

Guide to Completing C1

Dudley Direct Cataract Referral Scheme

2015

Introduction

This guide has been created in order to assist in completing the C1. This is dealt with section by section below:

Section 1: Patient Details

Direct Referral of Cataract in Dudley Version 2014.1		FAX to the chosen hospital & GP KEEP this copy in patient record do not post to HES	C1
To the GP: Please send relevant medical history/current medication to the provider (form C2)			
Surname (Mr Mrs Miss Ms)	Other Names	M/F	
Address		Post Code	
Date of Birth	NHS Number(if known)	Hosp No (if Known)	
Preferred means of communication	Post / Telephone to patient / friend / relative		Tel No.
Is a translator/signer required?	Yes / No If so, which language?		

This part is fairly self-explanatory. If you do happen to know the NHS number or Hospital number you can enter those details, but it is not required. Typically, the hospitals will still contact via post but you can express a preference here. With respect to translators, while you can request one it doesn't guarantee one will be made available. If possible, a relative or friend who is able to translate should accompany the patient to their appointments.

Section 2: Provider/Optometrlist/GP

Patient choice of provider/hospital	Referral from: Optometrist Name and address	Information to Family doctor (GMP) Name and address

Enter the name of the hospital that you are referring to here, as well as your full details and the GP's details. REMEMBER, FOR THIS SCHEME THE GP MUST BE PART OF DUDLEY CCG. It is therefore doubly important that this information is entered, and entered correctly.

Section 3: Prescription details

		Unaided V	Sph	Cyl	Axis	Prism /base	VA	Add	Near VA	IOP Applan/pneumo
Current Rx date	R									
	L									
Pre-cataract Rx If known / date	R									
	L									

Include the full information from the most recent sight test. Also, if you have available details of an older refraction where the best VA was found (prior to cataracts causing this to worsen), enter this under pre-cataract Rx. If you do not have this information, enter NOT AVAILABLE under the date.

Section 4: Lifestyle and Personal Circumstances

Driver	yes	no	Lives alone	yes	no	Carer	yes	no	In work	yes	no
Other difficulties	yes	no	Marked hearing loss/ Restricted mobility/ Amputee/ wheel chair user/ other:								

Some of this information will provide a background to the need for cataract surgery, some of it will help when planning surgery and post-operative care. It is largely self-explanatory.

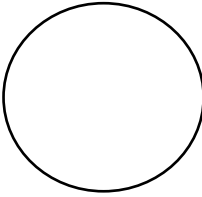
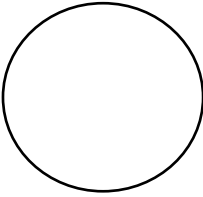
Section 5: Indications for Cataract Surgery

Indication(s) for cataract surgery (Please take into consideration "Procedures of Limited Clinical Value")				tick	
Acuity 6/12 or less in worse eye	AND /OR			Still works and occupation needs good acuity e.g. watchmaker	
				Glare Problems in bright conditions: posterior subscapular/cortical cataract	
				Needs to drive at night and glare affects vision	
				Disproportional problems with reading vision	
				Visual field defect borderline for driving likely to be improved by surgery	
				Significant anisometropia/aniskonia following cataract surgery to first eye	
				Has glaucoma and surgery is required to control intraocular pressure	
				Has diabetes or wet AMD or other retinal conditions monitored; clear view needed	
Additional information/ reason(s) for needing surgery:					

This section allows for the clear communication of the reasons why surgery is needed. It relates directly to the criteria applied for funding as detailed in the document "Procedures of Limited Clinical Value". This allows you to effectively communicate the need for surgery in a way that links to the methods of judgement used by the CCG and the HES. It also covers you if you decide referral is not appropriate. There is still the option of providing additional reasons why you think (or the patient feels) surgery should take place.

First tick the Yes or No box under "Acuity 6/12 or less in worse eye". So long as one eye has acuity of 6/12 or worse due to cataract, you should tick "Yes". In theory this alone should be enough reason to fund surgery (though there could be other reasons why surgery doesn't go ahead. **If ticking the "No" Box, it is essential that you confirm the additional indications for cataract surgery by ticking all the other criteria listed on the right hand side that apply.** The final 2 criteria are unlikely to be relevant to an optometrist and are there for completeness. Underneath you can add any addition reasons why cataract surgery should be considered e.g. rapidly changing refraction.

Section 6: Clinical information

R-Fundus		Please tick		L-Fundus	Mydriatic used (please tick all that apply)	
	<input type="checkbox"/>	Clear	<input type="checkbox"/>		Tropicamide	%
	<input type="checkbox"/>	Nuclear	<input type="checkbox"/>		Phenylephrine	%
	<input type="checkbox"/>	Cortical	<input type="checkbox"/>		None	<input type="checkbox"/>
	<input type="checkbox"/>	Posterior Sub-Capsular	<input type="checkbox"/>		Dilated pupil diameter	mm

There is room here for small diagrams of the fundus. Add any additional information about the fundus in the “Relevant Clinical Information” section below.

Indicate the type of cataracts, in the case of mixed types tick all that apply.

There is no requirement under the scheme to dilate all patients. You should however keep in mind that the College of Optometrist state *“If you cannot obtain an adequate view of the fundus you should dilate the patient’s pupils and/or use indirect methods of fundal examination.”* You should satisfy yourself that no other pathology is present as referring for cataract will not lead to a rapid enough ophthalmological assessment to be appropriate for some types of pathology e.g. Wet AMD, Retinal detachment etc. Also, if other pathology requiring investigation or treatment is present, the patient should not be referred within this pathway.

A patient with dry AMD can be referred on this scheme but they should be given a guarded prognosis and details included in the “Relevant Clinical Information” section below.

Section 7: Relevant Clinical Information

RELEVANT CLINICAL INFORMATION (including medical, family, ophthalmic history and findings), AND KNOWN MEDICATION

In this section you should include all pertinent information you obtained from the Medicine Questionnaire, as well as any other relevant medical, family, and ophthalmic history ocular, and any other information you feel will be useful to the Consultant.

Section 8: Confirmation and Signature

The patient has been offered choice, issued with available patient leaflets, agrees to this referral, consents for the exchange of information between those named on this form **AND** is **keen** to have cataract surgery if offered



Name in print please:

Signature:

Date:

The referring optometrist signs here to confirm they have provided the patient with the relevant leaflets and that the patient has agreed to the key points covered in the Patient consent to referral and information exchange form. It also makes clear that the patient has expressed that they are keen to have cataract surgery if it is offered.

The Next Step

Next the C1 should be FAXED to the hospital of choice. DO NOT POST TO THE HOSPITAL as this may cause problems such as a duplicate appointment being made. It is also not the correct procedure for this pathway.

A copy should be faxed or posted to the patient's GP. The original should be kept in the patient's record and be available in case of audit.

Summary

Most of the form is fairly self-explanatory but if you have any further questions or queries please email Dudley LOC at whitestar123@hotmail.com. As well as replying to your query, this document will be modified so everyone can benefit from the answer to your query.