Direct Cataract Referral Scheme.

Dear Practitioner.

Thank you for expressing an interest in the direct referral cataract scheme. This scheme pays you a fee to allow you to spend additional time counselling a patient on the pros and cons of cataract surgery, with the aim of reducing the number who are referred to hospital but then decline treatment.

New practitioners who did not attend the introductory evening may join the scheme on request, subject to meeting accreditation requirements. You should:

- Read the supporting information provided.
- Discuss any areas of concern with a colleague who is already involved.

Either

- Sit in with a colleague during an assessment or
- Spend 30-60 minutes discussing some previously assessed cases with a colleague, peer review style.

- Then complete and return the enclosed form to me, asking your colleague to counter sign it. You will then receive an agreement form from the PCT which you should sign and return. An alternative of LOCSU CD based learning may be introduced in the autumn.

An alternative of LOCSU CD based learning may be introduced in the autumn. As with all these shared care schemes, only patients registered with a Tameside and Glossop GP are eligible for inclusion. Also, if a patient is already under the care of a secondary care ophthalmologist for another co-existing ocular condition, then they are also ineligible. In this case you should simply write directly to the consultant (copy to GP) explaining your concerns or the patient’s difficulties with regard to their cataract.
The fee paid is currently £42. This is claimed by returning the appropriate form to NHS Tameside and Glossop. In addition to the giving the patient information about the cataract surgery you are also expected to:

- Answer any questions they may have.
- Introduce the concept of choice (although the final decision is given to the Assessment Booking and Choice Centre (ABC)).
- Explain that the ABC will answer their questions and give them more information about waiting lists etc when they phone.

Optometrists taking part in the scheme will be required to supply data for audit as and when requested to monitor the effectiveness and value of the scheme. Patient outcomes will be periodically audited against referral forms to ensure both individual practitioners and practice branches are providing effective referral advice. Optometrists should also audit their own referrals for personal development purposes.

If you have any questions please feel free to contact either myself or Steve Mayer (W. Pennine LOC chair) details below.

Yours Sincerely

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New Century House
Windmill Lane
Denton
M34 2GP
George.katsande@nhs.net

Steve Mayer
West Pennine LOC
46a Grosvenor Street
Stalybridge
SK15 1RR
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DIRECT CATARACT REFERRAL SCHEME:

Stage 1 – Initial sight test and referral to an extended assessment

GP sees patient with cataract and refers them to an optometrist for a routine sight test

Patient identifies problem with their vision and books routine sight test with an optometrist

Patient attends routine sight test with optometrist. Presence of cataract is confirmed and visual acuity is tested. On completion of the sight test the patient is to be asked whether they would consider cataract surgery

If the patient is interested in surgery they should be considered for inclusion in the cataract assessment and referral scheme

If the patient will not consider surgery this is recorded in the optometrist’s notes and the GP notified as normal

If the patient is registered with a T&G GP and is not already under the care of a secondary care consultant for another active ocular condition they are eligible for inclusion

Patients registered with a non-T&G GP should be referred via their GP using the GOS 18 form

Patients under the care of a consultant for another active ocular condition should be referred directly to the consultant concerned

Patients only interested in being referred for private treatment should be referred directly to the consultant concerned at this stage

If the optometrist providing the initial sight test has been accredited under the cataract assessment and referral scheme, a further full appointment should be booked for the patient. If the optometrist is not accredited, the patient should be referred directly to an accredited optometrist using the GOS 18 form. The patient should be given the self-assessment questionnaire to fill in and bring with them to the cataract assessment appointment.

Stage 2 – Optometrist assessment and referral

Prior to confirming the cataract appointment the accredited optometrist should confirm that the patient is registered with a T&G GP and is not already under the care of a consultant for another active ocular condition.

