

Pre-cataract Pathway for Derbyshire Patients (Derbyshire GPs)

This guidance is for Primary Care Optometry (Opticians) Practices in Derbyshire – including Hardwick, North Derbyshire, South Derbyshire, and Erewash

Cataract Referral

Criteria for Referral **where the patients GP is within the Derbyshire ICB**

FIRST EYE

Cataract surgery will be funded where **the patient is symptomatic and willing to undergo surgery**, and the visual acuity after refractive correction is **6/9 or worse**, in the worst eye (the eye to be treated)

OR the patient has **one** of the following (with correction):

- Reduced mobility, experiencing difficulties in driving, for example, due to glare, or experiencing difficulty with steps or uneven ground
- The ability to work, give care or live independently is affected.
- The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment (option only available to HES)
- The patient has glaucoma and requires cataract surgery to control the intraocular pressure (option only available to HES)
- The patient has posterior subcapsular or cortical cataracts and experiences problems with glare and a reduction in acuity in bright conditions (**can be referred with 6/6 in this case**)
- The patient's visual field defects are borderline for driving, and cataract extraction would be expected to significantly improve the visual field.

SECOND EYE

Will be considered ONLY if:

- Best corrected vision is **worse than 6/24**, i.e effectively 6/36
- Or if more than 3D anisometropia between the eyes
- Or if FIRST EYE only achieves 6/12 or less
- Or the patient is diabetic and the cataract precludes diabetic retinopathy screening – this is decided by the DRSS, NOT the Optometrist
- Or presence of ocular pathology justifies early cataract surgery, i.e. very shallow anterior chamber posing a significant risk of acute glaucoma

WHAT MUST YOU DO PRIOR TO REFERRAL?

- **The Optometrist must:**
 - Undertake a detailed ocular assessment which should include dilation
 - If referred, the Optometrist should offer choice of Hospital, and advise on the process and likely waiting times
- **The patient should be given:**
 - Cataract Patient Information Leaflet
 - Letter from ICB regarding Procedures of Limited Clinical Value
- **The Referral to the hospital from the Optometrist should include:**
 - GOS REFERRAL LETTER – GH, meds, ocular history (including refraction and any historical refractions where there has been a significant myopic shift caused by the cataract) and details of the actual cataract should be included
 - PLCV Referral Form (on LOC website alongside this instruction) – SURGERY WILL NOT BE CONSIDERED WITHOUT THIS FORM
- **The practice may claim from the ICB:**
 - £40 can be claimed if the optometrist counsels and dilates a patient that **may** benefit from cataract surgery and falls within the referral criteria – ***whether or not the patient is then referred, and regardless if referral is into the NHS or private consultant.*** (Note: if not referred, the Optometrist should still write to the GP to say the Px has been assessed under the Direct Cataract Referral scheme, but not referred). Fees are currently claimed via <https://es-ddccg.necsu.nhs.uk/default.aspx>
- **Referral should be sent:**
 - By **email via NHS.NET**
 - Royal Derby Hospital (NHS) dhft.referrals@nhs.net
 - Chesterfield Royal Hospital (NHS) crhft.newappointments@nhs.net
 - Independent sector providers (Spa Medica/New Medica etc) – as advised by them
 - or by *post* to Hospital of choice (NHS or private)
 - no clinical images should be attached but the referral itself can be attached as a screenshot or word document - **Request a sent and read receipt when sending an email**
 - A copy should be sent to the GP marking it clearly as INFORMATION ONLY

NONE ACCREDITED OPTOMETRISTS MUST REFER TO AN ACCREDITED OPTOMETRIST RATHER THAN REFER DIRECTLY TO THE HOSPITAL.

PRACTICES OUTSIDE DERBYSHIRE MUST REFER VIA THE GP.