



Archwiliadau Iechyd Llygaid Cymru Eye Health Examination Wales

Eye Health Examination Wales (EHEW) service

A clinical manual with protocols for optometrists, ophthalmic medical practitioners (OMPs) and contractors.

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Service Information

Service Protocols

Service Guidance

Clinical Guidance

Cataract

Glaucoma & Ocular Hypertension

Age-related Macular Degeneration

Retinal Breaks & Detachments

This manual and the protocols were produced in consultation with Aneurin Bevan Health Board, Welsh Government, Optometry Wales (OW), the Welsh Optical Committee (WOC), NHS Shared Service Partnership and the Clinical Lead for EHEW.

This manual is not meant as a replacement for Optometrist or Ophthalmic Medical Practitioner (OMP) professional judgment or responsibility.

For the most up-to-date version and further information, please go to:
www.eyecare.wales.nhs.uk

For further information about courses, training and assessment for the EHEW service go to: **www.wopec.co.uk**

For all comments or questions, please contact **WECS@cardiff.ac.uk**

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1. Service Information

The Eye Health Examination Wales (EHEW) is part of the Wales Eye Care Service (WECS). WECS is inclusive of the EHEW, Low Vision Service Wales (LVSW) and the Diabetic Eye Screening Wales (DESW) service.

The EHEW is an extended eye care service which is free at the point of access for patients and demonstrates the principles of prudent health care and enables patients to access eye care services closer to their home.

Patients are able to access the EHEW service in a primary care optometry practice if they have an eye problem they feel needs urgent investigation, rather than attending a GP practice, Emergency Department (A & E) or an Eye Department in a hospital.

The service also enables patients who are at greatest risk of developing a serious eye condition or those who would be particularly disadvantaged if they lost their eyesight, to have an annual check at an optometry practice.

Finally, the EHEW service has provision to monitor patients discharged from hospitals following uncomplicated cataract extraction and those with Ocular Hypertension (OHT) or who are glaucoma suspects.

The service is effective in reducing the number of patients being referred to the hospital eye care service and has a very high patient satisfaction rate.

This manual outlines a structure allowing optometrists or Ophthalmic Medical Practitioners (OMPs) to provide the EHEW service.

Local pathways agreed between Health Boards, Regional Optometric Committees and Optometric Advisors may exist and practitioners should ensure that they are aware of these and protocols or guidelines arising from them separately from this manual.

This manual is subject to regular updates according to the needs of the service. Any updates will be sent electronically to every optometrist or OMP providing the service.

1.1 How the service works

- Optometrists or OMPs must be accredited to provide the service and subsequently, be re-accredited every 3 years to continue as a provider. Training, accreditation and re-accreditation are currently provided by the Wales Optometry Postgraduate Education Centre (WOPEC).
- Optometry practices must be registered to provide EHEW services. Payments made to optometric practitioners and OMPs are co-ordinated by the NHS Wales Shared Services Partnership (SSP) and subject to post-payment verification (PPV) according to protocol as agreed between NHS Wales and the professional negotiating body (Optometry Wales).
- The WECS 1 payment form (see Appendix I) will provide data for payment

verification, audit and administration data. This data is held in a secure data-management system by the SSP.

- Clinical audits are essential for governance of the service and will be carried out in accordance with protocol (see Appendix IV for information and protocol of clinical audit).
- Practices providing EHEW must be able to offer appointments to anyone who is eligible to access the service.
- A banded fee structure applies for the EHEW service.

1.2 Enquiries

For clinical, audit, registration or accreditation enquiries please contact the EHEW Clinical Lead (029 20 876988) or WECS@cardiff.ac.uk

For payment and registration enquiries please contact NHS Wales Shared Services Partnership (SSP) via e-mail -Ophthalmic.SE@wales.nhs.uk

2. Service Protocol

This section contains the Service Protocol, which must be met, specifically for payment purposes.

“Post-payment Verification Points” are included to help you avoid reclaims of fees paid for incomplete or incorrectly provided services.

The Post-payment verification (PPV) team will have access to clinical advice as part of any PPV reviews.

The subsequent sections contain Service & Clinical Guidance to be followed when appropriate and wherever possible, subject to your clinical judgement.

Clinical audits carried out by Optometric Advisors conducted in practice will review adherence to the Service & Clinical Guidance. Self-clinical audits are encouraged but not compulsory. Frequent deviation from the guidance by an optometrist/ OMP or contractor may be a barrier to your continued accreditation for EHEW.

A practice must be able to offer an appointment to anyone entitled to use the service. This is part of the service level agreement and must be adhered to except in exceptional circumstances (see Service Protocol 2 and 3 below).

Protocol for EHEW

WECS 1 Application (payment) forms are received by the NHS Wales SSP. Verification of the following protocols (2.1 and 2.2) will be checked before payment and any deviation will result in non-payment and return of the WECS 1 form to the relevant practice.

2.1 Registration

The practice where the EHEW takes place must be registered to provide EHEW (contact Ophthalmic.SE@wales.nhs.uk for practice registration information).

The optometrist or OMP performing the eye examination must be accredited to provide EHEW (contact Ophthalmic.SE@wales.nhs.uk for optometrist or OMP registration information).

2.2 Forms

Both parts of the WECS 1 form must be completed.

The patient or the patient's carer/guardian must sign and date part 1 of the WECS 1 form as instructed.

The optometrist/ OMP must sign and date part 2 of the form as instructed. The contractor must sign and date part 2 of the form. If the EHEW has been conducted by the contractor, only one signature is required at the bottom of this form.

The WECS 1 form can be found in the Appendix I.

2.3 Records

The patient record (paper or electronic) kept in a practice must clearly state (i.e. be legible):

- The reason for the EHEW being performed

PPV Point 1

Information on the patient record (from the corresponding EHEW examination) must be consistent with what is recorded on Part 2 of the WECS 1 form.

2.4 Reports & Referrals

A report or referral must be sent to the patient's GP within 30 days of an EHEW examination. If a Band 3 is done as a follow up to a Band 1 examination then a single report or referral covering both examinations is acceptable provided it is sent within 30 days of the first Band 1 EHEW examination.

A copy of the report or referral to the GP must be retained in the patient's record.

PPV Point 2

The date of the report or referral to the GP must be no later than 30 days after the date of the EHEW examination. It is acceptable to send one letter to cover both a Band 1 and subsequent Band 3 examination provided it is sent within 30 days of the initial Band 1 examination.

PPV Point 3

A copy of the report or referral to the GP must be available for inspection at the PPV visit. If a copy is not available, the fee will be reclaimed.

The report or referral to the GP or hospital must be either a paper or electronic:

- a. WECS report or referral form (WECS 2 or 3 – See Appendices) form
- b. A practice referral letter containing all the details specified below*
- c. An alternative nationally or locally agreed template, e.g. Wet Age- related Macular Degeneration Referral Form.

*Notes: If a practice letter rather than the WECS 2 or 3 forms are used then they **must**:

- Use the same heading at the top of letter that the WECS forms use so that the management of the patient is clear E.g. GP INFORMATION FORM: (NOT for referral to Ophthalmology) or Referral: Optometry to Ophthalmology

PPV Point 4

Reports or referrals must be made on:

WECS 2 or 3 form

A practice letter containing the details specified above*

An alternative nationally or locally agreed template, e.g. Wet Age-related Macular Degeneration Referral Form.

If the PPV team cannot identify a copy of the report or referral to the GP in one of the above formats, the fee will be reclaimed.

PPV Point 5

The clinical content of WECS forms 2 & 3, practice letters and other templates will not be considered by the PPV team. However, clinical content may be considered in clinical audits.

2.5 Claims

- A Band 2 EHEW must follow a General Ophthalmic Services (GOS) or private sight test only. Unless there are other pathways agreed by your health board.

PPV Point 6

The records pertaining to the Band 2 must indicate that a GOS or private sight test was previously performed*.

PPV Point 7

A GOS sight test preceding a Band 2 may be subject to PPV in its own right. If the fee for that GOS sight test is reclaimed, the fee for the subsequent Band 2 will not automatically be reclaimed*.

- Each GOS sight test may generate no more than one associated Band 2 claim

and each Band 2 claim must be appropriate, as per the protocols and guidelines in the clinical manual.

PPV Point 8

Where more than one Band 2 claim follows a sight test, the second Band 2 fee will be reclaimed. All Band 2 claims must be appropriate as per the protocols and guidelines in this Manual*.

**Unless there are other pathways agreed by your health board.*

- A Band 3 must either:
 - a) Follow a Band 1; or
 - b) Coincide with a GOS or private sight test as part of a cataract post-operative assessment (unless there are other pathways agreed by your Health Board).

PPV Point 9

For Band 3 following a Band 1 examination a record of the corresponding Band 1 must be available. If the record of the Band 1 is not available the Band 3 fee will be reclaimed.

PPV Point 10

A Band 1 preceding a Band 3 may be subject to PPV in its own right. If the fee for that Band 1 is reclaimed, the fee for the subsequent Band 3 will not automatically be reclaimed for this reason.

- Each Band 1 claim may generate no more than one associated Band 3 claim. A Band 3 may not be claimed after every Band 1, unless clinically indicated.

PPV Point 11

Where more than one Band 3 is linked to a single Band 1 claim by a contractor the 2nd and subsequent Band 3 fees will be re-claimed.

- An EHEW fee cannot be claimed for any examination that takes place outside the registered practice, including at a domiciliary visit.
- A contractor must not submit a claim for more than one 'routine' (i.e. non urgent) Band 1 in respect of the same patient within a calendar year. This does not apply to claims for:
 - a) referrals by another eye care professional;
 - b) Investigations to comply with WG agreed protocols
 - c) Other pathways agreed by your health board

PPV Point 12

Where two or more 'routine' Band 1s are claimed in respect of the same patient within one calendar year, the second (and any subsequent) 'routine' Band 1 EHEW fees will be reclaimed.

- A contractor must not submit more than one Band 1 claim per patient per year

with a re-occurrence of the same condition in the same eye without a significant change in the condition that warrants further clinical investigation.

E.g. A patient who has a Band 1 for flashes and floaters would not be eligible for another Band 1 simply because symptoms persist, likewise a patient with ingrowing eyelashes that need removal at regular intervals would not be eligible for more than one Band 1 per patient per year. However, a patient who has a corneal ulcer in the right eye and then develops another three months later in the same eye would be eligible.

See also Section 3.0. Investigation of chronic dry eye (where the condition has been previously identified) is not eligible for a Band 1.

PPV Point 13

Where two or more Band 1s are claimed in respect of the same patient within one calendar year for the same reason in the same eye without a significant change in the condition, the second (and any subsequent) Band 1 fees will be reclaimed.

- A contractor must not submit more than one Band 1 claim per patient per calendar year for 'Monitoring patients with OHT or glaucoma suspect' unless the clinical plan letter from the HES says so. The clinical letter must be retained in the patient's record.

PPV Point 14

Where two or more Band 1s are claimed by a contractor within one calendar year for the same patient for 'Ocular Hypertension (OHT) or Glaucoma suspect monitoring', the clinical plan letter from the ODTC or HES specifying the review frequency must be available for inspection at the PPV visit. If a copy is not available the second (and any subsequent) of these Band 1 fees will be reclaimed.

Further guidance about filling in the WECS 1 form claim can be found in Section 9.0.

2.6 Equipment

Contact tonometry (a Goldmann or Perkins) must be used for all measurements of Intraocular Pressure (IOP), unless in the optometrist/ OMPs clinical judgement the patient would come to harm by doing so.

PPV Point 15

The optometrist/ OMPs clinical judgement as to whether contact tonometry would cause harm will not be considered by a non-clinician. However, clinical judgement may be considered in clinical audits.

3. Eye Health Examination Wales (EHEW) - BAND 1

3.1 General Information

Band 1 EHEW examinations enable patients with acute eye conditions, those in at-risk categories for developing eye disease, or those who would find losing their sight

particularly difficult, to obtain a free at the point of access eye examination. The full list of eligibility is below:

- 1) **Eye problems that require urgent investigation:** Patients experiencing an eye problem that requires urgent investigation, (including self-referral or referral from another healthcare practitioner).
- 2) **Routine examinations: See Glossary in Section 16 for further information**
 - Patient at risk of eye disease by reason of ethnic group (Asian or Black).
 - Unilateral patient.
 - Patient has a Hearing impairment
 - Patient has Retinitis Pigmentosa (RP)
- 3) **Referral by another health care professional (e.g. GP, ophthalmologist)**
- 4) **Examinations to comply with Welsh Government agreed protocols:**
 - Pharmacy Common Ailment Scheme
 - Monitoring of patients with Ocular Hypertension (OHT) or patients who are Glaucoma suspects who have been discharged from the eye unit with details of the patient's glaucoma status and a management plan that details what to do if there is any significant change in status of the patient's condition (see section 10.0 below)
 - Referral from Diabetic Eye Screening Wales (DESW) service
 - Other pathways agreed by your Health Board

*Note that the following are NOT eligible categories for a Band 1 examination:

- Chronic dry eye (where the condition has been previously identified) i.e. A band 1 cannot be used to investigate dry eye symptoms in a patient with pre-diagnosed dry eye disease. These patients should be seen through the national dry eye pathway, or should one not exist, either seen privately or referred to their GP.
- If a patient experiences a contact lens related complication as a consequence of their contact lens fit and is part of a paid for aftercare scheme that covers such complications, the matter must be dealt with by the practice being paid for their ongoing aftercare and an EHEW must not be claimed. If the patient is away from home and due to their current locality could not get clinical access to their practitioner, then a Band 1 EHEW is appropriate. Patients who have had no formal fitting, or do not pay for aftercare that includes emergency care can be dealt with under EHEW as a Band 1 acute eye problem, if appropriate.
- Patients who have undergone private refractive surgery such as LASIK or who have undergone a private cataract extraction including clear lens extraction or any other private ocular surgery and who are experiencing complications related to their surgery must be referred back to the surgeon. Additionally, patients who are under the private care of an ophthalmologist for an eye condition are not eligible for an EHEW. In an emergency, however,

they can receive a Band 1 in order to receive urgent treatment without causing further delay.

