Cataract referral for assessment of surgerical treatment

Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website (www.remedy.bnssgccg.nhs.uk/) or consider use of advice and guidance services where available.

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

Cataract referral for assessment of surgical treatment

Funding Approval for surgical treatment will only be provided by the ICB for patients meeting one of the criteria set out below.

Primary/Community Care Including Optometrist/Opticians

Before making a referral to a surgical provider, the GP and/or Optometrist must confirm that:

1. The patient understands that the purpose of referral is for assessment of surgery.

AND

2. The patient wishes to have surgery if it is deemed appropriate and offered as a treatment option. (Right Care)

Confirmation of the above criteria should be included in the GP referrals letter. Primary Care should also ensure that their referral letter details how the patient meets the below criteria also.

Secondary Care

When assessing a patient for surgery, the surgical provider must assess the patient and only offer cataract surgery where:

1. The proposed surgery will in all likelihood sufficiently improve the visual acuity of the patient.

AND

2. The affected eye which it is proposed to operate on must have:

a. A recorded best corrected* visual acuity poorer than 6/9.5 attributable to a lens opacity i.e. the patient has a best corrected* VA ranging from 6/12 to 6/150 due to a cataract. This applies when considering surgery for both first and second eye cataracts.

OR

b. A recorded best corrected * visual acuity of 6/9.5 or better (ranging from 6/3 to 6/9.5) attributable to a lens opacity which causes :

i. Patients to experience significant glare and dazzle in daylight or difficulties with night vision whilst driving.

Or

ii. Patients that require enhanced vision for employment purposes such as Group 2 licence holders (bus and lorry drivers) who require vision of 6/7.5 in their better eye and 6/60 in the other eye.

OR

1. Significant optical imbalance (anisometropia or aniseikonia) following cataract surgery on the first eye.

Best visual acuity is the measurement of visual acuity using corrective lenses.

Cataract surgery/lens extraction should not normally be performed solely for the purpose of correcting longstanding pre existing myopia or hypermetropia.

Visual Acuity Scale

The following table compares different visual acuity notations.

US notation	6 meter notation	Decimal notation	MAR	logMAR	VAS
20/10	6/3	2.0	0.5	-0.3	115
20/12.5	6/3.8	1.6	0.63	-0.2	110
20/16	6/4.8	1.25	0.8	-0.1	105
20/20	6/6	1.0	1.0	0.0	100
20/25	6/7.5	0.8	1.25	0.1	95
20/32	6/9.5	0.63	1.6	0.2	90
20/40	6/12	0.50	2.0	0.3	85
20/50	6/15	0.40	2.5	0.4	80
20/63	6/18	0.32	3.2	0.5	75
20/80	6/24	0.25	4.0	0.6	70
20/100	6/30	0.20	5.0	0.7	65
20/125	6/38	0.16	6.3	0.8	60
20/160	6/48	0.125	8.0	0.9	55
20/200	6/60	0.10	10.0	1.0	50
20/250	6/75	0.08	12.5	1.1	45
20/320	6/95	0.06	16	1.2	40
20/400	6/120	0.05	20	1.3	35
20/500	6/150	0.04	25	1.4	30

(Precision Vision, 2016)

BRAN

For any health- related decision, it is important to consider “BRAN” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

Improved vision/ visual acuity
Decreased glare

Risks

The risk of serious complications developing as a result of cataract surgery is small.
The most common complication is a condition called posterior capsule opacification (PCO), which can cause the vision to become cloudy again. In PCO, a skin or membrane grows over the back of the lens implant months or years later.

Other risks or complications of cataract surgery are much rarer and can include:

- tearing of the lens capsule, the "pocket" that holds the lens in place
- all or some of the cataract dropping into the back of the eye
- inability to remove all of the cataract or insert a lens implant
- infection or bleeding in the eye

Most complications that can potentially develop after cataract surgery can be treated with medication or further surgery, and don't usually have a long-term impact on the vision. However, there's a very small risk – around 1 in 1,000 – of permanent sight loss in the treated eye as a direct result of the operation.

Alternatives

Do Nothing

Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes “not yet” is a good enough answer until you gather more information.

Cataract surgery– Plain Language Summary

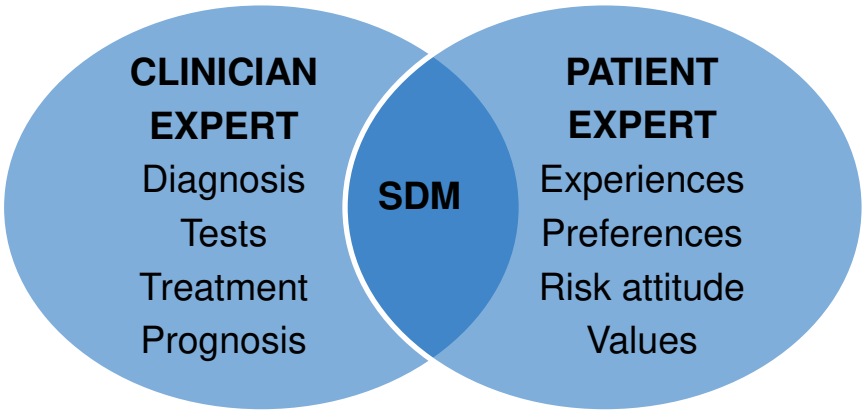
Cataract surgery is a procedure used to treat cataracts, where changes in the lens of the eye cause cloudy, blurry, or misty vision. It's the most common operation performed in the UK.
Cataracts occur when changes in the lens of the eye cause it to become less transparent. The lens is the crystalline structure that sits just behind the pupil, which is the black circle in the centre of the eye. Cataracts sometimes start to develop in a person's lens as they get older (age-related cataracts), stopping some of the light reaching the retina. This can affect your vision, making it become increasingly cloudy, blurry, or misty.

Although cataracts are often associated with age, in rare cases babies are born with cataracts or young children can develop them (childhood cataracts).

Shared Decision Making

If a person fulfils the criteria for cataract assessment and surgery it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use ‘Ask 3 Questions’:

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How can I make sure that I have made the right decision?

This policy has been developed with the aid of the following:

1. Cataract surgery - NHS (www.nhs.uk)

Due regard

In carrying out their functions, the Bristol, North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the ICB are responsible, including policy development and review.

Document Control

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Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
C711,C712,C713,C718,C719,C721,C722,C723,C728,C729,C741,C742,C743,C748,C749,
C751,C752,C753,C754,C758,C759,C771

Support

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