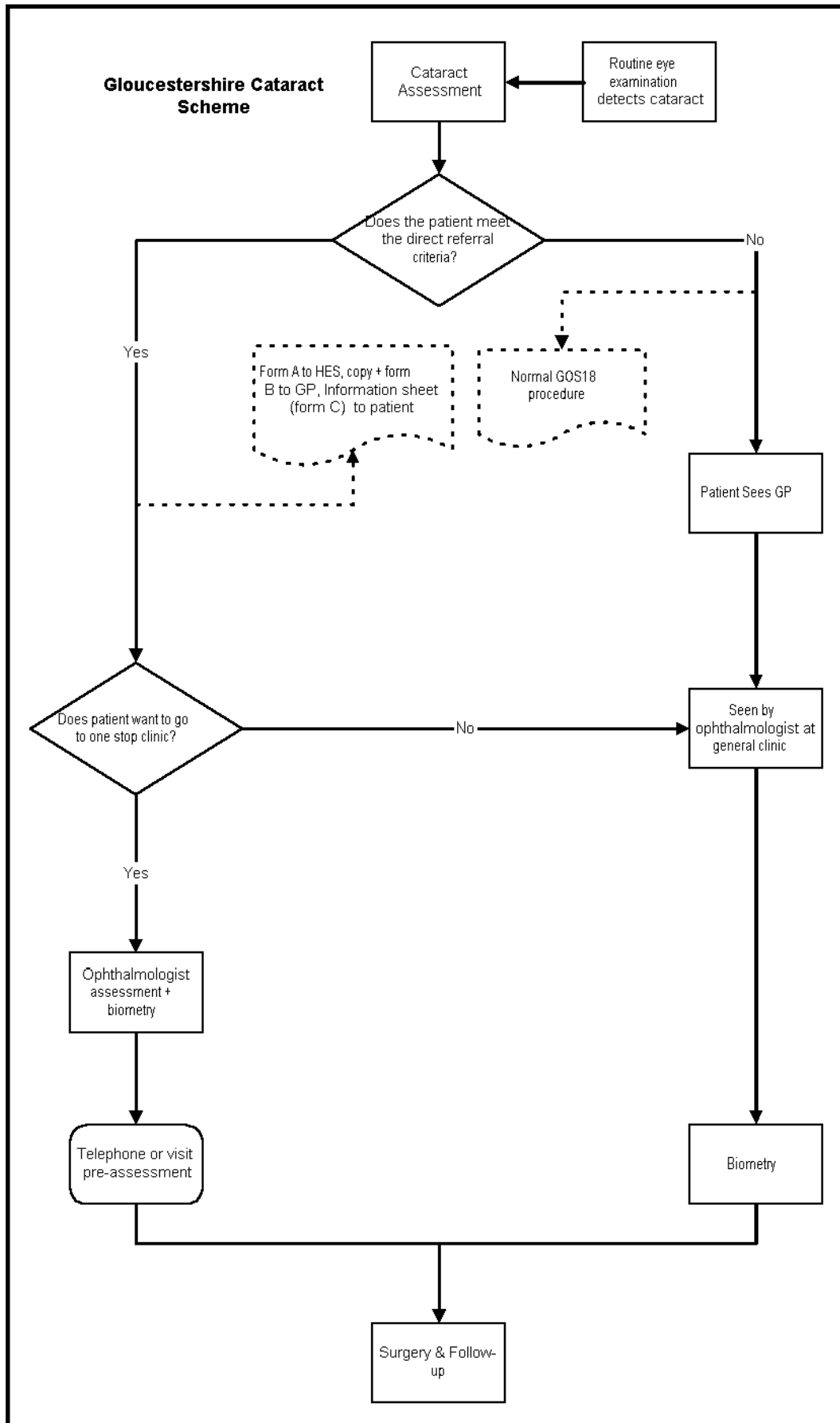


**Cataract – South Gloucestershire scheme**



**Cataract – Gloucestershire**

Name of Scheme:	The Gloucestershire cataract scheme
Date of commencement:	January 2000
Area Covered:	Gloucestershire
Optometry Contact: Name:	David Adams
Position:	Chairman, Gloucestershire LOC
Address:	Folly Farm Abenhall Road, Mitcheldean Gloucestershire GL17 0DT
Phone:	01594 823690
Fax:	01594 845305
e-mail:	adfarm@globalnet.co.uk
Administrative Contact: Name:	Stasia Moss
Position:	Action on Cataracts Together Project Manager
Address:	Trust Headquarters 1 College Lawn Cheltenham Glos GL53 7AG
Phone:	01242 273120
Fax:	01242273652
e-mail:	stasia.moss@egnhst.org.uk
Type of Scheme:	1a: direct referral to HES, 2a: Pre-assessment
Fee Paid:	£37.50 per Direct Referral + GOS STF
Audited:	Not yet Clinical Audit by hospital Financial Audit By Glos Health

## Cataract – Gloucestershire

### Further information:

#### From Dave Adams:

As an LOC we have, like many others, become increasingly more active over the last five years. Increasingly good relationships have been established with the ophthalmologists, the GP's and Gloucestershire Health. There has been frequent contact with all three parties and a mutual respect has developed.

In 1999 Gloucestershire was chosen as an exemplar site for the Action on Cataracts project along with Middlesbrough. This coincided with the merging of the two ophthalmology units into one based at Cheltenham General Hospital. It was therefore into an environment of radical change that the project was initiated. Nick Price, an ophthalmologist, chaired the cataracts project with the project manager being Stasia Moss. Through our contacts with Gloucestershire Health it became clear that they were committed to implementing change and to challenge what up to now had been considered by many as untouchable.

It was decided by the Board to go for a policy of referral from the optometrist to a pre-assessment clinic appointment and then to surgery. There are various reasons for this. The ophthalmologists felt that a pre-assessment did give them the opportunity to establish communication with the patient and visa versa which would not happen so easily in referral directly to surgery. It was also felt that a greater percentage of cataract patients could be dealt with in a fast track with a pre-assessment giving opportunity to modify the pathway without creating trauma for the patient. It was also felt that direct referral would be extended beyond cataract once the scheme was shown to work and confidence in the quality of referrals was established. As an LOC we were aware that we represented all optometrists in the county and hence we favoured a scheme which was county wide. We were not keen to create "special" practices whilst we accept that others have chosen this route.

