

## CLINICAL POLICY ADVISORY GROUP (CPAG)

### Cataract Surgery Policy

**This procedure requires prior approval. Prior approval must be sought through Blueteq.**

#### **Criteria**

- **Black – criteria required to be met prior to referral**
- **Blue – criteria to be met prior to procedure**

#### **Statement**

Derby and Derbyshire ICB, in line with its principles for procedures of limited clinical value has deemed that Cataract Surgery should not routinely be commissioned unless the Criteria listed for First Eye or Second Eye Cataract Surgery are met.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the ICB.

## Background

A cataract is an opacity (cloudy area) that forms within the lens of an eye that can reduce transparency of the lens gradually and painlessly over a period of time. The symptoms manifest themselves in gradual difficulty reading, recognising faces, trouble with bright lights or seeing at night. A cataract may form in one or both eyes and at any age, although most commonly in people aged over 60 years. Other causes of cataracts include eye disease, trauma, systemic disease and congenital risks in children. Risk factors include a family history, corticosteroid treatment, smoking and prolonged exposure to Ultraviolet B Light.

Most cataracts are progressive, although the decline in visual function may be variable and unpredictable. The natural history of cataracts depends on the type and severity of the cataract and the presence of comorbid ocular conditions. In severe, untreated cases, cataracts can lead to significant reduction in vision, which is reversible with cataract surgery, although some level of visual impairment may persist.

There are no medicines or eye drops that have been proven to improve cataracts or stop them getting worse. Cataract surgery is the removal of the natural lens of the eye where the cataract has developed and its replacement with an intraocular lens. Cataract surgery has a high success rate in improving visual function, with low morbidity and mortality and a usual recovery time of 2-6 weeks following surgery.

### 1. Recommendation

The ICBs will only fund cataract surgery as described below:  
(NB: These criteria also apply to secondary care and community optometrists)

#### **FIRST EYE:**

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):

- Reduced mobility, experiencing difficulties in driving, for example, due to glare, or experiencing difficulty with steps or uneven ground OR the ability to work, give care or live independently is affected.
- **OR**  
The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment
- **OR**  
The patient has glaucoma and requires cataract surgery to control the intraocular pressure
- **OR**  
The patient has posterior subcapsular or cortical cataracts and experiences problems with glare and a reduction in acuity in bright conditions
- **OR**  
The patient's visual field defects are borderline for driving, and cataract extraction would be expected to significantly improve the visual field.

This information, together with a report from a recent sight test, should form the minimum data on the referral form.

This procedure requires prior approval. Prior approval must be sought through Blueteq.

## **SECOND EYE:**

**(NB These criteria apply to Secondary Care ONLY once referral for First Eye Surgery has been met)**

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.

Cataract surgery in the second eye will be funded if:

- 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
- **OR**  
The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment
- **OR**  
The patient has glaucoma and requires cataract surgery to control the intra ocular pressure
- **OR**  
There is, after first eye operation, resultant anisometropia (a large refractive difference between the two eyes) which would Secondary result in diplopia (double vision)
- **OR**  
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

This information, together with a report from a recent sight test, should form the minimum data on the referral form.

This procedure requires prior approval. Prior approval must be sought through Blueteq.

## **2. Rationale for Recommendation**

There are no medicines or eye drops that have been proven to improve cataracts or stop them getting worse with surgery being the only intervention. In severe, untreated cases, cataracts can lead to significant reduction in vision, which is reversible with cataract surgery, although some level of visual impairment may persist.

The offer of cataract 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 the individual patient.

In summation only patients who would be likely to agree to and benefit from surgery should be referred for cataract surgery, although NG77 notes that no relevant studies were identified to create a distinct tool or set of criteria that could be used to determine a threshold for cataract surgery.

Although surgery for the second eye is usually done 6-12 weeks apart to allow recovery one eye at a time - the Policy is not intended to preclude Immediate Bilateral Sequential Cataract Surgery if DDICB criteria have been met.

