHS Trust ophthalmologist for another active ocular condition.

N.B. A letter to the consultant explaining the patient's current visual difficulties is appropriate for patients under the care of an NHS Trust consultant ophthalmologist for another active ocular condition.

### **Patients not requiring NHS referral**

Patients who indicate at the sight test that they wish for referral to a private provider for surgery should be referred directly or via GP to their chosen provider and not assessed within this service.

Some cataract patients will not require a referral to the hospital for NHS treatment. These will be those that have been counselled on the risks and benefits of cataract extraction, choose not to proceed with surgery have been assessed under the service – these should be referred directly to a named consultant.

In these cases, the GP should be informed, and the fee claimed.

If the patient is willing to undergo surgery and the practitioner considers that they are suitable, then the referral form will be completed electronically, and the practitioner will, in accordance with the local protocol:

Provide the patient with the choice of treatment centres and the IT platform will send the referral and self-assessment health questionnaire to this centre.

The practitioner will make every effort to ascertain the suitability of the patient for direct referral at their chosen provider and their willingness to undergo surgery.

### **Patients who fail to confirm or attend their secondary care appointment.**

Initial outpatient appointment, pre-operative assessment, or day of surgery – if the patient fails to attend their initial outpatient appointment, the pre-operative assessment appointment or their day of surgery they will be classified by the hospital as a DNA (Did Not Attend). Patients that DNA are often automatically discharged and a letter should be issued to the referring optometrist advising them of this.

### **Domiciliary Patients**

To qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied. To qualify for a domiciliary cataract assessment under the service, the patient must be able to travel to the treatment centre for treatment if suitable transport can be provided and be able to co-operate with the procedure. Generally, the assessment will be carried out in their home and at the same time where possible and the self-assessment health questionnaire will be issued.

The pathway then follows the normal pathway but in the patient's home. In some cases, it may be possible for part of the assessment to be carried out by telephone, where it has not been possible to provide the full assessment at the time of the initial visit, e.g., a discussion of the health self-assessment questionnaire.

## **Non-Participating Practices**

It is anticipated that most optometrists will participate. Referrals for patients from non-participating or out-of-area practices where you have determined a patient is suitable for cataract surgery and needs referring to an accredited practice, a referral should be done by:

### **1. Via the Primary Eyecare Service referral hub**

Email a GOS18 referral to [cnech.pecservices@nhs.net](mailto:cnech.pecservices@nhs.net) – This is the preferred method and any referrals done via this route should come from a nhs.net email account.

### **2. Direct to an accredited practice**

A paper GOS18 referral should be posted directly to the patient's chosen accredited practice.

- A list of accredited practices in the area should be provided to the patient following their eye examination so they can make a decision on which practice(s) would be most convenient for them to attend.
- It is best practice to contact the chosen practice as a courtesy to check they are happy to receive the referral and they can be assessed within the 4-week timeframe.
- The patient should be advised the chosen optical provider will contact the patient to arrange an appointment for their assessment.

**NOTE: PLEASE HIGHLIGHT ON YOUR REFERRAL – PRE-OP CATARACT SERVICE**

# Equality Monitoring & Patient Experience Feedback

As part of the requirement to monitor this service all providers will be required to collect patient Equality & Diversity information. Patient Experience Feedback will be received via SMS function in the early days after the patient has completed their episode of care and practitioner input the results into the Opera IT platform.

## Equipment

All practices contracted to supply the service will be expected to employ an accredited practitioner and have the following equipment available.

- Access to the Internet
- Means of indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
- Slit lamp
- Applanation Tonometer
- Distance test chart (Snellen/LogMar) / Near test type
- Threshold fields equipment to produce a printed report
- Appropriate ophthalmic drugs
  - Mydriatic / Anaesthetic / Staining agents

# Competencies

All participating practitioners will have the core competencies as defined by the GOC and must meet the accreditation requirements as below.

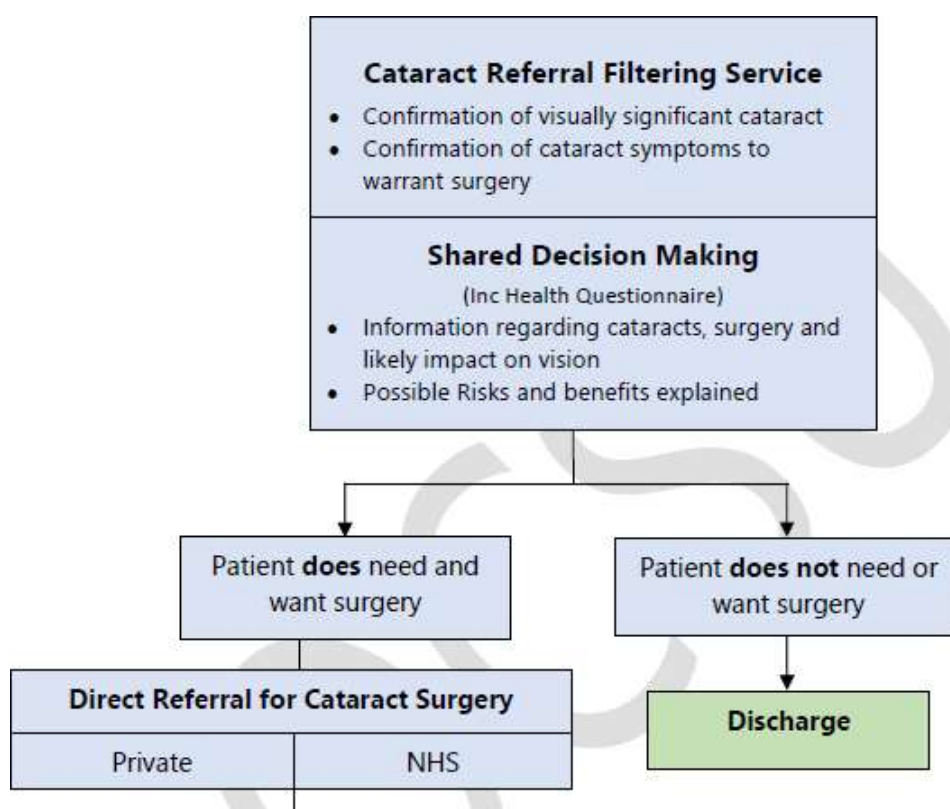
Participating practitioners must complete the Cardiff University/LOCSU Cataract Distance Learning modules. (There maybe some local additional accreditation requirements in some areas)

Also, all practitioners partaking in the provision of the service must also completed Safeguarding Level 2 training. For optometrists this is the DOCET Children’s and Adult’s Safeguarding Certificate.

In addition, all practitioners must have a valid Enhanced DBS (Disclosure and Barring) certificate with the update service.

Participating practitioners will also be expected to keep their knowledge and skills up to date.

## Enhanced Cataract Referral Pathway



# Non-Participating Practices Pathway

