

Policy:	Cataract Surgery		GM Ref:	GM026	
First issue date:	Sep 2014	Current version:	3.1	Last reviewed:	Jul/Nov 2017

Policy exclusions

Juvenile cataract, lens-induced disease (such as phacomorphic glaucoma, phacolytic glaucoma, and other lens-induced disease), cataracts in patients with concomitant ocular disease that require clear media (such as diabetic retinopathy) for which cataract surgery is indicated and patient having surgery for any eye condition where concomitant removal of a cataract is clinically indicated. Individuals with any one of these indications, or where these are suspected, should be referred to an ophthalmologist. These conditions are managed as part of the agreed pathway and funded either within contracts or via monitored approval.

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).

Policy inclusion criteria

The presence of a cataract does not in itself indicate a need for surgery. The decision to refer a patient for surgery should be based on consideration of their visual acuity, visual impairment and their potential for functional benefits.

First Eye

Cataract surgery is justified and appropriate when the patient fulfils the following criteria:

- The best corrected visual acuity score is worse than 6/9 (Snellen) or 0.2 (Logmar) in the affected eye.

OR

- The patient's visual acuity is 6/9 or better but they report excessive difficulty in twilight or dark conditions and the difficulty has been confirmed by a clinician to be the result of reduced contrast sensitivity.

AND has one of the following (with correction):

- Difficulty carrying out everyday tasks such as recognising faces, watching TV, reading, cooking, playing sport/cards etc.
- 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.

In cases where the cataract causes severe functional difficulties, application can be made for individual prior approval (see funding mechanism above).

A patient should **NOT** be referred for cataract surgery if:

- The patient does not desire surgery.
- Glasses or other visual aids provide functional vision satisfactory to the patient.
- The patient's quality of life or ability to function is not compromised.
- The patient has concomitant ocular disease where functional improvement is unlikely.
- Patients who are not referred for surgery should remain under the care of their primary care practitioner (GP, community ophthalmologist, optometrist) and be reassessed at one to two year intervals, as appropriate.

Second Eye

The referral criteria for second eye are:

- As above for first eye

OR any of the following:

- Where there are binocular considerations
- Where there is anisometropia
- Where there is disabling glare

NOTE: Implantation of lenses following or as part of cataract surgery is funded for the use of any monofocal lenses only.

Funding Mechanism

Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

NOTE: If both eyes meet the criteria at the time of the initial referral then both eyes can be treated. If only one eye meets the criteria then ONLY THAT EYE can be treated at the time of first referral. The second eye may be treated if it later meets the referral criteria or funding has been obtained via the IFR route for the second eye.

If the patient does not meet the criteria BUT the cataract causes severe functional difficulties: Individual prior approval by Clinical Triage. Requests must be submitted with all relevant supporting evidence.

Clinicians can submit an individual funding request outside of this guidance if they feel there is a good case for clinical exceptionality. Requests on the grounds of exceptionality must be submitted with all relevant supporting evidence.