



Cataract Enhanced Scheme (CES):

Direct access cataract referral
service for Optometrists

Re-launch Event: Wed 4 Oct '17

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Lead Optometrist for CES

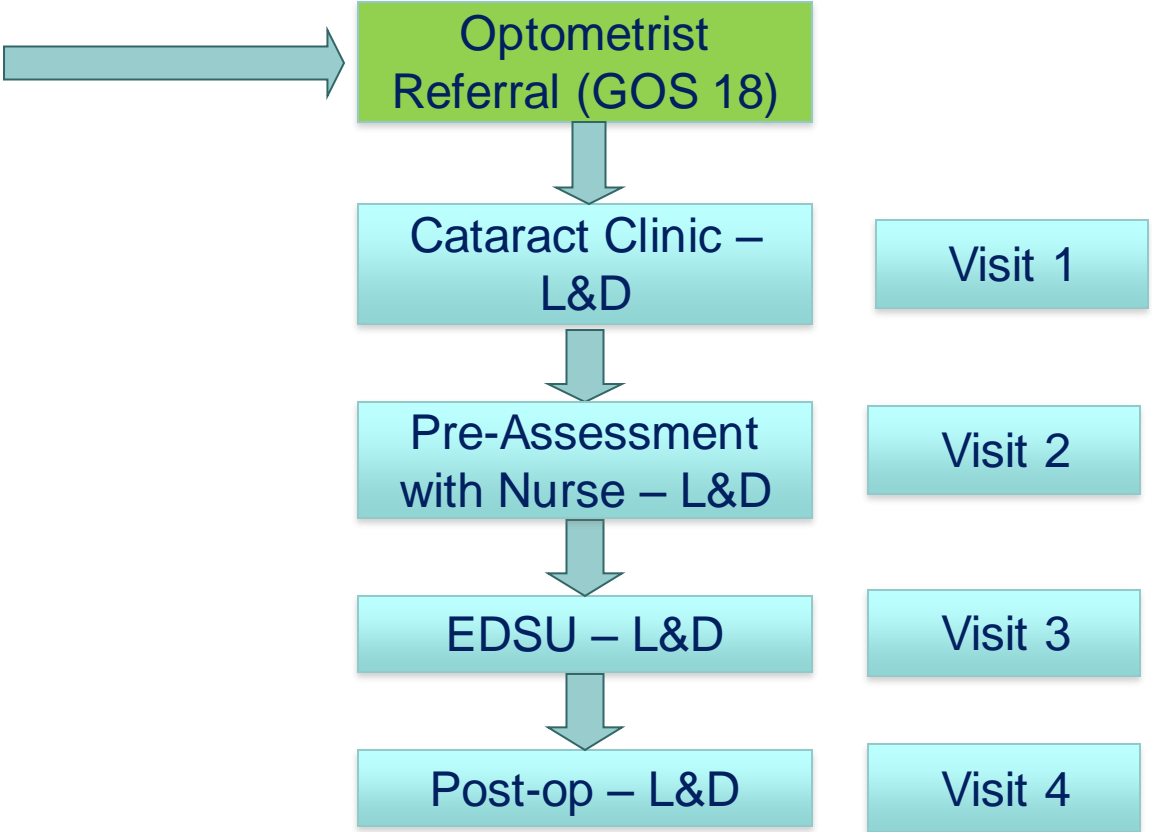


Introduction

- Current Model
- CES Pathway Model
- Criteria for Referral / Exclusion Criteria
- Pre-Op/Post-Op Assessments
- Pilot feedback audit
- Common Post-Op complications
 - (delivered by Ms Subash)

