

Protocol and Guidance Document

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 Clinical Commissioning Group (CCG) has agreed to commission a replacement scheme for Dudley. This guide aims to explain how this scheme will operate.

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

Sadly, the Birmingham and Black Country wide scheme has now finished. This new scheme has been commissioned by Dudley CCG and they will only pay for patients who **have a GP in the Dudley CCG**. However, practices outside the Dudley area can take part. In the interests of clarity, being resident in the Dudley area or attending a practice in the Dudley area by itself does **not** qualify a patient to be referred in this scheme.

Accreditation

There is no accreditation required for this scheme as it utilizes GOC core competencies. The LOC are happy to provide help and mentoring to assist those new to this worthwhile scheme.

Examination

The optometrist will undertake a basic ocular assessment (Private or NHS Sight Test) and provide counselling on the general risks and benefits of surgery. There is no automatic requirement to dilate,

but if a satisfactory view of the fundus cannot be made the optometrist should follow their normal practice regarding dilating, paying heed to the professional bodies guidelines.

Co-Morbidity

If co-morbidity exists that requires investigation or treatment, then referral for that should be made using GOS18 along normal channels with a degree of urgency appropriate to the findings. Include all findings as you would normally do on a GOS18. No payment will be made for this as it is considered part of normal practice.

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

Already Under HES

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.

Discussion of Cataract with the Patient

Optometrists are highly skilled at discussing the findings of an eye examination with patients. Discussion of referral should include key points in the information leaflet on cataract and cataract surgery. This should then be issued to the patient along with the choice leaflet, and the medication questionnaire if you do not have the details from that form already. In addition, any information leaflets on local providers that are available should be given to the patient to help them reach a decision on if and where to have surgery.

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, as well as giving an opportunity to ensure a full medication list is obtained. A further provisional appointment can be booked for this. 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.

Completing the new C1

In October 2010 NHS Dudley produced a policy governing the criteria for funding for cataract surgery, as detailed in a document entitled "Procedures of Limited Clinical Value". This set a threshold for cataract surgery of 6/12 in the worst eye. Since acuity by itself doesn't necessarily reflect the effect on lifestyle, a number of approved indications (exceptions) were given:

"1. Patients who are still working in an occupation in which good acuity is essential to their ability to continue to work (e.g. watchmaker).

2. Patients with posterior subcapsular cataracts and those with cortical cataracts who experience problems with glare and a reduction in acuity in bright conditions.

3. *Driving: the legal requirement for driving falls between 6/9 and 6/12 (strictly speaking it is based on the number plate test). It is anticipated that the threshold will not render the majority of people unable to drive as it applies to the worst eye only.*

Exceptions will be considered for:

- *Patients who need to drive who experience significant glare which affects driving;*
- *Patients who, for occupational reasons, need to drive at night and who experience glare that is related to cataract;*
- *Patients with visual field defects borderline for driving, in whom cataract extraction would be expected to significantly improve the visual field.*

4. *Patients with glaucoma who require cataract surgery to control intra ocular pressure.*

5. *Patient with diabetes who require clear views of their retina to look for retinopathy.”*

None of this guidance prevents an optometrist from referring a patient with cataracts who does not meet these criteria, but it makes it much less likely a surgeon would offer surgery. It also goes against the aim of this scheme to reduce referrals that lead to no operation. To assist an optometrist in making the case for surgery, the C1 has been altered to include summary versions of exceptions which can be ticked, as well as an additional area to put any other reasons that the optometrist feels should mean surgery takes place.

Medicine Questionnaire

This is a cut down version of the Welsh cataract self-assessment questionnaire. It is a tool to help you obtain important information to include on the C1. The relevant information obtained from this should be entered on the C1 and the questionnaire kept in the patient record. If you already have all this information available to you, you do not need to use the questionnaire.

Patient Consent

The back of the old C1 had a patient consent form detailing the information given to the patient and giving consent for the referral and for information exchange. This is now a separate form, and must be completed by the patient and kept in the patient record in case of audit.

