Surgical Threshold Policy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Cataracts

Scope

This policy covers referral for cataract surgery by Optometrists and GPs for visual impairment. It does not cover lens extraction for treatment of glaucoma, diabetic retinopathy screening and other acute indications.

Policy

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the visual acuity policy criteria but in whom quality of life is significantly affected due to glare or rapidly progressing cataracts, Optometrists or GPs can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the referral proforma*: Click policies to access the CCG clinical policies web page:* ***policies*** *– select the Eye Condition Policies drop down option and select Cataracts Policy to access the referral proforma.*

Referrals for cataract surgery will only be funded for patients whose visual impairment is attributable to cataract and who, after correction (eg with glasses or other adjustments), have*:*

First eye cataract surgery criteria:

- visual acuity of 6/12 or worse in the worst eye [i, ii];
- **OR** the patient has bilateral cataracts, neither of which fulfils the threshold for surgery, but which together reduce binocular vision below the DVLA standard for driving [iii];
- **AND** who are willing to undergo cataract surgery.

Second eye cataract surgery criteria:

- visual acuity of 6/12 or worse in second eye;
- **OR** following first eye surgery, overall binocular vision falls below the DVLA standard for driving;
- **OR** there is a significant optical imbalance (anisometropia or anisekonia) affecting activities of daily living that is not corrected by adjustment of glasses/contact lens prescription and can only be corrected with cataract surgery;
  AND who are willing to undergo cataract surgery.

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

The reasons why the patient's vision and lifestyle are adversely affected by cataract and the likely functional benefit from surgery must be documented in the CCG referral proforma and referrals without this information should be returned. As per NICE guidance, at the time of referral, people with cataracts, and their family members or carers (as appropriate), should be provided both oral and written information tailored to the person's needs in an accessible format.

Smoking

Patients who smoke should be advised to attempt to stop smoking and referred to smoking cessation services see **stop smoking policy.**

Notes:

i A cataract with a best corrected visual acuity (BCVA) of 6/12 [Snellen] 0.30 [LogMAR] or worse is defined as a "visually impairing cataract" (North London Eye study, cited in Royal College of Ophthalmologists 2010, 3:2). Patients with monocular vision may be considered for Exceptional Funding even if they do not meet this visual acuity threshold.

ii It is expected that patients who have BCVA better than 6/12 in the worst eye, and who report substantial visual impairment, such as glare, anisometropia or anisekonia, will be advised, as part of their optometric or GP consultation, on suitable adjustments (for example by an updated prescription and/or by using tinted glasses/lenses, or shading the eyes from strong sunlight).

iii It is accepted that there may be some patients with BCVA better than 6/12 in the worst eye who are drivers and who are unable, despite updated glasses, contact lenses or other adjustments, to meet the DVLA standard.

Pre and Post-operative Assessment

Optical Computerised Tomography (OCT) and Ultrasound scans are not part of routine pre or post-operative assessment unless clinically indicated due to suspicion of retinal pathology, for example pre-operatively in patients with diabetic retinopathy or AMD and post-operatively when visual acuity is less than was expected. The clinical indication for the test should be documented in the referral proforma.

Rationale

A best corrected visual acuity (BCVA) of better than 6/12 [Snellen], 0.30 [LogMAR] in the worst eye normally allows a patient to function without significant visual difficulties. In population studies using BCVA as an indicator of morbidity, BCVA better than 6/12 is not considered a visually impairing cataract and the DVLA uses a VA threshold of 6/12. In the UK, age-related cataracts are thought to affect around half of those aged over 65 years to some degree, with this figure rising to 70% in those aged over 85 years. Apart from age, the most significant risk factors for developing cataract are: smoking, diabetes mellitus ultraviolet light exposure, obesity and systemic corticosteroids and patients should be advised about these. 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.

NICE 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. For the cost-effectiveness analysis NICE used a de novo economic model and authors of the economic analysis state that the model has 'potentially serious limitations'. The model is based on a cohort of patients undergoing cataract surgery in the UK (National Ophthalmology Database study) and, therefore, consists of patients who had already been triaged for surgery, possibly with policy criteria depending on their CCG location. In this cohort, of patients undergoing first eye surgery, 68% had visual acuity (VA) worse than 6/12 and 96.5% had VA worse than 6/9. We are not aware that any CCG has changed their threshold criteria following the publication of NICE Guidance and this will be kept under review.

An OCT may be indicated in evaluating a macular problem that may coexist with a cataract to help determine the relative contribution of each disease to the visual impairment. Such indications include findings in the history and exam that would point to a **new** change in the macula, not routine evaluation.

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Glossary

Anisekonia:	Differences between the image in one eye and the other.
Anisometropia:	Difference in lens strength between the two eyes.
Hypermetropia:	Long sightedness.
Myopia:	Short sighted or near sighted.

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