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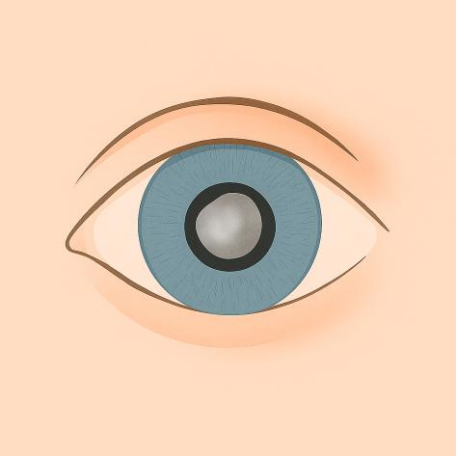
National Pathway Resource Pack

Cataract Referral Guideline (Optometry to Ophthalmology)

NHS Performance & Improvement

Endorsed by the Ophthalmology Clinical Implementation Network



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Purpose

To provide optometrists with a clear, standardised process for referring patients with visually significant cataract for secondary-care assessment and potential surgery across Wales.

This guideline aims to:

- **Ensure equitable access** to secondary care ophthalmology services for all eligible patients, regardless of geographic location.
- **Support clinical decision-making** by outlining specific criteria for referral, including visual acuity thresholds, impact on daily living, and patient-reported symptoms.
- **Promote timely and appropriate referrals** to reduce unnecessary delays in assessment and treatment, thereby improving patient outcomes and quality of life.
- **Facilitate effective communication** between primary care optometrists and secondary care providers, ensuring that referrals are complete, relevant, and aligned with service capacity.
- **Contribute to service efficiency** by minimising inappropriate referrals and optimising resource use within NHS Wales ophthalmology departments.

Scope

Who may refer:

Registered optometrists (primary route)

Primary care referrals should originate from community optometrists, with the exception of cross-border referrals from England to Wales

Patient consent:

Ensure the patient consents to referral

Confirm willingness to consider surgery if indicated

Referral Criteria

3.1 Referral Criteria Overview

Refer for secondary care if any of the following are present and causing functional limitation or impact on quality of life:

- Patient-reported impairment attributed to lens opacity (reading, mobility, driving, work, hobbies, glare affecting daily life)
- Visual acuity decline — reduced distance or near VA limiting daily activities (document current and previous VA with dates
- Contrast sensitivity decline — reduced contrast sensitivity limiting daily activities (document current and previous contrast sensitivity with dates
- Driving safety concerns — difficulty driving, failure to meet legal visual standards, dangerous glare
- Occupational requirements — vision needed for employment (document job and vision requirement)
- Significant lens opacity on slit lamp, limiting fundus view

Please refer diagnose patients with glaucoma and ocular hypertension to glaucoma service for their cataract surgery. Patients who are only suspecting to have glaucoma can still be referred to cataract service.

Do Not Refer:

- Asymptomatic patients with lens opacity only and no impact on daily function: Monitor in primary care and re-refer if symptoms progress.

3.2 Referral Criteria

Secondary Care

When assessing a patient for surgery, the surgical provider must assess the patient and only offer cataract surgery where:

1. The proposed surgery will in all likelihood sufficiently improve the visual acuity of the patient.

AND

2. the affected eye which it is proposed to operate on must have:
   a) A recorded best corrected visual acuity poorer than 6/9.5, attributable to a lens opacity. This applies when considering surgery for both first and second eye cataracts.

OR

   b) A recorded best corrected visual acuity of 6-9.5 or better (ranging from 6/3 to 6/9.5) attributable to a lens opacity which causes:

      i. Patients to experience significant glare and dazzle in daylight or difficulties with night vision whilst driving.

      Or

      ii. Patients that require enhanced vision for employment purposes such as Group 2 licence holders (bus and lorry drivers) who require vision of 6/7.5 in their better eye and 6/60 in the other eye.

OR

1. Significant optical imbalance (anisometropia or aniseikonia) following cataract surgery on the first eye.

Best visual acuity is the measurement of visual acuity using corrective lenses.

Cataract surgery/lens extraction should not normally be performed solely for the purpose of correcting longstanding pre-existing myopia of hypermetropia.

Referrers must ensure all the required information is included in any referral, failure to do so will result in the referral being returned.

Primary care referrals should originate from community optometrists, with the exception of cross-border referrals from England to Wales."