Referral Procedure

Once the C1 is complete, it should be FAXED to the hospital of choice. A copy must be retained in the patient record, and a copy must be sent or faxed to the GP. The copy in the patient record must be available in case of audit.

Claiming Payment

Payment claims are made via Optomanager, a web based system. Your practice will need to register for this. There is no paper invoicing, the claim is handled electronically. You will receive further details when you register for this.

Patient Hospital Appointments

At the beginning of the old scheme, patients would phone the hospital to make an appointment. Most providers including Russells Hall, BMEC and the West Midlands Hospital now post out appointments automatically.

In the case of Russells Hall, the patient should expect to receive an appointment letter within 7 days and no longer than 14 days. If not, the patient can ring 0845 155 0054. Pre assessments are done on the day the patient attends their referral appointment for cataracts in line with NICE guidance. As of writing this, Russells Hall aim to treat all patients within 18 weeks.

GP Input

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.

Referral from GP

Just as in the old scheme, a GP may identify a cataract and direct a patient to an optician to have a sight test. In these cases, a sight test should be performed and in the case of an early NHS sight test should be appropriately coded. Where the findings of the sight test indicate a referral, the above procedure should be followed.

Patient Declines Referral

If the patient declines surgery, it is good practice to inform the GP with the consent of the patient. Likewise if a patient is referred by a GP but does not have cataract warranting referral, the GP should be informed.

Patients with a non-Dudley CCG GP

In this case you have 2 options:

1. Refer on a GOS18 to their GP, including a note explaining that you are outside the area.
2. If there is a scheme running in an area covering the patient, you can apply to join that scheme and refer via that scheme's protocols. Obviously there may be a delay between applying to join and joining another scheme (especially if accreditation is required) so you may need to refer on a GOS18 via the GP in the meantime.

Hospital Contact information

NAME OF HOSPITAL	FAX	TELEPHONE
Birmingham and Midland Eye Centre**	0121 507 6785	0121 507 4151
Birmingham Childrens	0121 333 9462	0121 333 9461
Good Hope	0121 424 8952	0121 424 0801
Heartlands	0121 424 8952	0121 424 0801
Kidderminster	01562 826368	01562 513070

Midland Eye Institute*	0121 705 5995	0121 705 5995
Nuffield Wolverhampton*	0845 2803251 (Choose and Book Centre)	0800 015 5020 (Choose and Book centre)
Optegra Birmingham*	0121 204 3821	0121 204 3800
Queen Elizabeth	0121 627 8789	0121 627 8890
Russells Hall	01384 321060 or 01384 321101	0845 1550054
Sandwell**	0121 507 3722	0121 507 3236
Solihull	0121 424 8952	0121 424 0801
West Midlands Hospital (Halesowen)*	01384 411103	01384 632632
Westbourne Clinic*	0121 455 0310	0121 456 0880
Wolverhampton	01902 695755	01902 695800
Worcester	01905 760506	01905 760422

*private provider paid for by the NHS

**Patients can have pre-operative and post-operative assessments at Rowley Regis, but the operation itself must be at Sandwell or BMEC. Include this request on C1

This list is correct as of November 2014. Where details change, the LOC will try to keep you updated. If you find a change, please let the LOC know.

Patient Wishes to Attend a Different Hospital

If you do not have information on the hospital the patient wishes to attend, then you will need to refer to the GP on a GOS18 explaining the situation. The GP can then use the “choose and book” system to arrange this. Since patients should be registered with a Dudley CCG GP to be eligible for the scheme, this is an unlikely scenario.

Audit

Both the old and this new scheme may be subject to audit, and taking part in the scheme indicates your agreement to submit to this should it be requested.

Contacting us

If you wish further help, mentoring, advice etc. please feel free to email Dudley LOC at whitestar123@hotmail.com The LOC remain enthusiastic about helping patients with this scheme, as it doesn't involve a lot of extra work but provides patients with a lot of value.