PPV Point 16

Band 1 claims due to known chronic dry eye will be reclaimed. Band 1 claims for a red and/ or sore eye that are as a result of a contact lens fit will be reclaimed. Band 1 claims for patients who have undergone private eye care or surgery will be reclaimed unless there was an appropriate need for urgent assessment.

3.2 Band 1 Eligibility

A patient is not entitled to have a Band 1 on the basis of their ethnicity if they do not tick their ethnicity on the WECS 1 form. However, if a patient has a legitimate EHEW in accordance with this manual and they refuse to state their ethnicity, a claim can be made. In this circumstance, the contractor should write 'patient refuses' next to the ethnicity categories.

A Band 1 can only be claimed if at least one of the above criteria is met and this reason is ticked and/or annotated on the WECS 1 form.

Regarding each reason for a Band 1:

- Only if a patient presents with an eye problem or symptoms that need urgent investigation can a practitioner submit a claim on this basis. The type of symptom or eye problem and how long since it began should be stated clearly on the patient record card. The patient should be offered an appointment within 24 hours of their request for an appointment, if there is an appropriate clinical need for the patient to be seen.
- The patient must self-certify, by ticking the appropriate box in Part 1 of the WECS 1 form that they are either Asian or Asian British; or Black / African / Caribbean / Black British before a claim can be submitted on the basis of ethnic group. See Glossary in Section 16 for further information.
- The unocular category may only be used for those patients who would be eligible for registration as Sight Impaired if they lost vision in their 'good' eye. See Glossary in Section 16 for further information.
- A patient must self-certify that they are significantly hearing impaired before a practitioner can submit a claim on this basis. See Glossary in Section 16 for further information.
- Patients must be diagnosed as having retinitis pigmentosa by an ophthalmologist in order for a claim to be made on this basis. See Glossary in Section 16 for further information
- A referral into the EHEW service can be made by a GP, ophthalmologist, or other health care professional if there is an appropriate clinical reason for the patient to be seen as an EHEW. The optometrist or OMP must decide if

the patient requires urgent/ emergency attention. In these circumstances the patient must be seen within 24 hours of the request from the patient, GP or other health professional.

- Dry AMD monitoring is no longer supported through a Band 1 EHEW. For the Pharmacy Common Ailment Service refer to the local agreed protocols.
- When monitoring patients with OHT or glaucoma suspects, if the patient's clinical scenario remains unchanged from the clinical summary letter sent from the ODTc or HES or the previous review, the optometrist will record the findings on their record card in the usual manner and send an information letter to the patient's general practitioner using form WECS (2) or other eligible letter form as outlined in the guidance above, clearly marked as for information only.
- A letter from the Diabetic Eye Screening Wales (DESW) service outlining the need for an EHEW is required for a Band 1 claim.

For OHT or glaucoma suspect patients in whom the optometrist finds sufficient evidence of stability, it will not be normal practice to send any correspondence to the ODTc or HES.

If the optometrist detects a change in the patient's clinical situation, as detailed in the clinical plan suggested criteria for re-referral then the patient will be referred back in to the HES in such a manner as the optometrist sees fit using a WECS (3) or other eligible letter as outlined in the guidance above.

PPV Point 17

Provided that EHEW manual protocol is followed, the PPV team will not consider patient eligibility for other Band 1 claims. Clinical judgements on eligibility may be considered in clinical audits.

3.3 Band 1 Refraction

If a Band 1 is carried out because of an acute eye problem, referral from a healthcare professional, from DESW service or as part of OHT/ glaucoma suspect monitoring then refraction is not usually necessary, unless it may help determine the nature of the acute eye problem (e.g. headaches or diplopia) and should be conducted in line with the practitioner's professional judgement. **This may be a diagnostic refraction if there is no intention to prescribe from it, and therefore may not constitute a sight test.**

If the Band 1 is for any other reason, then a refraction must be carried out as part of the examination (unless there are exceptional circumstances).. Ensure the patient is aware that this eye examination has included a sight test by issuing a sight test prescription. This should be issued on a private prescription form and not an NHS prescription form (GOS2W) as an NHS sight test (GOS1W) would not also be claimed at this examination. **Since refraction with the intention to prescribe is expected then all the required components of a sight test as defined in law must be included.**

PPV Point 18

Completion of refraction will not be considered by the PPV team. However, this may be considered in clinical audits.

3.4 Band 1 Guidelines

Normally, only one Band 1 can be claimed per year per patient – see Section 2 Protocols. However, in certain circumstances a further EHEW can be performed (including if there are other pathways agreed by your Health Board).

The usual safeguards regarding decision-making apply and the relevant reasons and circumstances must be recorded in the clinical records. Examples include:

- A patient has had an EHEW for reasons of ethnic group but returns experiencing eye problems that need urgent investigation within the next 12 months. They would be entitled to a further EHEW under the category of an eye problem that needs urgent investigation.
- A patient has a Band 1 at the first visit for an acute red eye and then returns 2 months later with an unrelated clinical episode of flashes and floaters. The second visit would also be eligible for a Band 1.
- A second band 1 examination can be offered to a patient who presents with a different clinical condition to that of the first band 1 exam. The decision to offer this additional Band 1 examination must be clearly outlined in the notes.
- A patient has an acute eye problem at the first visit and a discharge letter is received for you to monitor their OHT at a later date within the same year.

4. Further investigation examination – Band 2

These examinations enable patients to have additional investigations. They can be used to further inform or prevent onward referral to the hospital eye service, or in other pathways approved by a Health Board.

4.1 Band 2 Eligibility

Patients are eligible for a Band 2 if the optometrist/ OMP performing the GOS or private sight test identifies signs or symptoms that may need referral to a hospital and performing a Band 2 would facilitate adding valuable information to that referral or may even prevent it.

A patient is not eligible for a Band 2 for pupil dilation to afford a better view of the fundus only unless there are symptoms and/or signs that would clearly benefit from pupil dilation.

PPV Point 19

Patient eligibility for Band 2s other than specified in EHEW Protocol will not be

considered by the PPV team. However, clinical judgements on eligibility may be considered in clinical audits.

4.2 Band 2 Guidelines

The following are guidelines about investigations that would, or would not be allowable for an EHEW. Note that this is not an exhaustive list.

What would normally indicate eligibility for a Band 2:

- A pre-operative cataract assessment
- Cycloplegic refraction of a child.
- Wide field (e.g. 60 degrees) threshold related visual field examination for unexplained headaches.
- Repeated IOP and visual fields to inform whether a patient should be referred with suspect glaucoma.
- Macular conditions where additional examinations are carried out to determine the nature of the problem and whether referral is required.
- A post-operative cataract extraction check where the patient is found to have an unexplained reduction in vision, which requires subsequent further investigations. A Band 2 can be done instead of a Band 3 to determine if referral back to the hospital is required, and inform the referral where indicated.

What would not normally indicate eligibility for a Band 2:

- Dilation of the pupil to get a better view of the fundus unless there are signs and/or symptoms present that clinically justify dilation.
- OCT
- HRT
- Pachymetry
- Fundus photography.
- Syringing or punctum plugs for dry eye.
- Gonioscopy.
- Where it can be established that patients are under the care of an ophthalmologist and an eye problem is found, it would be more appropriate to write to the ophthalmologist directly rather than use the EHEW service unless local health board protocols exist that advise otherwise.

Note that whilst these are not allowable in isolation, if they are used as part of referral refinement or management alongside other investigations, then it is acceptable i.e. those listed are not allowable on their own as a Band 2 but may be used as an addition to other investigations.

A Band 2 may be carried out on the same day as a GOS or private sight test but could be carried out on a different day according to patient or clinical needs.

Examples where the patient may need to be bought back include:

- Repeat Goldmann/ Perkins tonometry and/ or threshold related test of visual field for a patient where initial results were suggestive of glaucoma or ocular hypertension that would be associated with the offer of treatment as per NICE Guidelines.
- Cycloplegic refraction of a child (this may need to be done on a different day)
- The patient brought back for threshold related testing visual field examination for unexplained headache.

5. Eye Health Examination Wales (EHEW) - BAND 3

Band 3 examinations either provide a follow-up to a Band 1 or take place as part of a cataract post-operative assessment and report; at the same time as GOS or private sight test. There may be other pathways agreed by your Health Board.

5.1 Band 3 Eligibility

Patients are eligible for a Band 3 EHEW:

- At the discretion of an EHEW-accredited optometrist following a Band 1 EHEW.
- When the patient has been discharged to optometry for a cataract post-operative assessment in-line with local protocols.
- Other pathways agreed by your Health Board.

In accordance with PPV point 11. A contractor must not submit a claim for more than one Band 3 linked to a Band 1 claim per patient per calendar year.

5.2 Band 3 Guidelines

Examples of an EHEW in the category of a patient experiencing an eye problem that requires urgent investigation (Band 1) which subsequently may require a follow-up (Band 3) appointment include:

- Review of a patient following cataract extraction.
- Review of patient with unresolved symptoms of flashes and floaters
- Re-assessment of a patient with marginal keratitis
- Re-assessment of a patient with corneal abrasion
- Re-assessment of a patient following foreign body removal
- Re-assessment of a patient with a non-resolving red eye
- Corneal lesions of unknown origin follow-up

Note the list is not exhaustive

6. What the examinations involve

6.1 EHEW

If a patient presents with an eye problem that requires urgent investigation or is referred by a healthcare practitioner then:

- The level of examination should be appropriate to the reason for referral and procedures are at the discretion of the optometrist or OMP. Note that contact tonometry (a Goldmann or Perkins) must be used for all measurements of Intraocular Pressure (IOP), unless there is a valid clinical reason not to.
- The optometrist or OMP must decide if there is an appropriate clinical need for the patient to be seen and if the patient requires urgent/ emergency attention. In these circumstances the patient must be seen within 24 hours of the request from the patient, GP or other health professional.

PPV Point 20

Compliance with offering an EHEW appointment for problems that need urgent investigation will not be considered by the PPV team. However, compliance may be considered in clinical audits.

If the patient is eligible for an EHEW for any reason except they have an acute eye problem, referred by other healthcare professional, referred by DESW or as part of OHT/ glaucoma suspect monitoring, then the following procedures are mandatory for an EHEW, unless there are exceptional circumstances:

- Refraction (see 3.1.2)
- Visual acuity measurement
- A slit lamp examination of the anterior segment
- An assessment of the anterior chamber angle
- Contact tonometry using a Goldmann or Perkins tonometer
- A dilated fundus examination using a slit lamp and a Volk lens (unless an excellent view is seen without dilation, in which case this must be annotated on the record card)
- A threshold related visual field examination, from which a quantifiable field printout is available
- Other procedures at the discretion of the examining optometrist or OMP

PPV Point 21

Compliance with mandatory procedures in EHEWs will not be considered by the PPV team. However, compliance may be considered in clinical audits.

If there is a reasonable and legitimate reason for omitting a procedure then it must be annotated in the patient record card in the practice before an EHEW claim may be made.

For example: A patient who has an anterior iris clip intra-ocular lens that prevents dilation of the pupil.

If refraction with an intention to prescribe is included, then the episode would be deemed a sight test in law and therefore all necessary components of a sight test should be included.

7. Equipment required in practice

The minimum level of equipment should include:

- Slit lamp
- Volk, or similar lens for Binocular Indirect Ophthalmoscopy (BIO)
- Contact tonometer (Goldmann or Perkins)
- Automated visual field equipment capable of producing a field plot print-out and threshold related examinations
- Eyelash removal instruments
- Foreign body removal instrumentation
- Direct Ophthalmoscope
- Amsler charts
- Diagnostic drugs
- Retinoscope
- Vision testing equipment suitable for testing children

8. Referrals

All referrals to other health professionals should record the following information:

1. Relevant history and symptoms
2. Relevant general health
3. Medication (dosage and when taken, if known)
4. Vision or Visual acuities
5. Significant signs found
6. An indication that other findings were normal
7. Diagnosis and differential diagnosis
8. Action required
9. Urgency of referral

8.1 Detail and urgency of referrals

Suspect glaucoma / OHT should record the following:

- Description of optic disc including C/D ratio.
- Intraocular pressure (IOP), including time of day, using a GAT/Perkins tonometer.
- Threshold related Central visual field plot from an automated perimeter capable of producing a print out (e.g. Humphrey.)
- Slit lamp assessment of anterior eye.
- Anterior chamber angle assessment (e.g. Van Herick).

