

Our Ref: 67483

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NHS South Sefton CCG

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Re: Freedom of Information Request

Please find below the response to your recent Freedom of Information request regarding Ophthalmology within NHS South Sefton CCG.

Request/[Response](#):

1. Please provide details of the referral pathway (by CCG) for patients who are being referred for Cataract 1. Please provide details of the referral pathway (by CCG) for patients who are being referred for Cataract surgery. Please state if referrals are made to a provider directly, via the patients GP or other route of referral.

[See Appendix 1.](#)

2. Please provide the name and location of all commissioned providers for Cataract surgery within the CCG (s).

- [iSight](#)
- [Renacres](#)
- [Southport & Ormskirk Hospital Trust](#)
- [Liverpool University Hospital Foundation Trust](#)
- [Spa Medica \(commissioned by Wirral CCG\)](#)

3. Please provide the name and location of all providers offering Cataract surgery within your CCG (s) through non-commissioned activity.

[NHS South Sefton CCG cataract surgery is covered by a contract with the local NHS and independent sector providers.](#)

[Non-contract activity \(NCA\) invoicing has been suspended during 2020/21 due to NHSE/I guidance under Covid-19.](#)

For 2019/20 there were 12 lower level procedures for South Sefton CCG which was undertaken by:

- St Helens and Knowsley Teaching Hospitals NHS Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Fairfield Hospital
- Spire Liverpool Hospital
- Lancashire Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- West Hertfordshire Hospitals NHS Trust

For 2020/21

- Blackpool Teaching Hospitals NHS Foundation Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust

4. For the providers detailed in your response to questions 2 and 3. Please provide the total number of completed Cataract surgery for the periods 2019/20 and 2020/21 (to date).

Provider	2019/20
iSight	137
Southport & Ormskirk Hospital NHS Foundation	72
Aintree University Hospital	513
Spa Medica	440
Royal Liverpool	158
Renacres Hospital	52
Other	12
Total	1384

Provider	Month 10 2020/21
iSight	119
Liverpool University Hospitals NHS Foundation Trust (LUHFT)	281
Spa Medica	242
Southport & Ormskirk Hospital NHS Foundation	31
St Helens and Knowsley Teaching Hospitals	1
Total	674

5. For the providers detailed in your response to question 2. Please provide the current wait times for Cataract surgery.

NHS South Sefton CCG does not hold this information, you will need to refer your query to each provider for this information.

6. Please confirm when your current contract that includes Cataract surgery is due to expire and if there is an option to extend services. If there is an option to extend, please advise on how long for.

- Southport & Ormskirk Hospital NHS Foundation is due to expire 31/03/2021; the new contract begins 01/04/2021.
- Liverpool University Hospitals NHS Foundation (LUHFT) is due to begin 01/04/2021. (currently Aintree University Hospitals and Royal Liverpool until 31/03/2021)
- Renacres is due to expire 31/03/2021 however, is being extended from 01/04/2021 for 6 months under the NHS increasing capacity framework.
- iSight expires 31/03/2021 and the new contract begins 01/04/2021.

* Please note Spa Medica is commissioned by Wirral CCG & Spire by Liverpool CCG.

7. Please confirm then name and contact details of the individual(s) who manage this contract within the CCG(s).

You can contact via the following methods:

- <https://www.southseftonccg.nhs.uk/contacts/>
- southsefton.ccg@nhs.net

Appendix 1

Title: POLICY FOR IMPLEMENTATION OF A CLINICAL THRESHOLD FOR ELECTIVE CATARACT SURGERY IN ADULTS		Version: 2		
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 Clinical QIPP Advisory Group
DESIGNATION	NAME	SIGNATURE		DATE
Director of Commissioning and Redesign	Jan Leonard			December 2017

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. It is identified in local contracts as a Prior Approval policy alongside the main Merseyside CCG Commissioning Policy

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

Date review due: February 2020

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

Providers will only be paid if activity undertaken is compliant with the criteria in the policy and in accordance with prior approval processes required by the CCGs.

In order to confirm eligibility for payment, providers should ensure all first eyes have either a documented reference number from the Optometrist-led pre-cataract referral scheme or should have a Prior Approval reference, obtained through the Blueteq system or other future processes as required by the CCGs.

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.

Guidance for second eye surgery in patients with bilateral cataracts

Providers will only be paid if activity undertaken is compliant with the criteria in the policy and in accordance with prior approval processes required by the CCGs

In order to confirm eligibility for payment, providers should ensure all second eyes have either a documented reference number from the Optometrist-led pre-cataract referral scheme or should have a Prior Approval reference, obtained through the Blueteq system or other future processes as required by the CCGs.

1. The patient has sufficient cataract to account for visual symptoms. **AND**
2. 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. A description of this impact must be documented. 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. There is a large refractive difference of 2.5 dioptries or more between the two eyes following surgery to the first eye
4. The patient has best corrected visual acuity of *better* than 6/12 in the second/ better eye but they are working in an occupation in which good visual acuity is essential to their ability to continue to work
5. 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

6. Where the referral for second 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/>

7. The patient has understood what a cataract surgical procedure involves and wishes to have surgery
8. In circumstances where the patient has best corrected visual acuity of *better* than 6/12 in the better/ second 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 may be initiated .

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
NICE guideline NG77 Cataracts in adults: management Published date October 2017

Pathway

Overview of Care Pathway

