

To: SHA Choice Leads
PCT Choice Leads (via SHA Choice Leads)

Date: 15 November 2004

Gateway ref: 4037

Dear Colleague

Implementing choice at referral for cataracts

Purpose of this document

This document supplements the Choose and Book Delivery Framework by providing additional guidance to support the implementation of cataract choice at referral. As well as providing SHAs and PCTs with guidance on key implementation issues it also signposts other useful reference sources.

Policy requirement

'Choose and Book – Patient's Choice of Hospital and Booked Appointment' provides the main policy guidance for implementing cataract choice. This states that "PCTs are expected to offer a choice of at least two providers for cataract surgery from January 2005 increasing to a choice of 4-5 providers by December 2005".

Responsibilities

PCTs are responsible for the implementation of cataract choice at referral. Local arrangements for implementation should include establishing key milestones against which progress can be monitored.

SHAs are responsible for performance managing local delivery to ensure successful implementation. This will include performance monitoring and management arrangements.

Reporting

SHAs will be asked to confirm that cataract choice at referral has been implemented in February 2005, ie. that 100% of patients are being offered a choice of at least 2 providers subject to any clinical exceptions.

Performance management arrangements will be discussed at the November SHA Choice Forum.

Cataract waiting times

In May 2003 £73million extra funding was allocated to support delivery of a maximum waiting time of 3 months for cataract treatment. A phased approach to delivering the maximum 3 month wait was agreed with most SHAs committed to delivering it by 31 August 2004 and an absolute latest date of 30 November 2004. Once the 3 month maximum wait has been achieved locally it must be sustained to preserve short waits

for patients, enable the optimum implementation of the model care pathway and support the delivery of cataract choice at referral from January 2005.

PCTs should ensure that provider organisations on their cataract choice menus can deliver cataract treatment within the maximum 3 month waiting time.

Implementing cataract choice

The roll out of cataract choice should be part of your overall Choose and Book implementation plan so that it meets local requirements and is consistent with your longer-term objectives.

The minimum requirement for January 2005 is that patients are offered a choice of 2 providers for their cataract treatment. By December 2005 all patients should be offered a choice of 4-5 providers and a booked appointment that is convenient for them. PCTs are also encouraged to adopt the new care pathway for cataract as part of their implementation of cataract choice to maximise the benefits for patients and health professionals.

Nine SHAs covering 16 pilot sites are already implementing cataract choice at referral using a number of different models. A contact list for the pilot sites is attached at Annex A together with summary information templates for 14 of the pilots at Annex B. The templates together with additional information from the pilots including patient information leaflets and referral forms are also available on the Choose and Book website at www.chooseandbook.nhs.uk

In developing local arrangements for the implementation of cataract choice there are a number of issues that you might need to consider, the outcome of which will influence the model of cataract choice that is adopted.

1. Commissioning

PCTs are required to offer a choice of at least 2 cataract providers from January 2005. Guidance on the key commissioning issues such as validating baseline demand and capacity, modelling service provision using multiple providers, and reprofiling LDPs to take account of new arrangements is set out in the Choose and Book Delivery Framework.

2. Clinical engagement

Implementing cataract choice will require the support of local stakeholders including ophthalmologists, optometrists and the Local Optical Committee. The Choose and Book Delivery Framework sets out the key areas for consideration when seeking to engage clinicians, staff and managers.

3. Clinical care pathway for cataract

In April 2004 a new model care pathway for cataract was launched as part of the national Eye Care Services Steering Group (ECSSG) report. The pathway builds on current best practice and the work of the Action on Cataract programme. A copy of the pathway is attached at Annex C. The key benefits of the pathway include better use of skills in primary care, the release of outpatient capacity in secondary care and fewer appointments for the patient to attend.

Local health services are encouraged to adopt the pathway once they have achieved the maximum 3 month waiting time. When and how quickly you adopt the pathway is a matter for local determination.

The ECSSG report which also includes new model care pathways for glaucoma, low vision and ARMD can be found on the DH website at http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Optical/OpticalDocumentsArticle/fs/en?CONTENT_ID=4079525&chk=P4YrBm

4. The choice offer

A key implementation issue is deciding who will make the choice offer to the patient. This will depend to some extent on the local care pathway arrangements and, possibly, what booking infrastructure is already in place. Existing booking systems or those planned to support electronic booking should be used where appropriate rather than investment in additional new systems.