Suspect Wet AMD referrals should be carried out using the proper AMD fast track referral forms (AMD urgent referral pad). A request for an electronic version of the form can be made to: NHS Wales Shared Services Partnership (SSP) via e-mail - Ophthalmic.SE@wales.nhs.uk

A copy of the form or information letter should be sent to the patient's GP (note there is no duplicate so a separate copy may need to be made).

The form should include all as specified. This includes:

- Past history in either eye
 - a) AMD
 - b) Myopic
 - c) Other
- Visual acuities (distance and near)
- A clear indication of the reason for referral.
- Duration of vision loss
- Description of the macula in noting the presence of:
 - a) Macular drusen (both eyes)
 - b) Macular haemorrhage (affected eye)
 - c) Subretinal fluid (affected eye)
 - d) Exudate (affected eye)

Cataract referrals should have the following noted in the referral letter:

- A clear indication of reason for referral as a title for the referral
- That the patient is willing to consider surgery
- Visual Acuity now and what it was previously where known (including date of previous VA)
- Pinhole VA, if appropriate
- Confirmation that the cataract is main cause of sight loss
- Notification of any co-existing ocular pathology
- Confirmation that the patient's lifestyle and/ or quality of life is compromised as a result of the cataract
- The referred eye for surgery
- Previous history of cataract surgery or refractive surgery
- A list of any medications taken by the patient
- A copy of the questionnaire should be sent with the referral.
- The presence or absence of AMD
- A Cat-PROM5 questionnaire

When necessary other relevant information should be supplied (e.g. cover test and motility for a binocular vision related referral). Relevant family history should always be included where applicable. For specific conditions, please refer to the clinical guidance section. If the referral is to the GP, spectacle prescription is not necessary. Referrals should be sent direct to the most appropriate professional.

Referrals to ophthalmologists must be sent direct and not via the GP unless in exceptional circumstances where it is necessary for the GP to add further information to the referral.

PPV Point 23

As per PPV Point 15, the clinical content of referrals will not be considered by the PPV team. However, clinical content may be considered in clinical audits.

9. Filling in forms

Information on the WECS 1 form will be used for the purposes of clinical audit.

Post payment verification checks will be carried out to ensure the EHEW manual protocols and guidelines are followed.

WECS 1 claims are subject to post-payment verification in-line with the agreed protocol. By signing the WECS 1 form you are signing that you understand and accept that if you withhold information or provide false or misleading information, you may be liable to prosecution and or civil proceedings.

In signing the form, the optometrist or OMP who carries out the EHEW examination is confirming that he/she is entitled to perform an EHEW eye examination and consents to the disclosure of relevant information for the purpose of checking this; planning, researching and administering the service; and in relation to the prevention and detection of fraud.

In signing the form, the contractor is also consenting to the disclosure of relevant information for the purpose of checking the claim; planning and administering the service; and in relation to the prevention and detection of fraud; and agreeing to pay back the cost of the service if later found not to be entitled to it.

The optometrists/ OMP should sign and date only the forms relating to the examinations, which they have provided. The optometrist/ OMP should sign them at the time of dealing with the patient. Never sign blank WECS forms. If they are subsequently submitted fraudulently and they have your signature, then you may be held responsible and could be accused of fraud. This is of particular importance to those practitioners who do locum work.

9.1 Part 1 – Patient’s Details and Declaration

Patient name, address, date of birth and the Doctor’s (GP) name and address can be filled out by the patient, the practitioner or a member of practice staff.

The patient/ guardian (not the optometrist or OMP) must fill in their ethnic group. Ethnicity is required so that the optometrist can decide if they are at risk of eye disease because of their ethnicity (see 9.3 below). The information is also used to determine what ethnic groups are accessing the EHEW service. Patients themselves should indicate their ethnic background and then sign and date Part 1 of the WECS 1 form before the eye examination.

9.2 Part 2 – Optometrist/ OMP Declaration

For Part 2 of the WECS 1 form the optometrist or OMP is required to declare the reason for examination and date when the examination took place.

9.3 Part 3 - Band 1: Eye Health Examination Wales (EHEW):

The optometrist or OMP who carries out the EHEW should indicate the reason for performing it by ticking the appropriate box. If more than one applies, then the most appropriate box should be ticked, using clinical judgement. **See Glossary in Section 16 for further information.**

- ***Has an acute eye problem***

The type of symptom or eye problem and how long since it began should be stated

clearly on the patient record card. The patient must be offered an appointment within 24 hours if the optometrists or OMP determines that the eye problem warrants urgent investigation.

- ***Is Uniocular***

The unioocular category is for patients who would be eligible for registration as Sight Impaired if they lost their 'good' eye.

- ***Is hearing impaired***

A patient must self-certify that they are significantly hearing impaired before a claim can be made on this basis. Patients must be significantly hearing impaired such that even with aids they consider their hearing impaired or they rely to some extent their vision to assist communication, e.g. lip reading, signing or written communication.

- ***Has RP***

Patients must be diagnosed as having retinitis pigmentosa by an ophthalmologist in order for a claim to be made on his basis.

- ***Was referred by a other healthcare professional***

A referral into the EHEW service can be made by a GP, ophthalmologist, or other health care professional if there is an appropriate clinical reason for the patient to be seen as an EHEW.

- ***Is at risk of eye disease due to ethnic background***

Epidemiological research has shown that a patient with an ethnic background that is Eastern, South Eastern or Southern Asian or Black/African/Caribbean are at greater risk of Diabetes Mellitus and Glaucoma compared to White or other ethnic groups, including those of mixed ethnicity. Therefore, patients that have confirmed they belong to these ethnic groups (and by association those who are Asian British or Black British) are at greater risk of sight threatening eye disease and are eligible for a Band 1 EHEW.

The patient must self-certify by ticking the appropriate box in Part 1 of the WECS 1 form that they are either Asian/Asian British or Black/African/Caribbean/Black British before a claim can be submitted on this basis.

Patients over 40 years of age can be seen under a Band 1 for ethnicity. Patients under the age of 40 years of age would not normally be eligible unless they have an additional risk factor associated with glaucoma or diabetes (e.g. Family History of glaucoma)

- ***Needs investigation to comply with WG agreed protocols***

Any patient with an eye problem not related to diabetes picked up in DESW screening may be referred to an EHEW-accredited optometrist.

To assess a patient with OHT/glaucoma suspect with a Band 1 on the WECS (1) payment form a Band 1 payment will be submitted to the SSP in the usual manner using the 'Needs investigations to comply with WG agreed protocols' and 'OHT/ GS monitoring' tick boxes.

9.4 Band 2: Further Investigation/ Examinations

Band 2 enables the optometrist or OMP to further inform their referral, investigate clinical findings or determine management following a GOS or private sight test.

This category is not to be used following a Band 1 examination.

In cataract post-op assessments, a Band 2 examination may be claimed instead of a Band 3 examination if unexpected symptoms or signs are found (see 11.4).

9.5 Band 3: EHEW Follow-up

After a Band 1 EHEW, an optometrist or OMP may need to see the patient again on another occasion (not the same day) to ensure the patient is being clinically managed in the most appropriate way. Each Band 1 EHEW may generate no more than one Band 3 follow up.

A Band 3 EHEW may be requested by the optometrist or OMP who performed a Band 1 EHEW or may be performed at the discretion of any EHEW-accredited optometrist following a Band 1 EHEW. It may include any procedures they feel are clinically necessary.

A Band 3 follows a Band 1 only, unless the Band 3 is for an uncomplicated post-operative cataract examination following a General Ophthalmic Services (GOS) or private sight test.. This would usually be on the same day as the sight test.

The date of the Band 3 EHEW follow up examination should be filled in.

9.6 Audit and clinical information guidance

Optometrists or OMPs must ensure they have entered at least one tick in all the sections on the back of the WECS 1 form. This is essential for clinical audit of the service.

To facilitate clinical audit please tick all symptoms and all the findings following the examination. It may be that multiple boxes need to be ticked.

9.7 I took the following action

This section is to determine the patient management following the EHEW examination. Please note that the patient's GP must be informed following all EHEW examinations – see Protocol section 2.6.

9.8 Signatures

The optometrist or OMP who conducted the EHEW examination should sign to state they have conducted the examination, indicating the date on which the examination took place and giving their Ophthalmic or Supplementary Ophthalmic List number.

The contractor, or the authorised signatory, should sign and date the claim section. If the EHEW has been conducted by the contractor, he/she need sign only the claim section.

9.9 Resident in Wales

The EHEW service is for people ordinarily resident in Wales and/ or those who have a GP in Wales.

You may offer a Band 1 EHEW to any person not ordinarily resident or those who are not resident and do not have a GP in Wales who have symptoms or an eye problem requiring urgent investigation which cannot be reasonably delayed until the person returns to their home (similar to a patient visiting a GP practice for a health emergency as a temporary resident). It is a matter for your professional judgement to determine whether an EHEW is immediately required for the symptoms or eye problem in each individual case.

9.10 Delegation

Tasks can be delegated, but must be supervised (i.e. optometrist on the premises and available in case of problems). Delegation relates only to the performance of the task (such as visual field testing), not the interpretation of the results. The College of Optometrist guidelines state 'The optometrist has a duty to ensure that the patient receives the same standard of care whether or not s/he delegates any task and to satisfy him/herself as to the competence and suitability of the person to perform the task being delegated'. For more information refer to the College Guidelines: <http://guidance.college-optometrists.org/guidance-contents/communication-partnership-and-teamwork-domain/working-with-colleagues/delegation>

Where pre-registration optometrists conduct an EHEW examination, the supervisor must be EHEW accredited and on-site to be able to claim an EHEW examination fee. The supervisor must assess the capability of the student so that you can tailor supervision to their level of competence.

As the supervisor you retain full responsibility for the patient under the care of anyone you supervise.

For example, in the case of a red eye, the supervisor should perform slit lamp of the anterior segment. In the case of flashes and floaters the supervisor should check the retina and anterior vitreous.

PPV Point 24

As per preceding PPV points, optometrists' and OMPs' clinical judgements regarding delegation and reasons for EHEW examinations, including eye problems requiring urgent investigation in persons who are not ordinarily resident in Wales, will not be considered by the PPV team. However:

1. All points under 2.0 Protocol for EHEW must be complied with
2. Clinical judgements may be considered in clinical audits.

Clinical Guidance Section

**Glaucoma & Ocular Hypertension Cataract
Age-related Macular Degeneration (AMD)
Retinal breaks & detachments**

10. Ocular Hypertension (OHT) / Glaucoma suspect (GS) monitoring

10.1 Introduction

As detailed in Section 6.1 above, only Goldmann type tonometers (Goldmann or Perkins) should be used when referring patients to the hospital eye service (HES).

Glaucoma suspects (GS) and individuals with Ocular Hypertension (OHT) represent a significant workload in the Hospital Eye Service. This workload can be eased by ensuring that EHEW-accredited optometrists monitor suitable patients with OHT/GS (at low risk of progression) in the community setting.

10.2 Definitions

Ocular Hypertension (OHT) refers to eyes that have consistently or recurrently elevated intraocular pressure (IOP) greater than 21mmHg in the absence of clinical evidence of optic nerve damage or visual field defect [and irrespective of central corneal thickness]. NB: NICE NG81 determines that a new threshold of 24mmHg, instead of 22mmHg is to be used for referrals into the eye hospital– see below.

A Glaucoma Suspect (GS) is an individual who, regardless of the level of the IOP, has features of the optic nerve head (optic disc) and/or visual field(s) that suggest possible glaucomatous damage.

10.3 Repeated measures in EHEW and referrals based on IOP alone

During the course of a GOS or Private sight test, where elevated pressure of **24mmHg or higher** is the only abnormal finding (i.e. there is a normal disc and field). The following process should be followed using Goldmann-type applanation tonometry:

Step 1:

IOP over 31mmHg – refer for diagnosis and management

IOP 24 - 31mmHg – repeat Goldmann-type applanation tonometry on a separate occasion- Band 2 EHEW (Step 2)

IOP below 24mmHg – patient should not be referred

Step 2: Second repeat of Goldmann-type applanation tonometry:

IOP over 31mmHg – refer for diagnosis and management

IOP 24 - 31mmHg - refer for OHT diagnosis and management

IOP below 24mmHg - patient should not be referred

Note that the referral threshold has changed from >21mmHg.

10.4 Discharge from Hospital/ ODTC of patients with OHT/ GS

Selection criteria for community review:

OHT - Patient has been assessed in either or both of an Ophthalmic Diagnosis and

Treatment Centre (ODTC) and Hospital Eye Service (HES) consultant ophthalmologist led clinic, and had a satisfactory review of clinical data by a consultant ophthalmologist (this may have been on a virtual clinic basis) and been confirmed as having ocular hypertension and that this does not require an offer of treatment (as per NICE Guidelines CG85 – 2009 and updated NG-81, 2017) and for whom no other considerations apply that in the opinion of the consultant ophthalmologist would suggest that an offer of treatment should be made.

GS - Patient has been assessed in either or both of an Ophthalmic Diagnosis and Treatment Centre (ODTC) and Hospital Eye Service (HES) consultant ophthalmologist led clinic, and had a satisfactory review of clinical data by a consultant ophthalmologist (this may have been on a virtual clinic basis) and been confirmed as glaucoma suspected and that this does not require an offer of treatment (as per NICE Guidelines CG85 of 2009 and NG -81, 2017) and who has normal intraocular pressure and for whom no other considerations apply that in the opinion of the consultant ophthalmologist would suggest that an offer of treatment should be made.

