

October cataract service update for optometrists and GPs:
Information from NEL Ophthalmology Network

November 2024

Dear Colleagues

We are pleased to share with you the continued reduction in the waiting times for cataract procedures across the acute Trusts in North East London (NEL).

Local optometrists should be aware that cataract surgery is not an urgent procedure and patients being seen and treated within 18 weeks is normal (*Please find at the end of the comms- cataract referral criteria for surgery*)

Please note that for **Barking & Dagenham, Redbridge and Havering**; optometrists can refer directly to the Evolutio triage service where the patient will be offered choice of places to receive their treatment and an invite to book their appointment.

Referral guidance to use the Evolutio triage service can be found on the following link: [Refer to us - Evolutio Care Innovations \(evolutio-ophthalmology.co.uk\)](https://www.evolutio-ophthalmology.co.uk). This service is also available on eRS for GPs.

The rest of the places across NEL- **City & Hackney, Newham, Tower Hamlets and Waltham Forest** also have a single point of access hosted by Moorfields Hospital where community optometrists can send referrals directly to nelondonicb.eyerefer@nhs.net, which routes the referral to the patient's preferred hospital under choice for triage.

The up to date waiting times for routine cataract surgery currently in NEL are listed in the table below and we will provide regular updates as waiting times continue to fall.

Cataract Waiting Time: October 2024				
Trust	Site	Referral to 1st OPA (weeks)	OPA to Surgery (weeks)	Referral to surgery total (weeks)
Moorfields	St Anns	2 weeks	2 weeks	4 weeks
	Stratford	2 weeks	3 weeks	5 weeks
Barts Health	Whipps Cross	6- 8 weeks	8-12 weeks	14- 20 weeks
	Newham	8 weeks	8-12 (All Patients treated @ Whipps)	16-20
	Royal London	7 weeks	2 weeks (Via our list at MEH Stratford) 10-12 at RLH	9 weeks – MEH 17-19 weeks at RLH
BHRUT	King George	<i>Approx 10 weeks</i>	6-8 weeks	<i>Max 16-18 weeks</i>
Independent providers				

Nuffield Health	Holly	2 weeks	05-Jun	7-8 weeks
Spa Medica		TBA	TBA	TBA
Circle	LIH	TBA		

Cataracts are a corrective procedure, and timing is not essential for reversing the effects on vision so waiting time should not be the only consideration of the most suitable provider for your patient. Please ensure that if you are discussing choice of providers with your patient that you have considered:

1. That they meet the EBI Criteria to ensure you are not wasting the patients time and NHS resources
2. Clinical Co-morbidities which may imply more complicated surgical procedures
3. If they are currently under the care of an ophthalmologist who need to be aware of the referral and attending the same provider may mean less visits to hospital
4. Personal circumstances restricting travel such as their work, frailty, finances or other circumstances that may mean they will prefer specific providers over others
5. You have provided up to 5 or more options that may suit their clinical needs and support their circumstances.

Note: The Single point of access will provide choice to patients if you do not specify, they have already chosen.

Evidence Based Interventions (EBI) Criteria

There is a strict referral criterion in North East London under the Evidence Based Intervention Policy – see policy as follows:

Cataract Surgery (Policy Extract)

Patients should be referred when both of the following criteria are met: 1. Patient has a best corrected visual acuity of 6/9 or worse in either the first or second eye

AND

2. Patient has impairment in lifestyle such as substantial effect on activities of daily living, leisure activities, and risk of falls

OR

When the patient has any of the following ocular comorbidities:

Glaucoma

Conditions where cataract may hinder disease management or monitoring, including diabetic and other retinopathies including retinal vein occlusion, and age-related macular degeneration; neuro-ophthalmological conditions (e.g. visual field changes); or getting an adequate view of fundus during diabetic retinopathy screening

- Occuloplastics disorders where fellow eye requires closure as part of eyelid reconstruction
- Corneal disease where early cataract removal would reduce the chance of losing corneal clarity (e.g. Fuch's corneal dystrophy or after keratoplasty)
- Corneal or conjunctival disease where delays might increase the risk of complications (e.g. cicatrising conjunctivitis)
- Severe anisometropia in patients who wear glasses
- Posterior subcapsular cataracts

However, in the above circumstances you should ideally refer to the provider that is managing their ocular comorbidity rather than an alternative provider due to the complexity of the care that may be required and the opportunity to reduce the number of patients appointments and interventions.

Exclusion - If the patient is already under the care of an ophthalmologist they are excluded from this scheme and must be referred via their GP/Optomtrist for consideration of Cataract/PCO surgery to their current ophthalmology provider so cataract surgery can be considered alongside their other condition to minimise patient attendances and provide holistic care.