The Role of the Optometrist in Cataract Care

At a glance

Challenge
Traditional care models are hospital based and rely heavily on consultant teams.

Solution
Optometrists have taken on a much greater role, both in and out of hospital.

Objectives
To improve patient access to the cataract service and release capacity within secondary care by optimising the core skills held by optometrists.

Outcomes
Increased conversion to surgery and greater discharge to primary care for post-operative care. This releases capacity in secondary care and delivers care closer to home for the patient. Increased use of optometrists within the hospital setting allows ophthalmologists to spend more time in surgery or seeing specialty clinics.

Introduction

This case study looks at the role of optometrists across the entire cataract care pathway, encompassing pre and post cataract care, following the LOCSU pathway, in primary care and within the hospital. The increasing use of optometrists within the hospital setting is creating capacity within secondary care as well as ensuring waiting times are reduced. Cataract surgery is low risk and is the most frequently performed surgery on the NHS, with over 400,000 cataract operations annually.[1]

In 2016 a local pathway was implemented to allow a complete primary care focused cataract service. Participating optometrists deliver pre and post-operative care for their patients. Back in 2016 only Manchester LOC practitioners were involved but the success of the pathway has since spread around the Greater Manchester area and now serves a population of approx. 2.8M.[2]

The pathway utilises optometrists at every stage: Prehospital the optometrist confirms patient eligibility for the low complexity pathway. Complex surgeries including those with other ocular conditions or comorbidities meaning that local anesthesia is not appropriate are seen at Manchester Royal Eye Hospital (MREH) rather than the community cataract hub. Within the low-risk hub, hospital optometrists preside over the New Assessment clinics. Patients are examined and counselled on risks associated with surgery. After surgery hospital optometrists contact patients with a follow up call. If required, the patient will often be reviewed by the optometrist and triaged to the appropriate clinic.

[1] NOD Full Comprehensive Report 2019.pdf (nodaudit.org.uk)
[2] visitnorthwest.com/population/greater-manchester

Post Hospital, the optometrist in primary care follows up, usually with their own patient, around 4 weeks post-surgery. This continuity of care is beneficial to both patients and optometrists. Visual acuity is checked alongside a thorough examination of the eye to ensure that any post operative complications can be addressed, whether wholly in primary care or by referral back to MREH for more serious issues.

What Was Done?

Patients identified with a cataract and interested in surgery are referred for an assessment. The optometrist has a duty, within the commissioned service, to ensure that the patient meets the GMEuR (Greater Manchester Effective use of Resources) and leads a discussion around treatment options and expected outcomes. Any patient questions are answered prior to referral and patients are offered a 'Pause for thought period', this is followed up by a telephone call or in person appointment to allow time to reflect on the discussion. Nonparticipating optometrists can refer to an accredited professional, referrals to the GP are deflected back into the service. Referral via the service is direct, via an online platform, removing the need for a GP appointment or referral.

Within MREH there are 7 optometrists working in the cataract unit who are IP qualified or working towards accreditation. In March 2020 when restrictions were imposed due to the global pandemic the way post cataract appointments occurred altered. Pre Covid, all patients had a face-to-face postoperative assessment in hospital or were discharged to the community post cataract pathway. The patients not discharged to primary care are under the care of the hospital eye service for reasons other than cataract or those that have been requested by their surgeon to remain under hospital care.

Within the hospital, optometrists are integral to the patient journey. Optometrists lead the majority of New Assessment Clinics. This includes both referrals from other specialties in the hospital internally and from the pre-cataract service in primary care. Patients have general health checks and recorded vision before seeing the optometrist. The optometrist completes a thorough history and a full clinical slit lamp examination. OCT will be performed if required by the optometrist. In cases of dense cataract, more commonly seen now due to patients delaying treatment due to COVID, ultrasound examination will be carried out. This ensures more urgent ocular pathology isn't missed such as choroidal masses or retinal detachments. Ravi Ahluwalia, lead Cataract Optometrist at MREH reports his team 'have detected several retinal detachments recently using ultrasound when retinal view hasn't been possible.'

The optometrist discusses the cataract and the link to the patient's presenting symptoms, with information garnered at the pre-cataract service in primary care. The consenting process begins with an explanation of the surgery and the risk benefit analysis. It is important the patient understands both the general risks as well those specific to them due to factors such as high myopia or general health issues. The optometrist uses this information to triage the patient into low, medium or high risk, considering the difficulty of the surgery. The patient is then listed for surgery to the appropriate clinical list.

