**Optometry cataract enhanced referral programme**

**Background**

Optometrists to provide “enhanced” referrals within health board cataract pathway paperwork, these are then reviewed by consultant ophthalmologists who have the option to list the patient directly for surgery.

**Pathway**

Approved optometrists, using the standard “Cataract Pathway Integrated Record of Care” document, reviews a patient with potentially visually significant cataract.

The “integrated record of care” contains a section for the patient to complete about the impact of their vision on their quality of life, some general medical questions (which form part of the pre-operative assessment) and information relating to the risk and benefit of surgery, which form part of the consent process.

The optometrist completes a detailed, structured assessment and sends the completed paperwork to a dedicated cataract co-ordinator, who then sends it to the consultant for review.

The optometrist does *not* list the patient for surgery, or make any suggestion that the patient should be listed or otherwise. The role of the optometrist is to provide a detailed assessment on which a decision can be reached by the ophthalmologist and to provide information to the patient regarding the risk and benefit of surgery. The “integrated record of care” document takes the place of a referral letter or pro-forma.

**Consultant review**

Assessment of the referral must answer two questions:

*1.* Is there a sufficient level and quality of information on which to base a decision?

*2.* Based on the information provided; is the patient likely to benefit from surgery and are there any reasons to doubt that it would be a “routine” case?

Having answered these two questions, the consultant may then choose to:

*1.* List the patient for single or consecutive surgery

*2.* Request an outpatient appointment for the patient (in the normal way for a referral letter)

*3.* Return the notes to the referring optometrist to provide missing information

*4.* Discharge the patient

The outcome is communicated to the patient, their optometrist and GP via letter. Patients listed for surgery are offered the opportunity to request an outpatient appointment if they would like to discuss their care with an ophthalmologist

**Cataract Enhanced Referral Pathway**

**Community glaucoma data gathering scheme**

**Background**

Glaucoma is a family of diseases, characterised by gradual, irreversible sight loss requiring lifelong monitoring and adjustment of treatment based on evolving signs of progress. Glaucoma affects the patients visual field and is frequently (although not always) associated with elevated intra-ocular pressure (IOP). Treatment of glaucoma aimed primarily at reducing the IOP in response to documented deterioration in disease stability - as measured by three basic metrics:

* Visual field changes - measured using specialised visual field analysers. These tests take approximately 20 minutes and should be undertaken at an appropriate frequency to identify pathological changes before they cause significant visual impairment. European Glaucoma Society guidelines stipulate 6 visual field tests within the first 2 years after diagnosis - although most British ophthalmologists consider this to be impractical given demands on current hospital capacity1.
* Measurement of intraocular pressure using Goldmann application tonometry (NICE guidance 2017). This is a non-invasive test, which can be delivered by appropriately trained healthcare professionals.
* Optic nerve head morphological assessment - this can be delivered by clinical examination, or by imaging (NICE 2017). Where examination demonstrates a change in morphology, this should be documented using an appropriate photographic modality such as OCT or stereoscopic imaging (NICE 2009/2017).

Reassessment intervals must be tailored to the individual patient and the behaviour of their disease.

**Pathway**

Health boards to utilise the three key metrics to assess the risk for each patient on the follow up waiting list and to alert the system to those individuals at highest risk, to be prioritised for clinical review in OPD.

The three metrics above were designed to assess the current state of these patients with the aim to:

* Identify patients at risk of serious harm in the community
* Increase the efficiency of the monitoring capability of the existing clinicians
* Provide ongoing monitoring for patients with a diagnosis of glaucoma
* Ensure physical clinic capacity is prioritised for patients in most need
* Provide robust monitoring without requiring patients and/or their carers to travel to the hospital

Community optometrists will gather the stated data points, and do not make diagnostic or treatment suggestions to the patient. These data are collated, with copies of the most recent clinical letters and photocopies of the most recent clinical

notes, for virtual remote review by a consultant ophthalmologist. The ophthalmologist dictates the most appropriate interval and location for reassessment based on the gathered data and the patients historical record.

***Advantages***

This approach is a filtering system, to highlight the most critical patients in the group and therefore provide outpatient appointments to the high risk, unstable patients. If required these patients may then be referred on to local tertiary services, if local expertise in surgical glaucoma management is not available. Without this filtering, it would be impossible to adequately and robustly identify the patients in most need of secondary or tertiary level care. Additionally this system provides a failsafe for patients, whose disease may be monitored remotely by consultant ophthalmologists regardless of delays and capacity constraints within the hospital.

This approach makes use of the significant estate of advanced ophthalmic imaging and testing systems within the community, which are frequently more advanced than those available within the health board facilities.

Furthermore, it allows near normal functioning of existing treatment algorithms during a period of crisis where normal clinical working practices are impossible.

**Community Glaucoma Data Gathering Pathway**