We launched the scheme on 28th of January 2000 inviting all optometrists to attend. At this stage, whilst we were in communication with Gloucestershire Health no fee had been negotiated. The turnout to the launch was excellent with 105 out of 125 attending. All 8 consultants were present, several of whom gave presentations. They had all agreed to a protocol for cataract management and surgery. Reaction to the scheme from optometrists was generally positive but there was obvious concern about fee payment. We, as optometrists, were able to demonstrate a high level of commitment to the scheme which had a powerful effect on both David Mudd and Val day from the National Patients Access Team. The need for us to receive a fee therefore had the support of the ophthalmologists and those in NHS administration at a national level. We submitted to Gloucestershire Health for a fee based on £80 an hour clearly showing how we had arrived at our figures. We were offered £37.50 which was accepted.

The fee is only payable for patients who are actually referred directly and not when patients fail to meet the referral criteria. We are not paid either if we refer in the normal way via the GP where there are complicating issues which means the patient fails to meet the referral criteria. An audit process has been agreed with Gloucestershire Health to reduce the risk of fraudulent claims. One of the objectives was to have a scheme which could be used to regulate demand. This can be done by adjusting the referral criteria and maintaining good communication with the hospital and the optometrists.

We are aware that this scheme is a bridgehead which will lead to an expansion in direct referral and a greater involvement of optometrists in primary care for which we will be paid on a fee menu basis. Talks to this end have already been initiated with equal commitment from ophthalmologists, GP's and optometrists.

## Cataract – Gloucestershire

### Gloucestershire ophthalmology service: Cataract referral form

The form is divided into three sections:

Part A: White To be completed by the referring optician

Part B: Green To be forwarded to the GP

Part C: Yellow To be handed to the patient.