Through the pandemic and ongoing, all patients have a phone consultation with a hospital optometrist within the cataract team 3 weeks post-surgery. Recent evaluation of this pathway change deemed it to be safe and has been well received by patients. The threshold for face-to-face (F2F) review is very low and less than 5% of patients are recalled for F2F care (within the service review study). Most patients, 75% were either treated and discharged, discharged, or listed for the second eye.

In the majority of cases community post operative care is preferred. Following uncomplicated surgery, the patient is discharged to the referring optometrist via the online platform. The patient is contacted within two working days and appointment made for a post- cataract check at around 4 weeks. The optometrist confirms the eye is white, healthy and the visual acuity satisfactory. The optometrist is able to check and manage less serious complaints the patient may have following surgery. More serious complications are referred to the surgical provider. If the surgery has induced anisometropia, this can referred back into the service.

The responsibilities of optometrists within the entire Cataract pathway:

Pre Hospital	Within Hospital	Post Hospital
• Identify patients suitable for referral • Discuss surgery and risks involved, both general and specific to individual patient • Refer as appropriate following pause for thought	• Optometrists lead New Assessment clinics • Responsible for consent and additional tests to allow adequate information prior to surgery • List patient for surgery according to risk • Follow up call 3 weeks post-surgery • Manage patients with complications following triage. They may be man-aged directly by the optometrist or referred to a specialist clinic	• Full post operative examination • Manage low risk complications • Refer more serious post operative complications to the appropriate clinic in HES

Results / Benefits / Outcomes

The Manchester cataract service has been successfully running for over 5 years. It allows quicker direct referral for patients to be seen at location of their choice whilst ensuring that conversion to surgery rates remain high. In turn capacity has been released within the hospital. The improved care pathway allows more care closer to home for the patient, often with a familiar optometrist. The direct sharing of information on an online portal allows fast exchange of information between primary and secondary care. The use of optometrists in both primary and secondary care has improved capacity for other specialty staff including ophthalmic doctors and nurses leaving them free to see more complex cases.

> *"The brilliant thing about community follow up is that primary care optometrists have the skills to examine these patients make a decision on what is required. This is the preferred post-operative pathway as the patient is being examined by a clinician, they more than like-ly know well, who have their previous records."*
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> **Ravi Ahluwalia, lead Cataract Optometrist at MREH**

Ravi has also found the preoperative service ensures the patients are well counselled, and the thorough assessment in primary care means the conversion rate to surgery from community referrals is now above 90%. Optometry referrals make up around 60%, with internal MREH referrals from other subspecialities making up the remainder of cataract procedures within the MREH site.

Discharge to primary care optometry for post-operative care is aimed at 80% of those referred from community. In the period between July – Sept 2021, 564 patients were seen in the pre-Cataract service. In the same period 411 patients were seen within the primary care post-Cataract service. The rate of discharge to primary care is below the 80% target currently. Part of the pandemic recovery is to improve on this rate. There will be a move to increasing referrals back to primary care to release capacity to reduce the Covid induced backlog.

The use of optometrists assessing new patients within the hospital has dramatically reduced the use of locum consultant cover and associated costs. The service is proving so successful that substantive ophthalmologists can run specialty clinics contemporaneously with the cataract clinic. There have been no issues with the optometrist assessment of cataract surgical risks by the ophthalmologists and the department is expanding the cataract optometrist team to continue to support recovery.

Conclusion

The cataract service in Manchester is a fantastic example of collaboration across primary and secondary care. The use of optometrists across the entire pathway leads to excellent delivery of care with more appropriate use of hospital appointments and shorter waiting lists for those who do require specialised care. The pre cataract service ensures resources are being used correctly and less appointments are required in secondary care. The improved conversion to surgery saves hospital appointment time, with the added benefit of fewer unnecessary journeys and decreased CO2 emissions. Manchester is set to have a clean air bill, so it is excellent to see the Optical sector support this. Optometrists in both HES and primary care settings deliver excellent cataract care which is safe and well received by patients. The use of a cataract hub allows high volume low complexity surgeries to be performed and this is supported by the specialist optometrist cataract team as well as primary care optometrists for follow up. The patient is at the forefront of this pathway with care delivered at a convenient time closer to home without detriment to the quality received.