Patients at low risk of progression to disease will be discharged from the hospital Eye Service (HES) or ODTC to the care of optometrists in the community with details of the patients glaucoma status (see below) and a management plan that details what to do if there is any significant change in status of the patient's condition (NICE Glaucoma Clinical Guidelines CG85 and NG-81).

For patients sent for community review by an EHEW-accredited optometrist, the ODTC/HES unit will send, by letter, to the optometrist in each case:

1. Patient demographic details
2. Clinical summary giving:
 - a. visual acuity
 - b. anterior segment findings (e.g. Van Herick, Redmond Smith central AC depth, Shaffer gonioscopy grade and angle findings, pigment dispersion / pseudoexfoliation signs)
 - c. initial IOP in ODTC/HES, highest IOP, most recent IOP
 - d. central corneal thickness
 - e. optic disc features (e.g. digital image, vertical cup: disc ratio, peripapillary retinal nerve fibre layer features via OCT)
 - f. most recent threshold visual fields plot
3. The plan for review which will include:
 - a. Suggested timing of the initial visit to the optometrist as part of the patient's care within the scheme and suggested interval between reviews (this will normally be annually).
 - b. Management plan with suggested criteria for re-referral back to the ODTC/HES (e.g. level of IOP, suspicion of development of disc signs glaucomatous optic neuropathy or visual field defect).

When a patient is sent for community optometry review they will sign a written agreement document confirming that they will attend for a community assessment by

an EHEW-accredited optometrist. Copies of the agreement will be kept by the patient, the optometrist (as defined below), the GP and the HES unit.

The patient details, clinical summary and plan for review will be sent to the patient's optometrist practice that they nominate to attend, a copy will also be sent to the GP.

10.5 Assessment of patients with OHT/ GS

Following receipt of the letter from the ODTC/ HES containing patient details, clinical summary and plan for review, it is good practice for the EHEW accredited practice to inform the patient that they have received the letter from the hospital and that the patient will be sent a reminder when their appointment is due (in line with the suggested plan for review and the practice's own robust patient reminder protocol).

As part of the assessment of a patient, in line with the EHEW service manual (clinical guidance section conditions), any assessment should include:

- Vision (with current glasses or latest refraction)
- Slit lamp assessment of anterior eye
- Peripheral anterior chamber depth assessment (e.g. Van Herick)
- Intraocular pressure (IOP), including time of day, using a GAT/Perkins tonometer
- Description of optic disc including C/D ratio and neuroretinal rim status. Pupil dilatation is usually necessary to obtain a clear view of the optic disc.
- Threshold related Central visual field plot from an automated perimeter capable of producing a print out (e.g. Humphrey)
- Other procedures at the discretion of the examining optometrist or OMP

If there is a reasonable and legitimate reason for omitting a procedure then provided it is annotated in the practice notes and report, a claim may be made.

If a patient presents with an eye problem that needs urgent (within 24 hours) investigation then the appointment should be rescheduled and a Band 1 EHEW acute examination should be offered at the discretion of the optometrist.

The patient's review interval within the scheme will normally be annually, but the optometrist will be able to see a patient more often than this if advised in the clinical plan letter from the ODTC/HES.

Any other patient appointments that take place in optometric practice will continue as normal. The OHT/GS monitoring is seen as an additional service facilitated through EHEW.

10.6 Decision making following assessment of patients with OHT/GS

Following the examination of the patient by the EHEW-accredited optometrist, there will be three possible outcomes:

i.) No significant clinical change from clinical summary

If the patient's clinical scenario remains unchanged from the clinical summary letter sent from the ODTC/HES or the previous review, the optometrist will record their findings on their record card in the usual manner and send an information letter to the patient's general practitioner using form WECS(2) clearly marked as for information only.

Thus, for patients in whom the optometrist finds sufficient evidence of stability, it will not be normal practice to send any correspondence to the ODTC/HES.

ii) Significant change from clinical summary

If the optometrist detects a change in the patient's clinical situation, as detailed in the clinical plan suggested criteria for re-referral (e.g. a move into a category of ocular hypertension that would be associated with the offer of treatment as per NICE Guidelines) or if the presence of *actual* glaucomatous optic neuropathy is suspected, then the patient will be referred back in to the HES in such a manner as the optometrist sees fit using a WECS (3) form (or other form specified in 2.0 Protocol for EHEW, part 9) to do so.

iii) Referral to the HES for other clinical reason

Should the patient require referral for any other clinical reason then this will be done in the most appropriate way at the discretion of the optometrist. A Band 1 may still be claimed for the work done as part of the OHT/GS service but no further claims should be made (unless agreed by your health board). You should make it clear in the referral that you are transferring the patient's whole care (including glaucoma suspicion / OHT) back to the HES.

Details to be included in WECS(2) or WECS(3) letters for above situations

If a WECS(2) information letter is sent to the GP stating that there is no change in patient's clinical situation, or if a WECS(3) is sent to the ODTC/HES for re-referral, it should include the following.

Namely:

- Description of optic disc including C/D ratio and neuroretinal rim status
- Intraocular pressure (IOP), including time of day, using a GAT/Perkins tonometer
- Inclusion of the print out from the threshold related central visual field plot or a comment that the output of the field plot is normal.
- Slit lamp assessment of anterior eye – a comment that it is normal or a description of signs if it is not.
- A comment on the peripheral anterior chamber depth assessment if it is open, closable or closed.

10.7 Service requirements

An EHEW-accredited optometrist can deliver the service at the premises of a contractor on a Health Board ophthalmic list and the EHEW-accredited practice list.

The service provider (accredited EHEW optometrist) will provide glaucoma assessments in line with this service specification and report the findings back to the GP using a WECS 2 form.

10.8 Payment

EHEW-accredited optometrists will utilise the EHEW service to assess a patient with OHT / glaucoma suspect with a Band 1 on the WECS (1) payment form.

A Band 1 payment will be submitted to the SSP in the usual manner using the “Needs investigations to comply with WG agreed protocols/guidelines (e.g. DRSSW referral)” with the additional annotation of OHT/GS monitoring and ‘referral from another eye care professional’ tick box on the WECS (1) form (Band 1 EHEW).

10.9 Failure of patient to attend at community optometry practice

If a patient misses an appointment, or does not respond to their reminder – a did not attend (DNA) - the practice may either report to the health board immediately using the form in Appendix 1 or alternatively offer a further appointment in line with their DNA policy. **If they fail to attend the further appointment offered then they must report the DNA to the health board using the form below.**

Note that the DNA policy and reporting of a patient DNA may be invoked because a patient has not responded to a reminder.

10.10 Criteria to be met by Contractor (EHEW-accredited practice)

The contractor must be satisfied that any optometrist or OMP performing EHEW including any locum:

1. is registered with the General Optical Council or General Medical Council;
2. is listed on a Health Board Ophthalmic or Supplementary Ophthalmic list in Wales;
3. is registered to perform/ is accredited to perform EHEW; at the stated practice premises.

11. Pathway description

Discharge of patient

Patients at low risk of progression to disease will be discharged from the hospital Eye Service (HES) or ODTC to EHEW accredited optometrists in the community with details of the patient's glaucoma status and a management plan that details what to do if there is any significant change in status of the patient's condition.



Appointment in EHEW practice

EHEW accredited practice to contact patient and make the necessary appointment arrangements either by telephone or by letter in line with the suggested management plan. If patient does not respond or fails to attend the EHEW practice will implement its DNA policy or will report the DNA to the appropriate Health Board.



Assessment

An assessment is carried out by an EHEW accredited optometrist in line with the EHEW manual on glaucoma assessment.

On completion of the assessment, if no significant change then the EHEW accredited optometrist sends report to GP using WECS(2) form for information only.

If there is significant change, in line with the management plan, then the patient will be re-referred into the HES/ODTC using a WECS(3).

A Band 1 Claim is made by the EHEW optometrist on a WECS 1 payment form through the SSP in the usual manner annotating "Needs investigations to comply with WG agreed protocols/guidelines (e.g. DRSSW referral)" with the additional annotation of OHT/ GS monitoring and 'referral from another eye care professional' tick box on the WECS (1) form (EHEW Band 1).

12. Cataract: Assessment and management for patients with cataract including post-operative pathways

12.1 Introduction

Due to the high volume of cataract related clinical activity, any improvements in the quality and efficiency within care pathways will have significant benefits to patients, ophthalmology units and health boards. The national all Wales cataract pathway will utilise the efficiency of the EHEW service by eliminating from existing pathways elements that are of limited value or that represent duplication.

12.2 Assessment and management of patients with cataract

EHEW-accredited optometrists can utilise the EHEW service to assess a patient with cataract via the Further Investigation Examination (Band 2 EHEW) following a GOS or private sight test.

If a cataract is found then this should be discussed with the patient. If the cataract is not causing any significant vision or lifestyle problems then the patient can be monitored appropriately. If the patient wishes to consider surgery then they should be given a pre-operative visual function questionnaire Cat-PROM5 to complete (see Appendix V). Note that the practitioners must ask the patient to fill in the form, not fill it in with the patient.

For further information patients should be directed to the RNIB website 'understanding cataracts' <http://www.rnib.org.uk/eye-health-eye-conditions-z-eye-conditions/cataracts> or a leaflet given to them if they do not have internet access (a leaflet can be downloaded from the Royal College of Ophthalmologists website - <https://www.rcophth.ac.uk/patients/information-booklets/>, click understanding cataracts. For College of Optometrists members there is also a leaflet available <https://www.college-optometrists.org/topics.html?topic=cataract>.

Patients found to have significant cataracts should have the following investigations prior to referral to the HES (in addition to other such examinations that the optometrist or OMP feels are necessary) as noted in the Eye Health Examination Wales (EHEW) service clinical manual with protocols.

- Visual acuity - Recorded and compared to previous recordings where available
- Pinhole visual acuity
- Contact tonometry - Using a Goldmann or Perkins tonometer
- Slit lamp biomicroscopy of the anterior and posterior segments through a dilated pupil noting location and type of cataract
- Fundus examination through a dilated pupil with slit lamp binocular indirect ophthalmoscopy using a Volk, or similar lens (60D, Super 66 or digital high mag optimal) with careful assessment of macula status (if AMD present then AMD guidance is to be followed). NB: The presence or absence of any co-morbidity should always be noted on the referral form.

On completion of the questionnaire the optometrist or OMP must take the time to explain about the benefits and briefly outline the risks of the operation, and discuss any points raised by the patient about the questionnaire. This can be done on another visit if necessary. Patients may need time to digest the information before they indicate a willingness to go ahead with the referral.

12.3 Risks associated with cataract surgery

Information needs to be communicated to patients with care and sensitivity.

- 1:25 (4%) Any complication
- 1:100 (1%) Risk of reduced vision
- 1:1000 (0.1%) Risk of total loss of vision

Note that the risk increases for factors such as dense cataract, high ametropia, previous vitrectomy, pseudoexfoliation etc.

Risks, therefore, should only be discussed in approximate terms as individual risks will be discussed prior to the operation at the hospital. The risk increases for factors such as advanced age, dense cataract, high ametropia, previous vitrectomy, pseudoexfoliation etc. but these will be addressed as necessary at the hospital visit(s).

12.4 Referral

Patients requiring referral for cataract should have the following noted in the referral letter to the ophthalmologist (whether in the NHS or privately) as outlined in the Eye Health Examination Wales (EHEW) service clinical manual with protocols.

- A clear indication of reason for referral as a title for the referral
- Confirmation that the patient is willing to consider surgery
- Visual acuity now and what it was previously (including previous Rx, best VA and date)
- Pinhole visual acuity (only if appropriate)
- Confirmation that the cataract is main cause of sight loss
- Notification of any co-existing ocular pathology (including its absence)
- Notification of any problems with driving
- Confirmation that the patient's lifestyle and/or quality of life is compromised as a result of the cataract
- The eye(s) being referred for consideration for surgery
- Any previous history of surgical/laser treatment for cataract or refractive error
- A list of any known medications taken by the patient

A copy of the Cat-PROM5 questionnaire (Appendix V) should be sent with the referral.

The Wales Eye Care Services (WECS) 3 form (or other form specified in 2.0 Protocol for EHEW, part 9) should be used because this specifies the relevant clinical information to enable effective triage. It is a pathway requirement that

patients referred to the HES for possible cataract surgery will have had an examination of their ocular media and posterior segment following pupillary dilatation. The referral should document the presence or absence of relevant ocular co-morbidity such as age-related macular degeneration, together with comment regarding any known special factors or systemic conditions that might limit the patient's ability to attend for ambulatory day case cataract surgery. It should also include confirmation that the patient is likely to accept an offer of surgery. The referral should be sent directly to the HES with a copy to the patient's GP for information.

Patients not requiring referral should be followed-up in primary care with a GOS or private sight test as appropriate.

Payment is not dependent on whether the Band 2 EHEW cataract assessment results in a referral.

PPV Point 25

Compliance with mandatory procedures in Band 2 EHEW assessments of patients with cataracts will not be considered by the PPV team. However, compliance may be considered in clinical audits.

