

**Procedure funded subject to Audit**

**Bedfordshire, Hertfordshire, West Essex and Milton Keynes Priorities  
Forum statement - adapted for Bedfordshire CCG**

<b>Number</b>	<b>31</b>
<b>Subject</b>	<b>Clinical threshold for elective cataract surgery</b>
<b>Date of decision</b>	<b>August 2015</b>
<b>Review date</b>	<b>May 2018 (minor amendment) Nov 2018 (minor amendment – BLMK Policy Group)</b>
<b>Date of review</b>	<b>May 2021</b>

**GUIDANCE**

**Background**

Cataracts are a common condition of later life affecting the lens of the eye. If left untreated, they can cause a gradual loss of clarity of vision, which can have a large impact on the quality of life of many elderly people. Currently the only effective treatment is surgery.

The aims of cataract surgery are to improve visual acuity and to improve the vision-related quality of the patient's life. A best corrected VA of 6/12 or better [Snellen], 0.30 [LogMAR] in the worse eye normally allows a patient to function without significant visual difficulties.

**Relevant OPCS codes:**

- C712 – Phacoemulsification of lens
- C751 – Insertion of prosthetic replacement for lens NEC

**Referral of patients with cataracts to ophthalmologists should be based on the following indications;**

1. The patient has sufficient cataract to account for the visual symptoms.

**AND**

2. The patient has best corrected visual acuity of 6/12 or worse in the *worst* eye and the reduced visual acuity is impairing their lifestyle:
  - a. the patient is at significant risk of falls
  - b. the patient's vision is affecting their ability to drive
  - c. the patient's vision is substantially affecting their ability to work
  - d. the patient's vision is substantially affecting their ability to undertake leisure activities such as reading, watching television or recognising faces.

**OR**

3. The patient has best corrected visual acuity of *better* than 6/12 in the worst eye but they are working in an occupation in which good visual acuity is essential to their ability to continue to work e.g. watchmaker, microsurgeon.

**OR**

4. 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 of 6/12.

**OR**

5. The patient has best corrected visual acuity of *better* than 6/12 in the worst eye but they are experiencing some other significant impact on their quality of life and daily activities of living as a result of their visual symptoms. The following are examples for consideration for this threshold:

- A greater risk of falls
- Significant glare or dazzle in daylight due to lens opacities
- Difficulty with night vision due to lens opacities particularly if driving
- A requirement for good vision for employment or caring purposes
- Difficulty reading e.g Significant Anisometropia/ Aniseikonia Management of other coexisting eye conditions, including DRSS (diabetic retinopathy screening service) ungradable photograph
- Refractive error primarily due to cataract

A description of this impact must accompany the referral information and should be subject to IFR.

**OR**

6. Patients with diabetes in whom the removal of cataract is considered necessary to facilitate effective digital retinal photography.

**AND**

7. The patient is willing to have cataract surgery. The referring optometrist or GP has discussed the risks and benefits, using an approved information leaflet (national or locally agreed), and ensured the patient understands and is willing to undergo surgery before referring.

**Second eye surgery in patients with bilateral cataracts**

Second eye surgery will be funded if the criteria above are met again. This should be assessed not earlier than the post-operative review following surgery on the first eye. This policy does not extend to cataract removal incidental to the management of other eye conditions.

**For patients at significant risk of falls**

If there are concerns about a patients' risk of falls, they should be screened for their falls risk as per local pathways. If a patient is deemed to be at significant risk of falls, and visual impairment due to cataract is deemed to be a contributor to this risk by the specialist team, patients who do not meet the visual acuity criteria above will be approved on an individual patient basis.

**References**

Department of Health 2007. Commissioning toolkit for community based eye care services.

NHS Executive 2000. Action on cataracts. Good practice guidance.

Royal College of Ophthalmologists 2010. Cataract surgery guidelines.

P Jaycock, R L Johnston, H Taylor, M Adams, D M Tole, P Galloway, C Canning, J M Sparrow and the UK EPR user group (2009). The Cataract National Dataset electronic multi-centre audit of 55 567 operations: updating benchmark standards of care in the United Kingdom and internationally. Eye 23: 38-49

**Human Rights and Equalities Legislation has been considered in the formation of this policy**