

**CATARACT
REFERRAL FOR ASSESSMENT OF SURGICAL TREATMENT
CRITERIA BASED ACCESS (CBA) POLICY**

Version:	2324.v3c
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Target audience:	<p>NHS Somerset ICB:</p> <ul style="list-style-type: none"> • NHS Providers • GP Practices • Contracts Team <p>Medical Directors:</p> <ul style="list-style-type: none"> • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
Version:	2324.v3c

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v1	July 2015	Change CSU template to SCCG template
1516.v1a	March 2018	New policy template, removal of non-clinical criteria
1819.v2	February 2020	Rebranding from IFR to EBI, updated policy template & inclusion information on bilateral surgery pathway
1920.v3	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v3a	March 2023	Wording change 4.5
2223.v3b	July 2023	3-year review NHS E list 3 wording. No clinical changes. Logo change

Equality Impact Assessment (EIA)	April 2018
Quality Impact Assessment QIA	February 2018
Sponsoring Director:	Bernie Marden
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1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB's Evidence Based Interventions Service (EBI) by submission of an EBI application form
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.5 On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meet the criteria to access treatment in this policy
- 1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.7 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.8 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA – CRITERIA BASED ACCESS (CBA)

Before a referral is made, the referrer must confirm that:

- 2.1 The patient understands that the purpose of referral is for assessment of surgery
- 2.2 The patient wishes to have surgery if it is offered
- 2.3 Cataract surgery should not normally be offered to patients with a visual acuity of better than 6/12 in the worst eye. This applies to both first and second eye surgery
- 2.4 Patients with the following symptoms or clinical conditions may benefit from cataract surgery when their visual acuity in the worst eye is better than 6/12. This list is not exhaustive:
 - a) Patients experiencing significant glare and dazzle in daylight or difficulties with night vision when these symptoms are due to lens opacities. This indication applies particularly, but not exclusively to driving
 - b) Difficulty with reading due to lens opacities
 - c) Significant optical imbalance (anisometropia or anisekonia) following cataract surgery on the first eye
 - d) Management of coexisting other eye conditions
 - e) Refractive error primarily due to cataract
 - f) To improve visual acuity to better than 6/10 **where activities vital to daily living would otherwise cease**
- 2.5 Cataract surgery/lens extraction should not normally be performed solely for the purpose of correcting a longstanding pre-existing myopia or hypermetropia
- 2.6 The reasons why the patient's vision is adversely affected by cataract and the likely benefit from surgery must be documented in the clinical records
- 2.7 If the original GP referral is for only one cataract (i.e., left or right) and the secondary care clinician determines when seeing the patient that the other cataract also meets the criteria of NHS Somerset ICB's EBI policy then the provider may undertake the procedure on the second cataract without returning the patient to the GP. The medical notes must clearly document how the criteria have been met for the second cataract.
- 2.8 Providers will audit their indications for and outcomes of cataract surgery and justify them to commissioners
- 2.9 **Shared decision-making process:**

This guidance applies to those 18 years and over

Cataract referrals should not be accepted unless a formally documented shared decision-making process has been performed by their referring primary care optometrist with the patient (and their family members or carers, as appropriate) as part of a referral

This includes but is not limited to:

- 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
- Whether the person wants to have cataract surgery

In line with NICE guidance, do not restrict access to cataract surgery based on visual acuity.

- 2.10 Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionalality

3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 3.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy
- 3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 3.3 Applications cannot be considered from patients personally
- 3.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 3.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context
- 3.6 EBI applications are reviewed and considered against clinical exceptionalality

For further information on 'clinical exceptionalality' please refer to the NHS Somerset ICB website and input into the 'Search this website' box clinical exceptionalality. Click on the link to access the full NHS description of clinical exceptionalality

Social, Emotional and Environmental factors *i.e.*, *income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

3.7 Where appropriate photographic supporting evidence can be forwarded with the application form

3.8 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

4 ACCESS TO POLICY

4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy

5.1 This statement is based on NHS Cambridgeshire and Peterborough Public Health Network Surgical Threshold Policy for Cataract.

5.2 NICE Guidance: Cataracts in adults: management [NG77] October 2017 Available at: <https://www.nice.org.uk/guidance/ng77>

5.3 NHS EBI List 3
[EBI_Guidance_List3_0523.pdf \(aomrc.org.uk\)](#)

5.4 Royal College of Ophthalmologists. The Way Forward report: Cataract. 2017 Available at: [RCOphth-The-Way-Forward-Executive-Summary-300117.pdf](#)

5.5 Department of Health. Liberating the NHS: No decision about me, without me. 2021 Available at: [Liberating the NHS: No decision about me, without me \(publishing.service.gov.uk\)](#)

5.6 NHS England. Getting it Right First Time: Ophthalmology Speciality Report. 2019 Available at: <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/12/OphthalmologyReportGIRFT19P-FINAL.pdf>

5.7 NHS England. Shared Decision Making available at: <https://www.england.nhs.uk/shared-decision-making/>

5.8 Royal College of Ophthalmologists. Workforce Guidance: Cataract Services and Workforce Calculator Tool. 2021 Available at: <https://www.rcophth.ac.uk/wp-content/uploads/2021/06/Cataract-Services-Workforce-Guidance-March-2021-1.pdf>

5.9 NHS England. Transforming elective eye care services. 2019 Available at:

- <https://www.england.nhs.uk/wp-content/uploads/2019/01/ophthalmology-elective-care-handbook-v1.1.pdf>
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- 5.11 Academy of Medical Royal Colleges. Choosing Wisely. 2016 Available at: <https://www.aomrc.org.uk/choosing-wisely/>
- 5.12 General Medical Council. Decision making and consent guidance. 2020 Available at: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent>