

## Cataract: Direct Referral

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This service provides for the assessment and management of patients presenting with signs and/or symptoms of cataract in either eye.

A GOS sight test or a private eye examination will reveal the presence of cataract and the examining ophthalmic practitioner will discuss this with the patient. If the cataract is not presenting any significant visual or lifestyle difficulties, then they will continue to be reviewed by the ophthalmic practitioner in the normal way.

If the patient does wish to be considered for surgery, then the ophthalmic practitioner will complete a cataract assessment questionnaire (CAQ). The CAQ is available on the Glos LOC, and PEG websites. This will provide guidance to the optometrist whether the cataract is causing sufficient issue with the patient's vision and/or quality of life that they would benefit from discussing the possibility of cataract surgery. At the time of writing a score of  $\geq 10$  warrants discussing the possibility of referral with the patient. Borderline sub threshold (scores of 8 or 9) referrals may be made but strong clinical reason for such a referral must be made. This must be outlined in the supporting information entered into the Optomanager system.

The patient will attend for the full cataract assessment to elicit relevant ocular, medical and social information, which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care.

The cataract assessment may be carried out at the time of the sight test/eye examination if:

- the optometrist is accredited to the service
- time permits and
- the patient agrees

If not, a further appointment is made for a full cataract assessment.

Cataract assessment should include:

- examination by ophthalmoscopy in order to establish whether there are any co-existing ocular disorders as well as cataract.
- discussion of any outstanding visual or quality of life issues
- communication of the relative risks and benefits of cataract extraction
- ascertaining the patient's willingness for surgery

If the patient is willing to undergo surgery and the ophthalmic practitioner considers that they are suitable, then the referral form will be completed and the clinician will, in accordance with the local protocol:

- Fax the referral (via the Optomanager system) to the Hospital Booking Office.

## Comments on Refractive outcome

It is recognised that the referring Optometrist may have examined the patient on a number of occasions prior to referral. It will be possible for the Optometrist, having discussed the options available with the patient, to express an opinion as to the preferred refractive outcome post operatively and to give reasons for this opinion. This will be taken into account when the patient is examined by the ophthalmologist in the hospital. If a different outcome is decided at the hospital appointment reasons will be given in the report back to the optometrist from the ophthalmologist.

## Guidelines

When the patient is assessed by the ophthalmologist at the hospital following referral, in consultation with the patient a decision may be taken with regard to the care pathway and in many cases whether surgery will be offered for one or both eyes. The following criteria will be used in reaching a decision.

1. Where operating on the first eye would create anisometropia of 2 Dioptres or more surgery will be offered for both eyes.
2. Where patients are keen to have only one eye operated then one eye will be offered and the post operative result matched to the unoperated eye.

## Patient Choice

Under the NHS Constitution patients must be offered a choice of provider once a decision to refer has been made. This can include either NHS or private providers anywhere in the country, which are willing to carry out NHS work. The referral thresholds are applicable regardless of the provider since these relate to Gloucestershire patients and not to the location of the provider. The CCG has commissioned a Fast Track referral scheme from GHT (Gloucestershire Hospitals Trust). This is part of its undertaking with its population to offer faster treatment to the national wait time target for cataracts should patients require it.

To help patients to understand their options, the NHS Choices web site at [www.nhs.uk/choices](http://www.nhs.uk/choices) provides information on individual hospitals and the experiences of other patients. Although the CCG has not commissioned a fast track service other than at GHT, other providers also have short wait times and patients should also take this information into account when choosing a provider.

Where patients choose to be referred to a provider other than GHT, the procedure for “referral to a general clinic” applies.

## Gloucestershire Referral (GHT):

### 1. Fast track Referral

The Fast Track Referral Scheme will continue to offer an efficient user-friendly pathway for all patients with simple cataract. However, expectation for referral

must be to proceed with surgery. Patients must agree with referral and to proceed to surgery should it be offered. Fast track referral is available at Cheltenham (GCH). A referral fee will be paid. Optometrists must be registered with the CCG to be able to refer directly.

## **2. Referral to a general clinic**

Patients with significant cataract but with significant ocular co-morbidity or complicating secondary issues will also be referred directly but into a general clinic rather than the cataract fast track clinic. Referral is to Gloucester or Cheltenham or any community hospital clinic as requested. However where the appointment is offered is ultimately the decision of the ophthalmologists. A referral fee will be paid.

## **3. Conventional GLOS1 Referrals**

Patients who need to be assessed by an ophthalmologist but where the primary reason for referral is not cataract and surgery might not be offered, please continue to refer via the GP on a GLOS1 or referral letter. No fee will be paid.

## **4. Private Referral**

Patients who have private health cover or wish to be seen privately can be referred to the consultants at their private rooms, details of which can be found on the LOC Web site. Where a patient does not qualify for a NHS procedure in the second eye private referral remains an option.

## **Appeals Process**

All patients who have been referred with sub threshold scores will only be listed or discharged back to the referring optometrist on the instruction of a consultant. If you still have questions with regard to this decision then contact John Ferris by e-mail and he will review the patient's case. The result of the review will be advised. John Ferris' e-mail address is: [john.ferris@glos.nhs.uk](mailto:john.ferris@glos.nhs.uk)

Clinical Pathway for Cataract: Direct Referral (C:DR)



