

# OPHTHALMOLOGY

Procedure/Condition	Criteria ■ Black – criteria required to be met prior to referral. ■ Blue – criteria to be met prior to procedure
<b>Cataract Surgery (Restricted)</b>	<p>The CCGs will only fund cataract surgery as described below:</p> <p><b>FIRST EYE</b>  <b>NB This criteria also applies to secondary care and community optometrists.</b></p> <p>Cataract surgery will be funded where the visual acuity after refractive correction is worse than 6/9 or worse in the worst eye (the eye to be treated) OR the patient has one of the following (with correction):</p> <p>Reduced mobility, experiencing difficulties in driving, for example, due to glare, or experiencing difficulty with steps or uneven ground            Ability to work, give care or live independently is affected.  <b>OR</b>            The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment  <b>OR</b>            The patient has glaucoma and requires cataract surgery to control the intraocular pressure  <b>OR</b>            The patient has posterior subcapsular or cortical cataracts and experiences problems with glare and a reduction in acuity in bright conditions  <b>OR</b>            The patient's visual field defects are borderline for driving, and cataract extraction would be expected to significantly improve the visual field</p> <p>This information, together with a report from a recent sight test, should form the minimum data on the referral form</p> <p><b>SECOND EYE</b></p> <p>⇒ Cataract surgery will not be funded in the second eye if the first eye has achieved a visual acuity of 6/9 or better, with refractive correction, and the acuity of the second eye is 6/24 or better with refractive correction. These patients should be reviewed by their optometrist annually or earlier if there is any deterioration in vision.</p> <p>Cataract surgery in the second eye will be funded if:</p> <ul style="list-style-type: none"> <li>• The first does not achieve an acuity of 6/9 or better, with refractive correction, and the procedure is clinically indicated for the patient's individual circumstances</li> <li>• The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment</li> <li>• The patient has glaucoma and requires cataract surgery to control the intra ocular pressure</li> <li>• There is, after first eye operation, resultant anisometropia (a large refractive difference between the two eyes) which would</li> </ul>
<b>Secondary</b>	

	<p>result in diplopia (double vision)</p> <ul style="list-style-type: none"> <li>There is uncorrectable loss of acuity in the second eye (with first eye corrected) that effectively renders the second eye vision worse than 6/24</li> </ul> <p>This information, together with a report from a recent sight test, should form the minimum data on the referral form.</p> <p><b>This procedure requires prior approval. Prior approval must be sought through Blueteq.</b></p>
<b>Base / Evidence</b>	The Royal College of Ophthalmologists Cataract Surgery Guidelines (2010); The Royal College of Ophthalmologists Commissioning Guidance (2015); Cooper et al. (2015) “ The cost-effectiveness of second –eye cataract surgery in the UK”; Kessel et al. (2016) “Indication for cataract surgery. Do we have evidence of who will benefit from surgery? A systematic review and meta-analysis”.
<b>OPCS code(s):</b>	<b>C71, C72, C73, C74, C75</b>

<b>Version No</b>	<b>Date</b>	<b>Changes</b>
3	Dec 2016	Modelling of revised policy options underway – policy update anticipated January 2017
3.3	July 2018	Visual acuity criteria for first eye surgery amended from ‘6/12 or worse’ to ‘worse than 6/9’
3.4	September 2019	The addition of ‘This policy is subject to a prior approval’ as requested by contracting.
3.5	October 2019	Removal of ‘This policy is subject to a prior approval’. Addition of ‘This procedure requires prior approval. Prior approval must be sought through Blueteq.’, as requested by contracting.
N/A	January 2021	Policy review date May 2021. Due to the Covid-19 pandemic and the rollout of the vaccination programme the policy review date has been extended by six months to November 2021.