Current Model

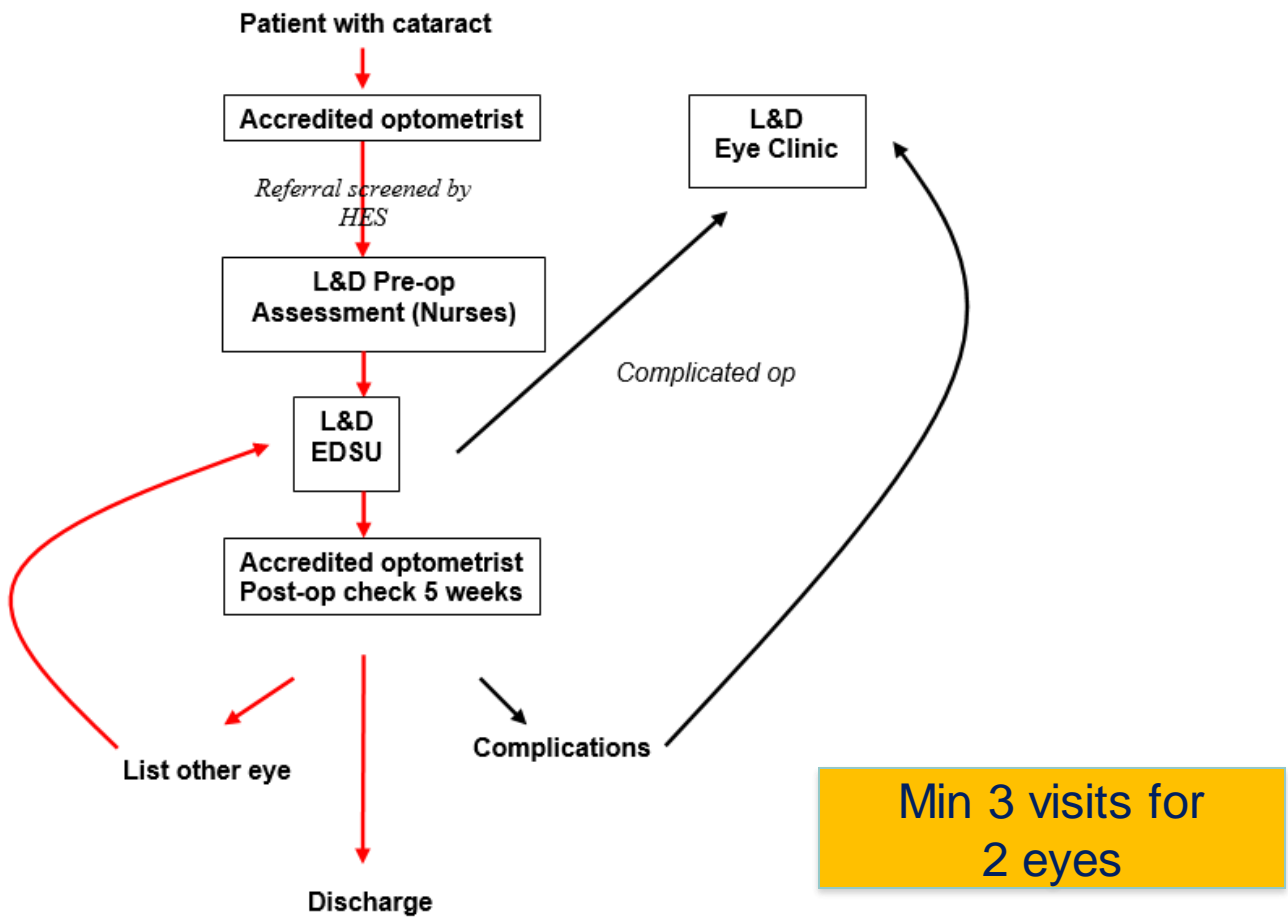
Px with
cataract



Min 5 visits for
2 eyes

One-stop Vs Shared-Care

Shared Care Cataract Pathway



Shared Care Path

- Accredited Optometrists
 - Shared lists between Moorfields (Bedford/Potters Bar) & L&D
- Pre-Op assessment
 - Dilated retinal examination
 - Completion of form
 - Fee - £50 payable to practice
- Post-Op assessment
 - Dilation not a requirement
 - Completion of form
 - Fee - £18 per eye payable to practice

Criteria for referral

- Beds & Herts Priorities Forum statement Number 31: *Clinical threshold for elective cataract surgery*
Dated: August 2015
- Referral of patients with cataracts to ophthalmologists should be based on the following indications



Criteria for referral

- The patient has sufficient cataract to account for the visual symptoms.

AND

- The patient has best corrected visual acuity (BCVA) of 6/12 or **worse** in the worst eye and the reduced visual acuity is impairing their lifestyle:

Criteria for referral

- the patient is at significant risk of falls
- the patient's vision is affecting their ability to drive
- the patient's vision is substantially affecting their ability to work
- the patient's vision is substantially affecting their ability to undertake leisure activities such as reading, watching television or recognising faces.

OR

Criteria for referral

- The patient has BCVA of **better** than 6/12 in the worst eye but they are working in an occupation in which good visual acuity is essential to their ability to continue to work e.g. watchmaker, microsurgeon.

