

SWINDON PCT CATARACT DIRECT REFERRAL SCHEME

SERVICE LEVEL AGREEMENT

PROTOCOL

This document sets out the details of the administrative protocol for the direct referral by Optometrists/OMPs of cataract patients.

PURPOSE OF SCHEME

1. This scheme empowers Optometrists/OMPs to refer patients in need of cataract surgery directly to the Swindon PCT Referral Management Centre.
2. Optometrists/OMPs are contracted to refine their referral by screening for ocular co-morbidity and recommend whether the patient is suitable or not for direct pre-operative assessment.

PARTICIPATION

3. Participation in the scheme is open to any Optometrist/OMP who is included on a PCT performers list who has signed the agreement accompanying this protocol at Appendix C.
4. The list of participating Optometrists/OMPs will be kept by Swindon PCT and the Local Optical Committee.
5. The PCT will provide a list of registered Optometrists to the Great Western Hospital Foundation Trust, together with a list of those practices who do not have a participating Optometrist/OMP.
6. The PCT will provide GPs with a list of participating Optometrists/OMPs.
7. Details of the Optometrists/OMPs involved and where they work will be appended to the agreement protocol circulated to those optometrists taking part in the scheme.

INDEMNITY

8. It is the responsibility of the practitioner to ensure that his/her professional indemnity insurance covers participation in co-managed /direct referral schemes.

PATIENT ASSESSMENT

9. The patient eligibility criteria will be patients registered with a GP practice in contract with Swindon Primary Care Trust.
10. All assessments and referrals will be made on the basis of the forms designed for this purpose.
11. The Optometrist/OMP should carry out all appropriate and relevant tests to identify whether visually significant and symptomatic cataract is present and to screen for the presence of ocular co-morbidity. This procedure should include dilated indirect ophthalmoscopy in cases where a clear view of the fundus is not possible through the undilated eye, unless clinically contraindicated, or refused by the patient.
12. Straightforward cataract cases without any signs of ocular co-morbidity should be recommended for direct pre-operative assessment for cataract surgery.
13. Direct pre-operative assessment for cataract should not be recommended where:
 - a) there are relevant medical issues that may complicate surgery that need to be assessed by an Ophthalmologist first.
 - b) visually-significant ocular co-morbidity is also present.

c) where visual acuities are better than 6/12 Snellen (0.30 logMAR) without significant visual impairment.

These cases will be assessed by an Ophthalmologist prior to recommending or consenting for surgery.

14. Where cataract is not the primary pathology, the patient should be referred in the normal way. Please make this clear in your letter to the GP or it may be returned to you for direct referral to the cataract clinic.
15. Optometrists/OMPs referring through this scheme will be expected to ensure that the current guidelines, service outline and audit requirements are met - see Appendices A & B.

PATIENT ADVICE AND CONSENT

16. Tell the patient what a cataract is, how their symptoms are related to the cataract. This might include blurred vision, difficulty in poor light and glare.
17. Demonstrate to them their best corrected vision, and discuss limitations of glasses.
18. Discuss the option of cataract surgery and explain the process. This should include the fact that it is most commonly performed under local anaesthetic as a day case; the actual process; the general risks and benefits.
19. Obtain the patients consent to refer for cataract treatment (their own personal risk assessment will be refined by the ophthalmologist).
20. Give the patient the information leaflet provided. This contains information on the principles of cataract surgery and the risks and benefits of having the operation.
21. Tell the patient that they will be contacted by the Referral Management Centre to make their choice of hospital and to book a date for surgery.

FEES AND CLAIMS

22. Payment will be made on the basis of the Cataract Direct Referral Forms received by the Referral Management Centre. Fees will be paid to the contractor on whose premises the cataract assessment took place.
23. The fee for providing the service is, at present, £28 and is in addition to the standard GOS sight test fee that would be claimed following the sight test.
24. The additional fee covers the supplementary eye examination, counselling, and completion of the referral form.
25. The level of fees will be reviewed annually by Swindon PCT in conjunction with representatives of the LOC.

TRAINING AND CONTINUING EDUCATION

26. Optometrists/OMPs within the scheme will be required to attend review and / or education sessions as required by Swindon Primary Care Trust in association with the relevant providers. These sessions will not require funding from optometrists/OMPs.
27. Optometrists/OMPs will also be expected to keep their personal development current.

