

Choice Cataract Referral Instructions / Protocol

ONLY use this referral pathway if the patient is not already under HES, the main cause of the patient's visual impairment is due to cataract rather than other eye disease, there is a resulting impairment of patient's lifestyle and the patient is willing to have surgery if this is deemed to be appropriate. Patients must be registered with a Bradford/Airedale GP practice. If the patient is not, then the optometrist will not be eligible to receive the Choice fee.

If ALL these criteria do not apply the patient should be managed by the optometrist using the traditional referral route as appropriate. Referrals should not be based simply on the clinical presence of lens opacity/cataract.

Procedure for use

- Explain to patient about cataracts and cataract surgery and give "Your Guide to Cataract Treatment" patient leaflet.
- Ensure that the patient is willing to have surgery.
- Complete this referral form .
- Send first copy of this form to patient's GP .
- Retain second copy for your records.
- Third copy to be given to patient.
- Complete fee claim form and send to WYCSA.

Patient Pathway

On receipt of the referral form if all the answers to the Medical History are "no", and the GP practice uses Choose and Book (C&B), the practice will forward a copy to the provider chosen for referral and contact the patient with a UBRN number. **Please advise the patient that if they have not heard from their GP within 3 weeks, they should contact their GP practice to chase the referral.** The patient must then call the provider themselves for a pre-op appointment. GPs not using C&B will refer in the usual manner. **If any of the answers to Medical History are "yes" GP to manage appropriately.** Following the clinic assessment, the patient will proceed to surgery at that provider, if appropriate. When the surgical episode is completed, they are discharged to their optometrist for postoperative refraction/review.

Notes on Completion of the form

- **Dilation.** For clinical reasons, it is essential to dilate the patient as part of your examination prior to referral by this pathway. Please record if pupils dilate poorly and/or view of posterior pole poor.
 - **Co-morbidity.** Where other eye abnormalities require investigation and/or treatment as well as the cataract, do not use this pathway. However, chronic and untreatable co-morbidities (e.g. dry ARMD) may be included in this pathway where cataract is a visually significant factor.
 - **Eye for surgery.** Indicate which eye should be operated on first and whether it is the patient's 1st or 2nd eye by circling the appropriate term. The first eye will usually be the worst eye, or in the case of similar acuities, the dominant eye.
 - **Impact of cataract on lifestyle and social factors.** Indicate level of difficulty experienced by the patient e.g. difficulty with TV, reading, driving, glare, lens-induced anisometropia, etc. If they have no difficulty they should not be referred for surgery.
 - **Priority: Routine/Urgent.** Most patients should be put in the 'Routine' category and expect to be treated in the order they joined the waiting list. Urgent referral should be considered where extreme bilateral visual impairment threatens the individual's ability to remain living independently, care for dependants, continue working, administer their own medication or perform any other important function. Cases may also be considered 'urgent' if there is a risk of the cataract becoming hypermature. It is important that optometrists and general practitioners do not try to expedite the referral of 'routine' cases unless there is a clear indication initially or a subsequent change in circumstances.
 - **Suitability for Day Case Surgery under local anaesthetic.** Not all providers can perform general anaesthetics or provide over-night stays. Please refer to accompanying notes on current providers, and offer Choice appropriately. **Please note that local anaesthesia is the preferred option for the majority of patients, and general anaesthesia will only be considered in exceptional circumstances.**
 - **Medical History.** These questions indicate whether a patient is suitable for surgery at a diagnostic and treatment centre or whether they can only be operated on within an acute Trust. Please refer to accompanying notes on current providers, and offer Choice appropriately. If an answer to one or more questions is 'yes', Choice should not be offered by the optometrist. The patient's GP will decide the appropriate management of the patient on receipt of the referral. Please ensure that the patient is aware of this.
 - **Patient's Preferred Choice for surgery.** Please see the accompanying information on the current choice of location for patients to have surgery. Whether a patient is suitable for surgery at certain locations is subject to the conditions outlined. Do not offer providers which are inappropriate for a particular patient's condition. Please indicate patient's choice of provider and inform them that occasionally their choice may not be available or they may have a longer wait depending on demand. Where this is the case, they will be offered an alternative.
 - **Translation/Interpretation Service.** It is the responsibility of the provider to ensure patients can access a suitable interpreting service when required. If there are any problems accessing a translation/interpreting service contact Liz Weatherill, Primary Care Interpreting Services Manager, Bradford & Airedale Teaching Primary Care Trust, Douglas Mill, Bowling Old Lane, Bradford, BD5 7JR, Tel:- 01274 237616, email Liz.Weatherill@bradford.nhs.uk.
 - **Transport.** Only circle yes if patient normally uses hospital transport to attend hospital appointments. This is according to clinical need and is not a taxi service.
 - **Other relevant information.** Please include here details of significant deafness, head tremor, claustrophobia or dementia, or any other information that will assist the hospital to manage the patient most appropriately.
- If patient decides not to proceed with surgery following your clinical assessment, please specify reason in this area on the referral form.**

