

Meet the Eye Doctors at James Cook.

Mr Ahmed Saad

- Graduated Faculty of Medicine, Zagazig University, Egypt in 2005 with a grade Excellent with honor.
- MD thesis in astigmatism-free cataract surgery 2014.
- MRCSEd ophthalmology 2011.
- FRCS Glasg. Ophthalmology 2012.
- FRCSEd ophthalmology 2012.
- FRCOphth 2014.
- Awarded "The Crombie Medal" from the Royal College Of Ophthalmologists in 2014 for the highest scores in the UK.
- fellow of the three UK Royal Colleges in ophthalmology (Glasgow, Edinburgh, and London)
- Successful application for CESR to be recognized on UK specialist register since 2016
- Medical retina and vitreoretinal surgery fellowship 2013/2014 JCUH
- Medical retina/Uveitis fellowship 2015/2016 Bristol Eye Hospital
- Vitreoretinal surgery fellowship 2016/2017 Bristol Eye Hospital



Ahmed is interested in the Medical Retina, Uveitis, Vitreoretinal surgery as well as cataract and refractive surgery.

CET payment

Capita have said that all CET grant payments should have been completed in the January GOS payment run. Any practitioners who haven't received their grant need to take it up with Capita. pcse.optical@nhs.net

If you have done that and you are still having issues then the LOC chair or secretary will be able to assist. chair@teesloc.org.uk.

New NICE guidelines for glaucoma

The new NICE glaucoma recommendations were published in November and there are new guidelines for what is considered 'abnormal' IOP readings when all other clinical signs are normal. The new value is over 24mm/Hg regardless of age.

In Tees we have a Repeat Readings service and the service level agreement clearly states particular IOP levels at which referral should be made after the second applanation test, and the urgency of that referral (You can [Download](#) this from the www.TeesLOC.org.uk webpage). We will need to agree new values with the CCG before those values can be changed and we are currently arranging a meeting with them. Whilst it is true many contractors have a commissioned service and a service specification to adhere to, the service specification also asks providers to keep up with National guidance. The new guidelines can be found here <https://www.nice.org.uk/guidance/ng81> . These basically now state that patients with IOPs upto 23 mmHg with no other risk factors, can be monitored in primary care whilst anyone with IOPs of 24 mmHg or above should be entered into the RR service pathway.

Please note that if your contractor holds an NHS Standard Contract to provide the RR service (and nearly all the contractors in Tees do), any IOPs measured by any method that are over the old referral threshold MUST then go through the RR service and have a first applanation if the initial IOP measurement was by any method other than applanation, and a second, confirmation, applanation before any referral.

Currently, if you do not, the GP will bounce the referral back to YOU for the RR service to be done (Please refer to the next item for news about Tees-wide referral management).

Practitioners who do not work within a commissioned service should simply be signposted to NICE and work to the new threshold immediately.

IF a referral is made for a Px with an IOP of 22mmHg it is likely the Trust will reject it, if it isn't already picked up and rejected by referral management.

Recently Durham, Northumberland (speaking on behalf of NTW) and Cumbria CCGs have asked practices to apply NICE with immediate effect ahead of a formal contract variation.

As such the LOC would recommend that RR service practices adopt the new guidelines as soon as possible as this will reduce unnecessary referrals ahead of any expected changes to the service level agreement once the LOC have met with the CCGs.

Referral management

From October in Hartlepool and Stockton on Tees CCG, and 1st November in South Tees CCG referral management started for a raft of specialties including optician's referrals.

The LOC weren't informed prior to this and we have only very recently been furnished with any detail around the South Tees management criteria. If you would like a copy of the criteria please get in touch. chair@teesloc.org.uk.

What we think will be happening in both CCG areas is that any patient who is referred for suspect OHT without going through the RR service will be directed to return to the referring optician to go through that service.

All cataract referrals MUST be dilated and go through the direct cataract referral service and not a GOS18 (unless there is VERY good reason not to and we know those reasons are clinically scrutinised). As with OHT referral, patients will be directed back to the originating optician for the cataract direct referral service or they may be directed to a contractor who does offer it if you are not working within a commissioned service.

All suspect wet AMD referral MUST use the wet AMD pathway and the dedicated referral forms which are used nationally.

Every referral that isn't made through one of these three pathways will be assessed in the management service and a decision to allow that referral to progress or not will be made by a GP using the criteria mentioned above.

If you had had experience of referrals being sent back into practice, refused or redirected we would love to hear from you. chair@teesloc.org.uk. We know the criteria South Tees CCG are using, but we don't know the kinds of patient numbers that are being declined referral in the first instance.

The LOC have requested a meeting with South Tees CCG to discuss this enforced change that we feel could have been significantly better implemented. Any anecdotal information we have about how the referral management is performing would be very much appreciated.

At the end of the day, it's the patient journey and the professional trust that those patients put in us that's most important, and if there are a large number of patients effectively being told that their optician need not have referred them or referred them wrongly then this is going to affect long term confidence in their eye care professionals. And the LOC would very much like that not to be the case.

Urgent referrals to Eye Casualty

If you intend to make a direct emergency/urgent referral to JCUH, please phone the on call ophthalmologist before sending the patient. This applies to normal working hours as well as out of hours.

The hospital switchboard telephone number is 01642 850850, ask to be connected to the on call ophthalmologist.

This gives the ophthalmology team the chance to schedule the patient's appointment into the most appropriate clinic setting.

Additionally if you can't get to speak to the on call doctor please email chair@tessloc.org.uk with precise details of when you rang as the eye department are monitoring the on call responses.

Kind regards,

Julie Breen

TeesLOC Chair

