

# Co-managed care in a peripheral ophthalmic clinic

<b>Submission date</b> 23/01/2004	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 23/01/2004	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 17/09/2010	<b>Condition category</b> Eye Diseases	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
PSI14-20

# Study information

## Scientific Title

## Study objectives

The aim of the study was to test the key hypothesis that: Co-management of care in a peripheral ophthalmic clinic will improve the efficiency and cost-effectiveness of, and patient satisfaction with, day-care management of cataract surgery. Three objectives were identified:

1. To assess the value of introducing a trained ophthalmic nurse into the care of patients with cataract attending the peripheral clinic
2. To ascertain the best site for pre-operative assessment (peripheral or main hospital)
3. To evaluate the post-operative management of patients including possible role changes in the multi-disciplinary team

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

## Health condition(s) or problem(s) studied

Cataract

## Interventions

Patients were randomly allocated to receive either the experimental (introduction of a trained ophthalmic nurse) or control (standard) model of care. N = 31 - intervention, N = 32 - control

## Intervention Type

Other

## Phase

Not Applicable

**Primary outcome measure**

For both groups, visual outcomes (acuity and function), anxiety and depression, costs to patients and the NHS, and patient satisfaction were the outcome measures selected. Observational data relating to development of staff roles were also collected. All data were collected by an independent researcher.

**Secondary outcome measures**

Not provided at time of registration

**Overall study start date**

01/07/1995

**Completion date**

10/07/1997

**Eligibility****Key inclusion criteria**

Patients with cataracts

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

63

**Key exclusion criteria**

Does not match inclusion criteria

**Date of first enrolment**

01/07/1995

**Date of final enrolment**

10/07/1997

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**  
**School of Nursing, Midwifery and Health Visiting**  
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## **Sponsor information**

### **Organisation**

Record Provided by the NHS R&D 'Time-Limited' National Programme Register - Department of Health (UK)

### **Sponsor details**

The Department of Health  
Richmond House  
79 Whitehall  
London  
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SW1A 2NL

### **Sponsor type**

Government

### **Website**

<http://www.doh.gov.uk>

## **Funder(s)**

### **Funder type**

Government

### **Funder Name**

NHS Primary and Secondary Care Interface National Research and Development Programme (UK)

## **Results and Publications**

### **Publication and dissemination plan**

Not provided at time of registration

### **Intention to publish date**

### **Individual participant data (IPD) sharing plan**

## IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	01/06/1999		Yes	No
<a href="#">Results article</a>	results	01/06/1999		Yes	No