

**South Sefton Clinical Commissioning Group  
Southport and Formby Clinical Commissioning Group**

<b>Title: POLICY FOR IMPLEMENTATION OF A CLINICAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS</b>			<b>Version: 3</b>		
<b>Next Revision Due:</b>	1 March 2022		<b>Author</b>	<b>Consultation and Communication</b>	<b>Approved by</b>
<b>Department responsible for this document:</b>	Planned Care		Sarah McGrath	Providers Guidance Management Clinical opinion	Leadership Team (Feb 2021)  Clinical QIPP Advisory Group (March 2021)
<b>DESIGNATION</b>	<b>NAME</b>		<b>SIGNATURE</b>		<b>DATE</b>
Chief Finance Officer	Martin McDowell				April 2021
<b>Version</b>	<b>Start date</b>	<b>Review Date</b>	<b>By</b>	<b>Updates</b>	
1	October 2016	September 2017	X	New policy	
2	December 2017	February 2020	X	Review date and guidelines	
3	March 2021	March 2022	Judy Graves	Logo, revision date, consultation and communication, approval, version control, criteria (as per A11.5 CBCT policy), removal of pathway diagram, change of designated sign off from Jan Leonard to Martin McDowell, confirmation sign off received from Martin McDowell, references.	

## **POLICY FOR IMPLEMENTATION OF A CLINICAL 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:** Revised criteria approved from 2<sup>nd</sup> March 2021 (prior to this date refer to version 2)

**Date review due:** 1 March 2022

### **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 surgery

**In order to confirm eligibility for payment, providers should ensure all first eyes have a documented reference number from the Optometrist-led pre-cataract referral scheme.**

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.

It is strongly recommended that only those cases with **best corrected visual acuity of 6/9 (Snellen) or +0.2 (Logmar) or worse** in the poorer eye be referred. However, exception may be made where the impact of symptoms is such that the patient's quality of life is significantly impaired.

A description of this impact must be documented and accompany the referral information for all cases. Example of the impact on lifestyle would include any of the following factors, although this is not exhaustive:

- a. the patient is at significant risk of falls
- b. the impact of the visual symptoms is affecting the patient's ability to access their chosen mode of transport including driving
- c. the impact of symptoms is compromising the patient's independence
- d. the impact of the visual symptoms is affecting the patient's ability to continue their employment or undertake caring responsibilities
- e. the impact of the visual symptoms is substantially affecting the patient's ability to undertake daily activities such as reading, watching television, leaving the house or recognising faces.
- f. the patient is experiencing disabling glare.

AND

2. 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/>
3. The patient has understood what a cataract surgical procedure involves and wishes to have surgery

## Guidance for second eye surgery in patients with bilateral cataracts

**In order to confirm eligibility for payment, providers should ensure all second eyes have a documented reference number from the Optometrist-led pre-cataract referral scheme.**

Criteria is as for the first eye, i.e. the impact of visual symptoms is sufficiently impairing the patient's quality of life despite one eye having been operated upon.

### References

- Equality Act 2010: Public Sector Equality Duty (PSED) s.149
- Royal College of Ophthalmologists Sustainable Ophthalmic Pathways April 2018
- Royal College of Ophthalmologists statement: NICE rapid guideline on Covid-19 testing and the potential adverse effect on the return to routine cataract surgery, September 2020
- NICE guideline NG77 Cataracts in adults, October 2017 (and resource impact report)
- NHS England and NHS Improvement Evidence-Based Interventions Programme guidance April 2017
- NHS England and NHS Improvement Third Phase of NHS Response to COVID-19 – Clinical Prioritisation & Validation of Elective Waiting Lists
- South Sefton CCG and Southport & Formby CCG 2016 and 2018 Cataract Criteria and Referral policies