Accredited optometrist checks patient self-assessment questionnaire. Optometrist dilates patient and undertakes assessment. Patient is counselled on the risks and benefits of surgery, and optometrist identifies whether the patient wishes to proceed with surgery. The optometrist also provides information to allow a decision to be made on whether the patient would be likely to be suitable for a direct access or routine clinic

Patients not wanting surgery are noted in the optometrist’s records. The patient’s GP is notified using the Cataract Referral/Reporting Form and the payment claim copy is sent to T&G PCT. The hospital copy is destroyed and a copy of the form is retain by the optometrist

Patient who choose at this stage to be treated privately are referred directly to the consultant concerned. The patient’s GP is notified using the Cataract Referral/Reporting Form and the payment claim copy is sent to T&G PCT. The hospital copy is destroyed and a copy is retain by the optometrist

All cataract patients requesting NHS surgery: Referral form and self-assessment questionnaire are sent to the hospital via the PCTABC Centre. A copy of the referral is sent to the patient’s GP for information and one copy is retained by the optometrist. The payment claim copy is sent to T&G PCT

REFERRAL RECEIVED IN OUTPATIENTS
This scheme is run in conjunction with the West Pennine Local Optical Committee (LOC).

Guidance for Optometrists accredited under the Tameside & Glossop cataract assessment and referral scheme

Aim of the service

- To provide a high quality and efficient service to patients who present with a cataract
- To reduce the total number of steps that most patients need to go through and the total waiting time
- To reduce the number of patients that are referred with a cataract but do not proceed with surgery

The referral pathway

All patients with a suspected cataract should be referred to an accredited optometrist who will undertake an extended assessment and provide counselling on the risks and benefits associated with cataract surgery.

Patients requiring a cataract assessment following an initial sight test with a non-accredited optometrist should be referred directly to an accredited optometrist using the GOS 18 referral form. GOS 18 cataract referrals to Tameside & Glossop GPs from out of area optometrists should be redirected to an accredited optometrist.

Patients should complete a self-assessment questionnaire prior to their appointment with an accredited optometrist – copies of this will be made available to all optometrists. The main purpose of the extended assessment is to elicit relevant ocular, medical and social information to ensure patients receive the most appropriate treatment and care. Communicating the relative risks and benefits of cataract extraction should help identify, at an early stage, patients that do not wish to proceed with surgery (historically approximately 30% of cataract patients have been discharged following their first outpatient appointment). Clinical guidelines and a patient self-assessment questionnaire will support the accredited optometrist in differentiating between:

1. Cataract patients that are not currently appropriate for referral for NHS treatment (either where the patient does not want be considered for cataract surgery or the patient has chosen to be referred privately)
2. Cataract patients that are suitable for direct referral to the hospital (either likely to be suitable for a direct access clinic or a traditional clinic due to their more complex health needs.

Assessment and referral guidance:

The following guidance is intended for use by optometrists accredited under the Tameside & Glossop cataract assessment and referral scheme.
SECTION 1: ACCREDITATION & PATIENT ELIGIBILITY

1.1 Accreditation criteria for optometrists participating in the scheme

- A named optometrist with GOC registration
- Accredited with West Pennine LOC and Tameside & Glossop PCT for cataract assessment and direct referral
- Available in own name at a registered optometrist practice to provide personal service and continuity of care
- AOP membership or equivalent to ensure professional indemnity insurance provision
- Compliance with written protocol and guidance
- Practice should meet PCT/LOC voluntary standards for practices
- Acceptance of independent audit and participation where required
- Willing to attend teaching seminar and update training where required

1.2 Patient eligibility

The extended assessment and referral scheme is currently only open to patients registered with a Tameside & Glossop GP, though in the future this may be extended to patients from other areas.

Patients already under the care of a Tameside & Glossop NHS Trust consultant ophthalmologist for another active ocular condition are also excluded from this scheme.

It will be the optometrist’s responsibility to establish the patient’s eligibility.

You should therefore only assess and refer patients under this scheme who have a Tameside & Glossop GP and are NOT already under the care of a consultant ophthalmologist for another active ocular condition.

- No payment will be made for other patients.
- Patients who do not have a Tameside & Glossop GP should be referred to their GP using the GOS 18 form.
- Patients under the care of a Tameside & Glossop NHS Trust consultant ophthalmologist for another active ocular condition should be referred to directly to the consultant involved.
- The list of Tameside & Glossop GPs can be accessed via the Tameside & Glossop PCT website, where updated versions will be posted on a regular basis.
- You can also contact the PCT if you have any queries regarding patient registration, or require an updated list of Tameside & Glossop GPs
2: ASSESSMENT & COUNSELLING

2.1 The patient self-assessment questionnaire
- All patients are required to complete a self-assessment questionnaire detailing past eye history, general medical history, medication, mobility and social support.
- The questionnaire should be given to the patient and completed prior to their appointment with the accredited optometrist.
- The self-assessment questionnaire should be checked by the accredited optometrist and areas of uncertainty should be clarified by the optometrist prior to any decision to refer.
- The self-assessment questionnaire should be used to identify the care that is most appropriate to the needs of the patient.
- When a hospital referral is required, the self-assessment questionnaire should be attached to the referral/reporting form (a copy may be kept by the optometrist for their records).
- Any significant co-existent medical conditions or medication details should also be detailed at the bottom of the referral/reporting form.