### 3. Useful Resources

- Cataracts in adults: Management <https://www.nice.org.uk/guidance/ng77> [Accessed Sept 2021]
- NICE Clinical Knowledge Summaries:Cataracts 2020 <https://cks.nice.org.uk/topics/cataracts/> [Accessed Sept 2021]

### 4. References

- Immediate-Sequential-Bilateral-Cataract-Surgery-Guidance (2020) <https://www.rcophth.ac.uk/wp-content/uploads/2020/07/Immediate-Sequential-Bilateral-Cataract-Surgery-Guidance-2.pdf>
- The Royal College of Ophthalmologists: The Way Forward Cataract (2018): <https://www.rcophth.ac.uk/wp-content/uploads/2018/10/RCOphth-Way-Forward-Cataract.pdf>
- The Royal College of Ophthalmologists Commissioning Guide (Adult Cataract Surgery) 2018. <https://www.rcophth.ac.uk/wp-content/uploads/2018/02/Cataract-Commissioning-Guide-January-2018.pdf>
- FOCUS (Jan 2021) <https://www.rcophth.ac.uk/wp-content/uploads/2021/03/FOCUS-January-2021-Cataract-Service-during-and-after-COVID-19-pandemic.pdf>
- Cataract surgery guidelines for Post COVID-19 pandemic: <https://www.rcophth.ac.uk/wp-content/uploads/2020/05/RCOphth-UKISCRS-COVID-cataract-surgery-restoring-services-070520.pdf>
- 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”

### 5. Appendices

#### Appendix 1- Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
Local Optical Committee	September 2021
Director of Public Health Derby City	October 2021
Consultant Ophthalmologist CRH	October 2021
CPAG	October 2021
Clinical Lay Commissioning Committee	November 2021

Chair, Local Eye Health Network (LEHN)	March 2024
Consultant Ophthalmologist UHDB	March 2024

## Appendix 2- Document Update

<b>Document Update</b>	<b>Date Updated</b>
<p>4.0 Policy has been re-worded and reformatted to reflect the DDCCG clinical policies format. This includes the addition of background information, useful resources, references and consultation.</p> <p>Separate Cataract Surgery First Eye and Cataract Surgery Second Eye Policies have been merged into a single policy for ease of use.</p> <p>A single referral form has been developed to use by both GPs and Community Optometrists</p> <p>Addition of comment is "The Policy is not intended to preclude Immediate Bilateral Sequential Cataract Surgery if DDCCG criteria have been met "</p>	September 2021
<p>Policy 4.1 Review date extended by 12 months in agreement with clinical stakeholders.</p>	March 2024

### Appendix 3 – GP E-Referral Form

#### Derbyshire PLCV Referral Form Cataract Surgery (1<sup>st</sup> and/or 2<sup>nd</sup> eye)

**THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED WITH THE APPROPRIATE CLINICAL INFORMATION**

Patient details	Referring GP details
Surname	Referring GP
Forename(s)	Practice name
Address	Practice address
Post code	Telephone number
Date of birth	GP practice code
NHS Number	

Patient Consent	
	Mark or tick boxes below to confirm
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.	<input type="checkbox"/>
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>

Please confirm that you have given PLCV patient leaflet to the patient	<input type="checkbox"/>
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Part A - PLCV Criteria	At least ONE must apply
<p><b>First Eye</b></p> <p>Cataract surgery will be funded where the visual acuity after refractive correction is 6/9 or worse in the worst eye (the eye to be treated)</p>	<input type="checkbox"/>
<b>OR the patient has one of the following (with correction):</b>	
Reduced mobility, experiencing difficulties in driving, for example, due to glare, or experiencing difficulty with steps or uneven ground or the ability to work, give care or live independantly.	<input type="checkbox"/>
The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment .	<input type="checkbox"/>
The patient has glaucoma and requires cataract surgery to control the intraocular pressure.	<input type="checkbox"/>
The patient has posterior subcapsular or cortical cataracts and experiences problems with glare and a reduction in acuity in bright conditions.	<input type="checkbox"/>
The patient's visual field defects are borderline for driving, and cataract extraction would be expected to significantly improve the visual field.	<input type="checkbox"/>
This information, together with a report from a recent sight test, should form the minimum data on the referral form.	
<p><b>Second Eye</b></p> <p>Cataract surgery will <b>NOT</b> 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>	
<b>Cataract surgery in the second eye will ONLY be funded if:</b>	
<b>At Least ONE must apply</b>	
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.	<input type="checkbox"/>
The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment.	<input type="checkbox"/>
The patient has glaucoma and requires cataract surgery to control the intra ocular pressure.	<input type="checkbox"/>

There is, after first eye operation, resultant anisometropia (a large refractive difference between the two eyes) which would result in diplopia (double vision)	<input type="checkbox"/>
An uncorrectable loss of acuity in the second eye (with first eye corrected) that effectively renders the second eye vision worse than 6/24.	<input type="checkbox"/>
This information, together with a report from a recent sight test, should form the minimum data on the referral form.	

