



Answers to queries raised at the Cataract Service Webinars September 2021

HSCB Ophthalmic Services 22 October 2021

Patient Referrals	
1. If patient is on waiting list and becomes urgent do we re-refer via the Clinical Communications Gateway?	Please follow the guidance issued in February 2020: Waiting List Guidance
2. If the wait for cataract is 4 years and we are referring at 6/12 where do we stand in regards to advice about driving in the interim??	Anyone who doesn't meet the legal driving standard should be advised by their optometrist that they do not meet the vision standard for driving and appropriate action taken.
3. Does the waiting list start from date of our referral or from ophthalmologist first consult?	The Outpatient waiting time starts from referral (currently back to July 2018 for BHSCT). The surgical waiting time starts from when patient is seen at the Clinic and (if required) listed for surgery. Waiting time for surgery following the outpatient clinic attendance is difficult to predict at present due to Pandemic delays. Usually about 3-4 months for urgent and 10-12 months for routine pre-pandemic.
4. How long is a first appointment for an urgent referral	Currently a referral triaged as urgent will wait approximately 22 weeks.
5. Are our referrals triaged and deemed urgent or routine to decide how soon the first appointment will be	Referrals are triaged according to clinical need and the waiting time can be affected by factors such as workforce shortages or space shortages.
6. Are the other trusts waiting times much the same as BHSCT?	The Cataract Service is now a regional service with 2 centralised Waiting List to allow equity of access for all patients regardless of location.
7. We have patients who have noticed a drop in their VA due to cataract as they'd been referred 2-3 years previously so naturally a deterioration would be expected. These patients phone ophthalmology outpatients explaining their VA has dropped and they're being advised to have a further sight test with their optometrist and be re-referred. Is this correct?	If the patient has a further sight test while on the waiting list and their condition has altered e.g. further significant reduction in vision, a follow-up referral may be made via CCG. State in the "Provisional Diagnosis/Primary Reason for Referral box that this is a Follow-up to the original referral dated 'xxx'. See Waiting List Guidance for further information
8. Assessment for surgery is not uniform. Some patients with acuity of <6/12 are reporting that they have been dissuaded from proceeding with surgery in some centres.	Patient needs are assessed on an individual basis and decisions are reached between the clinician and the patient together.
9. I don't refer unless VA is less than 6/12, so are all these urgent?	VA is part of the triage considerations but ultimately priority is determined by the grader and depends on vision in other eye and other considerations
10. For 2nd eye do we need to do a CCG referral or will it be enough to mark on Medisoft "list for 2nd eye"?	It will be sufficient to mark on Medisoft "list for 2nd eye"?
11. Is there an information sheet to give patients we refer so information given is consistent from all professional?	Use College of Optometrists/RCOphth guidance
Accreditation to provide this service	
12. Do we need to be IP or NIPEARS qualified to provide service?	No. You just need to have completed the required cataract training module
13. Do we need to have done the WOPEC post cataract op. training/webinar/qualification to provide this service now or are we all able from now to provide this service?	Yes
14. Is it possible to do the WOPEC training again?	Yes you can redo your original training. If you don't have your WOPEC login email and codes contact WOPEC directly. If you haven't done the training at all email ophthalmic services (ophthalmic.services@hscni.net) and we will arrange access for you.
15. How do we prove WOPEC training?	WOPEC provide this information to HSCB
16. If patient is booked in with an optometrist who is not accredited for this can they do a sight test/ "normal" eye examination?	The Post-op Cataract Review and Assessment Service is a supplementary service to the eye examination/sight test. If the optometrist is not accredited to provide this service they must let the patient know. The patient may choose not to have the HSCNI funded cataract post-op review and just have a sight test but ideally they should have the two services in the same appointment, for optimum health care. The cataract post-op review service is paid for only when it is delivered by HSCNI accredited optometrists. It is an important part of patient care and patients should be advised of this.
17. How do we know if we are on the list?	If you are unsure please contact Ophthalmic Services at the Health and Social Care Board.
18. Each individual Optometrist needs to register? Not just the practice? And to register for each different practice that they work in?	Yes and the practice contractor must declare annually that they are content to deliver this service in line with all other optometry enhanced and supplementary services.
Medisoft queries	
19. Are we fully relying on patients bringing the letter with the PIN or is there an alternative way to access it if and when the patients forget to bring it with them - as they undoubtedly will	As per the Cataract Pathway guidance document, you are advised to ask the patient for their PIN when making the appointment. They are given a letter and information leaflet with their PIN on it to bring. If they do not supply their PIN, you can contact their surgical centre (phone numbers provided in guidance document) to get the PIN. It is currently not available on NIECR.
20. Will the patient have the same Medisoft PIN for 1st and 2nd procedure or do they get a new pin number for each post assessment requested.	It will be the same Medisoft PIN
21. How can we guarantee people will bring PIN/ book for post op cataract assessment and not just think they have to come for an eye test?	A patient will be given an information leaflet, explaining the service and the steps to take, on the day they have their cataract surgery and it is good practice to remind them to bring it to the appointment when they book their assessment.

