Cataract referrals – can we improve?

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Cataract referrals – can we improve?

- Cataract referral pathway
- Pre-operative Assessment
- Relevant history & general factors
- Exceptional Circumstances
- Cataract referral admin rejections
- Referral issues at pre-assessment
- Current waiting times
- Case Studies

Cataract Referral pathway

Optom diagnose clinically significant cataract affecting lifestyle & ensure surgery wanted?

Identify psychological or ocular condition that may interfere with LA surgery

Counsel with verbal & written information

Referred direct by Optom

- Referral & T11a forms
- copy to GMP
- copy to Px? (Referral Guidance C162, unless “it may cause harm” C166)

Pre-operative Assessment

Refer if:

- VA reduced: monocular 6/18 (0.4) or worse
  or binocular 6/10 = $6/9^{-2}$ (0.20) or worse
- 3D or > anisometropia
- Surgery wanted & 3 or > lifestyle score
- understands risks (97% have improved vision, 1:1000 serious complication)
- Give surgery info & choice leaflets (College leaflet?)
- 7 days thinking time
- Signature if definitely wants surgery

Include on referral

Which eye, 1st or 2nd

Previous BCVA & date

Choice of provider

Exam (ideally dilated), include:

- Retina, ONH and macula
- ACA
- Blepharitis, deep set eyes
- corneal guttata/Fuch's
- pupil abnormality incl. poorly dilating pupil, RAPD, PES, PDS
- IOP
- High myopia
- very dense or white cataract

Relevant medical history

- HTN &/or DM + note if uncontrolled
- Anticoagulant
- Other medical problem, incl. cough, breathing problems, severe chest disease, severe heart disease or angina, neck stiffness, spinal curvature, head tremor, active infection eg leg ulcer, allergy
- Meds eg corticosteroids, Doxazosin (cardiovascular), Tamsulosin (urinary disorder), Inhalers

Ocular History

Especially:

- heterotropia
- amblyopia
- surgery
- glaucoma
- Retinal Detachment
- Diabetic Retinopathy
- Optic Atrophy

General factors

- Can patient tolerate & cooperate with surgery while awake?
- Can lie flat on back for ½hr?
- Communication, comprehension, anxiety problems? Incl. dementia, severe deafness, claustrophobia
- Request for GA
- Young patient <40

Exceptional circumstances

- Not meeting threshold but extenuating circumstances where treatment S/B considered
- Submit prior to referral
- Why case for exceptional funding?
- Cost savings gained by procedure eg downstream procedures/appointments avoided?
- How many similar Pxs you may see in next 12/12?
- My example…

Cataract referral statistics; 2015

Years	Ref Date	Rejected	HES	Grand Total	% Rejected
2015	Jan	35	337	372	10.4%
	Feb	54	354	408	15.3%
	Mar	38	416	454	9.1%
	Apr	38	386	424	9.8%
	May	35	382	417	9.2%
	Jun	25	354	379	7.1%
	Jul	32	344	376	9.3%
	Aug	14	264	278	5.3%
	Sep	46	368	414	12.5%
	Oct	32	382	414	8.4%
	Nov	31	354	385	8.8%
	Dec	26	271	297	9.6%
Grand Total		**406**	**4212**	**4618**	**9.6%**

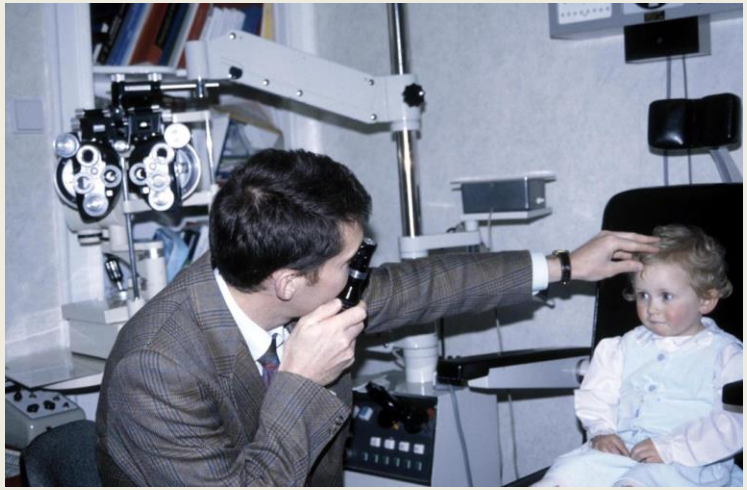
Cataract referral rejection by evolutio:

- Incorrect Patient Identifiable Data – unable to find patient on NHS spine
- Illegible handwriting
- Not circling 1st or 2nd eye – very common (not as worried re R or L)
- Referring clinician not on Suffolk Accredited list
  (OK if counter signed by accredited optom)
- Practice stamp not on both the T11 and T11A

Cataract referral rejection by evolutio:

- No hospital choice provided
- Patient does not meet criteria; note attached saying consultant agreed to perform surgery unacceptable - need evidence to back this up – still not guaranteed – may need Exceptional Circumstances application
- Referring due to anisometropia but no refractive details
- Not completing part two of T11A (lifestyle section); must meet VA criteria AND 3 or more points

Enough cataract and motivated Px?



Quantify cataract

- Direct, indirect & retro
- remember retinoscope!

Ensure accurate VA

- check recalibration
- Push patient to guess
- Exam induced disability glare?

Enough cataract and motivated Px?

Lifestyle questions & VA

- Incorporate into exam
- Helpful data to influence need for surgery
- No need to mention cataract thresholds?

Motivation in doubt? Ask Px to contact you when sure or if vision deteriorates

Referral issues at pre-assessment

- VAs better than threshold
- Missing IOP
- Insufficient POH eg date & where 1st eye surgery, Lasik or similar
- Near VAs useful in cases of AMD
- Majority of referrals appropriate and complete

Reasons for not listing at Addenbrooks

- 48% vision outside threshold
- 29% other pathology (64% mentioned in referral)
- 22% insufficient symptoms/coping well

Current waiting times

Ipswich:

- Surgery 16-18 weeks from referral
- Contacted for pre op approx week 8-9

West Suffolk Hospital:

- Surgery currently 15 weeks from referral
- Pre-op assessment usually 3-4 weeks prior

Cataract Referral Information

www.suffolkloc.org.uk for:

- Protocol
- Referral forms
- Exceptional circumstances application = “Individual Funding”
- Cataract surgery & Choice of provider patient leaflets

Case study 1

VA poor, symptomatic but anxious/unsure re surgery eg

- Bin 6/18, moderate cataract, score 7, non-driver

Case study 1

Possible management

- Explain procedure/reassure/give verbal & written information
- Advise discuss with family/friends/GMP
- Advise review date, OSIS> or ready for referral
- Letter to GMP
- LV referral?

Case study 2

VA reduced sufficiently, minimal symptoms but still desires surgery eg

- Bin 6/12, mod cataract, score 2, non-driver

Case study 2

Possible management

- Advise wise to wait until cataract causing > inconvenience
- “Coping well & always small chance of poor surgical outcome”
- Advise review date OSIS>

Case study 3

VA too good but symptomatic & highly motivated Px eg

- Bin 6/9, minimal cataract , score 5

Case study 3

Possible advice to patient:

- cataract insufficient for NHS surgery
- wait until > cataract, as always chance of poor surgical outcome
- Advise review date OSIS>

Consider:-

- private referral, esp if high Rx
- individual funding application if extreme distress/ sig symptoms/cataract > VA suggests/ exceptional circumstances?