REVIEW OF SERVICE AND AUDIT

28. Periodically the PCTs, representatives of the LOC and providers will review the scheme to discuss the need for changes to processes or referral criteria and the guidelines, referral form and protocols will be amended accordingly. All optometrists/OMPs within the scheme will be notified of any changes. Current forms and guidelines will be held on the Wiltshire LOC website.
29. Optometrists/OMPs taking part in the scheme will be required to supply data for audit as and when requested to monitor the effectiveness and value of the scheme. Patient outcomes will be periodically audited against referral forms to ensure both individual practitioners and practice branches are providing effective referral advice. Optometrists should also audit their own referrals for personal development purposes.

RESPONSIBILITY

30. Practitioners participating in the scheme must ensure where appropriate that patients are aware of their condition and whether or not they meet the requirements for referral.
31. If ocular abnormalities additional to cataract are noted these should be clearly stated on the referral form.
32. If referral is considered appropriate for a condition *additional* to the cataract the patient should be referred in the normal way. **The GP should be made fully aware that cataract is NOT the prime reason for referral.**

COMPLAINTS

33. A complaint by a patient concerning the Optometrist/OMP may be addressed by the practice using the practice complaints procedure or the patient may raise their concerns with the Commissioner directly (through the Patient Advice and Liaison Service, Swindon PCT, Tel 01793 708758).
34. Optometrists/OMPs will establish and operate a complaints procedure to deal with any complaints in relation to any matter reasonably connected with the provision of services under the agreed protocol and guidelines, and the new National Complaints Regulations set out in Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Direct Cataract Referral Form Guidelines

These notes are intended as a reference to be used when completing the Swindon PCT Cataract Direct Referral Form.

FORM COMPLETION AND DISTRIBUTION

- This referral form should only be completed by Optometrists/OMPs who have registered with the Swindon PCT Cataract scheme. This instruction excludes non-registered practitioners such as locums or pre-registered optometrists.
- The form should only be completed for patients registered with a GP in contract with Swindon PCT.
- All sections must be completed, including specific Y/N answers. An incomplete or illegible form may be returned to you for clarification and may delay payment.
- The distribution of the completed form is as follows:
 1. To the Referral Management Centre, at the fax number on the form (or send to Referral Management Centre, Swindon PCT, North Swindon District Centre, Thamesdown Drive, Swindon, SN25 4AN).
 2. Copy to the Patient's GP
 3. Copy to be retained in the patient's records, as it will be needed for audit purposes.

REFERRAL CRITERIA

Patients must satisfy all three criteria:

1. Patient complaining of significant visual impairment that adversely affects their quality of life. Specific visual criteria includes:
 - a) Blurred or dim vision with a corrected monocular distance acuity of 6/12 (0.30 logMAR) or worse.
 - b) Where visual acuity is still better than 6/12 (0.30 logMAR) but who are suffering from significant visual impairment such as:
 - Disabling glare in sunlight or at night which restricts their ability to drive.
 - Disabling Unilateral diplopia.
 - Difficulty with reading or specific visual tasks.
 - Intolerance to significant anisometropia due to nuclear sclerotic changes or induced by earlier cataract surgery of the other eye.
2. Cataract is the principal cause of the reduced vision or symptoms.
3. Patient is willing to undergo corrective surgery provided by the NHS.

REFERRAL EXCLUSION CRITERIA

1. Patients attending a local Eye Clinic for other pathology.
2. Patients with undiagnosed co-existing pathology, which needs further investigation.

Where cataract is not the primary pathology, the normal GP referral route should be followed. Please make this clear in your letter to the GP or it may be returned to you for direct referral to the cataract clinic.

REFERRAL REFINEMENT

Based on your examination you are required to evaluate whether the patient is a straightforward case that is suitable for direct pre-operative assessment at a cataract treatment centre or whether an additional ophthalmological opinion is required before proceeding further. You can indicate this by circling Y – Yes or N – No at the bottom of the referral form as shown below:

Is the patient suitable to be referred directly for pre-operative assessment? Please select <u>No</u> if you conclude the patient needs further ophthalmological opinion before listing for surgery, for example, if any of the shaded answer boxes on this form are used. For straightforward cases choose <u>Yes</u>	Y	N
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Many cases are straightforward and where possible you should select YES for direct referral. However, direct pre-operative assessment for cataract should not be recommended where:

