

NHS Standard Contract - SCHEDULE 2 – THE SERVICES

Cataracts Direct Referral Service Specification

Service Specification No.	
Service	Cataracts Direct Referral Local Enhanced Service
Commissioner Lead	Dr Phil Birks, Strategic Clinical Executive
Provider Lead	As signed
Period	1 st April 2021 to 31 st March 2022
Date of Review	End of contract period or as necessary

1. Population Needs

NHS Rotherham CCG (RCCG) herein called the Commissioner, wishes to secure the provision of a Cataract Direct Referral Refinement Local Enhanced Service (LES) for patients registered with GPs within NHS Rotherham CCG.

The main aims of the LES are:

- to reduce the number/percentage of patients who are referred to hospital but who then do not proceed to surgery (i.e. to increase the conversion rate),
- to reduce the number of visits that the patient is required to make to the hospital
- to provide care closer to home

The Rotherham Local Optical Committee (LOC) will represent community optometrists in discussions with the Commissioner.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	N/A
Domain 3	Helping people to recover from episodes of ill-health or following injury	N/A
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

3. Scope

3.1 Process

Under the Cataract Direct Referral Scheme, the Optometrist will undertake the following:

1. Diagnose cataract.
2. Assess patient's suitability and willingness to undergo cataract surgery; including counseling on the risks and benefits of surgery, in accordance with the inclusion/exclusion criteria listed in section 3.2 and 3.3.
3. Use the 'Cataract Score' to support decision making; this should not supersede clinical judgment regarding appropriateness of referral (see section 3.5), using the RCCG

Cataract Assessment/Referral Form (Appendix 1).

4. Patients who score 7 or above should be offered a referral for surgery. Patients with a score of less than 7 should be advised to return for an assessment as clinically indicated. When assessing visual acuity, the following scoring mechanism should be used:

VA Scores

Between 6/6 and 6/8.9 = 0

Between 6/9 and 6/11.9 = 1

Between 6/12 and 6/17.9 = 2

VA 6/18 and above = 7

5. If a clinician considers need for referral/treatment on clinical grounds (i.e. where a patient has a score of less than 7 and does not meet the exception criteria), the clinician should refer to the CCG's Individual Funding Request policy for further information: <http://www.rotherhamccg.nhs.uk/South%20Yorkshire%20and%20Bassetlaw%20Commissioning%20for%20Outcomes%20Policy%20v21%20FINAL%2001.05.19.pdf>
6. Clinicians should discuss with patients which hospital they would like to be referred to. Under the NHS Constitution patients must be offered a choice of provider once a decision to refer has been made. This can include either NHS or private providers anywhere in the country, which are willing to carry out NHS work. The referral thresholds are applicable regardless of the provider since these relate to Rotherham patients and not to the location of the provider. To help patients to understand their options, the NHS Choices web site at www.nhs.uk/choices provides information on individual hospitals and the experiences of other patients.
7. If patients choose to be treated at Rotherham Hospital or SpaMedica, the referral must be sent directly to the provider using secure email i.e. @nhs.net. Fax referrals will no longer be accepted. The provider email addresses are:
- Rotherham Hospital - rg-h-tr.contactcentrepink.team@nhs.net
- SpaMedica - spamedica.referrals@nhs.net
8. Where patients choose to be treated at a provider other than Rotherham Hospital or SpaMedica, the referral form should be sent to the patient's GP for onward referral with an explanatory letter.
9. All patients being referred for cataract surgery must have been assessed under this scheme.

3.2 Referral/Inclusion Criteria

Patients suitable for referral under the Cataract Direct Referral scheme will ideally satisfy all three points below:

1. The cataract is the cause of reduced vision or visual difficulties that significantly affect the patient's lifestyle.
2. Following counseling, patients should wish to have cataract surgery
3. The patient's GP must be in the NHS Rotherham CCG area

3.3 Exclusion Criteria

Patients are not suitable if they fulfill any one of the following criteria:

1. Patients who do not have significant difficulty with their vision
2. Patients who do not wish to be referred for cataract surgery

THESE PATIENTS SHOULD NOT BE REFERRED AND SHOULD CONTINUE TO BE MANAGED IN THE COMMUNITY BY THE OPTOMETRIST

3.4 Post-Operative Assessment

Patients should be advised by their ophthalmologist to have a post-operative checkup. It is expected that post-operative check-ups will be undertaken by the provider undertaking the surgical treatment. Sight-tests will be undertaken by community optometrists to determine whether a change in prescription is appropriate. No payments will be made under the LES for post-op assessments.