OR

Criteria for referral

- The patient has bilateral cataracts, neither of which fulfils the threshold for surgery, but which together **reduce binocular vision below the DVLA standard for driving.**

OR

Criteria for referral

- The patient has BCVA of **better** than 6/12 in the worst eye but they are experiencing some other significant impact on their **quality of life**, as a result of their visual symptoms. A description of this impact **must accompany** the referral information.

AND

Criteria for referral

- The patient is **willing** to have cataract surgery:
 - The referring optometrist or GP has **discussed** the **risks** and **benefits** using an approved information leaflet (national or locally agreed) and ensured the patient understands and is willing to undergo surgery before referring.

HES Process

- All CES forms screened by HES Optoms
- Log of all CES referrals
- If suitable, listed on ICE
- If not suitable, referring Optom contacted
- If needs clinic apt, booked into Cat 1-Stop Clinic



HES Process

- Once listed, Waiting list office (WLO) will send 2 appointments:
 - Pre-assessment with Nurse
 - In-patient Surgery
- Current waiting times **6-8 weeks**
- Px should hear from WLO approx. 4-5 weeks from Optom referral

HES Process

- Upon discharge, Px given summary discharge letter to take to Optom
- Information sheet for Px
 - Drops
 - Sick note
- HES sends referring Practice information letter
- Aim for uncomplicated case to be seen Post-Op 5-6 weeks with referring Optom/Practice
- Follow same criteria for 2nd Eye

Exclusions: patients with..

- High refractive error ($> \pm 6.00$ D)
- Px requesting multifocal or toric IOLs
- Previous retinal detachment or tear
- LASIK / Refractive Sx
- Dementia
- Head tremor
- Hx of MI (heart-attack) within the last 6 months

Exclusions: patients with..

- Significant corneal disease or scarring
- Eye lid problems e.g. entropion, ectropion, trichiasis, severe blepharitis, marked epiphora
- Other serious or undiagnosed ocular pathology e.g. uncontrolled glaucoma, marked macular degeneration etc.
- Dense or white cataract
- Other complicating factors at discretion of Optometrist

Pre-op Assessment

- History & Symptoms
- Visual acuity: best corrected
- Refraction (inc previous results if available)
- Dilated examination
- Slit lamp examination – anterior / posterior

Referral Form

DIRECT REFERRAL FOR CATARACT SURGERY

+	Patient's Name	GP's Name	Optometrist's Name
	DOB		
	Address	Address	Address
	Postcode	Postcode	Postcode
	Tel No.	Tel No.	<u>Tel.No.</u>

Visual Symptoms:

General and Social History (Driver/dependents/occupation etc):

Other ocular history and co-morbidity:

Previous refractive surgery? Yes / No (Details)

REFRACTION AND VAS

	RIGHT			LEFT						
	<u>Sph</u>	<u>Cyl</u>	Axis	BCVA	PH	<u>Sph</u>	<u>Cyl</u>	Axis	BCVA	PH
Current										
Previous Date:										

CATARACT GRADING

Right	Clear		Left	Clear	
	Nuclear	Mild/mod/severe		Nuclear	Mild/mod/severe
	Cortical	Mild/mod/severe		Cortical	Mild/mod/severe
	PSC	Mild/mod/severe		PSC	Mild/mod/severe
	<u>Pseudophakic</u>			<u>Pseudophakic</u>	

Referral Form

RAPD	Yes / No		Blepharitis	Yes / No
Pupils dilate well?	Yes / No		<u>Pseudoexfoliation</u>	Yes / No
Difficult <u>fundoscopy</u> ?	Yes / No			

IOP (NCT/AT)	R	L
Cornea (Inc endothelium)	R	L
AC (Van-Herick)	R	L
Disc	R	L
Fundus/ Macula	R	L

MEDICAL HISTORY

Diabetes	Y/N	Hypertension	Y/N	Previous stroke or heart attack	Y/N	Short of breath	Y/N	Mobile / Wheelchair
Anticoagulants/ <u>antiplatelets</u>	Y/N	Insulin	Y/N	Alpha-blocker	Y/N	Other:		

Risks and benefits discussed	Yes / No	Transport required	Yes / No	Choice offered	Yes / No
Written information provided	Yes / No	Interpreter required	Yes / No	Can patient lie flat	Yes / No

