WORKING TOWARDS A HEALTHIER THANET

NHS
Thanet Clinical Commissioning Group

Please reply to
c/o Thanet District Council
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Date 20/12/2017

Dear Optometrist.

I'm sure you are aware that there have been some commissioning changes recently that may have an impact on your usual referral routes, specifically;

- NICE guidelines for Glaucoma
- Referral Criteria for Cataracts
- GOS18 Direct referral (not via a GP)

This letter sets out these changes and is sent by NHS Thanet Clinical Commissioning Group on behalf of the four East Kent CCG's (NHS Ashford CCG, NHS Canterbury & Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG).

NICE Guidelines for Glaucoma

NICE Guidance has changed the threshold for IOP measurement prior to referral to 24mmHg. East Kent CCG's would like to ensure these guidelines are being followed from 1st January 2018 and have a Community Glaucoma Network (CGN) provider in place for IOP pressures of 24 – 29mmHg.

Further details and a flow diagram of the pathway have also been included for your reference.

Referrals for ophthalmic investigation for cataract surgery

The CCG would like to reiterate to every optometrist who refers patients for possible cataract surgery using a Form GOS18, the importance of complying with the referral criteria for possible cataract surgery.

The threshold for referral is stated in the 2017 Kent & Medway Referral and Treatment Criteria (RATC) as being both:

1. Impairment of functions of daily living attributable to impairment of visual function due to cataract
2. Willingness to have surgery

Referrers of patients for possible cataract surgery need to confirm in writing on the Form GOS18 the way in which daily living function is impaired for that particular patient. It is not sufficient that referrers merely tick the box for cataract surgery without writing in some detail the way in which the patient's cataract is affecting their daily functioning.

In the future, GOS18 forms that lack this detailed information as to how patients' daily function is affected may be rejected by the Referral Management Centre.

Following the publication last month of NICE Guidance (NG77) for the management of cataracts in adults, the CCGs will be reviewing its access criteria for the service in the forthcoming months. However, in the meantime referrals applying the current access criteria will be closely monitored.

GOS 18 Direct Referral Routes

The CCGs expect optometrists to send direct onward referrals without involving GP practices. GPs recognise the expertise of Optometrists and are unlikely to add anything to a GOS18 prior to onward referral to the next appropriate provider of services. Therefore there is potentially no value in sending a referral via a GP and it causes unnecessary delays in patient care. Enclosed with this letter is a guide to service providers you may need to refer to and their contact details.

Electronic referrals are an increasing expectation with the move to a paperless NHS in the next year, so wherever possible please ensure referrals are emailed via NHS.Net email to the next provider.

If you require any clarification please write to the CCG's via Thanet.ccg@nhs.net.

Yours sincerely

Ailsa Ogilvie
Chief Operating Officer, Thanet CCG

Enc: Service provider guide
New Glaucoma pathway

CC Bill Millar, Chief Operating Officer, Ashford and Canterbury CCGs
Karen Benbow, Chief Operating Officer, South Kent Coast CCG
england.southeastoptometry@nhs.net

East Kent Optometrist Referral Pathways

(No need to go via GP)

Raised IOP & Glaucoma

Raised IOP > 24mmHg

PEKM contracted Optom for Repeat IOP test

- Biggs Opticians, Deal
- Biggs Opticians, Dover
- Boots Opticians, Deal
- Boots, Westwood Cross
- Brownbills Ashford
- Cargills, Ashford
- Cargills, Canterbury
- Cargills, Folkstone
- Cargills, Hythe
- Eye Emporium t/a J A High Faversham
- Eye Emporium t/a J A High Whitstable
- Optima Faversham
- Pybus Opticians Canterbury
- Scrivens, Herne Bay
- Specsavers, Canterbury
- Wilson, Wilson & Hancock

Raised IOP > 36mmHg

Refer to acute hospital eye service (HES)

Consistent Raised IOP >

Refer to Community Glaucoma Network (CGN)

Macular Degeneration

2 week wait referral form

Microsoft Word Document

EKHUFT Kent and Canterbury Hospital, Canterbury

Cataracts

GOS 18 to Referral Management

RMC contact patient to give choice of provider

St Anne's Group of Practices Reculver Road Beltinge

BMI Chaucer Hospital Nackington Road Canterbury

New Hayesbank Surgery Canterbury Road Ashford

Whitstable Medical Practice Estuary View Boorman Way Seasalter

Benenden Hospital,

EKHUFT William Harvey Hospital, Ashford Kent and Canterbury Hospital, Canterbury Queen Elizabeth Queen Mother Hospital, Margate