12.5 Post-Operative

Following their cataract surgery, patients are given clear written instructions regarding the timing of their visit to their referring optometrist for continuity of care and postoperative assessment, refraction and the provision of spectacles as required. For most patients this will be four to six weeks after surgery. The information will be sent out from the ophthalmology unit where the surgery has taken place.

Patients can be seen in optometric practice by utilising a General Ophthalmic Services (GOS) or private sight test and then a Band 3 EHEW for uncomplicated follow up.

If, during the examination, unexpected symptoms or signs are found that require further investigation, or if referral back to ophthalmology may be indicated, a Band 2 can be done instead of the band 3 EHEW examination, to allow further investigation to either prevent or inform that referral.

For example, if the patient is found to have an unexplained reduction in vision, which requires subsequent further investigations then a Band 2 can be done instead of a Band 3 to determine if referral back to the hospital is required, and inform the referral where indicated.

A post-operative clinical report form is enclosed (see Appendix VI) which is used for either:

1. Urgent referral back to the HES by telephone and notification to the GP
2. Routine referral back to the HES by post and notification to the GP
3. Discharge, report to the HES and notification to the GP

This form must be sent back to the referring ophthalmology eye unit. Note this may be different from the unit where the surgery took place in the event of out-sourcing or waiting list initiatives. Health Boards may use their own post op clinical report forms (paper or electronic) if they wish instead of the WECS version in Appendix VI.

A patient post-operative outcome questionnaire (see Appendix V) is also given to the patient to fill in. The patient should take the form away to fill in once they have adjusted to their new spectacles following post-operative refraction (usually 2/3 weeks later). Patients should be asked to return the forms to the optometry practice once they have completed the form so that it may be sent back to the appropriate ophthalmology eye unit.

PPV Point 26

Compliance with issuing and return of patients' post-operative outcome questionnaires will not be considered by the PPV team. However, compliance may be considered in clinical audits.

13. Age-related Macular Degeneration

The assessment and management of AMD

13.1 Definitions

The following terms are important in this text:

Wet Age-related Macular Degeneration

Condition caused by the growth of abnormal blood vessels under the retina. Symptoms appear suddenly and progress over days or weeks. Person complains of central metamorphopsia (distortion) and / or central loss of vision. The most important signs are subretinal fluid and haemorrhage.

Dry Age-related Macular Degeneration

Condition caused by the accumulation of waste products under the retinal pigment epithelium. Symptoms develop gradually and progress over months or years. Most people are asymptomatic but may eventually complain of difficulty reading and poor vision in dim light. The most important signs are drusen, pigment epithelial atrophy and pigment clumping (so-called pigmentary changes).

13.2 Stages of AMD*

Early AMD with low, medium or high risk of progression (see below)
Late AMD (dry)
Late AMD (indeterminate)
Late AMD (wet active)
Late AMD (wet inactive). NICE advises not to refer to this as 'dry AMD'

Patients presenting with symptoms of a change in vision or visual disturbance should be offered a fundus exam. This can be performed as an EHEW Band 1 examination to differentiate between treatable and non-treatable macular degeneration with recent onset. Alternatively, if the symptoms or signs were not apparent prior to a GOS or private sight test, a further investigation examination (Band 2) may be used to do further investigations to determine management.

Patients with early AMD and late AMD (dry) should not be referred to the hospital eye service and should self-monitor their AMD using Amsler charts and environmental cues such as window frames or doors becoming distorted. Consideration of referral to the LVSU service may be appropriate.

Patients with late AMD (wet inactive) who have been discharged from hospital, should monitor their own symptoms rather than be actively monitored for AMD.

Late AMD (Wet active)- NICE recommends the use of anti-VEGF treatment for the treatment of late AMD (wet active) AMD within the visual acuity range of 6/12 to 6/96. However, NICE further states that it is clinically effective to treat patients who have late AMD (wet active) and visual acuity better than 6/12. In addition, where a

patient's visual acuity is 6/96 or worse, treatment may be offered if there is an expected benefit to the person's overall visual function.

Late AMD (indeterminate) – this is defined by NICE as fluid within the retina but without neovascularisation, pragmatically this would be difficult for optometrists to determine and most of these patients should be managed the same as 'wet active'.

13.3 Early AMD - Risk of progression

Low risk

- Small drusen (with or without pigmentary abnormalities)
- Medium drusen (without pigmentary abnormalities)
- Pigmentary abnormalities (on their own)

Medium risk

- Medium drusen with pigmentary abnormalities
- Large drusen without pigmentary abnormalities
- Reticular drusen

High Risk

- Large drusen with pigmentary abnormalities
- Reticular drusen with pigmentary abnormalities

Note: A medium drusen is classified as 63-125 micrometers in size, hence, large is over 125 micrometers.

Guide to when an EHEW would normally be clinically appropriate

Type of AMD	EHEW appropriate?	Type of EHEW
Early AMD – low risk of progression	✘	None
Early AMD – medium risk	✔	Band 2 following GOS or Private
Early AMD – high risk	✔	Band 2 following GOS or Private
Late Dry AMD	✔ or LVSW	Band 2 following GOS or Private – may be more appropriate for Low Vision service in advanced cases
Late AMD (indeterminate)	✔	Band 2 following GOS or Private
Late AMD (wet active)	✔	Band 1 or Band 2 if symptoms not apparent
Late AMD (wet inactive)	✔	Band 2 following GOS or Private

13.4 Optometric assessment and management

The type of examination and frequency and composition of optometric assessment and the management protocols for different groups of patients with macular degeneration is summarised in this section.

13.5 Macular changes without visual problem

If a patient is aged over 55 years and has macular changes without visual problems they should be examined using a private or GOS sight test, followed up regularly and given appropriate advice.

- Macular signs should be recorded diagrammatically.
- Recall in one year for private or GOS sight test (using code 2.0 if required).
- Inform the person about the findings and give advice about how to monitor their vision and return promptly if a change is noticed.
- Advise the person about the benefits of a healthy diet and if they smoke explain the increased risk associated with the development of macular degeneration.

13.6 Assessment and management

The assessment and management of patients with AMD should include:

13.7 Symptoms and History

It is important to elicit the following:

- Symptoms- duration of visual changes, description of visual changes (central loss or distortion), which eye, onset of visual changes (sudden or gradual)
- Ocular History- optometric, ophthalmological, low vision
- General Health- smoking (current, ex-smoker or non-smoker), medication e.g. chloroquine derivatives
- Family Ocular History of AMD
- Myopia
- Previous AMD

13.8 Examination (of both eyes)

Patients should have a full examination to include:

- Best corrected monocular (distance and near) visual acuity
- Refraction
- Pupil responses to light
- Fundus examination through a dilated pupil with slit lamp binocular indirect ophthalmoscopy using a Volk, or similar, lens with a description of the macula noting the presence or absence of:
 - a) Macular drusen
 - b) Pigment epithelium changes (hyper/hypo pigmentation)
 - c) Retinal thickening (oedema and exudates)
 - d) Sub-RPE or sub-retinal fluid
 - e) Macular haemorrhage

13.9 Management

Practitioners must determine if the patient is presenting with potentially treatable Wet Macular Degeneration, Dry Macular Degeneration, non-treatable Wet Macular

Degeneration or other pathology.

- Potentially treatable Wet Macular Degeneration- refer urgently by telephone and/or fax/e-mail the same day using AMD urgent referral pad.
- Dry Macular Degeneration or non treatable Wet Macular Degeneration
Information
 - a) Inform the patient about macular degeneration
 - b) Inform the patient if their vision is outside the legal requirements for driving

Referral

- If both eyes are affected, refer to the Low Vision Service Wales (LVSW).
- If eligible, the person should be advised of the process and benefits of registration and offered referral for this.
- If you are concerned that a person is at risk to themselves or others, then refer urgently to social services. Otherwise referral will be initiated by the LVSW.

Advice

- Advise the person how to monitor for reduced or distorted vision and return promptly if a change is noticed
- Advise about the benefits of a healthy diet for all and the finding that nutritional supplements can help for some patients – see <https://nei.nih.gov/areds2/PatientFAQ> for advice
- If the person smokes, advise them about the risks of continuing to smoke and the benefits of quitting. Provide them with details of local support networks to do this. <http://www.helpmequit.wales/>

Other pathology should be managed according to agreed local and national protocols and/or guidelines.

13.10 Referral

- Urgent Referral of Potentially Treatable Wet Macular Degeneration - Patients with potentially treatable Macular Degeneration should be referred the same day by telephone and/or fax/e-mail/ electronically (depending on the centre). NICE states that this referral does not need to be classed as an emergency.
- Routine Referral of Non Treatable Macular Degeneration - Patients who have Macular Degeneration that is not treatable who request an ophthalmological opinion should be referred to the Hospital Eye Service routinely. This should be clearly noted on the referral
- Referral for Registration - Patients who are eligible to be registered or have their registration status changed should be referred routinely to a Consultant Ophthalmologist in the local Hospital Eye Service.
- Referral for a Low Vision Assessment - Refer to a community based LVSW in the first instance. Contact details for services are updated regularly on the website www.eyecare.wales.nhs.uk
- Referral to Social Services - Anyone who is at risk to themselves or others should

be referred urgently to social services. Contact details for social services teams are updated regularly on the website www.eyecare.wales.nhs.uk. Routine rehabilitative support will be initiated by the low vision service.

Suspect Wet AMD referrals should be carried out using the Wet AMD rapid access referral form proper AMD fast track referral forms (AMD urgent referral pad).

A copy of the form should be sent to the patient's GP (note there is no duplicate so a separate copy will need to be made).

The form should include all as specified. This includes:

- Past history in either eye
 - a) AMD
 - b) Myopic
 - c) Other
- Visual acuities (distance and near)
- A clear indication of the reason for referral.
- Duration of vision loss
- Description of the macula in noting the presence of:
 - a) Macular drusen (both eyes)
 - b) Macular haemorrhage (affected eye)
 - c) Subretinal fluid (affected eye)
 - d) Exudate (affected eye)

14. Retinal Breaks and Detachments

The assessment and management of patients with real or suspected retinal breaks or detachment.

14.1 Definitions

Retinal break

This is a retinal tear, hole or operculum.

Retinal detachment

This is any type of retinal detachment including rhegmatogenous, tractional or exudative.

14.2 History and symptoms

A full and thorough history and symptoms is essential. In addition to the normal history and symptoms, careful attention must also be given to the following:

History

- Age (patients over 50 years of age are more likely to develop breaks)
- Myopia (over -3D)
- Family history of retinal break or detachment
- Previous ocular history of break or detachment
- Systemic disease (e.g. Diabetes, Marfan's syndrome)
- History of recent ocular trauma, surgery or inflammation

Symptoms

- Loss or distortion of vision (a curtain / shadow / cloak/ veil)
- Floaters
- Flashes

For symptoms of floaters these additional questions should be asked:

- Are floaters of recent onset?
- What do they look like?
- How many are there?
- Which eye do you see them in?
- Any flashes present?

For symptoms of flashes these additional questions should be asked:

- Describe the flashes?
- How long do they last?
- When do you notice them?

For symptoms of a cloud, curtain or veil over the vision these additional questions should be asked:

- Where in the visual field is the disturbance?

- Is it static or mobile?
- Which eye?
- Does it appear to be getting worse?

Symptoms of less concern:

- Long term floaters and/or flashes of >2 months duration

14.3 Examination

All patients presenting for an EHEW with symptoms indicative of a potential retinal detachment should have the following investigations (in addition to such other examinations that the optometrist or OMP feels are necessary):

- Tests of pupillary light reaction, including swinging light test for Relative Afferent Pupil Defect (RAPD), prior to pupil dilatation
- Visual acuity recorded and compared to previous measures
- Contact tonometry noting any IOP discrepancy between eyes (IOP lower in affected eye) with a Goldmann/Perkins
- Slit lamp biomicroscopy of the anterior and posterior segments, noting:
 - a) Pigment cells in anterior vitreous, 'tobacco dust' (Shafer's sign), particularly in the absence of any recent intraocular surgery
 - b) Vitreous haemorrhage
 - c) Cells in anterior chamber (mild anterior uveitic response)
- Dilated pupil fundus examination with slit lamp binocular indirect ophthalmoscopy using a Volk, or similar lens (Digital wide field, Superfield, Super Vitreo fundus lens optimal) asking the patient to look in the 8 cardinal positions of gaze and paying particular attention to the superior temporal quadrant (as 60% of breaks occur here) noting:
 - a) Status of peripheral retina, including presence of retinal tears, holes, detachments, operculums or lattice degeneration
 - b) Presence of vitreous syneresis or Posterior Vitreous Detachment (PVD)
 - c) Is the macula on or off (i.e. does the detachment involve the macula or not)
- Visual field examination at discretion of optometrist or OMP

14.4 Management and referral criteria

Local hospital arrangements may vary for dealing with retinal problems. It is useful to be aware of the local arrangements as this may affect the management of patients. A telephone call may be required to establish to which hospital to send the patient.

