



Health and Social  
Care Board

## Optometric Cataract Refined Referral



## Guidance Notes for Optometrists

Version Control:

v1: April 2013

v2: August 2015

# **REFINED CATARACT REFERRAL PATHWAY**

## **GUIDANCE FOR OPTOMETRISTS**

### **Background**

Approximately 25% of all referrals to ophthalmology are for patients with cataract and, of those patients, 75% proceed to surgery. Significantly this means that, following assessment for cataract at an ophthalmology outpatient clinic, 25% of patients do not proceed to surgery. Applying this to current figures of approximately 26,000 new outpatient appointments per annum, the cataract referral figure is around 6500, or (1/4) 1,625 unnecessary appointments. The aim of the refined cataract referral is to improve the quality of cataract referrals and reduce the number of patients that are referred but who are not offered or do not wish surgery, thereby releasing outpatient appointments.

The majority of referrals for patients with cataract originate from optometrists, with a small number coming directly from GPs. A new cataract specific referral form has been developed to use in place of a GOS 18 referral form for referring patients whom the optometrist assesses would benefit from, are suitable for and are willing to undergo, cataract surgery. Please do not use this form if you are referring the patient for another ophthalmic condition it should only be used where the primary reason for referral is cataract. The aim of the form is to provide more cataract specific information that will facilitate improved triaging of these referrals. It is also hoped the form will act as an aid for optometric practitioners in informing patients and assessing whether referral for cataract surgery is appropriate at that point for that particular patient. A sample of the cataract only referral is included in this guidance. GPs have been given information and guidance on the introduction of this form.

## CRITERIA FOR CATARACT REFERRAL

1. **Patient's level of vision** - the general rule is only to refer a patient if their visual acuity 6/12 or worse. There will be exceptions e.g. a patient that has better VAs but severe problems with glare, a patient with nuclear sclerosis cataract causing poor near vision etc. For patients referred with VA better than 6/12 ensure that an explanation to support the referral is provided in the 'Indication for referral' section.
2. **Quality of life** – discuss with the patient the effect their visual symptoms, caused by the presence of cataract, are having on their life e.g. are they able to read comfortably, manage household activities, their job, driving etc. and assess with the patient whether the impact is enough to warrant referral for surgery.
3. **Informing patient about cataract surgery** - the patient should be informed about the cataract, the referral process, hospital assessment and cataract surgery procedures e.g. that it is usually day case and under local anaesthetic, and post - operative care. Confirm that it is, however, a surgical procedure i.e. not laser etc.
4. **Patient's willingness to undergo cataract surgery** - the patient should be made aware of the risks associated with cataract surgery including the possibility, although small, that their vision will not improve after surgery e.g. if there is underlying pathology such as AMD, and the possible change in their refractive status post-surgery e.g. a myope who, subsequent to surgery, needs to use reading glasses

Points 3 and 4 are to allow the patient to make an informed choice about whether they wish to be referred.

**PLEASE NOTE:** The patient should be encouraged to read the RNIB/Royal College of Ophthalmologists or College of Optometrists information booklet on Cataract before consenting to referral -

<http://www.rcophth.ac.uk/page.asp?section=365&sectionTitle=Information+Booklets>

<http://www.college-optometrists.org/en/knowledge-centre/publication/patient-leaflets/download.cfm>

## NOTES ON COMPLETION OF REFERRAL FORM

**Note as yet this is NOT a direct referral pathway. Until the facility of eReferral is in place for optometry the form must be sent via the patient's GP as normal, to allow for additional medical information to be included. The GP will send the refined cataract referral to secondary care via the Clinical Communications Gateway (CCG),**

- **Refraction details** - include current distance and near visual acuities and also visual acuities at previous test, with date, to indicate rate of progression. Include in 'indication for referral' if there has been a significant myopic shift in refractive error.
- **Indication for referral / co- morbidities** - provide a brief description of the type of cataract (diagram if appropriate) and the impact it is having on the person's quality of life, also information to support a referral if the patient's visual acuity is better than 6/12. Give details of any other on-going ocular pathology e.g. corneal problems, retinal problems, glaucoma or ocular hypertension etc. and whether the patient is currently under the care of an ophthalmologist. Please ensure that you record any abnormal findings from your examination as this may affect the feasibility and success of any future cataract surgery.
- **General Health/Medication/Ocular History** - include information on previous ocular pathology and whether patient has previously been under the care of an ophthalmologist.
- **Driver** - being a non-driver will not preclude a patient from surgery but will assist in prioritisation e.g. of a driver with very reduced vision.
- **Previous refractive surgery** - a history of refractive surgery does not preclude a patient from having cataract surgery but it can significantly affect the measurements for, and specifications of, the intraocular lens to be used and so the more information that is made available to the ophthalmologist the better.