1. There are relevant medical issues that that need to be assessed by an Ophthalmologist first before proceeding further.
 - a) It may not be possible to treat the cataract under local anaesthesia such that the patient:
 - cannot cope with being awake during surgery
 - suffers from involuntary head movement or tremor
 - suffers from confusion or dementia
 - b) There may be general medical issues that might complicate treatment
 - restricted mobility such that the patient is unable to move with one assistant from wheelchair to bed
 - possible allergies to anaesthetics or other prescription medications used during treatment
 - signs of significant breathing problems, obstructive airways disease or severe asthma
 - Patient is currently or recently been prescribed Warfarin or other anti-coagulant agents
 - Leg ulcers, which are a risk factor for endophthalmitis.

You can indicate your reason for concern on the referral form in the box provided as shown below:

Other visually significant ocular pathologies or other relevant medical issues

Other Ocular Issues: eg Severe Blepharitis, Iris/Pupil Abnormalities, Other Retinal Diseases
Medical issues: eg Leg Ulcers, Poor Mobility, Confusion, Involuntary Head Movements, Breathing Difficulties, Allergy to Medication

2. You have identified and recorded on the referral form the presence of visually significant ocular co-morbidity or previous trauma to the eye.

You can record your findings on the referral form section 'Ocular Pathology Present'. Less common but visually relevant pathologies may be written in the same box as shown above.

3. If best corrected monocular distance visual acuities remain better than 6/12 Snellen (0.30 logMAR) but the patient is suffering from significant visual impairment such as:
 - Disabling glare in sunlight or at night which restricts their ability to drive.
 - Disabling Uniocular diplopia.
 - Difficulty with reading or specific visual tasks.
 - Intolerance to significant anisometropia due to nuclear sclerotic changes or induced by earlier cataract surgery of the other eye

In general, further ophthalmological opinion should be sought in such cases to provide an individual risk assessment prior to recommending or consenting for surgery although you have the option to recommend direct pre-operative assessment if appropriate.

Service Outline & Audit Requirements

1 Access to Service

If a patient attends an optometry practice, which is not part of the service, for an eye examination, and that practice determines that the patient should attend for referral refinement, the practice will refer the patient to a participating practice.

2 Referral Process

Inward

- Patient attends for eye examination with optometrist within the scheme.
- Patient attends for eye examination with optometrist not within the scheme, referred to optometrist participating in the scheme.
- Patient attends appointment with GP, referred to optometrist participating in the scheme.

Onward

- Optometrists participating in the scheme will refer patient to secondary care to pre-operative assessment (or if do not meet referral guidelines, to general ophthalmology clinic).

3 Discharge procedure

Following surgery and a follow up appointment in secondary care, the patient will be discharged to the referring optometrist and the discharge report sent to the optometrist. A copy of the discharge report will be sent to the patient's GP.

4 Facilities

All optometrists providing the referral refinement should have the appropriate facilities to enable them to properly deliver the service and have adequate and appropriate equipment available.

5 Equipment

Optometrists should ensure that equipment is fit for purpose, compliant with current electrical safety standards and maintained and calibrated in accordance with the manufacturer's advice.

6 Information requirements

Optometrists are responsible for ensuring that all details and outcomes of the patient consultation are recorded in the patient record. Any information relevant to clinical care will be shared with the patient and supplied, within the bounds of confidentiality, in a timely fashion to professionals continuing the care of the patient.

For audit purposes, the optometrist will be required to supply information when requested, to monitor the effectiveness and value of the scheme. Detailed requirements for auditing are indicated in section 16 of this document.

7 Staffing

Optometrists will undertake the prescribed level of Continuing Education and Training (CET) as required by the General Optical Council (GOC) to maintain registration.

Optometrists wishing to participate in the scheme will be expected to attend an Induction session which will introduce and explain the scheme.

8 Administration

Accurate records should be kept for each patient referred, to include information detailed within the monitoring requirements for the scheme. Procedures should be in place for the effective handling of the administration of appointments, onward referrals and all communication.

9 Quality

The table below details the framework of performance indicators for the recording of relevant quality indicators for the purposes of audit. The submission of quarterly audit returns will provide information for the measure of the indicators.