14.4.1 Symptoms requiring urgent review within 24 hours

- Sudden increase in number of floaters, patient may report as "numerous", "too many to count" or "sudden shower or cloud of floaters" - Suggests blood cells, pigment cells, or pigment granules (from the retinal pigment epithelium) are present in the vitreous. NB Should be signs of retinal break or detachment present

- Cloud, curtain or veil over the vision - Suggests retinal detachment or vitreous haemorrhage – signs of retinal break or detachment should be present

14.4.2 Signs requiring referral within 24 hours

- Retinal detachment with good vision – Macula on
- Vitreous or pre-retinal haemorrhage
- Pigment ‘tobacco dust’ in anterior vitreous
- Retinal tear/hole with symptoms

14.4.3 Signs requiring referral to next available clinic appointment at the HES

- Retinal detachment with poor vision - Macula off
- Retinal hole/tear without symptoms
- Lattice degeneration with symptoms of recent flashes and/or floaters

14.4.4 Signs requiring discharge with advice about what to do if patients have symptoms of a retinal detachment (patients to be given verbal advice and a leaflet of written advice*).

- Uncomplicated PVD or partial PVD without signs and symptoms listed in 14.3.1, 14.3.2 or 14.3.3
- Signs of lattice degeneration without symptoms listed in 14.3.1, 14.3.2 or 14.3.3

14.5 Referral letters

Patients requiring referral for retinal breaks or detachment must have the following noted in the referral letter to the ophthalmologist. Letters should be typed whenever possible and may be faxed/ e-mailed/ sent electronically or sent with the patient in urgent cases.

- A clear indication of reason for referral as a title to referral, e.g. retinal tear in superior temporal periphery of right eye
- A brief description of any relevant history / symptoms
- A drawing or description of the location of any retinal break / detachment / area of lattice with disc and macula for scale
- Urgency of the referral
- Whether the macula is on or off (i.e. is the macula region detached or not) – this has a bearing on the urgency of the referral; see 14.3.2 and 14.3.3 above

14.6 Record keeping

- Optometrist or OMPs are reminded to keep full and accurate records of all patient encounters. This includes when the patient is spoken to on the telephone (by the optometrist or OMP or another member of staff) as well as when they are in the consulting room.
- All advice that is given to the patient should be carefully noted, together with

any information that was given to the patient.

- *Patient leaflets about flashes and floater symptoms are available from the College of Optometrists website in the members area (only available to members)
- or from the Association of Optometrists' (AOP) website <http://www.aop.org.uk/search?q=retinal+detachment>
- Negative as well as positive findings should be noted (e.g. 'no retinal tears or breaks seen').

15. Glossary of Terms and definitions

Clinical audit

Clinical audit involves improving the quality of patient care by looking at current practice and modifying it where necessary.

Clinic lead

A designated person responsible for the development of a clinical service, ensuring the quality of care is good and best practice is maintained and upheld.

Eye Health Examination Wales (EHEW)

EHEW is a replacement for both PEARS and WEHE services. It enable patients with sudden onset eye problems and those in at-risk categories for developing eye disease or those who would find losing their sight particularly difficult, to obtain a free eye examination from an accredited optometrist in the community.

General Ophthalmic Services (GOS)

The provision of sight tests when clinically necessary to eligible patients by optometrists or ophthalmic medical practitioners including providing optical vouchers to eligible patients to assist them in the purchase of glasses or contact lenses.

NHS Wales (GIG Cymru)

NHS Wales:Gwasanaeth Iechyd Genedlaethol Cymru is the publicly funded healthcare system of Wales and is the responsibility of the Welsh Government. It provides emergency services and a range of primary care, secondary care and specialist tertiary care services

NHS Wales Shared Services Partnership (SSP)

The NHS Wales Shared Services Partnership is a dedicated Shared Services organisation which shares common operating standards in line with best practice, has sufficient scale to optimise economies of scale and purchasing power and has an excellent customer care ethos and focus on service quality. They support the statutory Health Boards and NHS Trusts in Wales and provide professional advice and support to Welsh Government.

Optometry Wales

Optometry Wales is the professional umbrella organisation for all community optometrists, opticians and dispensing opticians in Wales. It represents the profession in lobbying and negotiation with Welsh Government, responding to consultations and ensuring the profession is represented at all levels in Wales.

Post-payment Verification (PPV)

A process of financial audit of NHS claims. PPV is carried out by the Shared Services Partnership (SSP) in-line with an agreed protocol. The SSP is entitled to inspect records relating to NHS patients, including mixed NHS and private records relating to a patient.

Primary Eyecare Acute Referral Service (PEARS)

An eye examination for patients with an eye problem requiring urgent investigation that was available from the community optometrist free of charge to the patient. This

service was available from 2003-2012 but has been superseded by the EHEW.

Wales Eye Care Service (WECS)

A new eyecare service, introduced in 2012, that is structured so that patients can be managed appropriately and effectively by optometrists in the community. The three banding structure includes Eye Health Examination Wales (EHEW), further investigation/examinations and a follow-up service. The service is free to patients ordinarily resident in Wales who are eligible under one of the categories for a WECS and visit an accredited optometrist.

Wales Optometry Postgraduate Education Centre (WOPEC)

WOPEC is the first postgraduate education centre for optometry in the world and is dedicated to excellence in eye care education through quality and independence. WOPEC provides short courses for optometrists and eye care professionals as well as certified postgraduate courses and helps to facilitate training and accreditation for the WECS. It is located in the School of Optometry in Cardiff University.

Welsh Government (WG) / Llywodraeth Cymru

The Welsh Government is the devolved Government for Wales. It has legislative powers in key areas of public life such as health, education and the environment.

Welsh Optometric Committee (WOC)

The Welsh Optometric Committee (WOC) is the Statutory Advisory Committee to the Welsh Government (WG), advising on all aspects of optometry and optometrists' issues in Wales.

Definitions

Sight Impaired

Who should be certified as sight impaired?

Guidance can be found on the following website:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/637590/CVI_guidance.pdf

People can be classified into three groups:

Group 1: Offer to certify as sight impaired: people who are 3/60 to 6/60 Snellen (or equivalent) with full field

Group 2: Offer to certify as sight impaired: people between 6/60 and 6/24 Snellen (or equivalent) with moderate contraction of the field e.g. superior or patchy loss, media opacities or aphakia

Group 3: Offer to certify as sight impaired: people who are 6/18 Snellen (or equivalent) or even better if they have a marked field defect e.g. homonymous hemianopia.

Ethnicity



Patients that self-certify as Asian or Black are entitled to a Band 1 on the basis that there are at much greater risk of glaucoma and diabetes at an earlier age and with

more severe disease compared to other ethnicities.

It is normally appropriate for Asian or Black patients to be seen only when they are over 40 years of age, unless there are additional risk factors that warrant the patient being seen at an earlier age. For example, a patient of Black ethnicity also has a family history of glaucoma then it would be appropriate for them to be seen under a Band 1 when they are younger than 40 years of age.

Hearing impairment

Patients must be significantly hearing impaired such that even with aids they consider their hearing impaired or they rely to some extent on their vision to assist communication, e.g. lip reading, signing or written communication. Patients are required to self-certify.

WECS 1	GWASANAETH GOFAL LLYGAID CYMRU	
	<p align="center">FFURFLEN GAIS ARCHWILIAD IECHYD LLYGAID CYMRU Llenwch y ffurflen hon gan ddefnyddio Inc du ac mewn priflythrennau</p> 	
Rhan 1. – Manylion a Datganiad y Claf		
	<p>Mr / Mrs / Miss / Ms / Dr / Arall Gwryw/Benyw Dyddiad geni: _____</p> <p>Cyfenw: _____ Enwau cyntaf: _____</p> <p>Cyfeiriad: _____</p> <p>_____ Cod post: _____ Rhif ffôn: _____</p> <p>Enw'ch meddyg: _____ Cyfeiriad y feddygfa: _____</p> <p><i>Mae datgan eich grŵp ethnig yn ein helpu i bennu'ch perygl o gael clefyd y llygaid. Dewiswch un adran a thiciwch y blwch sy'n disgrifio'ch cefndir ethnig orau:</i></p> <p>Gwyn Cymreig/Seisnig/Albanaidd /Gwyddelig Gog. Iw/Prydeinig <input type="checkbox"/> Gwyddelig <input type="checkbox"/> Arall <input type="checkbox"/></p> <p>Asiaidd/Asiaidd Prydeinig Indiaidd <input type="checkbox"/> Pacistanaidd <input type="checkbox"/> Tsieineaidd <input type="checkbox"/> Bangladeshaidd <input type="checkbox"/> Asiaidd Arall <input type="checkbox"/></p> <p>Du/Affricanaidd/Caribïaidd/Du Prydeinig Affricanaidd <input type="checkbox"/> Caribïaidd <input type="checkbox"/> Du arall <input type="checkbox"/></p> <p>Cymysg/aml-ethnig Gwyn a Du Caribïaidd <input type="checkbox"/> Gwyn a Du Affricanaidd <input type="checkbox"/> Gwyn ac Asiaidd <input type="checkbox"/> Cymysg/aml-ethnig arall <input type="checkbox"/></p> <p>Grŵp ethnig arall Arabaidd <input type="checkbox"/> Arall <input type="checkbox"/> Nodwch _____</p> <p>Os daliaf wybodaeth yn ôl neu os rhoddaf wybodaeth anghywir neu gamarweiniol, rwy'n deall ac yn derbyn y gallwn gael fy erlyn a/neu y gallwn fod yn destun achos sifil. Rwy'n cadarnhau bod gennyf yr hawl i Wasanaeth Gofal Llygaid Cymru, ac rwy'n cydsynio bod gwybodaeth berthnasol yn cael ei datgelu er mywn gwirio hynny; cynllunio a gweinyddu'r gwasanaeth; ac atal a chanfod twyll. Rwy'n cytuno i dalu cost y gwasanaeth os gwelir yn nes ymlaen nad oes gennyf yr hawl i'w gael.</p> <p>Llofnod y claf/gwarcheidwad: _____ Dyddiad: _____</p> <p>Enw a chyfeiriad y gwarcheidwad _____</p>	
<p>Cymwys ar gyfer Band 1 perygl o gael clefyd llygaid oherwydd cefndir ethnig</p>		
Rhan 2. – Datganiad Optometrydd/Ymarferydd Meddygol Offthalmig: Rwy'n tystio i mi gynnal:		
	<p><u>BAND 1: ARCHWILIAD IECHYD LLYGAID CYMRU (EHEW) Mae'r isod yn berthnasol i'r claf:</u></p> <p>Problem llygaid aciwt ac rwyf wedi cynnig apwyntiad iddo o fewn 24 awr o'r cais <input type="checkbox"/></p> <p>Golwg mewn un llygad yn unig <input type="checkbox"/> Nam ar y clyw <input type="checkbox"/> RP <input type="checkbox"/> Arall <input type="checkbox"/></p> <p>Wedi'i gyfeirio gan weithiwr iechyd proffesiynol arall (nodwch): Opthom <input type="checkbox"/> Meddyg teulu <input type="checkbox"/> Fferylllydd <input type="checkbox"/> Offthalm <input type="checkbox"/> Arall <input type="checkbox"/></p> <p>Perygl o gael clefyd llygaid oherwydd cefndir ethnig (gweler uchod) <input type="checkbox"/></p> <p>Angen archwiliadau i gydymffurfio â phrotocolau/canllawiau cytunedig Llywodraeth Cymru DRSSW <input type="checkbox"/> monitro: amau OHT/glawcoma <input type="checkbox"/> AMD sych <input type="checkbox"/> Arall <input type="checkbox"/></p> <p><u>BAND 2: YMCHWILIADAU / ARCHWILIADAU PELLACH</u></p> <p>Mireinio cyn llawdriniaeth cataract <input type="checkbox"/> Trawsnewid wedi llawdriniaeth cataract <input type="checkbox"/> Mireinio OHT/glawcoma <input type="checkbox"/> Cycloplegia ar blentyn <input type="checkbox"/> Arall <input type="checkbox"/></p> <p><u>BAND 3: ARCHWILIAD DILYNOL EHEW</u></p> <p>Dilyniant o fand 1 blaenorol <input type="checkbox"/> Wedi llawdriniaeth cataract <input type="checkbox"/> Arall <input type="checkbox"/></p>	

Byddaf yn cymryd y camau canlynol: Ticiwch bob un sy'n berthnasol.

Cyngor / Adolygiad rheolaidd		Atgyfeirio at HES – Fel mater o drefn	Adroddiad i'r meddyg teulu (angenheidiol o fewn 7 diwrnod ym mhob achos)
Dilyniant gyda Band 3		Atgyfeirio at HES – Brys (os yw'n berthnasol)	Adroddiad i HES
Dilyniant arall		Atgyfeirio at HES – Argyfwng	Adroddiad i DRSSW
Tynnu corffyn estron neu flewyn amrant		Atgyfeirio at feddyg teulu am bresgripsiwn meddyginiaeth	Adroddiad i arall
Rhol Rx		Atgyfeirio at feddyg teulu am reswm arall	
Rhol taleb		Atgyfeirio at LVSU	Atgyfeirio at weithiwr proffesiynol arall

Y cyffuriau a awgrymwyd/roddwyd –

Triniaeth ar gyfer llygaid sych		Chloramphenicol	Diferlon gwrth-alergerdd
Cyffur arall			

Tidwch bob symptom sy'n berthnasol a phob canfyddiad/cyflwr sy'n berthnasol i'r rheswm dros yr archwiliad neu i ganlyniad yr archwiliad

Symptomau	Canfyddiadau/cyflwyr
Dim un	Dim annormaledd clinigol
Probleu golwg aciwt	Llygaid sych/IMGD
Probleu gronig a'r golwg	Amrant, blewyn amrant, lacrymaidd, crau llygaid
Llygaid coch	Corffyn estron/trawma arall
Fflachiau	Cyfbilen
Brychau	Cornbilen/sglera
Poen/anesmwythder yn y llygaid	Cataract / lens / IOL / PCD
Pen tost/cur pen	Iris/corffyn cilaraidd
Diploopia	Cyflwyr a'r cyhyr llygadoll/deulygad/cymhwysiad/plygiant – oedolion
Arall (rhowch fanylion isod)	Cyflwyr a'r cyhyr llygadoll/deulygad/cymhwysiad/plygiant – plant
	Cymhlethdodau wedi llawdriniaeth/anhwylderau sydd heb eu dosbarthu rywle arall

I'w lenwi gan yr optometrydd sydd wedi cynnal yr archwiliad hwn. Os rhoddaf wybodaeth sy'n anghywir neu'n anghyflawn, rwy'n deall y gellid dwyn achos yn fy erbyn. Rwy'n cydsynio bod gwybodaeth berthnasol yn cael ei datgelu er mwyn ddiysu'r hawliad hwn, ac er mwyn atal a chanfod twyll.

