

PATIENT QUESTIONS

The patient should be able to answer **NO** to all these questions to be given a choice of ANY providers (if any question is answered as “yes” the patient would be allocated to the nearest specialist provider (currently NHS Trusts))

<i>CATEGORY (just for info)</i>	QUESTIONS	Explanation for stakeholders <i>Reference: NHSE “Specifying Cataract Services, Guidance for commissioners) Published June 2024</i>
FITNESS + COMPLEXITY	<ol style="list-style-type: none"> 1. Has your clinician informed you that you would specifically require a general anaesthetic? 2. Do you need continuous oxygen? 3. Have you had a cardiac arrest, heart attack or stroke in the last 6 months, or do you have an implantable defibrillator? 4. Would you struggle to lie flat and still for half an hour? Do you have severe head tremor or severe claustrophobia? 5. Do you have severe dementia, or do you have severe learning difficulties? 	<p>GA not available at standalone high flow cataract units - patient will know if they absolutely must have a GA.</p> <p>An implanted defibrillator (which is not ok) is different to a pacemaker (which is ok)</p> <p>Information available from patient record</p> <p>Early dementia or mild mental capacity issues where cooperation for Local Anaesthetic (LA) is possible with support can be managed in any provider.</p>
COMPLEX EYE CONDITIONS	<p>6. Have you attended an NHS hospital in the last 12 months for care relating to any other eye diseases?</p> <p style="text-align: right;"><i>If Yes - Which hospital, did you attend</i></p> <p style="text-align: right;">If answered yes to Q6 go to Q 6a – Q6c</p> <p>6a Are you having ongoing active treatment eye disease with that provider? NO → go to any provider</p>	<p>Patients with other ocular conditions (glaucoma etc) may be more complex. The timing of cataract surgery can also impact adversely on the management of other diseases. This will supersede patient choice on safety grounds. Patient will be allocated to the provider they have declared as attending previously.</p> <p>Patients with stable chronic disease eg not undergoing active treatment OR being treated with glaucoma drops</p>

	<p>6b If YES to 9a ask is the treatment eye drops only? NO → go to named provider</p> <p>6c If YES to 9b ask 'have the eye drops changed in the last 12 months?' NO → go to any provider</p> <p>If answered YES to 9c → go to named provider</p>	and therapy not changed within the last 12 months
OTHER SPECIALIST CARE/EQUIPMENT	<p>7. Standard DRSS BMI questions (BMI >40)</p> <p>8. Do you have severe mobility issues and require hoists or other positioning equipment?</p>	<p>Specific equipment is required e.g. hoists and possible weight limitations on couches</p> <p>If YES to 7 or 8 check DOS for exclusions and to see what equipment provision/needs is available and refer to appropriate providers</p>

7. OTHER MEDICAL OR PHYSICAL HEALTH CONDITIONS

Is there anything else you need to tell us that will help the providers to plan for your care?
 These questions do not contribute to the decision about which provider the patient can be referred to, but can be passed onto the provider of choice to help manage their care

COMMUNICATION	1. Do you require any specialist communication support? For example, do you need an interpreter,	Additional comms support will be required
MOVEMENT + MOBILITY	2. Do you need more than 1 stick to get about?	<p>Patient must be able to lie still during the procedure.</p> <p>Lots of walking to get to pre-op room and theatres and not much space, so patient must be ambulatory</p>