All Other

St Anne's Group of Practices Reculver Road Beltinge (Consultant Service) Ophthal.admin@nhs.net

Canterbury: Northgate Medical Practice 1 Northgate Canterbury (GPwSI service)

Thanet: Bethesda Medical Practice. Palm Bay Avenue Margate

New Hayesbank Surgery Canterbury Road Ashford (Consultant Service) Accg.eye-clinicnhb@nhs.net

EKHUFT William Harvey Hospital, Ashford Kent and Canterbury Hospital, Canterbury Queen Elizabeth Queen Mother Hospital, Margate

Referral guidelines for patients with wet age-related macular degeneration (AMD) 2015

In March 2008 the National Institute for Clinical and Health Excellence (NICE) issued a final appraisal determination (FAD) on the use of ranibizumab (Lucentis) for age-related macular degeneration (AMD). Patients who meet the following criteria should be treated with ranibizumab:

1. The best corrected visual acuity is between 6/12 and 6/96
2. There is no permanent structural damage to the central fovea
3. The lesion size is less than or equal to 12 disc areas in greatest linear dimension and
4. There is evidence of recent presumed disease progression (blood vessel growth, as indicated by FFA, or recent visual acuity changes)

In order for the treatment to be most effective, these patients need to be assessed and treated as soon as possible, so they should be referred even if the VA is better than 6/12, although they should be warned that they will not be treated until their VA drops to 6/12.

If your patient wishes to be seen at **Maidstone Hospital**, referrals should be faxed directly for the attention of Mr Frank Ahfat – fax number 01622 220247. If you need to speak to someone at Maidstone Hospital you can phone Tessa on **01622 220249**. If Tessa is not available you can contact **01622 220246** or **01622 226210.** Because it can sometimes be difficult to read the faxes it is helpful if, as well as faxing the referral, you can also post the original to the hospital. Alternatively, if you have a secure NHSmail address you can email the referral to mtw-tr.fasttrackwetamd@nhs.net but please do not send emails containing patient data to this address from a non-secure (i.e. not NHSmail) email address.

If your patient wishes to be seen at **East Kent Hospitals** the referral should be faxed to **01227 864105** (phone number 01227 783172).

If your patient wishes to be seen at **Will Adams Treatment Centre** the fax should be sent to **01634 364842** or it can be emailed from an NHSmail address to willadamscareuk@nhs.net.

If your patient wishes to be seen at **Queen Mary's Hospital**, the referral should be faxed to **020 8308 3217**. If they do not get a response within 2 weeks they can phone 020 8308 5483.

It is courteous also to send a copy of the referral letter to the patient's GP. **Please include the patient's phone number in the referral letter.**

Which patients to refer?

Patient's symptoms are very important – a recent onset of symptoms such as distortion, scotoma, shadow or patch in the vision is more likely to represent wet AMD than simply a gradual worsening, blurring or difficulty with vision which is more likely to be related to cataract, presbyopia etc. If the VA is unchanged, it is unlikely that the patient will have wet AMD.

Fluorescein angiography and OCT scanning are the mainstay for the diagnosis of wet AMD, but in primary care, the Amsler grid is a useful screening tool. Unfortunately, it has a significant high false positive rate. Useful tips to avoid false positives are:

1. Do not use bifocals or varifocals when testing – single vision reading lenses are better
2. Ask the patient to blink a few times
3. Rotate the Amsler grid 90 or 180 degrees to see if the distortion persists in the same area
4. If in doubt, repeat the test after a few minutes, maybe in different lighting conditions

You may consider giving the patient an Amsler grid to take home, with instructions to return if they notice any distortion. Patients with VA of worse than 6/96 or with Drusen, pigment on the macula or dry AMD but with no distortion do not usually require referral, except for other reasons, e.g. partial sight registration, low visual aids or cataract. These patients can be referred via the usual route (not by fax).

Further information

Maidstone and Tunbridge Wells NHS Trust has produced information booklets on fundus fluorescein angiography that are useful to give to patients who you are referring for this procedure. They are available from the Trust. Patient information booklets on AMD are also available from the Macular Disease Society (www.maculardisease.org).

Mr Frank Ahfat, Consultant Ophthalmologist at Maidstone Hospital

Dr Susan Blakeney, Optometric Adviser to NHS England, Kent and Medway Area Team