List for cataract surgery in **RIGHT / LEFT** Eye **REFRACTIVE AIM:**

Optometrists Signature: _____ **Date:** _____

I agree to the transfer of medical information and referral for cataract surgery

Patient's Signature: _____ **Date:** _____



Pre-op assessment

- Risks & Benefits discussed
 - 1 in 100 there could be a complication which could affect the sight
 - 1 in 1000 risk of severe visual loss
- Leaflet / Booklet on Cataract Sx
- Interpreters
 - Cannot be a family member
 - Please state the language required
- Choice offered

Pre-op assessment

- Contact lens wearers

- Will need to remove their lenses before the pre-op assessment
 - 2 weeks for soft lenses
 - 4 weeks GPs

Please stress this to the patient

- High Cyls

- Please advise that they will probably still need DV Rx as well as NV Rx post-op.

Other Information

- Anaesthesia
 - Local – default 98%
 - General Anaesthetic or Sedation
 - **Include the reason for this**
- Waiting list is 6-8 weeks
 - Expect Px to hear from us after 4-5 weeks



Post-op assessment



Luton and Dunstable
University Hospital
NHS Foundation Trust



Luton and Dunstable
University Hospital
NHS Foundation Trust

5 Week Post-Op Assessment

Date of Surgery:	Surgeon:	Date of <u>Optom</u> Post-Op:
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Patient's Name	GP's Name	Optometrist's Name
DOB		
Address	Address	Address
Postcode	Postcode	Postcode
Tel No.	Tel No.	Tel. No.

Post-op assessment

Please complete the following and return to
Akil Kanani, Lead Optometrist,
Eye Dept., Luton & Dunstable Hospital, Lewsey Road, Luton LU4 0DZ

Please highlight the operated eye

Right		Left
	Unaided Vision	
	Subjective Rx	
	BCVA	
	IOPs	
	Cornea	
	Incision	
	AC Activity	
	Pupil / Iris	
	IOL	
	Fundus / Macula	

Problems Yes / No

Action:

List other eye Yes / No

(If Yes – can the patient come at short notice: Yes / No?)

Patient satisfaction: 1 2 3 4 5 6 7 8 9 10
(1=poor; 10=exceptional)

Signing up

- Accreditation
 - Attendance today
 - Clinic session with Senior Nurse Practitioner / Consultant (~1-2hr)
 - **No need for Clinic session if already accredited with Moorfields (Bedford / Potters Bar)**
- Contracts
 - Each practice needs to get the SLA signed and sent back to the HES

Signing up

- Clinic Session
 - Email Akil.Kanani@ldh.nhs.uk to arrange clinic session
- Invoicing
 - Submit at month end
 - Total up all Pre & Post-Op assessments
 - Payment processed within 21 days

Going Forward

- Re-Accreditation

- Work closely with Moorfields such that only one annual accreditation
- Additional Optoms wanting to sign up within already registered practice to get in touch for training and briefing

Pilot feedback

Audit of first 33 patients

- 5/33 (15%) did not meet CCG criteria for elective cataract surgery, referring eyes with VA better than 6/12
- Average time between presentation to optometrist and surgery was 3 months
- 11/33 (33%) had 5 week post-op assessment
- Average rating of shared care service was 9.3/10
- Post-op VA was 6/9 or better in 100% of cases

Pilot feedback

Re-audit

- 22 referrals
- December 2015 to March 2016

- Average time to surgery was 65 days
- 16/22 (73%) had post-op assessment with referring optometrist. Average time to FU was 44 days.
- Average rating of shared care service was 9.6/10
- Best corrected post-op VA was 6/9 or better in 81 % (of cases where data available)

Pilot feedback

Conclusions

- Greater proportion of enhanced referrals are successfully going back to referring optometrist
- Waiting time from referral to surgery is shorter
- Patient experience ratings remain excellent
- High proportion of patients are achieving target post-op refraction

Finally

DO NOT REFER PATIENTS WHO DO NOT WANT OR WHO ARE NOT FIT FOR SURGERY

Patients must understand the risks and benefits of cataract surgery before referral

Vote of Thanks

- Jonathan Barnes
 - Got the scheme up and running
- Rachel Thomas
 - Principal Optometrist at MEH Bedford
- Beds LOC
 - Sponsors of refreshments



Questions

NHS

Luton and Dunstable
University Hospital
NHS Foundation Trust

