Cataract Commissioning Policy

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<tr><td>Treatment</td><td>Cataract Surgery</td></tr>
<tr><td>Background</td><td>NHS North Yorkshire CCG and NHS Vale of York CCG are responsible for commissioning activity in secondary care. This policy defines the commissioning position for cataract surgery and aims to:

• Ensure cataract surgery is commissioned where there is acceptable evidence of clinical benefit and cost-effectiveness.
• Reduce variation in access.
• Prioritise on the basis of surgical need.
• Ensure that patients are aware of the implications of surgery and confirms their wish to proceed.</td></tr>
<tr><td>Commissioning Position</td><td>NHS North Yorkshire CCG and NHS Vale of York CCG do not routinely commission cataract surgery based purely on the presence of a cataract. There will be a need to demonstrate that a patient’s condition, in terms of visual acuity and impact on lifestyle/activities of daily living, exceeds the commissioning threshold for referral.

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 risk and benefits of surgery.

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

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

• Visual acuity and impact on lifestyle/activities of daily living exceeding the commissioning threshold for referral as identified in the direct cataract referral form (See Appendix 1).

AND

• There has been a discussion on the risks and benefits of cataract surgery.

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

Second Eye

Second eye surgery referred at a time after first eye surgery has been completed will follow the same criteria as the first eye, see above.

Exclusions

The following categories of patient or ophthalmic conditions are exempt from application of the access criteria and may be referred directly for possible cataract surgery:

- There is resultant significant optical imbalance (anisometropia - difference in refractive error) where the difference between the two eyes is more than 2.50 dioptres) AND which causes poor binocular vision (VA 6/12 or worse) or diplopia affecting daily living.
- Patients with diabetes in whom the removal of cataract is considered necessary to facilitate effective digital retinopathy;
- Patients with narrow angle glaucoma where removal of cataract (s) will prevent angle closure and blindness;

Exceptionality

Patients who do not meet any of the above indications nor exclusions, can still be referred to the CCG Individual Funding Request (IFR) panel for consideration of exceptional circumstances.
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<tr><td>**Summary of evidence / rationale**</td><td>

With the current volume of cataract surgery and the likely increases in the future, it is critical to be able to optimise the safety and cost effectiveness of this procedure and to prioritise use of limited NHS resources. Whilst patients with mild visual impairment due to cataracts may want surgery their need, in terms of health gain and function, may not be significant.

Most cataracts are age-related and therefore surgeries are performed on older individuals with correspondingly high systemic and ocular comorbidities. It is therefore more important to ensure the right balance of risk to benefit[7]. Cataract surgery does not always result in an improvement in visual acuity or patient satisfaction with visual function[8].
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	The judgement of when to offer surgery depends both upon the risks of surgery and the impact of the cataract on the patient's quality of life. NICE Guidance (NG77), published in October 2017, advises that the decision to refer, a person with a cataract, for surgery should be based on a discussion with them that includes: how the cataract affects the person's vision and quality of life; whether one or both eyes are affected; what cataract surgery involves, including possible risks and benefits; how the person's quality of life may be affected if they choose not to have cataract surgery and whether the person wants to have cataract surgery. NG77 also emphasises that the offer for second-eye cataract surgery should be done using the same criteria as for the first-eye surgery. It is well known that patients with bilateral cataracts are at greater risk of falls and their quality of life is impaired. In the NHS locally there are long waits for surgery following diagnosis and this creates a longer period of risk for patients. Cataracts can reduce the ability to socialise, to drive and have confidence in normal living. The CCGs are keen to minimise the risk to as many patients, as fast as possible and treat at least one eye in all patients with bilateral cataracts. Whilst many patients will benefit from second eye surgery, the CCGs want to prioritise treating the first eye before those who have already had benefit from one cataract operation. Patients may have falsely raised expectations that having the second eye is either routine, imperative or necessary for other reasons. The rate at which cataracts progress is unpredictable. Reading glasses are usually needed after cataract surgery. Some people may require glasses for distance vision who did not previously require them[6]. Whilst in most patients having second eye surgery should give a better result, all surgery carries some risk. The need to take that risk depends on patient satisfaction, the degree of function after first eye surgery and any continuing imbalance with the second eye. Some may have a satisfactory return to function after just one operation and decide they can live with mild impairment. As a result their discussion, about the risks and benefits of a second operation, may lead to the conclusion not to undertake surgery. Patients with poor vision due to other ophthalmic conditions may achieve limited improvement after surgery to the first eye

	and may not get much better improvement after second eye surgery. After first eye surgery good refraction may achieve good vision with an up-to-date pair of spectacles after the first surgery. Second eye surgery may not benefit the patient a lot more in terms of their functional needs. Some CCGs require second eye surgery to meet the same criteria as first eye (Rotherham 2019), Dorset 2019). Note these follow NICE [NG77] guidance that the offer for second-eye cataract surgery should be done using the same criteria as for the first-eye surgery. Cambridgeshire and Peterborough CCG's policy (July 2018) states: "NICE [NG77] used four studies to explore what should be the optimal clinical thresholds, in terms of severity and impairment for referral for cataract surgery, and did not find any tool was suitable to set a threshold for surgery[1,2]. For the cost-effectiveness analysis NICE used a [newly developed] economic model with "potentially serious limitations" [as it is] based on a cohort of patients already triaged for surgery with policy criteria that might vary depending on their CCG location[2]." Significant improvements in visual symptoms and visual function may occur following first eye cataract surgery even where the preoperative visual acuity is better than 6/12 but the RCOphth guidance also recognises that "the risk of *worse* visual acuity after surgery increases where the preoperative visual acuity is very good *so surgery should be considered only where the patient is experiencing significant symptoms attributable to cataract*"[3]. There is good evidence (as stated in the RCOphth guidance and confirmed by two systematic reviews) of *significant improvement following first eye surgery, including a reduction in the rate of falls in older people receiving expedited cataract surgery for the first eye - but receiving second cataract surgery does not improve the risk of falling*[4]. *At least 5 studies have reported less visual function gain with second eye surgery compared with first, although this could be attributed to worse pre-operative VAs*[5]. There are risks associated with cataract surgery, some common and many very rare. With such a common procedure, it is all the more important to select the patients most likely to benefit. There is no set level of vision for which an operation is essential[6].