*If you require further supplies of this form or the patient leaflets please contact:
The Service Development Team Administrator via the tPCT swithboard on 0845 111 5000*

Choice Cataract Referral and Assessment Form

Patient Name _____	Occupation _____ Driver Yes/No _____
Patient Address _____	Telephone _____
_____	Date of Birth _____ Male/Female _____
Post code _____	NHS Number (GP to complete) _____

Referring Optometrist Name _____	General Practitioner Name _____
Address _____	Address _____
_____	_____
Postcode _____	Postcode _____
Telephone _____	Telephone _____

Visual status	Right	VA	Left	VA
Current Refraction Date Dist _____ Near _____				
Previous Refraction Date: Dist _____ Near _____				
Mydriatic Used _____ %				
Description of Cataract	Nuclear / Cortical /PSC/		Nuclear / Cortical / PSC /	
Any other co-existing conditions. (please see notes for guidance)				
Post. Pole view easy / difficult	Eye for surgery R / L	1st / 2nd Eye	IOP R	L

Impact of Cataract on Lifestyle / Social Factors. (please see notes for guidance)

Suitability for Day Case Surgery

Does patient agree to local anaesthetic	yes / no
Has patient support from friend/family overnight at home	yes / no
Has patient access to phone	yes / no
The patient has no significant mobility problems/is able to lie flat for half an hour.	yes / no

Medical History

Is the patient an Insulin dependent Diabetic	yes / no
Is patient breathless or have chest pains/palpitations doing everyday tasks (e.g. shopping/climbing stairs)	yes / no
Does the patient have a pacemaker	yes / no
Has the patient had a coronary heart bypass or heart /lung transplant	yes / no
Is the patient on Warfarin	yes / no
Under review by GP/hospital for clotting problems or other blood disorder (including platelet disorders)	yes / no
On dialysis for kidney disease	yes / no
Allergic to local anaesthetics or latex	yes / no
Has the patient been admitted to hospital because of an allergic reaction	yes / no

If ALL answers are "no" proceed to offer choice of provider AND tick first option in yellow box below. If any of the above answers are "yes" do not offer choice, but use this form to refer to GP to manage further AND tick second option in yellow box..

Patients Chosen Provider for Surgery: (specify one provider only) (Complete this section ONLY if all answers are "no" to Medical History)	Transport Hospital transport needed yes / no
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Hospital interpretation service required yes / no (If yes, please indicate requirements)
Bringing own interpreter yes/no

Has patient been given information leaflet	yes / no
Does patient agree to cataract surgery	yes / no
Is the patient suitable for day case cataract surgery	yes / no
GP confirmation of suitability needed	yes / no
Priority:	Routine / Urgent

GP ACTION REQUIRED (Optometrist to tick action required by GP):-

1. GP to refer patient (see Patient's chosen provider). If using C&B generate URBN, alternatively refer as you would do normally.

2. GP to confirm suitability (see medical history), offer choice of provider and refer patient.

Other Relevant Information (please see notes for guidance)

Optometrist Signature _____ Date: _____

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