In the cataract pilots there is some variety in approach on this with examples of optometrists, GPs, referral centres and booking call centres all making the choice offer. You are not required to adopt the same approach across the whole SHA area, indeed there may be benefit in implementing more than one approach. However, you should consider whether the use of different patient pathways in one area of an SHA will be more complex to manage, particularly for optometrists who may see patients from across the SHA area. You can refer to the pilot templates for examples of how they have approached this. You should also consider arrangements for cross-border flows, e.g. patients who visit an optometrist where they work but need to be referred for surgery where they live.

Whichever approach you take you will need to consider what information and support the person making the choice offer needs to have in order to fulfil their role. For example, you might develop a Directory of Services, exclusion criteria that apply to particular providers, a script for offering choice, a process for maintaining up-to-date waiting times information and a contact point for patient queries.

It is possible that the referral, the choice offer and the appointment booking will all be handled separately. You will need to ensure that the process from primary care attendance to first hospital appointment is clear to everyone involved.

5. Booking arrangements

Cataract choice is being implemented ahead of the roll out of the electronic booking system therefore you will need to consider what approach you will adopt for the booking arrangements in line with local care pathways.

If ophthalmology is one of the specialties in which you are moving to full booking by January 2005 then you will be able to offer choice with full booking for cataract choice. If not, then you may want to plan to move to full booking in ophthalmology as soon as possible in order to test the booking process before migrating to the 'choose and book' solution. If you are planning to change your booking system as part of your implementation of cataract choice then you are advised to map those changes in the context of your longer-term plan to move to full booking.

Best practice is that, whatever booking arrangements are in place in January 2005, you aim to offer patients a choice of date and time of appointment as well

as choice of provider. You will need to offer choice of date and time of appointment by December 2005.

6. Information and support for patients

Guidance on information and support for patients is set out in the Choose and Book policy and implementation guidance. Consultation with local patient forums will be helpful for defining the content and format of local information. For visually impaired patients it is recommended that a minimum of size 14 font is used for patient information. Examples of patient literature used in the cataract pilots are available from the Choose and Book website and pilot contacts. Alternatively you can contact Cheryl Lynch in the Choice Policy Team at cheryl.lynch@dh.gsi.gov.uk.

For most patients, cataract choice will be their first direct experience of choice and so it may be helpful to provide information explaining patient choice and what it means for them as well as providing information on the providers and cataract surgery.

7. Optometrist remuneration

The Department of Health is currently seeking advice from SHA colleagues on how useful it would be to have guidance on a range of fees which might be paid to optometrists for undertaking work which is outside their General Ophthalmic Services work. In the meantime an additional fee may be negotiated locally to remunerate optometrists for their clinical role in cataract choice. This may, for example, include undertaking additional examination(s), completing additional documentation associated with cataract choice, and providing the patient with information about the procedure and the providers. Local fees have been negotiated in many areas already. The approach taken in the cataract pilots is detailed in the pilot templates. Please note that the fees negotiated in the pilots and the specific activities for which fees are paid are not necessarily what the final guidance on this issue will be.

Work is underway to amend the General Ophthalmic Services Regulations to allow direct referral by optometrists. The regulations are expected to be in force by the end of the year. PCTs are advised to develop local arrangements which ensure that these regulations are implemented.

8. 'Choose and Book' for Optometrists

The Choose and Book functionality can support optometrists, most likely by using Choose and Book via web-browser technology. However, for this to happen the optometrist will also need to ensure their practice meets some technical requirements: an N3/NHSNet connection, a PC which meets a set of minimum standards and is configured appropriately, and have users registered and issued with smart cards.

9. Training needs

You should consider what training needs exist locally and how you will address them, eg. optometrists, booking centre staff.

Learning from cataract choice

The early implementation of cataract choice at referral provides a real opportunity to develop local learning about choice and to gather data on the actual choices that patients make. For example, through local patient satisfaction surveys you will be able to develop your knowledge on:

- what information and support patients require
- how far patients are willing to travel
- what influences patient choices.

To share the learning from cataract choice more widely and to help inform planning for the wider implementation of choice of 4-5 providers in December 2005 we plan to hold a conference in March 2005 to headline the key messages arising out of cataract choice.

Point of contact

Queries on this document should be addressed to Cheryl Lynch at cheryl.lynch@dh.gsi.gov.uk, telephone number 020 7633 4005.

Cataract choice at referral pilot sites

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