Date effective from	July 2021
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Approved by	
Responsible officer	

References:

1. Cataracts in adults:management; NICE NG77 (Nov 2017)
2. Cataracts Cambridge and Peterborough CCG Surgical Threshold Policy July 2018
3. Royal College of Ophthalmologists January 2018 Commissioning Guide: Adult Cataract Surgery https://www.rcophth.ac.uk/wp-content/uploads/2018/02/Cataract-Commissioning-Guide-January-2018.pdf
4. Foss et al Falls and health status in elderly women following second eye cataract surgery: an RCT Age and Ageing 2006;35(1) 66-71
5. London Choosing Wisely (guidance for all London CCGs); Healthy London Sept 2018 Cataract Surgery Appx 9a https://www.healthylondon.org/wp-content/uploads/2018/10/Appendix-9a-Cataract-Surgery-Policy.pdf (ref to RCOphth 2010 guidelines)
6. NICE Clinical Knowledge Summaries: Cataracts 2015 https://cks.nice.org.uk/cataracts#!scenario
7. Routine pre-operative medical testing for cataract surgery Cochrane database 2012 http://www.cochrane.org/CD007293/EYES_routine-preoperative-medical-testing-for-cataract-surgery
8. Day A, Donachie PHJ, Sparrow JM, Johnston RL. The Royal College of Ophthalmologists' National Ophthalmology Database Study of Cataract Surgery: Report 1, Visual Outcomes and Complications. Eye. Feb 2015 http://www.nature.com/eye/journal/v29/n4/full/eye20153a.html

Version	Created /actioned by	Nature of Amendment	Approved by	Date
1.0	Lead Clinicians and Head of Transformation & Delivery	New policy covering VoY & NY CCGs	n/a	April 20
1.1	Head of Transformation & Delivery	Encompass suggested amendments.	n/a	April 20

North Yorkshire Clinical Commissioning Group NHS
Vale of York Clinical Commissioning Group NHS

Appendix 1: Cataract Referral Form

DIRECT CATARACT REFERRAL FORM
Please note that referrals relevant to this form should go via the Choice Office reflecting the requirements of the North Yorkshire/Vale of York CCGs Cataract Commissioning Statement and not be for the identified excluded patients.

Patient Choice Office
Referral Management Service
West Offices, Station Rise
York, YO1 6GA
Telephone: 0300 3030060

DATE OF REFERRAL___/___/___
(Is this as a result of a follow-up assessment? Y/N)

Patient Name	DOB ___/___/___	Practice Stamp
Address		
Telephone	NHS Number	
GP Name and Surgery		

■ Surgery required on: Tick appropriate boxes - First eye ☐ Second eye ☐ Right eye ☐ Left eye ☐

VISUAL ACUITY

	Unaided VA	Sphere	Cyl	Axis	Prism	Base	New VA	Add	Near VA	Previous Corrected VA:
RE										Date:
LE										

Total Visual Acuity 'score' for this patient (i.e. add the scores for both eyes as below) (VA of 6/6 and 6/4 = score of '0', VA of 6/9= '1', VA of 6/12= '2', VA of 6/18= '3', VA worse than 6/18= '10') ☐

LIFESTYLE QUESTIONS TO THE PATIENT

Does the patient have any difficulty with mobility (including all aspects of travel, e.g. driving, using buses)?
Score '2' for 'yes' and '0' for 'no' ☐

Is the patient affected by glare in sunlight or at night (e.g. car headlights)?
Score '1' for 'yes' and '0' for 'no' ☐

Is the patient's quality of life affected by vision difficulties (e.g. car driving, watching TV, doing hobbies, etc)?
Score '3' for 'very much', '2' for 'moderately', '1' for 'slightly', '0' for 'not at all' ☐

Is the patient's 'social functioning' affected by vision difficulties (e.g. crossing roads, recognising people, recognising coins, etc)?
Score '3' for 'very much', '2' for 'moderately', '1' for 'slightly', '0' for 'not at all' ☐

Is the patient's vision affecting their ability to carry out daily tasks?
Score '2' for 'yes' and '0' for 'no' ☐

TOTAL ASSESSMENT SCORE (VA SCORE PLUS LIFESTYLE SCORE) ☐

Important
A patient with a total assessment score of 10 and over should be referred, unless you have indicated reasons below for not referring. ***Please provide description of cataract and any known co-morbidities below.***
A patient with a total assessment score of under 10 should be advised that a referral for a cataract operation is not essential at this time – the patient should be advised to have a follow-up assessment in 6 months. If the patient has a score of less than 10 but you feel a referral is still required, please state why.
....
....

I claim payment as per the Direct Cataract Referral Scheme.
To be completed by the contractor or authorised signatory: