

## Cataract Post Operative Scheme Q&A responses by Spa Medica

- 1 Are elderly PX who have Alzheimer's more likely to decline surgery when separated from their carer at pre surgery?  
*Possibly yes, however with recent COVID guidance changes the carer would have no difficulty attending with the patient.*
- 2 Any plans for spa medical to open hospitals in Scotland  
*This is under consideration however NHS Scotland operates very differently to NHS England contractually.*
- 3 Are you due to build a hospital in Wales?  
*We have recently built a hospital in Swansea currently seeing private patients with the intention of working with NHS Wales to see their NHS patients.*
- 4 As a business model how do you fund new build hospitals when your income is fixed by NHS fees - is it volume, volume, volume?  
*No, it's all about efficiency with great patient care.*
- 5 As a DO/CLO how can I get involved?  
*Consider SpaMedica as a provider of choice for your cataract patients. We do not provide spectacles or contact lenses in our services but I'm sure as a DO you would have inter-transferable skills.*
- 6 Being a MECS provider we are having non MECS providers refer to GPs who then refer into the MECS scheme. Seems a waste of time to me?  
*SpaMedica is not a MECS provider, I would ask your MECS provider for further information.*
- 7 Can a DO refer a patient with potential complications back to you?  
*A DO would require an Optometrist to make the referral*
- 8 Can CLO's conduct post cat assessments?  
*Unfortunately, no. It is under the competencies of an Optometrist*
- 9 Can px choose the lens they want, like bifocals, privately?  
*In the NHS no, in private surgery yes.*
- 10 Does the patient have a choice to what type of lens going to be implanted?  
*NHS is monofocal, in private surgery they have much more choice*
- 11 Can you operate on both eyes at the same time, for example in high myopes?  
*This can be done in theory, however it is not something SpaMedica do under the guidance of our Medical Director and consultants.*
- 12 Do px need re referring for their second eye surgery?  
*If originally referred for bilateral (both eyes) the original referral will cover both eyes. If the original referral was monocular then a second referral will be required for the second eye.*
- 13 Do you agree that CCG's who insist on optometrists referring px's to the GP rather than direct for the GP to then duplicate the referral to yourselves is a waste of GP time and an unnecessary delay for the px? And if you do agree would you use your working relationship with those CCGs to advise that it would be more efficient and cost effective to allow the optometrists to do the job they've been trained exclusively to do?  
*It is the CCG who pays for the surgery and hence they also provide the patient pathway. A point to raise with the CCG I would suggest.*

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- 14 Do toric implant have any complications  
*Only the same complications associated with lens surgery.*
- 15 Do you have any DO's working within the company?  
*Yes but we do not dispense spectacle prescriptions so they are working in various other clinical and supporting roles.*
- 16 Does the patient GP have to be in the same CCG as the practice making the cataract referral and if not do the patients get referred to the hospital or recommend visiting a practice within the area of GP?  
*A patient belongs and is funded by the CCG that the patient's GP falls under. The patient can request to be referred to any appropriate provider any where in England under NHS England patient choice charter.*
- 17 Has the increased waiting times been due to the backlog of covid, or has there always been this discrepancy in wait time?  
*Pre-covid wait times in the NHS were often 3-6 months, post-covid can now often be found 12-24 months in England.*
- 18 Can I have more info on what an A scan is please. We had a referral rejected for surgery by a different company because they needed a B scan as well, what's the difference between an A scan, and a B scan? After contacting spa medica I was advised that my px didn't need a B scan due to having a VR surgeon.  
*Answered on the webinar*
- 19 How do optoms get px referred to Spa Medica?  
*Use your local cataract referral pathway set by your CCG*
- 20 How do we find out the waiting times for our local SpaMedica?  
*Cataract wait times are 2-4 weeks from referral to pre-assessment and a further 2-4 weeks for treatment. Your local SpaMedica Service Promotions Executive will be able to advise you further.*
- 21 I'm in Wales so it might work differently, but we've had some patients from independent contractors asking for a VA check after 2 weeks (separate to the 4-6 week post op check) is this the norm?  
*This is not a requirement of SpaMedica*
- 22 If a patient has a unilateral cataract, which would after the surgery has left the patient with gross anisometropia, does Spa Medica allow for the 2nd eye to be operated on?  
*Anisometropia is usually allowed as a reason for second eye surgery by most CCGs but it is down to the CCG not SpaMedica*
- 23 If a patient presented with endophthalmitis but Spa Medica did not see the patient for the cat six, would they still accept an emergency referral (like with yag)?  
*The patient would have to report to the provider of the surgery to ascertain that provider's emergency pathway.*
- 24 If a patient wants to go down the private route for a multifocal lens, what is the typical cost of this?  
*If you would like more information about our private services please see our Freedom Vision website.*
- 25 If we use a referral system such as Evolutio can we bypass them to refer directly to you- particularly if yag surgery/post op issue, or do we refer through our usual route and request Spa Medica?  
*Your pathway is set by your CCG. If your CCG has contracted this to Evolutio then please use this usual route.*