22.	Can they photo the PIN while in HES clinic	Yes
23.	Can you attach photos scans etc. on Medisoft if the patient had complications	No, just report the type of complication.
24.	Do we need to do the Medisoft report with the patient present to capture their feedback question answers?	You will need to familiarise yourself with the questions which need to be asked, then you can make your own decisions as to the timing of completing the record
25.	Is there any verification that the PIN is correct? i.e. is it matched with name or H+C number	Only the correct Medisoft PIN will open the patient's record.
26.	How about patient discharge letter with PIN is uploaded to Electronic Care Record at last HES appointment. Would do away with need for patient to bring letter to Optom appointment and do away with all PIN queries.	This is the intention with time. There have been some technical delays.
Queries regarding the assessment		
27.	If a patient has a post-operative issue before 6 weeks do we see them? Will we be paid for this?	Under 6 weeks post-op the patient must contact the hospital eye service where they had their surgery. You will not be paid for any post-operative review appointments within 6 weeks of surgery.
28.	Do we dilate everyone?	No only if clinically indicated as per service specification
29.	Do we need to do applanation tonometry on all or only when indicated?	As per specification, Goldmann type/Perkins tonometry is only indicated if pressures are less than or equal to 24 mm Hg
30.	Does the fundus examination have to be done through a dilated pupil?	If clinically indicated, as noted in the service specification
31.	Is it a requirement to have an OCT in practice for acute post-cataract op. care?	No
Post-operative complications		
32.	Can we have predicted visual outcome on the form? This would help identify refractive surprise?	Not at this time and unlikely to be available through Medisoft
33.	What is the incidence of endophthalmitis?	We usually quote an incidence of 1:1000 although likely less due to use of intraoperative antibiotics
34.	Is there a specific time frame following a cataract operation within which endophthalmitis can occur?	Usually within first 72 hours but occasionally late presentation even about 6 weeks
35.	Should patients with post op floaters have NIPEARS assessment?	Post op cataract complications do not fall within the remit of NIPEARS
36.	Will a patient with cataract and double vision who attends ophthalmology and orthoptist stay in the system as we cannot see the info on NICER?	Only non-complex patients will be referred for post op review to community optometrists
37.	How do we refer a patient with post op complications back in?	The numbers to call to refer a patient with post op complications back in are provided in the Cataract Pathway Guidance document: Cataract Service (hscni.net)
38.	If a patient has a post op complication do we just re-refer with FAO of ophthalmologist or is there more of a direct way to re-refer?	No For referral of post op complications, read the Cataract Pathway Guidance document including requirement to complete form GOS 18: GOS REFERRAL*/NOTIFICATION* FORM (*Delete as appropriate) (hscni.net)
39.	If they need a hospital review how long would they be waiting	This will depend on the type and urgency of the complication
40.	Is there a chance we can have a printable form, like the eye casualty one, for referring any non-urgent complications?	No. GOS 18 must be used: GOS REFERRAL*/NOTIFICATION* FORM (*Delete as appropriate) (hscni.net)
41.	What happens if they ring with problems on a Saturday?	Out of hours numbers have been provided in the Cataract Pathway Guidance doc: Cataract Service (hscni.net)
42.	What if you don't feel confident at seeing AC cells?	If you lack confidence you may wish to access additional or refresher training
43.	What would be regarded as "High IOP" for referral back to HES?	As per the Clinical Guidance Document and clinical specification, above 24 mm Hg
Claim queries		
44.	If the patient is due their NHS sight test and is post op do you or can you claim both fees?	Yes you claim for both as per the MOS 337 provided
45.	If the patient has to be referred back to surgical centre due to complications, but yet the refraction may be needed to be fully correctly determined post complication rectification, can we claim for a second GOS Sight Test?	These should be very exceptional cases and will have to be considered on a case to case basis via the usual prior approval route (priorapproval.bso@hscni.net)
46.	We charge for OCT in our practice routinely. If the Optometrist wants it is it okay to recommend the patient has it and pays?	The current specification does not require use of OCT, but private business arrangements in practice are a matter for the practice/practitioner and patient.
Other Queries		
47.	If the operation was carried out privately are patients likely to be released to our care at this point?	No, their post op review should be carried within in the hospital who carried out their surgery
48.	Where are the three Cataract Day Procedure Centres?	Downe Hospital, South Tyrone Hospital and Mid Ulster Hospital.
49.	In recent times post-operative reviews have been telephone consultations. Could telephone consultations supersede our reviews?	Current Royal College of Ophthalmologists guidance is being applied. Service developments are always a possibility.