<b>Free Text Box Additional clinical information that may have a bearing on the application</b>

<b>Additional Patient Information</b>	<b>BOTH must apply</b>
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

<b>Prior Approval No</b> :	
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<b>Patient Choice of Provider</b>	
First Choice:	[Manually enter provider name]
Second Choice:	[Manually enter provider name]

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.
Name of referrer: _____ Date: _____



**Part B – Reason for referral**

Salutations:	Dear colleague,
Preamble/context:	\${Current_Consultation}  Thank you, \${Referring_doctor}

Problems

\${Major\_Active\_Problems}

\${Minor\_Active\_Problems}

**Relevant SH & FH:**

Date	\${Todays_date}
Smoking status	\${RC_137..}
Alcohol	\${RC_136..}
Occupation	\${RC_0...}
Ethnicity	\${RC_9i...}
Veteran?	\${RC_13Ji.}
Detail which might assist timely discharge:	

Medication – \${Todays\_date}  
 \${Current\_Acute\_Issues}

Allergies – \${Todays\_date}  
 \${Allergies}

**Useful values:**

<b>BP</b>	<b>Pulse rate</b>	<b>Height</b>	<b>Weight</b>	<b>BMI</b>	<b>HbA1C</b>
\${RC_246..}  <b>Systolic BP</b> \${RC_2469.}	\${RC_242..} }	\${RC_229..}	\${RC_22A..} }	\${RC_22K..} }	\${RC_42W..}  \${Todays_date}
<b>Diastolic BP</b> \${RC_246A.}					
\${Todays_date}					

**Please embed any attached items here.**

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**Please note any individual patient requirements here (e.g. Wheelchair user).**

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Appendix 4 – Optometrist E-Referral Form

Derbyshire PLCV Referral Form – Optometrists  
for  
Cataract Surgery (1<sup>st</sup> and/or 2<sup>nd</sup> eye)

Name of Referring Optometrist:	
Name and Address of Optom's Practice	
Contact Telephone No:	

Patient details	
Surname	
Forename(s)	
Date of birth	
NHS Number	
GP Practice	
Patient Consent	
	Mark or tick boxes below to confirm
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.	<input type="checkbox"/>
Part A - PLCV Criteria	At least ONE must apply
<b>First Eye</b> Cataract surgery will be funded where the visual acuity after refractive correction is 6/9 or worse in the worst eye (the eye to be treated)	<input type="checkbox"/>
OR the patient has one of the following (with correction):	At least ONE must apply
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	<input type="checkbox"/>
The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment	<input type="checkbox"/>
The patient has glaucoma and requires cataract surgery to control the intra ocular pressure	<input type="checkbox"/>

The patient has posterior subcapsular or cortical cataracts and experiences problems with glare and a reduction in acuity in bright conditions	<input type="checkbox"/>
The patient's visual field defects are borderline for driving, and cataract extraction would be expected to significantly improve the visual field	<input type="checkbox"/>
<b>Cataract surgery in the second eye will ONLY be funded if:</b>	<b>At Least ONE must apply</b>
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.	<input type="checkbox"/>
The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment.	<input type="checkbox"/>
The patient has glaucoma and requires cataract surgery to control the intra ocular pressure.	<input type="checkbox"/>
There is, after first eye operation, resultant anisometropia (a large refractive difference between the two eyes) which would result in diplopia (double vision)	<input type="checkbox"/>
An uncorrectable loss of acuity in the second eye (with first eye corrected) that effectively renders the second eye vision worse than 6/24.	<input type="checkbox"/>
This information, together with a report from a recent sight test, should form the minimum data on the referral form.	

<b>Additional Patient Information</b>	<b>BOTH must apply</b>
This patient is willing to undergo a surgical procedure should it be offered.	<input type="checkbox"/>
I have discussed with the patient the fact they will be referred for a possible procedure but there is no guarantee that a surgical intervention will be the required outcome following the consultation with the secondary care specialist.	<input type="checkbox"/>

<b>Prior Approval No :</b> (added by Secondary Care Provider)	
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<b>Secondary Care Provider</b>	
Name of Hospital where referral will be sent	

I confirm that the patient meets the current clinical guideline/policy for referral for the procedure.	
Name of referrer: _____	Date: _____

Please note any individual patient requirements here (e.g. Wheelchair user).

