

POS/LOCs/PS\06\Patient Choice\LOC covering letter  
1 February 2005

TO: Secretaries of Local Optometric Committees  
Cc Area Optometric Committees

Dear Colleagues

### **Implementing Choice at Referral for Cataracts**

As most, if not all, Local Optometric Committees (LOCs) in England know, the Department of Health issued a policy framework for choice and booking at the point of referral last August entitled "Choose & Book" – Patient's Choice of Hospital and Booked Appointment'. The document was intended to provide guidance to NHS organisations in their transition to a fully booked NHS, which offered patients a choice of hospital and a date and time for their appointments. The policy's objective was to deliver choice of hospital and a booked appointment at the point of referral by December 2005 – with one exception. Primary Care Trusts (PCTs) were 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.

This fast-tracking of cataract choice has thrown many LOCs, not to mention PCTs, into turmoil as they come to terms with the new arrangements. Some areas have coped better than others, mainly because of the good communications already established between LOCs and PCTs. The PCTs in those areas have obviously paid attention to the advice issued to SHA and PCT Choice Leads by the Department of Health last November, on implementing choice at referral for cataracts. This stated that the new arrangements would "require the support of local stakeholders, including ophthalmologists, optometrists and the Local Optical Committee". It referred to the new model care pathway for cataract, launched by the Department of Health last summer, which was built on current best practice and the work of the Action on Cataracts programme; the key benefits being making "better use of skills within primary care, the release of outpatient capacity in secondary care and fewer appointments for the patient to attend". The guidance urged local health services to adopt the pathway once they had achieved the maximum 3 month waiting time, leaving it up to local determination as to how quickly the pathway was to adopted.

Paragraph 7 of this guidance from the Department of Health, entitled 'Optometrist remuneration' is particularly pertinent: "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."

Many LOCs have expressed their concern to the AOP that their PCTs are choosing to ignore this advice from the Department of Health in order to cut the costs of introducing the 'choose & book' programme. Some PCTs are trying to force LOCs into keeping cataract referrals within GOS by using the GOS18 form to refer patients to central booking agencies, without providing any advice or proper assessment of the patient's needs. These agencies are then responsible for both advising and booking appointments. Patients referred in this way will not benefit from the advantages of the new cataract care pathway, where expert advice and counselling can be provided by optometrists in a primary care setting.

The AOP takes the view that it is not appropriate for optometrists to use the GOS18 form to refer cataract patients to a central agency within the 'choose & book' programme, as patients require proper advice and counselling at the point of referral. It is also against the spirit of the Department of Health guidance and the cataract care pathway which it launched so recently. The AOP also takes the view that it would probably be next to impossible for a patient to be referred in this manner, without the patient insisting on getting some direction or information from the optometrist. Optometrists who feel forced into this position by their PCT, will end up providing extra services to cataract patients for no additional fees. To avoid this exploitative situation, the optometrist can continue to refer patients, on a GOS18, to their GP, until such time as they are paid for the extra work involved in counselling patients. However, it has to be said that such a move does not address the fact that 'choose & book' is about offering patients advice and choice at the point of referral.

LOCs who find themselves in this unfortunate situation, could write to the primary care lead of their PCT to ask for the problem to be addressed in the light of the Department of Health choice guidelines; failing that, the LOC could contact the Strategic Health Authority (SHA), who are responsible for the performance management of PCTs. To that end, please find attached a draft letter which can be sent to the PCT/SHA, subject to whatever amendments are required to meet your particular concerns. An effective ploy is often to send the letter to the PCT and copy it to the SHA, putting "Copy: [name] at SHA" at the bottom.

For those of you who have not read the AOP's advice on cataract referrals within the 'choose & book' programme, or the Department of Health's policy framework and its associated guidance to PCTs/SHAs on how to implement cataract choice, they can be accessed in the primary care section of the AOP's website [www.aop.org.uk](http://www.aop.org.uk) . You need to choose the category 'cataracts' within the sub-heading 'co-management schemes and eye care pathways'.

Yours sincerely

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