

**Derbyshire PLCV Referral Form**

**Cataract (First Eye)**

**THIS FORM MUST BE COMPLETED IN FULL AND ATTACHED WITH THE APPROPRIATE CLINICAL INFORMATION TO THE E-REFERRAL SERVICE**

*“PLCV: - DERBYSHIRE PRIOR APPROVAL PROCESS: Ophthalmology\_RAS”*

**REFERRALS WITHOUT FORMS WILL BE REJECTED**

Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Post code
Date of birth	Telephone number
NHS Number	GP practice code

Patient Consent	
	Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>
Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/>

Part A - PLCV Criteria	One Must apply
<b>The CCGs will only fund cataract surgery as described below:</b>	
1. Cataract surgery will be funded where the visual acuity after refractive correction is 6/9 or worse in the worst eye (the eye to be treated):	<input type="checkbox"/>
<p>The patient has one of the following with correction:</p> <ul style="list-style-type: none"> <li>- Reduced mobility, experiencing difficulties in driving, for example, due to glare, or experiencing difficulty with steps or uneven ground (ability to work, give care or live independently is affected)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- The patient has glaucoma and requires cataract surgery to control the intraocular pressure</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- The patient has posterior subcapsular or cortical cataracts and experiences problems with glare and a reduction in acuity in bright conditions</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- The patient's visual field defects are borderline for driving, and cataract extraction would be expected to significantly improve the visual field</li> </ul>	<input type="checkbox"/>
This information, together with a report from a recent sight test, should form the minimum data on the referral form	

<b>Additional clinical information that may have a bearing on the application</b>

Additional Patient Information	BOTH must apply
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

<b>Prior Approval No</b>	
--------------------------	--

<b>Patient Choice of Provider</b>
-----------------------------------

First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.	
Name of referrer: _____	Date: _____

**Part B – Reason for referral**

Salutations:	Dear colleague,
Preamble/context:	Macro to insert last consultation
	Thank you, Dr. XXX (insert your name here)

Problems - This needs to be auto pulled from the GP system

**Relevant SH & FH:**

Date to be included	Single Code Entry: Tobacco consumption
Smoking status	Single Code Entry: Alcohol consumption
Alcohol	Single Code Entry: Occupations
Occupation	Single Code Entry: Ethnic category - 2001 census
Ethnicity	Single Code Entry: Military veteran
Veteran?	
<b>Freetext:</b> Detail which might assist timely discharge:	

Medication – Date to be included. The GP’s need to have the option to EDIT this once it has been populated.

Allergies – Date to be included . The GP’s need to have the option to EDIT this once it has been populated.

**Useful values:**

<b>BP</b> Single Code Entry: O/E - blood pressure reading Date	<b>Pulse rate</b> Single Code Entry: O/E - pulse rate	<b>Height</b> Single Code Entry: O/E - height	<b>Weight</b> Single Code Entry: O/E - weight	<b>BMI</b> Single Code Entry: Body mass index	<b>HbA1C</b> Date
--	--	--	--	--	----------------------

Please embed any attached items here.

Please note any individual patient requirements here (e.g. Wheelchair user).