3.5 Payment

A fee of £20 will be payable by NHS Rotherham CCG for each patient assessed in accordance with the Cataract Direct Referral Scheme. Payment will be made on receipt of a completed referral form (without patient identifiable information).

3.6 Audit

NHS Rotherham CCG will audit the Cataract Direct Referral Scheme, including the following:

- Number/percentage of referrals made via Referral Refinement versus number/percentage not referred via Referral Refinement
- Accuracy, and completeness of information provided on referral pro forma
- Source of referral to ensure Optometrists are referring directly and not via GPs
- Patient satisfaction

3.7 Information Requirements

The Optometrist will, through submission of the referral form, provide the Commissioner with any information relevant to this scheme to support the audit, including the details of all patients seen under the scheme.

3.8 Review

The Commissioner shall review the content of the LES annually, or at such other times as required. Such assessments will include reviews of patient inclusion/exclusion criteria, payment mechanisms and fees. Any changes to the agreement will be agreed with Rotherham LOC.

3.9 Clinical Governance

The Optometrist warrants that he/she is a qualified optometrist registered with the General Optical Council and that he/she will at all times maintain a high clinical standard to meet the requirements of the General Optical Council.

The Optometrist will observe the legal requirements and professional guidelines of the General Optical Council Code of Conduct and the College of Optometrists' Guidelines.

3.10 Responsibilities of the Optometrist

Clinical Practice – The Optometrist will adhere to the Cataract Referral process.

3.11 Responsibilities of the Commissioner

Choice of Provider Information – The Commissioner will provide the Optometrist with up to date information on the potential providers of cataract surgery, to include waiting times, location, access.

Feedback on Scheme – The Commissioner will provide feedback to the Optometrist and the LOC, including conversion rates.

3.12 Length of Contract and Termination

This contract is for the period commencing 01 April 2020 to 31 March 2021. Either Party may terminate this agreement providing 6 months written notice is issued to the other.

RCCG Cataract Assessment / Referral Form

First Eye Surgery: Please complete Part 1 and 2.

Second Eye Surgery: Please complete Part 1 and 3.

Part 1 - Assessment

GP Name:	Patient Surname:	Title:
Address:	Forename(s):	
	Date of Birth:	
Postcode:	Tel:	Address:
Optometrist Name:		
Address:	Postcode:	
Postcode:	Tel:	Tel 1: Tel 2:

VA Scores*		SPH	CYL	AXS	VA	Dominant Eye	Score	
VA 6/6 = 0								
VA 6/9 = 1	R							VA Score
VA 6-12 = 2								
VA 6/18 and above = 7	L							

Lifestyle Questions to ask a Patient*	Not at all	Slightly	Moderately	Very Much
Is the patient's quality of life affected by vision difficulties (e.g. car driving, watching TV, doing hobbies etc)?				
Is the patient's social functioning affected by vision difficulties (e.g. crossing roads, recognising people, recognising coins etc)?				

* These questions are designed to elicit the information from patients as to the effect on their lifestyle. The clinician will use the responses to weight the scoring below.

	Please circle	Yes	No
Any difficulties for patient with mobility (including aspect of travel e.g. driving, using buses)?		2	0
Is the patient affected by glare in sunlight or night (car headlights)?		2	0
Is patient's vision affecting their ability to carry out daily tasks?		2	0

Part 2 – First Eye Cataract Surgery

FIRST EYE TOTAL ASSESSMENT SCORE (VA AND LIFESTYLE SCORE)

NB: THE PATIENT MUST HAVE A TOTAL ASSESSMENT SCORE OF 7 TO MEET THE THRESHOLD FOR FIRST EYE SURGERY OR THE PATIENT MEETS ONE THE EXCEPTIONS (PLEASE DOCUMENT IN PART 4)

Patient meets the Clinical Threshold and requires Referral

Patient Doesn't Require Referral

Referred to (name of provider):

Important: A patient with a total assessment of under 7 should be advised that a referral for a cataract operation is not essential at this time, unless they meet one of the exception criteria listed below. The patient should be advised to return for a further assessment as and when you see fit.

