NHS
Nottingham and Nottinghamshire

Please share this information with all staff who make referrals for Cataract Surgery in Nottinghamshire

Dear Colleague,

Referral Process for Cataract Surgery for Patients Registered with a GP in Nottingham and Nottinghamshire

We have recently become aware that some Cataract Surgery patient referrals are being incorrectly sent directly to surgical providers by Optometrists, and therefore we would like to confirm to all Optometric Practices the correct referral process. Patients requiring routine Cataract Surgery should not be referred directly to providers.

- All referrals for Cataract Surgery initiated in Practices should be sent to the patient's GP Practice using a GOS18 referral form (ensuring firstly that the patient wishes to be referred for surgery and that they meet the established local referral criteria - see Appendix 1 below).

  [If a patient is not referred by their GP there is a risk that the receiving provider may not receive important information from the patient's medical record. There have been instances recently where patients have been referred directly without the input of their GP and the patients have been later considered unsuitable for surgery with the Provider concerned due to a non-eye related issue and consequently their surgery has been cancelled. This has caused delays to care and frustration for patients, and wastes scarce clinical capacity.]

- The GP inputs the referral on to the NHS e-Referral Service (e-RS) and forwards this to the triage provider - either HealthHarmonie or East Midlands Medical Services (working with the Clinical Commissioning Group's Referral Support Service).

- The triage provider reviews the referral and if suitable for onward referral contacts the patient and offers them a choice of local providers to have their surgery. The patient will be offered a range of NHS and Independent Sector providers to choose from, supported with information about provider locations, waiting times and any other useful available information. Whilst referring Optometrists may provide initial information, it is important that the patient gets to make the decision about where to have their surgery after being advised of all of the available options (please don't write the name of a provider on the GOS18 referral).

- The patient receives an appointment with their chosen provider.

If you have any queries regarding this matter please email – nnicb-nn.plannedcareteam@nhs.net

Thank you

The Planned Care Team
NHS Nottingham & Nottinghamshire Integrated Care Board

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Appendix 1 - Nottingham and Nottinghamshire Referral Criteria

Before a referral is made, please confirm the patient wishes to have surgery if offered.

First cataract commissioned where there is a visual acuity of 6/12 (corrected) in the worst eye, or for:

- Patients for whom it is vital to have good visual acuity in the worse eye for the purpose of fulfilling essential occupational responsibilities (e.g. watchmaker).
- Patients with posterior subcapsular cataracts and those with cortical cataracts who experience problems with glare and a reduction in acuity in bright conditions.
- Driving: the legal requirement for driving falls between 6/9 and 6/12 (strictly speaking it is based on the number plate test). It is anticipated that the threshold will not render the majority of people unable to drive as it applies to the worst eye only.

Exceptions to this include:

- Patients who need to drive but experience significant difficulty due to the cataract.
- Patients for whom it is vital to drive at night for the purpose of fulfilling essential domestic, carer or occupational responsibilities, and who experience glare that is related to cataract.
- Patients with visual field defects borderline for driving, in whom cataract extraction would be expected to significantly improve the visual field.
- Patients with glaucoma who require cataract surgery to control intra ocular pressure.
- Patient with diabetes who require clear views of their retina to look for retinopathy.

Cataract Second Eye

- Where the cataract procedure on the first eye has achieved a VA of 6/9 or better, and the VA for the second eye is 6/24 or better, then the patient should be discharged, unless receiving treatment for any other eye condition. The patient should be advised to attend an optometrist for a sight test annually or earlier if they notice any deterioration of vision. It is not acceptable for these patients to be retained until vision in the second eye deteriorates.
- If the first eye does not achieve a VA of 6/9 or better, then the second eye should be dealt with on clinical merit, taking into account any directly related essential responsibilities (i.e. the requirement for night driving).
- There are circumstances, where despite good acuities, there may still be a clinical need to operate on the second eye fairly speedily e.g. where there is resultant anisometropia (a large refractive difference between the two eyes) which would result in poor binocular vision or even diplopia. In these circumstances, the notes should clearly record this so that it can be identified during any future clinical audit**.**