

# GP Guide

## Dudley Direct Cataract Referral Scheme

### November 2014

#### Introduction

With the demise of the PCTs, the successful and positively regarded area wide direct cataract referral scheme has come to an end. Dudley CCG has agreed to commission a replacement scheme, based on the previous service. This guide aims to explain the workings of this scheme for GPs.

#### Overview

Following an NHS or Private Sight Test, eligible patients who have cataract that meet clinical standards indicating surgery, will be offered counselling and literature. If they choose to go ahead they will be referred directly by their optometrist to a hospital of their choice. GPs will be sent a copy of the C1 referral form, and can provide additional information using the C2 form if they wish (no change from the current service).

#### The Aims of the Cataract Direct Referral Scheme

- to improve the convenience to the patient by avoiding the need to visit the GP
- to reduce workloads on GPs
- to improve the likelihood of referral leading to surgery by referring only those likely to be offered surgery
- to offer a choice of provider to the patient
- to ensure patients are counselled about cataracts and cataract surgery

#### Patient Eligibility

This new scheme has been commissioned by Dudley CCG and they will only fund this for patients who **have a GP in the Dudley CCG**. However, optometry practices outside the Dudley area can take part where they wish to refer patients who have a Dudley CCG GP.

#### Referral by GP

In most cases, cataract that warrants referral is identified at an eye test, either a routine one or one that occurs due to the patient experiencing symptoms. Where a GP identifies a symptomatic cataract they are encouraged to direct the patient to an optometrist to have a sight test, to ensure the patient benefits from the correct pathway.

#### Examination

The optometrist will undertake a Private or NHS Sight Test. Optometrists are highly skilled at discussing the findings of an eye examination with patients. Discussion of referral will include key points about cataract and cataract surgery and provide counselling on the general risks and benefits of surgery. Choice of provider will be offered to the patient. All of this is backed up by written material issued to the patient.

#### Co-Morbidity

If co-morbidity exists that requires investigation or treatment then the patient is not eligible for this pathway. In these cases referral will be made using GOS18 along normal channels with an indication of the degree of urgency appropriate to the findings.

A patient with dry AMD can be referred on this scheme but they will be given a guarded prognosis and details included on the C1 cataract referral form.

## **Already Under the Hospital Eye Service**

Patients who are already under the care of an ophthalmologist for another active ocular condition are excluded from the scheme and should be referred to their relevant consultant.

## **Time to Consider Decision**

Where possible it is recommended that a patient has the opportunity to go away and think about whether they wish to have surgery. This will also give them an opportunity to discuss the matter with family and friends. However, if the optometrist and the patient agree, then it is acceptable to proceed with the referral on the same day as the sight test.

## **The C1 form**

If the patient decides to go ahead, a C1 referral form will be completed. Once the C1 is complete, it will be faxed to the hospital of choice. A copy will be posted or faxed to the patients GP.

The new C1 form takes account of the "Procedures of Limited Clinical Value" by listing the criteria in that document and allowing the optometrist to indicate which apply to the patient. In this way, only patients likely to have surgery funded should be referred.

## **Completing the C2**

Just as in the old scheme, if GPs have any specific concerns regarding the care of their patients they should write to the appropriate hospital upon receipt of their copy of the C1 referral form. They can use the C2 form for this if they wish, as this will be easier to marry up with the C1 at the hospital.

## **Patient Hospital Appointments**

The patient is given a number to contact at their chosen hospital should they not receive an appointment in the time indicated to them. In case of queries please feel free to direct the patient back to the referring optometrist.

## **Patient Declines Referral**

If the patient declines surgery, it is recommended that the optometrist should write to the GP informing them of this. Likewise if a patient is referred by a GP but does not have cataract warranting referral, the GP should be informed.

## **Why am I still getting referrals for Cataract on a GOS18?**

Over time since the launch of the original scheme, there was a reduction in the number of practices and practitioners using the scheme, due partly to staff turnover. In addition when PCTs were abolished the old scheme went into a period of transition and there were issues with receiving payment for referral. Dudley LOC are planning to publicise and encourage practitioners to take part in this new scheme, hence the update to all the material that goes along with it.

This means that initially not all practitioners may use the new scheme, and since it is not a local protocol, they cannot be made to. But they will be encouraged to. Once the new scheme has had a chance to bed down, if you notice a particular practice seems to be referring only on a GOS18 you can contact them and suggest they take part in the scheme. You can also email the LOC at [whitestar123@hotmail.com](mailto:whitestar123@hotmail.com) and we will look into it for you.

As detailed above, if there is co-morbidity requiring investigation or treatment, or a patient is already under the hospital eye service, they will not be eligible for this pathway and you will continue to receive GOS18s for these patients which you should act on please.

## **Audit**

Both the old and this new scheme may be subject to audit at the discretion of Dudley CCG.

## **Contacting us**

If you wish further help or advice etc. please feel free to email Dudley LOC at [whitestar123@hotmail.com](mailto:whitestar123@hotmail.com) The LOC are very enthusiastic about improving patients' care and experience with this scheme.