Llofnod	Enw'r optometrydd a chyfeiriad y practis (priflythyren neu stamp):
Dyddiad: / /	
Rhif ar y rhestr offthalmig / atodol	

Os cafodd yr archwiliad llygaid ei gynnal gan y contractiwr, dim ond un llofnod sydd ei angen ar waelod y ffurflen hon.

I'w lenwi gan gcontractiwr neu gan lofnodwr awdurdodedig. Rwy'n hawlio'r ffi gyfredol ar gyfer y claf hwn o dan Wasanaeth Gofal Llygaid Cymru. Rwy'n datgan bod yr wybodaeth a roddwyd ar y ffurflen hon yn gywir ac yn gyflawn ac mai hon yw'r ffurflen wreiddiol a lofnodwyd gan y claf. Os dallaf wybodaeth yn ôl neu roi gwybodaeth anghywir neu gamarweiniol, rwy'n deall y gellid dod ag achos disgyblu yn fy erbyn ac y gallwn gael fy erlyn neu y gallwn fod yn destun achos sifil. Rwy'n cydsynio bod gwybodaeth berthnasol yn cael ei datgelu er mwyn gwiro'r hawliad hwn, ac er mwyn atal a chanfod twyll.

Llofnod	Enw a chyfeiriad y contractiwr (priflythyren neu stamp):
Dyddiad: / /	
Rhif ar y rhestr offthalmig:	Y chyfeiriad y dylid anfon y taliad iddo (os yw'n wahanol i chyfeiriad y contractiwr)



EYE HEALTH EXAMINATION WALES APPLICATION FORM
 Complete this form using black ink and In block capitals



Part 1. – Patient's Details and Declaration

Mr / Mrs / Miss / Ms / Dr / Other Male / Female D.O.B: _____

Surname: _____ First Names: _____

Address: _____

_____ Postcode: _____ Tel Number: _____

Doctor's name: _____ Surgery Address: _____

Stating your ethnicity helps to determine your risk of eye disease. Please choose one section and tick the box that best describes your ethnic background:

White Welsh / English / Scottish / N Irish / British Irish Other

Asian / Asian British Indian Pakistani Chinese Bangladeshi Other Asian

Black / African / Caribbean / Black British African Caribbean Other Black

Mixed / multiple White and Black Caribbean White and Black African

White and Asian Other mixed / multiple

Other ethnic group Arab Other State _____

I understand and accept that if I withhold information or provide false or misleading information I may be liable to prosecution and or civil proceedings. I confirm that I am entitled to this EHEW and I consent to the disclosure of relevant information for the purpose of checking this; planning and administering the service; and in relation to the prevention and detection of fraud. I agree to pay the cost of the service if I am later found not to be entitled to it.

Patient's / Guardian's signature: _____ Date: _____

Guardian's name and address: _____

Eligible for Band 1 at risk of eye disease due to ethnic background

Part 2. – Optometrist / OMP Declaration: I certify that I carried out a:

BAND 1: EYE HEALTH EXAMINATION WALES (EHEW) The patient:

Has an acute eye problem and I have offered them an appointment within 24hrs of request

Is Unilateral Is hearing impaired Has RP Other

Was referred by other healthcare professional, please indicate: Optom GP Pharmacist

Ophthalmologist Other

Is at risk of eye disease due to ethnic background (see above)

Needs investigations to comply with WG agreed protocols / guidelines

DRSSW OHT / glaucoma suspect monitoring Dry AMD Other

BAND 2: FURTHER INVESTIGATION / EXAMINATIONS

Cataract pre-op refinement Cataract Post-op conversion OHT / glaucoma refinement

Cycloplegia on a child Other

BAND 3: EHEW FOLLOW-UP EXAMINATION

Follow-up from previous band 1 Post-op cataract Other

I will take the following action: Please tick **all** that apply.

Advice / Regular routine review	<input type="checkbox"/>	Referred HES-Routine	<input type="checkbox"/>	Report to GP (required in all cases within 7 days)	<input type="checkbox"/>
Follow-up with Band 3	<input type="checkbox"/>	Referred HES-Urgent (if applicable)	<input type="checkbox"/>	Report to HES	<input type="checkbox"/>
Other Follow up	<input type="checkbox"/>	Referred HES-Emergency	<input type="checkbox"/>	Report to DRSSW	<input type="checkbox"/>
Foreign body or eyelash removal	<input type="checkbox"/>	Referred GP to prescribe medication	<input type="checkbox"/>	Report to other	<input type="checkbox"/>
Rx issued	<input type="checkbox"/>	Referred to GP for other	<input type="checkbox"/>		<input type="checkbox"/>
Voucher issued	<input type="checkbox"/>	Referred to LVSW	<input type="checkbox"/>	Referred to other professional	<input type="checkbox"/>
Drugs advised / supplied –					
Dry eye treatment	<input type="checkbox"/>	Chloramphenicol	<input type="checkbox"/>	Anti-allergy drops	<input type="checkbox"/>
Other drug	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Please tick all symptoms that apply and all findings / conditions that are relevant to the reason for, or outcome of, the EHEW.

Symptoms		Findings / conditions			
None	<input type="checkbox"/>	No clinical abnormality	<input type="checkbox"/>	Wet AMD	<input type="checkbox"/>
Acute vision problem	<input type="checkbox"/>	Dry eye / MGD	<input type="checkbox"/>	Dry AMD	<input type="checkbox"/>
Chronic vision problem	<input type="checkbox"/>	Eyelid, eyelash, lacrimal, orbit	<input type="checkbox"/>	Other macula	<input type="checkbox"/>
Red eye	<input type="checkbox"/>	Foreign body / other trauma	<input type="checkbox"/>	Retinal break / detachment	<input type="checkbox"/>
Flashes	<input type="checkbox"/>	Conjunctiva	<input type="checkbox"/>	PVD or other vitreous	<input type="checkbox"/>
Floater	<input type="checkbox"/>	Cornea / sclera	<input type="checkbox"/>	Other retinal	<input type="checkbox"/>
Eye pain / discomfort	<input type="checkbox"/>	Cataract / lens / IOL / PCO	<input type="checkbox"/>	Suspect Glaucoma / OHT	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	Iris / ciliary body	<input type="checkbox"/>	Optic nerve / visual pathway / migraine	<input type="checkbox"/>
Diplopia	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (detailed below)	<input type="checkbox"/>	Ocular muscle / binocular / accommodation / refraction conditions – adults	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Ocular muscle / binocular / accommodation / refraction conditions – children	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	Post op complications / disorders not classified elsewhere	<input type="checkbox"/>		<input type="checkbox"/>

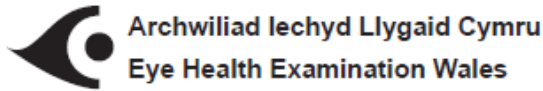
To be completed by the optometrist who has conducted this examination. I understand that if I give information that is incorrect or incomplete, action may be taken against me. I consent to the disclosure of relevant information for the purpose of verification of this claim and for the prevention and detection of fraud.

Signature	<input type="text"/>	Optometrists name and practice address (Capitals or Stamp):	<input type="text"/>
Date: / /	<input type="text"/>		
Ophthalmic / Supplementary List number:	<input type="text"/>		

To be completed by contractor or authorised signatory. I claim the current fee for this patient under the Wales Eye Care Service. I declare that the information given on this form is correct and complete and that this is the original form signed by the patient. I understand and accept that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and or civil proceedings. I consent to the disclosure of relevant information for the purpose of verification of this claim and in relation to the prevention and detection of fraud.

Signature	<input type="text"/>	Contractor's name and address (Capitals or Stamp):	<input type="text"/>
Date: / /	<input type="text"/>		
Ophthalmic List number:	<input type="text"/>	Address where payment should be sent: (if different from contractor address)	<input type="text"/>

If the eye examination has been conducted by the contractor, only one signature is required at the bottom of this form.



GP information form

WECS (2)

Patient Details Title Surname Forename(s) Address Postcode D.O.B. NHS Number Tel.	Optometrist practice details Date of examination Date of referral (if different)
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------

Principal subject:

GP ACTION REQUIRED?

<input type="checkbox"/>	NO – Information only	– see details below
<input type="checkbox"/>	YES – Additional investigations required by GP	– see details below
<input type="checkbox"/>	YES – Referral of patient to:	– see details below
<input type="checkbox"/>	YES – Patient has dry eye and requires artificial teardrops.	
<input type="checkbox"/>	I have recommended to be used..... They will / will not require them to be added to their repeat prescription	
<input type="checkbox"/>	YES – Other:	– see details below

<input type="checkbox"/>	Patient has experienced Floaters/photopsia. The cause appears to be posterior vitreous detachment (PVD). There are no signs of retinal detachment, or tears. Schafers sign is negative. I have re-assured them and given appropriate warnings on the symptoms of retinal detachment.
<input type="checkbox"/>	I examined the patient through WECS as they are at higher risk of eye disease due to Race/uniocular/hearing impaired/retinitis pigmentosa. All findings were normal.
<input type="checkbox"/>	I have performed further investigations following a sight test. All findings were normal.
<input type="checkbox"/>	Other

Reason

Findings

Action/advice

Signed List/GOC number

Print Name Date

For the attention of (Dr) (Practice) (Town)



NHS
WALES
GIG
CYMRU

Referral: Optometry to
Ophthalmology

WECS 3

Principal reason for referral

.....

EMERGENCY / PRIORITY / IN TURN

<p>Patient Details</p> <p>Title</p> <p>Surname: <input type="text"/> Forename: <input type="text"/> Sex: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>Postcode: <input type="text"/></p> <p>DOB <input type="text"/> NHS / Hosp No. (if known) <input type="text"/></p> <p>Tel No. <input type="text"/></p> <p>Interpreter: <input type="text"/> Language: <input type="text"/></p>	<p>Optometrist Practice</p> <p><input type="text"/></p> <p>DATE OF EXAMINATION: THURSDAY, 26 APRIL 2018</p> <p>DATE OF REFERRAL: <input type="text"/></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

Findings and Provisional Diagnosis

CATARACT REFERRAL: WILL PATIENT UNDERGO CATARACT SURGERY? Y N **Refractive shift** (see below)

Right Left Driver Working Carer Lifestyle Compromised Safety Problem

	Disc features	IOP (mmHg)	Time	Field Defect	Enclosure	Macula features
R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relevant Family Ocular History:

Patient General Health information (Incl. known allergies)

Known conditions:

Known medication:

	Vision	Sphere	Cyl	Axis	Prism/ Base	VA	PH	Add	Near VA	Previous Rx, Best VA & Date
R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed: Name: GOC/ Coptb. List No: Date: Thursday, 26 April 2018

For the attention of Dr of Surgery/H.C.

I AM REFERRING THIS PATIENT TO OPHTHALMOLOGY AS INDICATED BELOW and informing you as required

Mr/Mrs/Miss/Dr of Hospital

Hospital Copy (for referral purposes) Optometrist Copy (for records) GP Copy (for information: **do not forward to HES**)

APPENDIX V -AUDIT PROTOCOL

Protocol for Eye Health Examination Wales (EHEW) service activity audit

Clinical audit of the EHEW service is essential for governance of the service. As stated in the Eye Health Examination Wales (EHEW) service - A clinical manual with protocols, 'Audits will be regularly carried out and participation is automatically agreed as part of the optometrist or OMPs training to provide the EHEW service'.