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Urgent / Fast Tack Referral Indications

Refer immediately to secondary care or ED if:

Lens-related angle closure

Red, painful eye with vision loss and white cataract

Mandatory Referral Information

To ensure safe, effective, and timely patient care, all referrals must include the following essential clinical and administrative information:

- Patient Details: Name, date of birth, NHS number, address, contact number
- GP Details: Name and address
- Referrer Details: Optometrist name, practice, GOC number, contact info
- Reason for Referral: e.g., “Cataract — symptomatic / considering surgery”
- Confirmation of Patient Willingness: Explicit yes/no to consider surgery
- Present Visual Acuity: Uncorrected and best-corrected (R/L), with dates; include previous VA and dates if available
- Symptoms & Functional Impact: Specifics on reading, mobility, driving, night vision, glare; use QOL checklist or CatQUEST pre-op if available
- Driver Status: Drives Y/N; does vision affect driving?
- Ocular History / Comorbidities: Retinal disease, maculopathy, glaucoma, prior procedures, medications (e.g., tamsulosin)
- Systemic History Relevant to Surgery: Brief summary of conditions or medications impacting anaesthesia/surgery
- Slit-lamp and Fundus Exam: Lens appearance, adequacy of dilation, fundus view, IOP; attach OCT/fundus photos if macular disease/limited view
- Patient Preferences: Planned laterality (R/L/both), refractive aims (distance/near)

Optional Information to Enhance Referral

- Contrast/glare severity (patient-reported)
- QOL score (e.g., CatQUEST-9SF pre-op)
- Recent OCT (macula), attach images if available

Triage and Prioritisation

Triage and prioritisation will assessed by:

- Symptom-driven triage: Priority for substantial functional impairment (driving safety, major loss of independence, work impact).
- Local criteria may apply (visual acuity thresholds, prioritisation scores); ensure referral includes functional details to support accurate triage.

Shared Decision-Making and Patient Information

Prior to referral, optometrists should engage patients in a shared decision-making process, ensuring they are fully informed about their condition, available management options, and the potential benefits and risks of surgery:

- Discuss non-operative management (glasses, lighting, occupational adjustments), potential benefits/risks of surgery, alternative options).
- Document discussion and patient's wish to proceed.
- Provide patient information leaflets (hospital resources, RNIB, EIDO) and record provision.

Referral Outcome Feedback

- Hospital to acknowledge, to the referrer, receipt and advise acceptance/rejection/need for further information.
- Send copy of correspondence to GP and patient.

Appendices

Appendix 1 – Suggested Cataract Referral Form (Wales Eye Care Service)

Appendix 2 – Quick Reference: Cataract Referral for Optometrists

Appendix 3 – Cataract Surgery: Plain Language Summary

Appendix 4 – Standardised Referral Declined Letter

Appendix 5 – Visual Acuity Scale

Appendix 1 – Suggested Cataract Referral Form (Wales General Ophthalmic Service)

Cataract Referral Form					
Right Eye ☐		Left Eye ☐		Both Eyes ☐	
Date of Referral:		Priority		In Turn	Urgent
Patient Details		**Referring Optometrist**		**GP Surgery**	
Name:		Optician Name:		GP Name:	
DOB:		Practice Details:		GP Practice Details:	
Address:		Registration:			
Tel No:					

	Vision	Sph	Cyl	Axis	VA	PH	Near Add	NVA	Best VA & date
RE									
LE									

Clinical Findings		
RE		LE
	Anterior segment	
	IOP (NCT/applanation)	
Pseudophakic ☐ Date	Lens	Pseudophakic ☐ Date
	Disc	
	Macula	
	Fundus	

Is patient already under care of the Hospital Eye Service? (detail below in history)		Yes	No
Surgical/Medical History	Previous refractive surgery	Yes	No
	Retinal detachment	Yes	No
	A driver	Yes	No
	Working	Yes	No
	Able to lie flat	Yes	No
	A carer	Yes	No
	Independently mobile	Yes	No
	Willing to undergo surgery	Yes	No
	Patient lifestyle affected by vision	Yes	No

If available refraction immediately prior to the latest refraction	Patients preferred post op refractive aim, laterality	Symptoms & function due to cataract

Medications:	Comments:

Date:	Signature:

Appendix 2 – Quick Reference Guide

Quick Reference: Cataract Referral for Optometrists

When to Refer:

- Functional impairment affecting daily life (reading, driving, work, hobbies, glare, poor contrast)
- Visual acuity decline (no absolute cut-off, focus on lifestyle impact)
- Failure to meet driving standards or occupational requirements

Do Not Refer:

- Lens opacity alone in asymptomatic patients—monitor instead

Urgent Referral (Same Day/ED):

