



## Mid Yorkshire Trust in Wakefield – One of the Earliest To Implement a Postoperative-Cataract Service in Conjunction With Wakefield LOC

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### At a glance

#### Challenge

Demand for ophthalmology services was high. Cataract patients routinely attended three hospital appointments postoperatively.

#### Objectives

Deliver appropriate low risk care to improve patient experience and release much needed capacity within the hospital eye service.

#### Solution

A new care pathway for postoperative cataract utilising the core skills within primary care optometry.

#### Outcomes

The three hospital appointments were reduced to a single appointment within primary care resulting in a safe service and improved patient experience.

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### Introduction

Mid Yorkshire Trust in Wakefield was one of the first trusts to implement a Postoperative Cataract Service in its area. With demand for cataract surgery increasing by 9% year on year, the commissioners recognised that a new care model was needed to reduce pressure on the Trust. One of the earliest and biggest challenges was to convince ophthalmologists that the service would be safe and effective for patients.

In the early noughties, following cataract surgery patients were routinely invited back to the hospital for postoperative assessments at 24 hours, 1 week and 4 weeks. The clinic capacity required for these checks resulted in reduced resources available for other ocular conditions and treatments. In addition, there was an ever-increasing demand for cataract surgery which could not be met until capacity at the hospital was addressed.

There was a good relationship between the Ophthalmologists at the Trust and Wakefield Optometrists, with consultant colleagues frequently invited to Wakefield LOC's meetings to deliver CET. Optometrists were regularly invited to host "Primary Eye Care" clinics at the hospital where, under the supervision of a consultant ophthalmologist, they supported monitoring of stable eye conditions such as glaucoma. The regular engagement between clinicians built strong relationships and clinical confidence leading to the co-development of the local pathway, which was commissioned and implemented in 2012.

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## Objectives

The pathway had the following key objectives:

1. Improve patient experience. Most patients did not like returning to the hospital for their post-operative care. Their preference was to see their local optometrist, closer to home with easier access.
  2. Utilise Optometrist skills available in primary care to deliver a service offering value for money.
  3. Reduce low complexity patients going to secondary care. This was helped by allowing independent sector providers to offer surgery with Optometrists acting as gatekeepers and filtering patients across the providers.
  4. Increase clinic capacity for more complex procedures.
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## Solution

The new model released nurse practitioners, optometrists, and consultants, to use their time for other procedures and clinics such as minor operations, macula and glaucoma clinics.

The trust was to be one of the first to discharge its patients out to primary care and there were a few implementation challenges to work through. The doctors were concerned about their patients' eye health and did not want to appear negligent. They needed assurances that this was the right thing for their patients too. It was agreed not all patients would be suitable and a small cohort who had other comorbidities like Glaucoma or Diabetic Retinopathy would return to the hospital. Getting the pathway right was essential and this included the patient having a direct access number to call if they had any problems following surgery. Patients would still have choice and could choose which Optometrist or practice to go to for their post-operative check. They were given a list of all the participating local practices when discharged after their procedure.

Wakefield LOC were involved in the service development and implementation planning. Events were held locally to introduce the new policies and procedures. From the outset it was recognised that Optometry core skills were sufficient to deliver postoperative cataract care. The importance of having the information returned to the trust was communicated as the data was vital for internal audit purposes. This also allowed staff at the hospital to review the information and check if the patient needed to be booked into an ophthalmology clinic.

The new pathway was implemented in 2012. Despite patients being advised to see their optometrist after 4 weeks, initially the staff at the trust would call their patients the next day and at 4 weeks to make sure there were no problems. It soon became apparent that most patients were happy and did not have any post-operative problems. The next day phone call was moved to 1-week post-operative. When this too yielded no issues or concerns in most patients, Ophthalmologists were happy for their patients to be seen by an optometrist in the community with no follow up call being made by the hospital.

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## Results

The post cataract service resulted in:

- Increased patient satisfaction
- Reduction in post operative clinics at the hospital
- Increase in clinic availability for cataract surgery, AMD & Glaucoma
- Annual data return to the NOD Cataract audit

The success of the postoperative cataract pathway in Wakefield demonstrates most cataract procedures are successful with patients enjoying an immediate improvement in their vision. Patient satisfaction has always been high compared with other procedures. Using hospital clinic capacity for a refraction and examination means less clinic time is available for the increased number of patients who require surgery, and for other potentially sight threatening conditions such as AMD and glaucoma. The trust like many others has had a gradual decrease in market share for cataract surgery with the emergence of independent providers who can offer surgery with shorter waiting times.

*“A strong relationship between optometrists and ophthalmologists was key to ensuring the implementation of a postoperative cataract service that is still in place almost a decade on. The core competency skills of optometrists utilised in a pathway like this ensures patients can receive a high level of care, close to home. Any LOCs who face challenges setting up similar services will hopefully feel reassured and encouraged by Wakefield’s example.”*

**Bobby (Sarvat) Fida, LOCSU Optical Lead**

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## Conclusion

Optometrists, with their core competency skills can safely and effectively deliver high quality of care to their patients and ensure only those who need to be seen by an ophthalmologist, are referred back to the hospital. Engaging with the local trust and commissioners to ensure their skills are recognised has resulted in increased satisfaction amongst optometrists. At the same time, this has improved patient satisfaction and allowed adequate clinic capacity for the increasing number of patients requiring cataract surgery.