
**Pre- Operative Cataract Referral
Refinement Service**
– Pathways & Protocols

Cataract Contract and Protocol Key Points

Each practice has a contract with Primary Eyecare Heart of West Midlands Ltd (PEHOWM Ltd) to supply services under the Cataract referral Service. This contract mirrors the contract between PEHOWM LTD and the Clinical Commissioning Group (CCG). Please read it and ensure that you understand what is required of the contractor and each practitioner.

Purpose

The prime purpose of the cataract referral service is to ensure effective, appropriate referral of patients with cataract to secondary care; the new service enables better identification of co-pathology and patient needs and if used correctly will result in the referral of patients suitable for cataract surgery, ready for cataract surgery and with less false positives. The Webstar/Optomanager IT system will be monitoring this, both by practice and by practitioner.

Key contract points:

1. All provision of service must be recorded on the IT system (it's the only way you will get paid)
2. Clinical Governance and Accreditation Requirements
3. Activity and deflection will be monitored for outliers.

Key Protocol points

- You are contracted to PEHOWM LTD and the PEHOWM LTD complaints, incidents and performance management policy is the one that applies should you receive a complaint about service under cataract referral. If you do, this MUST be recorded on the IT platform, which will automatically inform the clinical lead.
- There are several other policies which apply and a link to these will be provided.

Please read all of these carefully.

Primary Eyecare (HOWM) Ltd

PEHOWM LTD is a company that has been created as a contracting vehicle for the WECS service, and will be used for others in the future. Five local optometrists are directors of the company and are thus taking responsibility for the actions of all practices involved.

Please feel free to contact any of them with questions. We suggest you start with Peter Rockett as clinical lead.

Documentation

Both contractors and practitioners are required to provide some documentation

Contractors

The following documents need to be provided to the company

- Quality in Optometry level 1
- Quality in Optometry NHS Standard Contract for sub contractors
- Quality in Optometry Infection Control Audit
- Copy of practice Employers Public Liability Insurance Certificate

Practitioners

The following documents are uploaded when registering to provide GRRS.

- WOPEC Certificate for Glaucoma Level 1

Evidence will be required of:

- DOCET Adult safeguarding certificate

Description: Pre-op Service

The patient may self-refer into the service or they may be referred by their GP or by a non-participating optometrist (although it is expected that most optometrists in an area would opt to participate in the service).

Stage one

A routine GOS or private sight test will reveal the presence of cataract and, as now, the examining optometrist 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 however the patient wishes to consider surgery, then the optometrist will discuss this and if the patient wishes to proceed the optometrist 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 assessment may be carried out at this time if:

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

If not, a further appointment is made for a full cataract assessment.

In the unlikely event that the examining optometrist is not participating in the service, then a list of all optometrists in the service will be provided to the patient so that they can arrange an appointment for the assessment. A GOS 18 referral form will be completed and provided to the patient, or sent directly to the participating optometrist of choice.

In a domiciliary situation the same will apply. However, if the examining optometrist is not accredited the patient will be referred using a GOS18 in the normal way.

Stage two

The patient attends for the full cataract assessment to elicit relevant ocular, medical and social information which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care. This will include:

- Pupil dilation and examination by indirect ophthalmoscopy in order to establish whether there are any co-existing ocular disorders as well as cataract.
- Discussion of the health questionnaire and any outstanding issues dealt with.
- Communicating the relative risks and benefits of cataract extraction

- Ascertaining the patient's willingness for surgery

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

- a) 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.
- b) 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 optometrist'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

Some cataract patients will not require a referral to the hospital for NHS treatment. These will be those that:

- having been counselled on the risks and benefits of cataract extraction, choose not to proceed with surgery
- have been assessed under the service but have chosen to be referred for private treatment rather than NHS surgery – these should be referred directly to a named consultant

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

Stage Three

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

- Provide the patient with the choice of treatment centres and email the referral and self assessment health questionnaire to this centre.