2.2 The cataract assessment
- The assessment should be used to assess the ocular health of the patient, provide counselling on surgery and identify any relevant medical and social information.
- The self-assessment questionnaire should be discussed.
- The optometrist should dilate the patient’s pupils and assess the ocular health (see the attached referral/reporting form).
- The patient should be counselled about cataract surgery (see 2.3 below).
- See the pre-operative assessment section of the College of Optometrist (2003) “Framework for the Optometrist Co-Management of Patients with Cataract”.

2.3 Risks and benefits
The patients should be counselled on the risks and benefits associated with cataract surgery.
- In many patients the cataract operation should improve their eyesight, however the final visual result may not be as good as for someone who has had no eye problems. As with any form of surgery, there are also some risks and complications.
  - Minor complications may include bruising around the eyelids, redness and irritation in the eye.
  - Rarely the delicate lining of the lens capsule is damaged during the operation – if this occurs an additional procedure may be required. This can affect the vision afterwards.
  - Major complications are rare (occurring in less than one in each 1000 operations). These include:
    - Haemorrhage inside the eye.
    - Infection inside the eye following the operation.
    - Retinal detachment.
  - It is possible that the patient may lose all sight in the eye if they get one of these rare complications.
For more information on the risks/benefits of surgery, including complication rates, see the attached:

Counselling considerations in cataract surgery
College of Optometrist “Framework for the Optometrist Co-Management of Patients with Cataract”

2.4 Additional information for patients
Patients that are considering referral for NHS treatment should be:
- Given a copy of the RNIB/Royal College of Ophthalmologists leaflet “Understanding cataracts”
- Advised of the referral process, the process by which hospital appointments will be made
- Given a copy of the Assessment Booking and Choice centre ABC (if an NHS referral is being made)

2.5 Assessment following a sight tests elsewhere
You may have a patient referred to you following a sight test by an optometrist who does not participate in the scheme. This may be a colleague within your practice or an optometrist from another practice. In these cases the optometrist may refer the patient direct to you or provide the patient with a list of accredited optometrists to choose from.

If the patient was assessed by an optometrist outside of the Tameside & Glossop area, the referral may come via the patient’s GP. Likewise, the GP may refer the patient direct to you or provide the patient with a list of accredited optometrists to choose from. In each of these cases a copy of the GOS18 should be supplied and you should assess and counsel the patient in the same way, claiming the same fee. If you have reason to be unhappy about proceeding on the basis of the previous sight test, then you may test the patient again, claiming another GOS sight test fee (assuming the patient is eligible for GOS).

2.6 Domiciliary visits
Domiciliary visits may be provided for patients that are genuinely housebound and are unable to attend the optometrist’s practice for the cataract assessment. The initial sight test and visit will generally be covered by GOS. Where a second visit is required to complete the cataract assessment, a second domiciliary visiting fee will be paid to the accredited optometrist in addition to the assessment fee. Please note only one domiciliary fee will be paid per patient assessed. The criteria for domiciliary visit eligibility are consistent with GOS sight tests. In summary:

All possibilities for enabling the patient to attend the practice should be suggested and the patient must be asked what illness or disability prevents them from attending the practice.

The optometrist will need to check that the patient, or in the case of a residential home, the manager, is aware of that a domiciliary visit is only available if the patient is unable to leave home.

Practitioners are not expected to exercise any clinical judgement in deciding whether the condition is as disabling as the patient alleges.
At the discretion of the accredited optometrist, domiciliary patients that are referred via a practitioner that has completed the initial sight test but does not participate in the cataract scheme may be treated differently. For these patients a domiciliary visit for the cataract assessment is not required:

- Send the self-assessment questionnaire to the patient or, if in a residential home, the manager. This should be returned to the optometrist with a copy of the patient’s repeat prescription list
- Ask the patient/residential home manager to confirm that the patient is still interested in surgery
- Complete the referral/reporting form, clearly indicating in the additional information section that no assessment was provided.

