

MANCHESTER AND TRAFFORD PROTOCOL FOR CATARACT REFERRAL

MAKING YOUR CATARACT APPOINTMENT

Your optometrist (ophthalmic optician) has referred you to hospital for assessment for cataract surgery.

To make your cataract appointment please phone the booking agency (RBMS) 0844 8113020 You will then be able to agree a date for your appointment.

Your optometrist will also tell your GP about your referral to the Manchester Royal Eye Hospital.

Please read your booklet `Cataracts - Your questions answered` for more information about cataracts.

Clinical guidelines for referral to Direct Access Cataract Clinics

Criteria indicating suitability for Direct Access Referral

General Suitability

- * Has read the RNIB cataract booklet
- * Has read the PCT choose and Book leaflet
- * Willing to undergo cataract surgery preferably under local anaesthetic
- * Understands risks and benefits of cataract surgery

Visual Impairment

At least one of :-

- * **Reduced visual acuities in affected eye/s, or**
- * **Glare or other visual disturbances**

And

- * **Experiencing difficulty with normal day to day activities**

Exclusion criteria for Direct Access referral

Ophthalmic Exclusions

* Any co-existing eye condition which would in the absence of cataract require an

ophthalmological opinion in its own right. In this case a GOS 18 would be used

For example, in the case of ARMD, if there is active pathology and the patient needs additional reassurance.

However, if the condition is known to be long standing and stable, the Direct

Access system can be used, regardless of the severity of the disease.

Not exclusions but should be noted on referral form

- * Heart attack in the last six months
- * Stroke in the last six months
- * Myopia of greater than -7.00.
- * Absence of red reflex in the dilated eye.

A brief medical history should be taken and any medications (if known) should be clearly stated on the form,

The full medical history will be obtained by the Hospital

Guidance for completing referral form

- * All demographic information at the top of the form must be complete.
- * One box for each of the Yes/No questions must be ticked.
- * Please write all refractions in +Cyl format.

Administrative guidance for referring patients

Patient eligibility

* **The Direct Access referral scheme is only currently open to Manchester and Trafford residents. This is defined as patients who have a Manchester or Trafford GP.**

* **You should therefore only refer patients under this scheme who have a Manchester or Trafford GP.** No payment will be made for other patients. Please refer to the lists of Manchester and Trafford GPs provided in the website www.manchesterloc.co.uk – **select Manchester GP list**

* Patients who do not have a Manchester or Trafford GP should be referred to their GP

using a GOS 18

- **You will receive the fee (currently £39.50) for all patients you refer originating from your own practice when you complete a direct referral. Your submissions will be audited to check correct criteria for referral have been followed and your referrals not proceeding with cataract surgery have not been excessive comparative to your colleagues. Tick self box**
- **You will also be paid for patients you do not refer when there origins in your practice are from a non accredited optometrist or when the screening is done at a GP's request. Tick GP or other optometrist box.**
- **Note that with patients who originate from your own practice the dilation and filling in of the referral form should always be done on a separate appointment after the patient has had chance to read the RNIB information leaflet and the Choose and Book leaflet.**

Referral form

- * Copies of the completed referral form should be processed as follows:
- * White copy to be faxed to electronic booking agency for relevant P.C.T
- * Yellow copy to: Payments officer for audit and payment
- * Green copy to Patient's GP for information only
- * Pink copy: Retain in practice - patient records

Documentation for Direct Access Patients

Patients should be given:

- * a yellow leaflet electronic booking letter
- * a copy of `Cataracts - Your questions answered

Claiming for Referrals

* For Manchester Patients, complete the Manchester payment form and send it to the Payments officer at Gateway House along with the yellow copy of the Direct Access referral form. For Trafford Patients, complete the Trafford payment form and send it to the Payments officer at Oakland House Talbot Road along with the yellow audit copy of the direct access referral form.

* Payment will be made for each patient who is referred according to the clinical guidelines.

* Any queries about payments should be addressed to:

Eileen Rainey at 6th floor Gateway House
Piccadilly South
Manchester
M60 7LP
0161-237-2838

or Sarah Andres
Trafford South Primary Care
Talbot Road
Manchester M16 0PQ
0161-873-9679

MANCHESTER AND TRAFFORD PRIMARY CARE TRUSTS
CATARACT SERVICE PAYMENT FORM

Date.....

Name and address of Optometrist

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.....
.....

Name and address of Patient

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Name and address of patients G.P

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PCT relating to Patients GP Manchester PCT
 Trafford PCT
 (tick appropriate)

I hereby certify that I have
1. Explained the benefits of cataract surgery to this patient.who wishes to proceed
2. Counseled the patient on choice of hospital for cataract surgery

I claim the appropriate fee for this cataract referral procedure (currently £39.50)
I am aware that the percentage of my referrals proceeding with cataract surgery is being monitored

Signed.....Health Authority List
Number.....
Manchester claims to Trafford claims to
Eileen Rainey Sarah Andres
Gateway House Oakland House
Piccadily South Talbot Road
Manchester M60 7LP M16 0PQ

Please photocopy this form . No further supplies from Gateway House