Please send referrals to: Either  
The Eye Department  
Cheltenham General Hospital  
Sandford Road  
Cheltenham GL53 7AN

or  
Eye Out-Patients  
Gloucestershire Royal Hospital  
Great Western Road  
Gloucester GL1 3NN

### Guidelines for direct referral of cataract patients

#### Aim

- To provide an efficient service to patients who have visual impairment resulting primarily from cataract.
- We hope that the use of this cataract referral form will improve the cataract service and reduce the total number of steps that most patient needs to go through between initial recognition of cataract by the optometrist and discharge following surgery.

#### Which patients are suitable for the direct optometrist referral?

- The optometrist should be confident that visual impairment is principally due to cataract.
- The patient should have expressed a willingness to proceed with surgery, if it is offered.
- Patients who are unsure about surgery or who have other ocular problems should be referred to an ophthalmologist via the GP using GOS18 (green form) in the normal way. These patients will be seen in a general clinic.

#### Referral criteria

- Any patient whose corrected VA is below 6/18 in either eye should be referred to an ophthalmologist.
- Patients who have significant visual impairment resulting from cataract and are experiencing a degree of difficulty with normal day to day activities should be referred.
- The form is annotated with a scoring system. Any patient with a score of 3 in the VA section or a cumulative score of 4-5 with clear evidence of cataract is likely to be considered for surgery. (This is a guideline, not an absolute figure)
- Any patient whose VA has dropped dramatically in the last 6-12 months as a result of cataract should be referred.

#### Referral procedure

- Optometrist should complete form A (white), ask the patient to sign it and forward it to either Cheltenham General Hospital or Gloucester Royal Hospital. An appointment will be issued on the basis of the optometrist referral. Please indicate patient preference for an appointment to cataract clinic at CGH/ GRH or a general clinic appointment followed by further appointments for biometry and pre-assessment at their local eye clinic.
- Optometrist should enter patient details in the letter for the GP and send it along with a copy of section A and the uncompleted section B (green) to the patient's GP.
- The GP should complete the form or attach their computerised patient information and send it to the hospital indicated on the form.
- Optometrist should sign and give the patient a copy of the Cataract Information Sheet C (yellow).

## **Cataract – Gloucestershire**

### **The cataract clinic**

- The patient will be assessed by an ophthalmologist and if surgery is recommended they will receive information and counselling. Biometry will also be performed at the first visit.
- The patient will be given an indication of when they are likely to have surgery.
- Following the patient's first clinic appointment some will be considered for a telephone preassessment prior to surgery, whereas others may be required to attend a pre-assessment clinic at the hospital.

**Cataract – Gloucestershire**

**Gloucestershire ophthalmology service: Cataract referral form**

**Part A: For completion by optometrist**

Patient details

Name:  Male  Female

Address:

Postcode:  Telephone: Home:

Work:

Occupation:  Date of Birth: //

**Referring Optometrist**

**General Practitioner:**

Name:

Practice Name:

Address:

Postcode:

Telephone:

**Patient's visual status**

**Current corrected visual acuity (VA)** Right Eye:  Left Eye:

**Current spectacle prescription**

Right Eye:  Left Eye:  Date of Examination: //

**Previous VA, if known**

Right Eye:  Left Eye:  Date of Examination: //

**Previous spectacle prescription, if known**

Right Eye:  Left Eye:  Date of Examination: //

**Eye Examination**

Cataract visible with ophthalmoscope  Right eye  Left eye  Both

Indicate type of cataract:

**Previous cataract surgery**

Right eye  Left eye  Date: // Hospital (if known)

**Indicate point score:** VA  Total

**Other eye problems noted:** Yes  No

**Please give details:**

**Patient willing to consider cataract surgery:** Yes

**Patient prefers appointment for:**

Cataract clinic: CGH  GRH  General clinic at

**Patient Signature:**

**Optometrist Signature:**

Date: //

**Cataract – Gloucestershire**

**Gloucestershire ophthalmology service: Cataract referral form**

This section can be completed to guide the referral process

Assessment of visual and social difficulties:

**1. Visual acuity**

Less than 6/36	<input type="checkbox"/>	3
Less than 6/18in both eyes	<input type="checkbox"/>	3
Less than 6/18 in poorer eye	<input type="checkbox"/>	2
Less than 6/12 in either eye	<input type="checkbox"/>	1
6/9 in one eye but requires vision for driving or other routine daily functions	<input type="checkbox"/>	1
6/9 or better but with significant visual disturbance	<input type="checkbox"/>	1

**All patients scoring more than 3 points in this section should be referred**

**2. Visual disability**

Affected by glare in sunlight	<input type="checkbox"/>	1
Affected by glare at night	<input type="checkbox"/>	1
Difficulty with reading newsprint	<input type="checkbox"/>	1
Difficulty with watching television	<input type="checkbox"/>	1
Difficulty with performing work or hobby associated tasks	<input type="checkbox"/>	1

**3. Social functioning**

Lives independently	<input type="checkbox"/>	2
Cares for partner	<input type="checkbox"/>	2
Lives in sheltered accommodation	<input type="checkbox"/>	1
Lives with carer	<input type="checkbox"/>	1
Lives in a residential or nursing home	<input type="checkbox"/>	1

**4. Health and Disability**

Physical health good	<input type="checkbox"/>	1
Hearing impairment	<input type="checkbox"/>	2
Mobility impairment	<input type="checkbox"/>	2

Total Points scored:

Patients with a VA score of 3 or a cumulative score greater than 4 - 5 should be referred to an ophthalmologist.

**Please Note:**

Only patients whose eye problem is primarily caused by cataract and who are willing to undergo surgery should be referred on this form

**Cataract – Gloucestershire**

**Gloucestershire ophthalmology service: Cataract referral form**

Part B: Information required from GP:  
(Please complete or attach standard referral information)

Patient Name:  DOB: //

Address:

Name and address of referring Optician:

A referral for the above named patient has been sent to:  
The Eye Department, Cheltenham General Hospital, Sandford Road, GL53 7AN:

The Eye Out-Patients Gloucestershire Royal Hospital, Great Western Road, GL1 3NN:

1. GP should indicate here only if he/she does not wish the referral to proceed

2. GP is asked to provide the following information for all other patients.

**Current medication**

Warfarin: Yes:  Dose

Aspirin: (if known) Yes:  Dose

Other anticoagulants: Yes: Specify treatment and dose:

**Indicate other current medication**

Medication	Dose

**Does the patient have any of the following?**

Hypertension **Yes**  **No**

Please give latest recorded  
BP measurement for all patients BP  mm/Hg Date measured: //

Diabetes

Significant heart disease

Significant lung disease

Other major systemic disease

Drug hypersensitivity:

Any other known hypersensitivity:

Other significant problems or disabilities:

**Please give any details you think relevant:**

Signature:  Date: //

Print name:  **Practice Stamp**

**Cataract – Gloucestershire**

**Gloucestershire ophthalmology service: Cataract referral form**

Part C: To be handed to the patient

Patient information

When I last saw you I found that you had significant problems with your eyesight which I consider are caused by cataract.

I am referring you to the eye department

of  hospital.

Signed:  Date: //

**A few basic facts about cataract:**

- If the doctor at the hospital confirms that you have a cataract. It is likely that you will be offered surgery.
- Cataract affects the lens of the eye. This is a normal part of ageing. As we get older the material that makes up the lens changes and stops being clear. Hence light cannot get through as easily and this affects the way we see. Cataract can occur in younger people for other reasons such as injury. The only way to treat a cataract is to remove it.
- During a cataract operation the cloudy lens is removed and replaced by a plastic one. This is a routine operation, usually done as a day case. It is one of the most commonly performed operations in people over 65 years of age.
- Following a cataract operation you may see better then you have done for many years.

You will receive a lot more information when you are seen in the hospital.