

Cataract 3 steps pathway

Preamble

In Ophthalmology the Commissioners will commission a 3 step clinical pathway for cataracts to include a first Outpatient attendance for assessment incl. all biometrics and diagnostic testing (at a single price point); a Cataract procedure, and a Post-Operative Surgical Assessment which may be undertaken in the community.

Accordingly:

- Cataracts procedures under the following HRG codes (17/18): BZ30A, BZ03B, BZ31A, BZ31B, BZ32A, BZ32B, BZ33Z, BZ34A, BZ34B, BZ34C (replacing HRG codes (16/17): BZ01Z, BZ02Z, BZ03Z, BZ04Z):
- Follow-up attendances related to Cataract procedures (HRG codes as defined above) will only be funded when the results of a diagnostic test (such as a post-operative complication identified) necessitate for the patient to see a practitioner
- Any Follow-up attendances related to Cataract procedures will need to be counted and the provider shall evidence the clinical necessity of the attendance
- Outpatient Cataract Care, including diagnostic investigations required, will be expected to be delivered as a 1-stop attendance for the patient, and counted and coded in line with the terms of the contract. Unbundled diagnostics will be payable at the applicable tariff as per the National Tariff Workbook
- Data for the above provisions shall be collated by the provider and made available to the Commissioners on a quarterly basis for audit and inspection

Post-Operative Care

The Post-Operative Surgical Assessment could be a:

- 2-4 week review by nurse, optometrist or ophthalmologist or
- 4-6 weeks Post-Operative check-up by optometrist (together with the refraction) or;
- be combined as a single postoperative visit
- It is the responsibility of the provider performing the cataract procedure to provide the Post-Operative Surgical Assessment; this can be sub-contracted to an alternative suitably qualified provider
- The Post-Operative Surgical Assessment will be remunerated at £15 per assessment regardless of where the Assessment takes place
- Provider report to include evidence of receipt of Post-Operative Surgical Assessment Quality/Refraction form to elicit payment of £15 per Post-Op Surgical Assessment
- Provider report to include all FUs following a Cataract procedure (BZ30A, BZ03B, BZ31A, BZ31B, BZ32A, BZ32B, BZ33Z, BZ34A, BZ34B, BZ34C) with evidence that the FU was necessitated due to diagnostic test (Post-Op complications)
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- Where the Post-Operative Surgical Assessment results in the need for further diagnostic investigations and Consultant-led care with the provider, the patient will revert to the FU pathway as outlined above

Second Eye treatment

In accordance with PbR guidance:

- Cataract Surgery on the 2nd Eye pathway will be commissioned as Cataract Procedure followed by Post-Operative Surgical Assessment as defined above

Emergency Care Provision

The provider is responsible for all operative and post-operative complications that may occur following cataract surgery. All patients who have had a cataract procedure should be able to obtain **out of hours emergency care and advise 24 hours a day** for a minimum of **6 weeks following surgery** by provider carrying out the surgery. This care must include the ability to diagnose and treat any urgent complications. If the provider cannot provide adequate out-of-hours provision they may delegate this responsibility to another provider if they have a formal agreement in place.

Local Quality Schedule

Indicator description	Threshold	Method of measurement	Consequence of breach	Commissioners	Reporting
Submit data to the National Ophthalmology Database (NOD) for national audit purposes in line with the requirements of the NOD	data submission in line with NOD requirements	As defined by Provider	GC9	CPCCG	6 monthly
Posterior Capsular rupture rate	2% or less	As defined by Provider	GC9	CPCCG	6 monthly
Endophtalmitis rate	<1 in 500	As defined by Provider	GC9	CPCCG	6 monthly
Visual acuity loss rate	>0.3 Log MAR (standard 1.5%)	As defined by Provider	GC9	CPCCG	6 monthly