The protocol for the upcoming audit is outlined below:

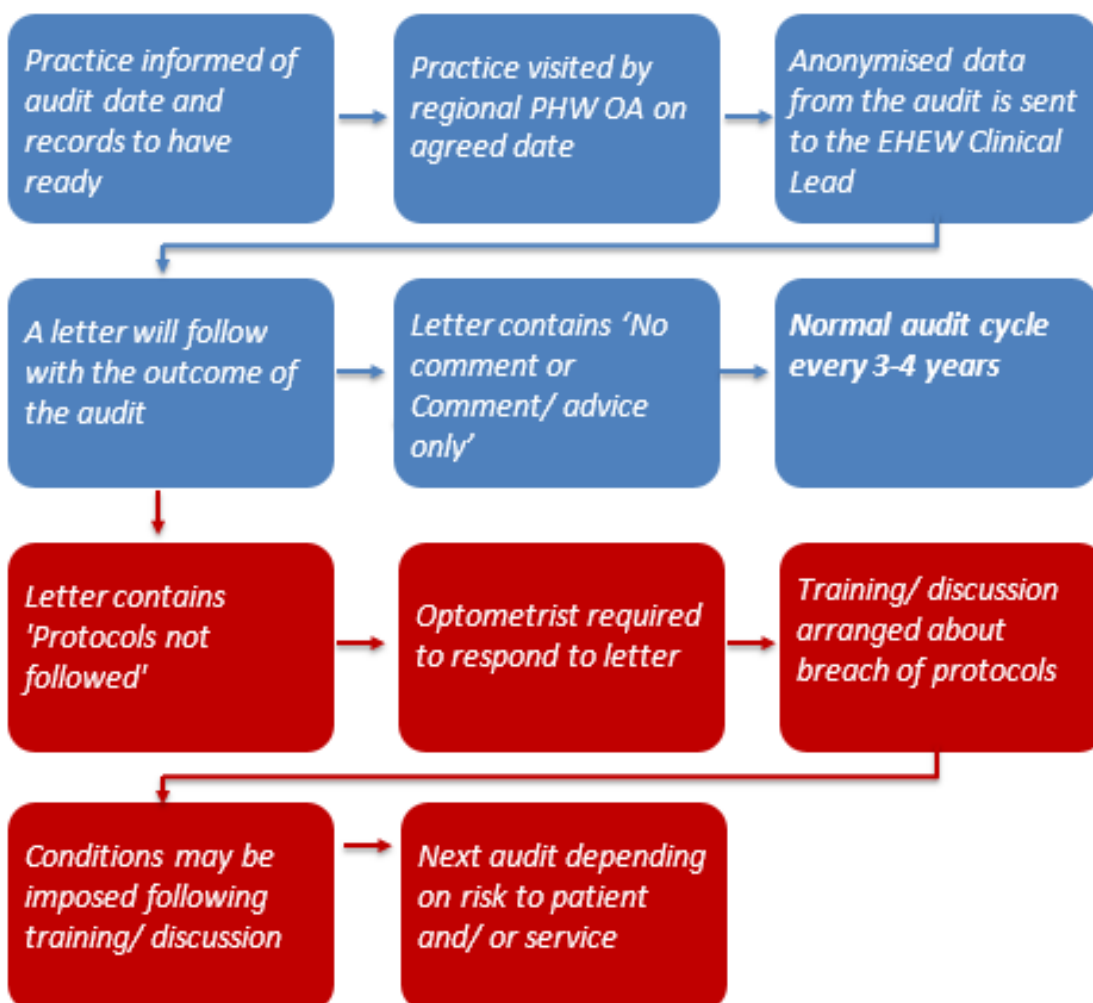
1. A specific practice is identified as requiring an audit visit. This is based statistically on the number of EHEW claims. One of the regional Public Health Wales (PHW) Optometric Advisers (OA) will be given the practice codes and have identified the practices to be visited.
2. Written notification is given to the contractor and practice that there will be a visit from the regional PHW OA to audit EHEW records. The regional PHW OA will provide at least 5 working days' notice of their intention to visit and which records to make ready for inspection. The number of records will be no more than 20 records for each Band. The records will be from the last 3 months.
3. The regional PHW OA will visit the practice as arranged and the data from the visit will be inputted onto a confidential database. Each patient episode from each practice is coded along with the specific information so that it is anonymised.
4. The regional PHW OA passes the anonymised database to the Clinical Lead for the EHEW service within 5 working days of the visit.
5. The EHEW Clinical Lead collates the data from each practice.
6. Feedback will be written by the Clinical Lead following the visit within 4 weeks of the visit.
7. One of the following outcomes will be included in the feedback:
 - a) No comments required. All protocols and guidance from the EHEW Manual has been followed.
 - b) Comments/ Advice: The protocols have been followed but guidance in the EHEW manual has been misinterpreted and clarification is required. The advice will be considered to be in the best interests of the service for the patient and optometrist/ contractor and will be consistent with the EHEW manual.
 - c) Protocols not followed: Protocols in the EHEW manual have not been followed. Breaches of protocols will be detailed in the feedback. The optometrist/ contractor will be asked to respond to the comments within 1 calendar month of the issue date of the 'protocols not followed' letter. The response should be addressed to the Clinical Lead for the service in the first instance. Following receipt of correspondence the practice/ contractor will be contacted to arrange training or discussion, as appropriate.

Following training and/or discussion, conditions may be imposed to ensure that the optometrist/ contractor are aware of what is required to continue to offer the service. Conditions will only be imposed where protocols have not been followed in more than 10% of inspected records, and training/discussion identifies further measures necessary.

Any conditions imposed will be that the practice must comply with the all protocols of the EHEW manual, particularly adhering to those areas found to be deficient.

Audits will be conducted annually. Note that where conditions have been issued, the practice/ contractor will be re-audited according to the level of risk to the service and patients.

Flow Diagram of process



PRE-OPERATIVE CATARACT QUESTIONNAIRE

Cat-PROM5 patient consent

Thank you very much for agreeing to complete this form.

The information provided by you may be used for audit and evaluation purposes if you tick the box below. This means we may use the information to see how the service is working and to make improvements. You will not be contacted at any time and any information used cannot be traced back to you.

Please tick box

I agree for my anonymised data to be used for evaluation or audit purposes

Name of Patient

Date

Signature

Cat-PROM5 Questionnaire

STRICTLY CONFIDENTIAL

Thank you for helping us to know more about how cataract affects your eyesight.

SOME OF THE QUESTIONS MAY SEEM SIMILAR BUT PLEASE ANSWER ALL

Full Name _____

Date of Birth (DD/MM/YY) _____

Address _____

_____ Postcode _____

Please read the following information

Please think about your **eyesight** in the **past month**.

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

If you have had an eye operation, an eyesight test, a change of glasses or a sudden change in the eyesight **in the past month** please inform us **now**.

Please ask for help if the questions are not clear



Cat-PROM5 Questionnaire

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

Please think about your **eyesight** in the **past month**.

1. In the past month, have you felt that **your bad eye** is affecting or interfering with your vision overall?

No, never	<input type="checkbox"/>	0
Yes, some of the time	<input type="checkbox"/>	1
Yes, most of the time	<input type="checkbox"/>	2
Yes, all of the time	<input type="checkbox"/>	3

The rest of the questions are about your eyesight **overall, using both eyes together**. If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

Think about how your **eyesight** has made you **feel** in the **past month**.

2. In the **past month**, How much has your **eyesight** interfered with your life in general?

Not at all	<input type="checkbox"/>	0
Hardly at all	<input type="checkbox"/>	1
A little	<input type="checkbox"/>	2
A fair amount	<input type="checkbox"/>	3
A lot	<input type="checkbox"/>	4
An extremely large amount	<input type="checkbox"/>	5



Cat-PROM5 Questionnaire

3. How would you describe your vision **overall in the past month** - with both eyes open, wearing glasses or contact lenses if you usually do?

- | | | |
|------------|--------------------------|---|
| Excellent | <input type="checkbox"/> | 0 |
| Very good | <input type="checkbox"/> | 1 |
| Quite good | <input type="checkbox"/> | 2 |
| Average | <input type="checkbox"/> | 3 |
| Quite poor | <input type="checkbox"/> | 4 |
| Very poor | <input type="checkbox"/> | 5 |
| Appalling | <input type="checkbox"/> | 6 |

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

Please think about your **eyesight** in the **past month**.

4. In the past month, how often has your **eyesight** prevented you from doing the things you would like to do?

- | | | |
|------------------|--------------------------|---|
| Never | <input type="checkbox"/> | 0 |
| Some of the time | <input type="checkbox"/> | 1 |
| Most of the time | <input type="checkbox"/> | 2 |
| All of the time | <input type="checkbox"/> | 3 |



Cat-PROM5 Questionnaire

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**. Please think about your **eyesight** in the past month.

5. In the past month, have you had difficulty reading normal print in books or newspapers **because of trouble with your eyesight**?

No difficulty 0

Yes, a little difficulty 1

Yes, some difficulty 2

Yes, a great deal of difficulty 3

I cannot read any more **because of my eyesight** 4

I cannot read because of **other reasons** 8

6. Please tell us who actually gave the answers to the questions and who wrote them down

I gave **all** the answers and wrote them down **myself** 1

I gave **all** the answers and someone else wrote them down as I spoke 2

A friend or relative gave some of the answers on my behalf 3

Please write today's date here:

	/	/
DAY	MONTH	YEAR

NOW, PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS ON EVERY PAGE. Please hand back to the person who provided you with this questionnaire or return in the envelope supplied to:

Thank you for completing this questionnaire about your eyesight. Your answers will be **confidential**.



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POST-OPERATIVE CATARACT QUESTIONNAIRE

Cat-PROM5 patient consent

Thank you very much for agreeing to complete this form.

The information provided by you may be used for audit and evaluation purposes if you tick the box below. This means we may use the information to see how the service is working and to make improvements. You will not be contacted at any time and any information used cannot be traced back to you.

Please tick box

I agree for my anonymised data to be used for evaluation or audit purposes

Name of Patient

Date

Signature

Cat-PROM5 Questionnaire

STRICTLY CONFIDENTIAL

Thank you for helping us to know more about how cataract affects your eyesight.

SOME OF THE QUESTIONS MAY SEEM SIMILAR BUT PLEASE ANSWER ALL

Full Name _____

Date of Birth (DD/MM/YY) _____

Address _____

_____ Postcode _____

Please read the following information

Please think about your **eyesight** in the **past month**.

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1. In the past month, have you felt that **your bad eye** is affecting or interfering with your vision overall?

No, never	<input type="checkbox"/>	0
Yes, some of the time	<input type="checkbox"/>	1
Yes, most of the time	<input type="checkbox"/>	2
Yes, all of the time	<input type="checkbox"/>	3

The rest of the questions are about your eyesight **overall**, **using both eyes together**. If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

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Hardly at all	<input type="checkbox"/>	1
A little	<input type="checkbox"/>	2
A fair amount	<input type="checkbox"/>	3
A lot	<input type="checkbox"/>	4
An extremely large amount	<input type="checkbox"/>	5



Cat-PROM5 Questionnaire

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- | | | |
|------------|--------------------------|---|
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| Average | <input type="checkbox"/> | 3 |
| Quite poor | <input type="checkbox"/> | 4 |
| Very poor | <input type="checkbox"/> | 5 |
| Appalling | <input type="checkbox"/> | 6 |

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**.

Please think about your **eyesight** in the **past month**.

4. In the past month, how often has your **eyesight** prevented you from doing the things you would like to do?

- | | | |
|------------------|--------------------------|---|
| Never | <input type="checkbox"/> | 0 |
| Some of the time | <input type="checkbox"/> | 1 |
| Most of the time | <input type="checkbox"/> | 2 |
| All of the time | <input type="checkbox"/> | 3 |



Cat-PROM5 Questionnaire

If you use **glasses** or **contact lenses** for some activities, please answer according to how you can see **when using them**. Please think about your **eyesight** in the past month.

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Yes, a little difficulty 1

Yes, some difficulty 2

Yes, a great deal of difficulty 3

I cannot read any more **because of my eyesight** 4

I cannot read because of **other reasons** 8

6. Please tell us who actually gave the answers to the questions and who wrote them down

I gave **all** the answers and wrote them down **myself** 1

I gave **all** the answers and someone else wrote them down as I spoke 2

A friend or relative gave some of the answers on my behalf 3

Please write today's date here:

	/	/
DAY	MONTH	YEAR

NOW, PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS ON EVERY PAGE. Please hand back to the person who provided you with this questionnaire or return in the envelope supplied to:

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All Wales Post-operative cataract clinical report form

To be sent to ophthalmology along with Postoperative questionnaire form



Patient details	
Name:	D.O.B:
Address:	
Hospital No:	

Optometrist/Practice:	GP details
Name:	Name:
Address:	Address:
Phone:	

Refraction

	Vision	Sphere	Cyl	Axis	Prism	Base	V/A	PH	Binoc. VA	Add	Near V/A
R											
L											

Ocular Examination - Circle all boxes. Slit lamp assessment is compulsory.

Question	Response	Details/ Comments
Px symptomatic?	Y/ N (if Y, please add details)	
Is the Cornea clear?	Y/ N	
Cells in anterior chamber?	absent minimal present	

Criteria for referral back to HES

Immediate referral by telephone: Pain and redness Significant ocular inflammation Wound leak Pupil abnormality Iris prolapse Intraocular pressure > 21 mmHg Visual acuity significantly different from anticipated Remember to send this form to the HES with the patient.	Routine referral Vision < 6/12 Unexplained symptoms Symptomatic anisometropia Refractive surprise Need for second eye surgery Patient preference Other non-urgent ocular pathology
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Action: Tick one option

<input type="checkbox"/>	Immediate referral back to the HES by telephone and notification to the GP
<input type="checkbox"/>	Routine referral back to the HES by post and notification to the GP
<input type="checkbox"/>	Discharge, report to the HES and notification to the GP

Signature: _____ OL/SOL _____

Date: ____/____/____