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE:**

- GOS REFERRAL FORM

- CATARACT SELF ASSESSMENT QUESTIONNAIRE

## Appendix 5 – Blueteq Referral Form (1<sup>st</sup> Eye)

[Click here to access the guidelines/NICE algorithm](#)

[Click to view Southern Derbyshire CCG Policies](#)

Prior Approval Form - Prior Approval Form (PLCV) Secondary - Cataract Surgery (First eye)			
<b>PATIENT CONSENT</b>			
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.			<input type="checkbox"/> Yes <input type="checkbox"/> No
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that you have given PLCV patient leaflet to the patient			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICANT DETAILS</b>			
Clinician Making Request:		Trust:	
Clinician Full Name:		Telephone:	
Contact Email (nhs.net):			
<b>PATIENT DETAILS</b>			
Patient Name:		GP Practice Name:	
NHS Number:		GP Practice Code:	
Patient DOB:		Is the patient a smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Prior Approval Number:			
<b>PROCEDURE CRITERIA</b>			
The CCGs will only fund cataract surgery as described below:			
<p>1. Cataract surgery will be funded where the visual acuity after refractive correction is 6/9 or worse in the worst eye (the eye to be treated):</p> <p><b>OR</b></p> <p>The patient has one of the following with correction:</p> <ul style="list-style-type: none"> <li>- 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)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- The patient has diabetes, or retinal condition, and requires clear views of their retina to monitor their disease or treatment</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- The patient has glaucoma and requires cataract surgery to control the intraocular pressure</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- The patient has posterior subcapsular or cortical cataracts and experiences problems with glare and a reduction in acuity in bright conditions</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>- The patient's visual field defects are borderline for driving, and cataract extraction would be expected to significantly improve the visual field</li> </ul> <p>This information, together with a report from a recent sight test, should form the minimum data on the referral form</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="color: red;">* Required</span>
<b>ADDITIONAL INFORMATION</b>			
Please provide any additional clinical information that may have a bearing on the application in the text box below.			
<b>SUBMISSION DECLARATION</b>			
I confirm that the above information is complete and accurately describes the patient's condition.			
Submitting User <input type="text"/> * Date <input type="text"/> *			

Cataract Surgery Policy

Updated: September 2021 Review Date: August 2024 Extended to: August 2025

Page 14 of 15

## Appendix 6 – Blueteq Referral Form (2<sup>nd</sup> Eye)

[Click here to access the guidelines/NICE algorithm](#)

[Click to view Southern Derbyshire CCG Policies](#)

Prior Approval Form - Prior Approval Form - (PLCV) (Secondary) Cataract Surgery - 2nd Eye			
<b>PATIENT CONSENT</b>			
I confirm the patient has consented to sharing personal and clinical information contained within this referral form. The Derbyshire Prior Approval Team will process this information, clarify data and communicate with the patient and the GP on the outcome.			<input type="checkbox"/> Yes <input type="checkbox"/> No
By submitting this request you are confirming that you have reviewed this request against relevant policy and believe the patient meets the relevant threshold criteria and therefore you have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm that you have given PLCV patient leaflet to the patient			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>APPLICANT DETAILS</b>			
Clinician Making Request:		Trust:	
Clinician Full Name:	<input type="text"/> *	Telephone:	<input type="text"/> *
Contact Email (nhs.net):	<input type="text"/> *		
<b>PATIENT DETAILS</b>			
Patient Name:		GP Practice Name:	
NHS Number:		GP Practice Code:	
Patient DOB:		Is the patient a smoker:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Prior Approval Number:	<input type="text"/>		
<b>PROCEDURE CRITERIA</b>			
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.			
1. Cataract surgery in the second eye will be funded if: <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 result in diplopia (double vision).</li> <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>			<input type="checkbox"/> Yes <input type="checkbox"/> No * <b>Required</b>
2. This information, together with a report from a recent sight test, should form the minimum data on the referral form.			
<b>ADDITIONAL INFORMATION</b>			
Please provide any additional clinical information that may have a bearing on the application in the text box below.			
<b>SUBMISSION DECLARATION</b>			
I confirm that the above information is complete and accurately describes the patient's condition.			
Submitting User	<input type="text"/> *	Date	<input type="text"/> *