The referral form is in triplicate – the top (white) form and the second copy (yellow) are to be sent to the GP, the GP will forward the white copy to the HES and retain the yellow copy in the patient's GP clinical record, the third (blue) copy is for retaining in the optometric patient clinical record. A sample of the referral form template is shown on page 7 of this guidance.

A vital component of service provision is audit and in order to evaluate the success of the refined cataract referral pathway you are encouraged to complete the short audit template (sample noted on page 8) for patients whom you have referred for cataract. This data will be valuable in informing the ongoing development of the cataract eyecare pathway in Northern Ireland. Your local optometric adviser will contact your practice when audit data is due for collection.

Thank you for your co-operation and it is the hope of the HSCB that it will show improved and refined referrals for cataract surgery benefiting both patients and eyecare professionals.

Yours sincerely



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Mr Raymond Curran  
Head of Ophthalmic Services  
Health and Social Care Board

For queries or further advice please contact any of the optometric advisers as listed below:

| <b>Optometric Adviser</b> | <b>HSCB Local Office Address</b>                     | <b>Tel No</b>  | <b>Email</b>   |
|---------------------------|--|----------------|--|
| Miss Fiona North          | HSCB, Tower Hill. Armagh BT61 9DR                    | 028 95 36 3347 | <a href="mailto:fiona.north@hscni.net">fiona.north@hscni.net</a>             |
| Miss Janice McCrudden     | HSCB, County Hall.182 Galgorm Rd Ballymena. BT42 1QB | 028 9536 2855  | <a href="mailto:janice.mccrudden@hscni.net">janice.mccrudden@hscni.net</a>   |
| Mrs Margaret McMullan     | HSCB, Linenhall St Belfast. BT2 8BS                  | 028 95 363239  | <a href="mailto:margaret.mcmullan@hscni.net">margaret.mcmullan@hscni.net</a> |



## OPTOMETRIC CATARACT ONLY REFERRAL FORM

|                                     |       |                                     |       |
|-------------------------------------|-------|-------------------------------------|-------|
| <b>OPTOMETRIST</b>                  |       | <b>GENERAL MEDICAL PRACTITIONER</b> |       |
| Name:                               |       | Name:                               |       |
| Ophthalmic List no / Personal code: |       | Cypher no:                          |       |
| Practice address:                   |       | Practice stamp:                     |       |
| Signature:                          | Date: | Signature:                          | Date: |

### PATIENT DETAILS

|                          |                |                |
|--------------------------|----------------|----------------|
| Title:                   | Surname:       | First Name(s): |
| Health & Care No:        | Date of birth: |                |
| Address:                 |                |                |
| Postcode:                | Tel No:        |                |
| Date of Eye Examination: |                |                |

### REFRACTION DETAILS

|     | Unaided vision | Sph | Cyl   | Axis | VA          | Add | Near VA | Previous VA | Date of previous VA |
|-----|----------------|-----|-------|------|-------------|-----|---------|-------------|---------------------|
| R   |                |     |       |      |             |     |         |             |                     |
| L   |                |     |       |      |             |     |         |             |                     |
| IOP | R              | L   | Time: |      | Instrument: |     |         |             |                     |

### Indication for referral / co-morbidities:

Has patient had refractive surgery Yes / No *(delete as appropriate)*

### General Health/Medication/Ocular History:

Is patient a driver Yes / No *(delete as appropriate)*

### CHECKLIST

|  |                          |
|--|--------------------------|
| Is the presence of cataract impacting on the patient's quality of life?                                      | Yes / No <i>(delete)</i> |
| Has the patient been informed of the nature of cataract surgery?   | Yes / No <i>(delete)</i> |
| Have you confirmed with the patient that they would be willing to undergo cataract surgery if it is offered? | Yes / No <i>(delete)</i> |

\* Remember - as a general rule do not refer if patient's VA is better than 6/12

**Additional information from GP:** Please attach or insert current medication list

**NORTHERN IRELAND CATARACT PATHWAY  
OPTOMETRY CATARACT REFERRALS**

|                         |  |
|-------------------------|--|
| OPTOMETRY PRACTICE NAME |  |
| OPTOMETRY PRACTICE CODE |  |
| LCG AREA                |  |

**PRE OPERATIVE**

**POST OPERATIVE**



| Patient HCN | Refined cataract referral form used<br>Y/N | GOS 18 used<br>Y/N | Date Referred | Surgery<br>Y/N<br>(If yes give date of surgery) | Where did surgery take place? (HSCT or hospital if known) | Was request for post-operative audit refraction result made from HSC Trust?<br>Y/N |
|-------------|--|--------------------|---------------|---|---|--|
|             |  |                    |               |   |   |  |
|             |  |                    |               |   |   |  |

