NHS
Southport and Formby
Clinical Commissioning Group

POLICY FOR IMPLEMENTATION OF A CLINCIAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS

September 2016

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Title: POLICY FOR IMPLEMENTATION OF A CLINCIAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS		**Version: 1**		
Next Revision Due:	The policy shall be reviewed on an annual basis or as and when NHSE issues additional guidance	**Author**	**Consultation and Communication**	**Approved by**
Department responsible for this document:	Planned care	Sarah McGrath	EPEG Big Chats Shared with providers.	Joint QIPP Committee
DESIGNATION	**NAME**	**SIGNATURE**		**DATE**
	Jan Leonard			14.9.16

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POLICY FOR IMPLEMENTATION OF A CLINCIAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS

This local policy relates to patients registered with general practitioners in South Sefton and Southport and Formby and serves in addition to the Cheshire and Merseyside Commissioning Policy.

Start Date: Applies to referrals made from 1st October 2016

Date review due: September 2017

Background

Cataract is the opacification of the lens of the eye, most commonly resulting from the normal ageing process. Trauma, metabolic conditions or congenital problems can also cause cataract. If left untreated, cataracts can lead to a gradual loss of clarity of vision which can have a large impact on quality of life in elderly people. Currently the only effective treatment is surgery.

The aims of cataract surgery are to improve visual acuity and to improve the vision-related quality of the patient's life. A best corrected Visual Acuity of 6/9 [Snellen] or better normally allows a patient to function without significant visual difficulties.

Relevant OPCS codes

The following OPCS 4.7 codes are used to identify cataract removal surgery:
C71.- Extracapsular extraction of lens
C72.- Intracapsular extraction of lens
C73.- Incision of capsule of lens
C74.- Other extraction of lens
C75.- Prosthesis of lens
C77.- Other operations on lens

Objectives for Policy

- To ensure cataract surgery is commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
- To reduce variation in access to cataract surgery

Guidance for first eye

The presence of a cataract in itself does not indicate a need for surgery. It is intended that all patients should be fully assessed and counselled as to the risks and benefits of surgery.

This assessment will usually be undertaken by an accredited community optometrist prior to referral.

Where both eyes are affected by cataract, the first eye referred for cataract surgery is usually expected to be the eye where cataract has caused the greatest reduction in visual acuity.

This policy does not extend to cataract removal incidental to the management of other eye conditions.

Referral of patients with cataracts to ophthalmologists should be based on the following indications:

1. The patient has sufficient cataract to account for visual symptoms. **AND**

2. The patient has **best corrected visual acuity of 6/9** (Snellen) **or +0.2** (Logmar**) or worse** in the first eye **AND** the reduced visual acuity is impairing their lifestyle. A description of this impact must be documented and accompany the referral information. If both eyes have a similar visual acuity of 6/9, only one eye may be considered for surgery at that time. Impact on lifestyle would include any of the following factors:

a. the patient is at significant risk of falls

b. the patient's vision is affecting their ability to drive

c. the patient's vision is substantially affecting their ability to work or undertake caring responsibilities

d. the patient's vision is substantially affecting their ability to undertake daily activities such as reading, watching television, leaving the house or recognising faces.

OR

3. The patient has best corrected visual acuity of *better* than 6/9 in the worst eye but they are working in an occupation in which good visual acuity is essential to their ability to continue to work

4. The patient has bilateral cataracts, neither of which fulfils the threshold for surgery but which together reduce binocular vision below the DVLA standard for driving.

AND

5. Where the referral has been initiated by an optometrist, there has been a discussion on the risks and benefits of cataract surgery based around the Patient Decision Aid For Cataract. http://sdm.rightcare.nhs.uk/pda/cataracts/

6. The patient has understood what a cataract surgical procedure involves and wishes to have surgery

7. In circumstances where the patient has best corrected visual acuity of *better* than 6/9 in the worst affected eye but they are experiencing some other significant impact on their quality of life, not included within 3 or 4 above, the Prior Approval process should be initiated.

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Guidance for second eye surgery in patients with bilateral cataracts

Second eyes referred from the community

For second eyes referred at a time after first eye surgery has been completed, the same criteria as first eye will apply but the patient has **best corrected visual acuity of 6/12** (Snellen) **or +0.3** (Logmar) **or worse in the second eye AND** the reduced visual acuity is impairing their lifestyle

Listing second eyes in secondary care

Where the second eye does not meet the referral criteria but there is or is expected to be a large refractive difference of 2.5 dioptres or more between the two eyes following surgery in the first eye, the Prior Approval process should be followed.

References

Atlas of Variation *Tacking Unwarranted Variation in Healthcare across the NHS* Public Health England, NHS Right Care and NHS England September 2015

Evidence Review Cataract Surgery –ChaMPs May 2014

Royal College of Ophthalmologists Commissioning *Guide for Cataract Surgery* February 2015

NHS Choices

NHS Patient Decision Aids – Cataract

Pathway

Overview of Care Pathway