

## **Optical Confederation and LOCSU response to Consultation on Commissioning Guidance on Cataract Surgery**

Many thanks for giving our organisations the opportunity to respond to this Commissioning Guidance on Cataract Surgery.

The document states its aims as ‘providing evidence based guidance on commissioning for cataract surgery in England’. Commissioners are encouraged to review the whole care pathway in order to provide a truly integrated, co-ordinated and co-produced service in the best interest of patients. This encompasses delivery in the most appropriate place, at the right time, by the right person, as outlined in the QIPP/Right Care agenda<sup>1</sup> with an emphasis on providing care close to home. Other key drivers for commissioners are NHS England *Everyone Counts: Planning for Patients 2014/15 - 2018/19*<sup>2</sup> and *Securing Excellence in Commissioning Primary Care*, June 2012<sup>3</sup>.

The link to the LOCSU pathways for pre-operative & post operative services in the community<sup>4</sup> is included in section 5.2 of the Commissioning Guidance on Cataract Surgery, yet there was no search for the evidence base or references in section 14 to support this. We have found strong evidence to show that the LOCSU pre-operative pathway reduces false positive referrals and improves the patient experience; we would be happy to provide references for this, but it would have been much better to include this in the original search questions.

The Map of Medicine cataract pathway is also referenced in section 5.2<sup>5</sup>, which again maps out the importance of the community optometrist’s role in the initial diagnosis and management of patients with cataracts, including assessment of when

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<sup>1</sup> Department for Health Right Care, QIPP Right Care: Commissioning for Value. Outline programme for 2011/12. January 2011

[http://www.rightcare.nhs.uk/downloads/Right\\_Care\\_2011\\_Commissioning\\_for\\_Value\\_Feb\\_2011.pdf](http://www.rightcare.nhs.uk/downloads/Right_Care_2011_Commissioning_for_Value_Feb_2011.pdf)  
[www.rightcare.nhs.uk](http://www.rightcare.nhs.uk)

<sup>2</sup> NHS England, *Everyone Counts: Planning for Patients 2014/15 - 2018/19*  
<http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid.pdf>

<sup>3</sup> NHS England, *Securing excellence in commissioning primary care*, June 2012  
<http://www.england.nhs.uk/wp-content/uploads/2012/06/ex-comm-pc.pdf>

<sup>4</sup> LOC Support Unit Pre and Post Operative Cataract Pathway; <http://www.locsu.co.uk/community-services-pathways/cataract-referral-and-post-op/>

<sup>5</sup> Map of Medicine Cataract Pathway:  
<http://app.mapofmedicine.com/mom/107/page.html?department-id=8&specialty-id=1039&pathway-id=3422&page-id=8783&history=clear>

it is appropriate to refer to an ophthalmologist for cataract extraction. It also suggests that accredited community optometrists could carry out the post-operative review for low risk cases. This pathway is accredited by the Royal College of Ophthalmologists, College of Optometrists and the Chief Knowledge Officer of the NHS.

Appendix B consists of a 'Recommended high quality cataract care pathway' which has been sourced from the Institution for Innovation & Improvement called 'Focus on Cataracts'<sup>6</sup>. Focus on Cataracts lists 5 stages in the pathway:

1. Referral
2. Booking
3. Pre-assessment
4. Day of surgery
5. Aftercare

The recommended referral stage is '**Step 1: Patient visits optometrist (including high street opticians) and is referred directly to hospital eye service**'

- Discuss risks and benefits of surgery (provide patient information leaflet and consent information)
- Discuss patient lifestyle
- Ensure patient wishes to proceed with surgery
- Offer choice of provider
- Complete bespoke cataract referral form, including refraction, and send to hospital eye service with a copy to the patient, GP and PCT

Benefits are quoted as:

- saves unnecessary visit to GP
- saves administrative time of GP generating *Choose and Book* referral
- direct referral leads to shorter waiting time for surgery (appointment can be sooner as non-value added steps are removed from the referral process)
- accurate bespoke referrals from optometry eliminates wasted visits to hospital eye service for the patient and saves unnecessary worry – this may reduce cataract referrals by up to 40%
- higher percentage of correct referrals saves unnecessary clinic visits freeing up space for other patients.

Appendix B of the Commissioning Guide for Cataract Surgery has omitted most of the first 2 stages, condensing them down to:

### **Key points**

1. Patient visits GP or optometrist and is referred directly to the hospital eye service. Patients may also be listed for cataract surgery from hospital eye clinics.

This undervalues the community optometrist's role.

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<sup>6</sup> Department for Health, NHS Institute for Innovation and Improvement's document 'Focus on Cataracts' published on 14<sup>th</sup> May 2008;  
<http://www.qualitasconsortium.com/index.cfm/publications/delivering-value-quality/focus-on-cataracts>

There is a strong focus on outcomes as part of the QIPP/Right Care programme, so it is vitally important that the service provider for cataract surgery obtains post-operative refraction and VA for the national ophthalmology audit data set. The only way to achieve this effectively is to commission this as part of the whole cataract pathway and to have this data provided by an independent health care practitioner, such as a community optometrist.

Overall, our view of the Commissioning Guide on Cataract Surgery is that it only focuses on part of the pathway rather than the whole pathway as recommended in all of the Department of Health or NHS England commissioning documents and programmes. We thus have concerns about our organisations' names being associated with this guide in its present form.

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