Redesigning Referral Management of Cataract Pathway in Response to SARS-Covid 19 Pandemic: How "Urgent" is an "Urgent" Cataract Referral?

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Introduction & Aim

- SARS Covid 19 pandemic has challenged our ability to assess patients for cataract surgery. As per national recommendations, it is critical to identify patients at highest risk of harm from delay. (1,2,3,4)
- RCOphth specify two categories of patient at greatest risk of harm from delay to assessment and recommend review in 30 days (3);
  - BCVA <6/60 or risk of fall, injury
  - Cataract/PCO patient with <6/18 BCVA and unable to drive/work/function
- Optometry guidelines for cataract referral do not specify which patients necessitate urgent review.(5)

Aim & Methods

- Assess the quality of submitted referrals in the "urgent" pathway compared to national triage guidelines. Is there sufficient information for clinicians to prioritise and identify patients at greatest risk?
- Retrospective review of all "Urgent" referrals to NHS GG&C between Sept 2018 and Sept 2020. Electronic case note review. Excel data analysis.

Results

- 128 urgent referrals. A rate of 5/month both pre and post March 2020.
- 59 (46%) were missing basic clinical information (one of VA, IOP or refraction).
- 103 (80.4%) of referrals had BCVA > 6/18.
  72 (56.25%) of referrals had BCVA > 6/12.
- 9/21 referrals due to driving concerns had VA > 6/12.
- 92 referrals featured additional comments but 49/92 (53.2%) of these fell outwith the RCOphth categories.

Discussion

- Using only BCVA a priority sub-group is present;
  - 12/128 patients (9%) Category 1 (BCVA <6/60)
  - 23/128 patients (18%) Category 2 (BCVA <6/18)
- However the majority 103 (80.4%) referrals had BCVA > 6/18.
- 9/21 referrals requesting urgency due to driving concerns had a BCVA > 6/12.
- 92 (71.8%) referrals featured additional comments but 49/92 (53.2%) described circumstances outwith the triage categories.

Table 1: Number of Urgent Referrals categorised by Royal College of Ophthalmology Triage Categories

Royal College Triage Guideline		No of Referrals
Category 1	BCVA < 6/60	12
	falls or safety concerns /risk of injury	34
Category 2	BCVA < 6/18	23
	unable to work/function ADL	14
	unable to drive	21

Table 2: Number of Urgent Referrals submitted by Best Corrected Visual Acuity

Best Corrected Visual Acuity of Patient	No of Patients
BCVA <6/60	12 (9.3%)
BCVA <6/18	23 (17.9%)
BCVA >6/18	103 (80.4%)
BCVA >6/12	72 (56.25%)

Table 3: Quality of Information included in of Urgent Referrals

Documented Information	No of Patients
Visual Acuity	120 (93.7%)
Refraction	111 (86.7%)
Intraocular Pressure	94 (73.4%)
Brunescent/White Cataract	26 (20.3%)
Falls	20 (15.6%)
Driver	21 (16.4%)
High Intraocular Pressure (IOP>25mmHg)	6 (4.7%)
Main Carer	2 (1.6%)
"No View of Fundus"	5 (3.9%)

46% of referrals do not contain sufficient clinical information (VA, IOP, Refraction) to allow clinicians to make a safe prioritisation decision related to urgency

Discussion

- Conflict exists for clinicians between;
  - Royal College Ophthalmology Triage Recommendations (1,2,3)
  - NICE Guidance (4)
  - Optometry Practice (5)
  - Patient Expectations
- 46% of referrals do not contain full clinical information (VA, IOP, Refraction) to allow clinicians to make a safe prioritisation decision.

Conclusion

- Priority sub-groups exist within the "urgent" referral population. An ophthalmic modified MINTS and UKISCRS system are potential prioritisation tools for use once pre-assessment preformed.
- Updating the SCI gateway referral system to include basic clinical information will help identify at risk patients.
- As cataract services restart in a post Covid landscape we can expect both a backlog of case numbers and an increased volume of advanced disease.
- Use of the national triage categories can help improve referral management; prioritising those at harm from delay. Communicating this to local primary care improves shared decision making and patient care.

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