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

Patients who fail to attend their appointment

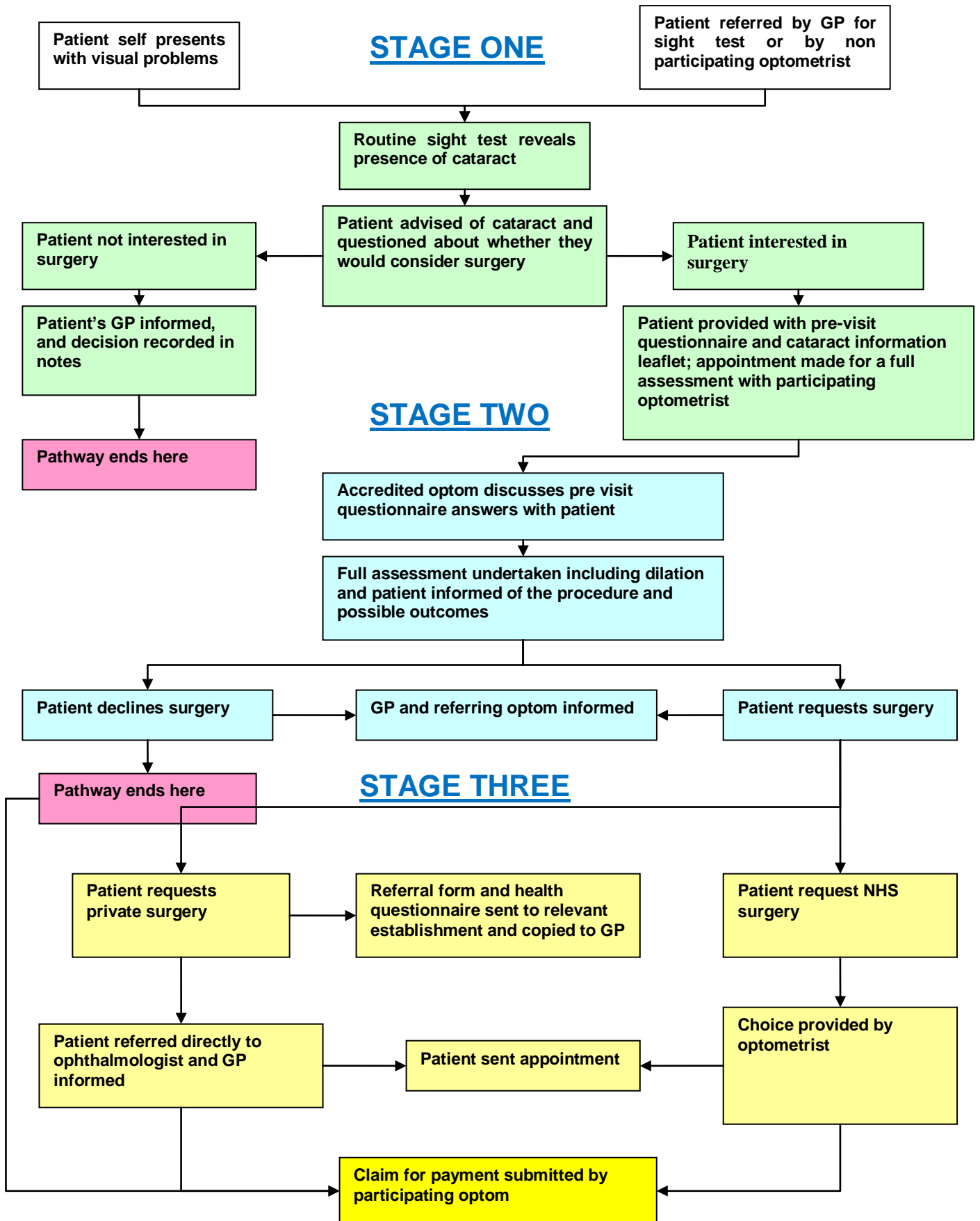
- *Initial outpatient appointment, pre-operative assessment or day of surgery* – if the patient fails to attend their initial outpatient appointment, the pre-operative assessment appointment or their day of surgery they will be classified by the hospital as a DNA (Did Not Attend). Patients that DNA are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

In either of these cases the optometrist should contact the patient and identify whether he/she is still interested in surgery and should notify the GP accordingly.

Domiciliary Patients

In order 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. In order 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.

DIRECT CATARACT REFERRAL PATHWAY



Wolverhampton
Cataract Referral Service

DIRECT CATARACT REFERRAL DOMICILIARY PATHWAY