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- 26 If you were asking for a toric lens implant for a patient would it delay surgery and if so how long would that delay the surgery for the patient on average?  
*Toric lens should not delay surgery but that would be private surgery so not available on the NHS*
- 27 Is there a large difference in cost between a spherical and toric IOLs?  
*Yes*
- 28 Is there increased risk for the patient with use of the melugen ring. When is it decided that the patient needs use of the melugen ring?  
*This is the decision of the consultant and is based on many different factors and conditions of each individual patient. It is usually used to decrease complications*
- 29 We've noticed a few px with macula oedema after surgery. Is this due to shorter steroid treatment time?  
*There has been much research about this around the world. A number of countries now recognise and practice post-operative drop care of one week, SpaMedica use two weeks. This traditional logic was three weeks but this has been proven often to be beneficial to the patient to be reduced without any negative impact on macula oedema.*
- 30 What about transport for px in a wheel chair?  
*Providing a patient can transfer themselves from their wheelchair into our minibus, with minimal assistance, we are delighted for them to use our free transport service, our minibuses can carry a folded wheelchair. If a patient can transfer from the wheelchair to the surgical bed we should be able to do their surgery, our hospitals are all fitted with wheelchair access and SpaMedica wheelchairs if required.*
- 31 What cataract patients are not suitable to be seen at SpaMedica? Are only low grade cataracts accepted?  
*Please refer to our exclusion criteria on our website, we are happy to see complicated cataract patients providing they can be seen under topical anaesthetics*
- 32 What do you find is the biggest reason that a patient would choose to wait on a list for surgery at their local hospital rather than coming to your clinic to be seen much more quickly?  
*Patients are not always given informed choice of different providers to be able to make the right choices. If they do choose a provider with a long wait time this is fine as long as they are aware of this.*
- 33 What factors determine if a CCG allows a toric lens to be used?  
*This is totally CCG specific but they would usually take their guidance from the national institute of clinical excellence (NICE).*
- 34 What happens if the patient isn't happy with their vision after op? Example: they realise they should have stayed myopic?  
*The patient's options would be very limited after surgery and this is why it is very important they fully understand their options at consent. Hence each patient is specifically consented on such matters.*
- 35 What happens if there is an operative complication such as posterior capsular rupture?  
*This will be taken care of by our consultant/VR surgeon.*
- 36 What if patients can't lie straight for surgery?  
*If this is in doubt, the patient will be offered a bed test at pre-assessment. The patient does not have to lie perfectly straight but does need to be comfortable for 20 minutes and we need to be able to position the microscope etc correctly over them. The bed does adjust and aids like pillows will be used if necessary.*

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- 37 What if things go wrong on the day, can they be transferred to a main hospital?  
*Whilst it can never be said this will never happen, complications of cataract surgery are in very safe hands of our experienced consultants.*
  
- 38 What is the accepted VAs for DV post surgery?  
*Each patient has a targeted outcome, but this outcome will differ totally dependent on each patient's circumstances, conditions and comorbidities.*
  
- 39 What is the average cost for private surgery?  
*Please refer to the patient's chosen private provider for these costs.*
  
- 40 What is the current waiting time for YAG referrals?  
*On average, 4-6 weeks, a couple of weeks longer if transport is required.*
  
- 41 What is the minimum time you can wait between having the second eye done?  
*Straight after the post-operative assessment of the first eye at 4-6 weeks*
  
- 42 What is the target for astigmatism with a toric monofocal implant?  
*The objective of NHS cataract surgery is to remove the diseased cataract lens, the NHS does this by funding monofocal lenses only and not toric lenses. Any residual astigmatism can be further corrected with spectacles.*
  
- 43 What VA does a px have to have before you will see them?  
*This is CCG specific for them to fund the surgery please refer to your local CCG criteria.*
  
- 44 Where can we find further information about multi focal IOLs for patients who would want to go down that route?  
*Via any private provider, please see our Freedom Vision website.*
  
- 45 Will you always book a px for the 2nd eye op if they are left with gross anisometropia?  
*Anisometropia is usually allowed as a reason for second eye surgery by most CCGs but it is down to the CCG not SpaMedica*