NHS
Somerset
Clinical Commissioning Group

CATARACT
REFERRAL FOR ASSESSMENT OF SURGICAL TREATMENT

CRITERIA BASED ACCESS (CBA) POLICY

Version:	1819.v2
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
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Target audience:	**SCCG**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • Somerset Partnership NHS FT
Application Form	IFR Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
Version:	1819.v2

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

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	April 2018
Quality Impact Assessment QIA. Date:	February 2018
Sponsoring Director:	Sandra Cory
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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 CCG's Individual Funding Request (IFR) Panel by submission of an IFR application

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 care without them meeting the criteria or funding approval having been 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 CCG 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 meets 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 CCG does not commission surgery for cosmetic purposes alone

1.8 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

1.9 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased (Thelwall, 2015)

1.10 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (Loof S., 2014)

2 POLICY CRITERIA

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

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

2.1.2 The patient wishes to have surgery if it is offered

2.2 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

2.3 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:

2.3.1 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

2.3.2 Difficulty with reading due to lens opacities

2.3.3 Significant optical imbalance (anisometropia or anisekonia) following cataract surgery on the first eye

2.3.4 Management of coexisting other eye conditions

2.3.5 Refractive error primarily due to cataract

2.3.6 To improve visual acuity to better than 6/10 **where activities vital to daily living would otherwise cease**

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

2.5 **T**he reasons why the patient's vision are adversely affected by cataract and the likely benefit from surgery must be documented in the clinical records

2.6 Providers will audit their indications for and outcomes of cataract surgery and justify them to commissioners

3 BACKGROUND

3.1 The decision on whether cataract surgery is likely to benefit a patient is ultimately a matter for the patient and their professional advisors, particularly the operating surgeon

3.2 The current commonly used objective measurements of visual acuity do not

always accurately reflect a patient's degree of visual disability. The level of visual acuity that an individual patient requires to function without altering their lifestyle is very variable. A visual acuity of 6/12 or better [Snellen], 0.30 [LogMAR] in the worst eye normally allows a patient to function without significant visual difficulties

3.3 Some patients may undertake activities where improvement to better than 6/10 is an essential requirement

4 INDIVIDUAL FUNDING REQUEST APPLICATION PROCESS

4.1 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

4.2 Completion of a **Generic IFR Application Form** by a GP or Consultant may be put forward

4.3 Applications cannot be considered from patients personally

4.4 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 IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

4.5 IFR applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-indivdual-funding-requests.pdf

4.6 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:

4.6.1 Significantly different to the general population of patients with the condition in question

4.6.2 Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

5 ACCESS TO POLICY

5.1 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

5.2 **Or write to us**: NHS Somerset Clinical Commissioning Group, Freepost

RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somccg.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy

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

6.2 February 2007 http://www.cambsphn.nhs.uk/default.asp?id=144

6.3 NICE Guidance October 2017
https://www.nice.org.uk/guidance/ng77