Key Performance Indicator	Measure	Timescale
Reduction in number of inappropriate referrals	Audit Form completed by optometrist. Data from secondary care.	Quarterly
Improved patient experience	Feedback from patients by questionnaire in comparison to initial patient engagement. Monitoring of patient complaints.	6 month review
Sustainability of Referral To Treatment target	Referral To Treatment data from secondary care.	Quarterly
Streamlined cataract referral process, through reduction in General Ophthalmology Clinic appointments.	Audit of the new pathway against baseline.	Quarterly

10 Governance

Clinical Quality and Governance Standards

Optometrists will be expected to meet the standards and quality of professional care as published by the College of Optometrists.

11 Clinical Auditing

To provide assurance and continuously improve patient care, the optometry referral refinement service will be audited each quarter and will focus on the procedure and outcomes.

The PCT will work closely with optometrists to monitor the appropriateness of patient's referral into the service. Where inappropriate referrals have been identified, the PCT and secondary care colleagues will work closely with the optometrist to rectify this.

Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Optometrists should report clinical audit activity and outcomes to Swindon PCT quarterly on the designated audit form and participate in any additional audit activities required.

12 Risk Assessment and Management

Optometrists are expected to assess and manage risk associated with the service and investigate adverse events in accordance with recognized best practice and to keep comprehensive records.

13 Infection Control

Optometrists will be expected to meet the standards and quality of infection control as published by the College of Optometrists.

14 Safeguarding

All providers will comply with section 11 of the Children Act 2004 and all provider employees are required to act in such a way that at all times safeguards the health and well being of children and vulnerable adults. Familiarisation with and adherence to the providers Safeguarding policies is an essential requirement of all employees as is participation in related mandatory/statutory training.

15 Monitoring information requirements

Optometrists will be expected to report quarterly on the following indicators:

- i) Number of patients having a referral refinement appointment.
- ii) Number of patients referred directly to pre-operative assessment following referral refinement appointment
 - a) excluding pupil dilation
 - b) including pupil dilation.
- iii) Number of patients referred to general ophthalmology clinic following referral refinement appointment:
 - a) excluding pupil dilation
 - b) including pupil dilation.
- iv) Number of patients not referred following referral refinement appointment.

- v) Number of patients required to attend for an additional appointment, at a later date, for pupil dilation.

Monitoring information will be submitted by optometrists on a quarterly basis to Swindon PCT on the Audit Form.

16 Service Level Agreement

The duration of the Service Level Agreement (SLA) will be from the date of signature until either party terminates/suspends the agreement, which, if circumstances require, could be immediate.

Provision of the service is expected to commence as soon as possible after 1st September 2009.

Swindon PCT will reserve the right to make changes to the Service Level Agreement with 1 month's notice. The SLA will be reviewed annually in discussion with the Local Optometric Committee.

17 Payment Mechanism

Swindon PCT will make payments to the contractor on whose premises the assessment took place, on submission of complete and legible copies of referral forms.

The PCT must be able to identify the optometrist who has undertaken the referral refinement to enable payments to be authorised.

18 Eligibility Criteria

The ability to undertake referral refinement involves core optometric competency skills requiring no additional training, however optometrists will be required to sign the SLA agreeing to abide by the protocol, referral guidelines, service outline and audit requirements.

Optometrists outside the Swindon PCT area will be able to register for the scheme and refer patients who are registered with a GP in contract with Swindon PCT.

Optometrists will be required to register with Swindon PCT in order to take part in the scheme. The PCT will maintain the list of registered optometrists.

Pre registered optometrists will not be eligible to refer through the referral refinement scheme.

SWINDON PCT CATARACT DIRECT REFERRAL SCHEME

OPTOMETRIST / OMP	
Title	Surname
First name	
GOS List No.	GOC No.
Address	
Postcode	Tel no.
e-mail	

PRACTICES ATTENDED IN Swindon, Wiltshire or Other Catchment Area
Name
Address
Name
Address
Name
Address

DECLARATION

I would like to take part in the Swindon PCT Cataract Direct Referral Scheme and agree to abide by the protocol, referral guidelines and service outline issued. I also agree to attend any review/update meetings that may be arranged and to provide any audit data required.

Signed.....

Date

Any changes in circumstances must be notified to Swindon PCT and Wiltshire LOC.

This scheme is run in conjunction with the Wiltshire Local Optical Committee

Please return this form to: Liz Hews, Performance Improvement Manager, Swindon PCT, North Swindon District Centre, Thamesdown Drive, Swindon, SN25 4AN