- Sudden vision loss not explained by cataract
- Painful red eye with vision loss
- Lens-related angle closure

Minimum Referral Information:

- Patient details, GP details
- Confirmation of willingness to consider surgery
- Present and previous visual acuity, with dates
- Symptoms and functional impact
- Driver status and impact
- Ocular and systemic history relevant to surgery
- Slit-lamp/IOP/fundus findings
- Imaging attachments if available
- Planned laterality and refractive aims

Good Practice Tips:

- Discuss non-surgical options and surgical risks/benefits prior to considering referral
- Provide patient information resources (WGOS, CatQUEST QOL) https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/practice-resources/patient-facing-leaflets-under-review-not-for-forward-sharing/cataracts/
- Record patient consent
- Complete all mandatory referral fields to avoid return

Appendix 3: Cataract Surgery Plain Language Summary

Cataract surgery– Plain Language Summary

Cataract surgery is a procedure used to treat cataracts, where changes in the lens of the eye cause cloudy, blurry, or misty vision. It's the most common operation performed in the UK. Cataracts occur when changes in the lens of the eye cause it to become less transparent. The lens is the crystalline structure that sits just behind the pupil, which is the black circle in the centre of the eye. Cataracts sometimes start to develop in a person's lens as they get older (age-related cataracts), stopping some of the light reaching the retina. This can affect your vision, making it become increasingly cloudy, blurry, or misty. You need a cataract operation if they are interfering your eye sight to a level which affects your day-to-day life. Although cataracts are often associated with age, in rare cases babies are born with cataracts or young children can develop them (childhood cataracts).

A plain language summary patient information leaflet can be found here: https://www.nhs.wales/sa/eye-care-wales/wgos/eye-health-professional/practice-resources/patient-facing-leaflets-under-review-not-for-forward-sharing/cataracts/

Appendix 4: Standardised Referral Declined Letter

Cataract Referral Declined – Notification to Referring Optometrist

To: [Optometrist Name]
Practice: [Practice Name]
Date: [Date]
Patient: [Patient Name / DOB / NHS No.]

Dear [Optometrist Name],

Thank you for referring the above patient for cataract assessment.
Following review, the referral **has not been accepted at this stage** for one or more of the following reasons:

Referral Declined – Reason(s):

☐ The patient is **asymptomatic** and reports no functional impact on daily activities (reading, driving, mobility, glare, etc.)
☐ The **referral form was incomplete**, lacking mandatory information (e.g., visual acuity, symptom description, confirmation of willingness for surgery)
Please re-refer with the complete dataset.
☐ The patient has **not consented** or is **unsure about proceeding with surgery**
☐ **Visual symptoms do not currently justify surgical assessment** – best managed with monitoring and optical correction at this stage
Please continue to **monitor the patient in primary care** and **re-refer** if symptoms progress or functional impact increases, in line with the *All Wales Cataract Referral Guideline*.
☐ **Alternative ocular pathology** suspected; referral should be directed to the appropriate specialist service (e.g., macular, glaucoma)
☐ **Duplicate referral** or patient already under care of ophthalmology
☐ Other: _____

Thank you for your collaboration in ensuring appropriate use of cataract services across Wales.

Kind regards,
[Consultant / Triage Ophthalmologist Name]
[Service / Hospital Name]
[Contact Details]

Appendix 5: Visual Acuity Scale

Visual Acuity Scale

The following table compares different visual acuity notations.

US notation	6 meter notation	Decimal notation	MAR	logMAR	VAS
20/10	6/3	2.0	0.5	-0.3	115
20/12.5	6/3.8	1.6	0.63	-0.2	110
20/16	6/4.8	1.25	0.8	-0.1	105
20/20	6/6	1.0	1.0	0.0	100
20/25	6/7.5	0.8	1.25	0.1	95
20/32	6/9.5	0.63	1.6	0.2	90
20/40	6/12	0.50	2.0	0.3	85
20/50	6/15	0.40	2.5	0.4	80
20/63	6/18	0.32	3.2	0.5	75
20/80	6/24	0.25	4.0	0.6	70
20/100	6/30	0.20	5.0	0.7	65
20/125	6/38	0.16	6.3	0.8	60
20/160	6/48	0.125	8.0	0.9	55
20/200	6/60	0.10	10.0	1.0	50
20/250	6/75	0.08	12.5	1.1	45
20/320	6/95	0.06	16	1.2	40
20/400	6/120	0.05	20	1.3	35
20/500	6/150	0.04	25	1.4	30

(Precision Vision, 2016)