The assessment fee (though not the domiciliary fee) will still be payable providing the Referral/reporting form is complete and the self-assessment questionnaire attached. Practitioners should note that they are responsible for decisions made regarding the need for assessment and referral, not their employer.
SECTION 3: OPTOMETRIST GUIDELINES FOR REFERRAL OF CATARACT PATIENTS

3.1 Patients not requiring referral for NHS treatment

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

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

3.2 Patients suitable for direct referral to hospital

**Visual impairment**

- Visual impairment is principally due to cataract, and at least one of:
  - Reduced visual acuities in affected eye(s)
  - Glare or other visual disturbances
  - Experiencing difficulty with normal day to day activities

**General suitability**

- Willing to undergo cataract surgery
- Good social support, including transport to and from hospital and support to put in eye drops (if unable to do so themselves)
- The information provided will also help the Eye Unit in differentiating between patients that will be suitable for a direct access clinic (one outpatient attendance prior to day of surgery), and those that will be suitable for a traditional clinic (two outpatient visits) due to their more complex health needs.
- However, it will be the consultant team that determines the most appropriate clinic route; therefore it would be inappropriate to discuss with patients their likely pathway.
- All patients will complete a self-assessment questionnaire.

3.3 Patients that fail to confirm or attend their appointment

The accredited optometrist will be responsible for following up patients that fail to confirm their appointment or fail to attend a booked appointment at the hospital:

*Receipt of referral by the ABC* – if the patient fails to contact the ABC within 5 working days of receipt of the referral a reminder letter will be generated (unless the referral specifies that the patient is unwilling or unable to contact the ABC). This letter will be sent out 10 days after the date the referral was received, advising the patient to contact the ABC within 2 weeks.

*If the patient fails to respond to this reminder, a letter will be issued to the referring optometrist advising them that the patient failed to contact the ABC.*

*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, though the consultant has the right to override this if he/she believes there are medical reasons why the patient should not be immediately discharged.

If the patient is discharged following a DNA, a letter will be issued to the referring optom advising them that they have been discharged.

In either of these cases it is the optometrist’s responsibility to contact the patient and identify whether he/she is still interested in surgery.

SECTION 4: ADMINISTRATIVE GUIDANCE

4.1 Guidance for completing the cataract referral/reporting form
All demographic information at the top of the form must be completed

- Please record the name and practice of the optometrist that performed the eye test if this was not the accredited optometrist (i.e. referred from a non-accredited optom practice or a non-accredited optometrist within the same practice)
- One box for each of the Yes/No questions must be ticked
- Please write all refractions in +Cyl format
- If the patient has any significant co-existent medical conditions these should be detailed at the bottom of the referral form
- If an NHS hospital referral is required, this should be made via the Referral Information Centre (ABC) at the address below, with the patient questionnaire appended (see attached information)
- The patient should be given a copy of the ABC leaflet (where an NHS referral is required)
- If the original sight test was provided as a home visit please ensure the box at the bottom of the form is ticked. If a separate home visit was required for the cataract assessment, for which an additional domiciliary fee is being claimed, please ensure the second box is also ticked
- A copy of the referral/reporting should be retained by the optometrist
- A copy of the referral/reporting should be sent to the GP for the patient’s records and the payment claim/audit copy sent to Tameside & Glossop PCT

By post – By fax - 
Assessment, Booking and Choice Centre
Millennium House
Progress Way
Windmill Lane
Denton
Manchester
M34 2GP
Tel: 0844 811 1030
Fax: 0161 335 2745

4.2 Claiming for cataract assessments/referrals

Please send your claim form to the PCT
NHS TAMESIDE & GLOSSOP CATARACT DIRECT REFERRAL SCHEME

**OPTOMETRIST**

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**DECLARATION**

I would like to take part in the NHS Tameside & Glossop Cataract Direct Referral Scheme and agree to abide by the protocol, referral guidelines and service outline issued. I also agree to attend any review/update meetings that may be arranged and to provide any audit data required.

Signed…………………………………………………………………..

Date ……………………………………………………………………..

Any changes in circumstances must be notified to NHS Tameside & Glossop
This scheme is run in conjunction with the West Pennine Local Optical Committee

Please return this form to:

George Katsande
NHS Tameside and Glossop
New Century House,
Windmill Lane Denton
M34 2GP.