

Non-Cataract Ophthalmology - 2016

DRAFT

Introduction

This tool is in DRAFT and only to be used in Trial – for clinical prioritisation decisions please use your current nationally agreed tool.

General Comments and Directions

- Scoring should be based on the considered view of the clinician taking into account the patient's history, examination, results of investigations and the clinician's experience in treating like patients.
- Criteria only apply to patients who would consent to, and benefit from surgery, and for whom surgery is the most appropriate treatment option.
- These criteria only apply to elective and arranged admissions.
- The score should be calculated during the consultation, and the patient informed whether they will be accepted for publicly funded treatment.
- If due to exceptional factors not included in the prioritisation criteria, the booking status generated does not adequately reflect the patient's priority, the booking status may be overridden. The reason for the exception must be documented.

More than one procedure

Where two or more related but independent procedures are contemplated at the same operating session the score should relate to the most significant procedure.

Staged Procedures

A treatment procedure may be staged over several months or years. For the purpose of the priority access scoring a related series of treatments should be considered as one event. Repeat scoring is not required.

This tool does not cover:

- Cataract surgery
- Acute presentations

Special cases

Automatic Priority

An appropriate priority score reflecting the clinically appropriate timeframe for treatment will be automatically assigned for the following cases:

- Progressive Glaucoma (progressive glaucoma with a high likelihood of irreversible visual loss, when all other treatment options have been considered)
- Treatment where a confirmed diagnosis of malignancy exists
- Treatment where a confirmed diagnosis of pre-malignancy exists
- Incision / excision biopsy where a high probability of malignancy or pre-malignancy exists
- Removal of corneal sutures
- Macular off retinal detachment (excludes long standing retinal detachment)
- Bilateral vitreous haemorrhage
- Phacomorphic angle closure
- Neovascular glaucoma
- Amblyogenic pathology
- Retinopathy of prematurity
- Not a special case

Prioritisation

Non-Cataract Ophthalmology

Impact on Life

Warning: please proceed with this prioritisation event only if you have a completed Impact-on-Life Self-Assessment form from the patient.

Impact of the condition on ability to engage in and enjoy activities which are important to the individual patient.

Please transcribe information from the questionnaire completed by the patient.

This scale ranges from 1: *No difficulty* to 6: *Extremely difficult*.

Social Interaction



Personal Interaction



Ability to fulfil your responsibilities to others



Personal Care



Personal Safety



Leisure Activities



Is visual function a surgically amenable component of this patient's condition?

- No
- Yes

To what extent is the patient's vision function (quality, acuity, field, diplopia, distortion) reduced, as a result of their condition?

- A small amount (up to 33%)
- A moderate amount (34-66%)
- A large amount (67-100%)

How much does the condition affect the patient?

What is your assessment of the impact of the condition on the patient?

Functional compromise considers paid and unpaid work equivalently and driving (or not driving) is not assumed to be significant but is significant only if the patient indicates that it is.

Activities of Daily Living (ADLs) are six defined activities (eating, bathing, dressing, toileting, transferring (walking) and continence) that people do every day without needing assistance.

- Patient has little or no difficulty or functional compromise
- Patient has some difficulty and/or some functional compromise
- Patient has quite a lot of difficulty and/or quite a lot of functional compromise
- Patient finds it very difficult and/or some functional compromise to ADL
- Patient finds it extremely difficult and has significant functional compromise to ADL

What is the likelihood of significant deterioration of the condition in the next 12 months?

- None
- Low (<25%)
- Medium (25-75%)
- High (>75%)

What is the consequence of deterioration of the condition in the next 12 months?

- None (change would have no impact on the patient)
- Low (change would have little impact on the patient)
- Medium (change would have significant impact on the patient)
- High (change would have a severe impact on the patient)

What is the degree of improvement on impact on life expected from the operation?

- Small improvement
- Moderate improvement
- Large improvement
- Great improvement

How much will a delay in treatment reduce the ability of this patient to benefit from surgery?

Potential effect on outcome if surgery delayed more than 4 months.

- Not at all
- A little
- Moderately
- Significantly
- Completely

What degree of resolution of the risk of deterioration might be expected from the operation?

- None at all
- Reduction in the rate of deterioration (slowing)
- Significant reduction in the rate of deterioration (halting)
- Completely removal of any risk of deterioration (reversing)