NHS
Dorset
Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group

Cataract Surgery

Criteria Based Access Protocol

NHS DORSET CLINICAL COMMISSIONING GROUP

CATARACT SURGERY
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

1.1 This protocol describes the access criteria in respect of the surgical removal of cataract (across all ages).

1.2 It is assumed that this document will be followed by primary care prior to a referral being made to secondary care services. This protocol does not however, override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

1.3 This protocol is applied in accordance with the Policy for Individual Patient Treatment.

1.4 Any requests for cataract surgery outside this policy will be considered on a case-by-case basis in accordance with the Policy for Individual Treatment Request.

2. DEFINITIONS

2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

3.1 In accordance with NICE Guidance NG77, Cataracts in adults: Management, October 2017, the decision to refer for surgical removal of cataract(s) should not be based on visual acuity only and a holistic approach should be taken when assessing the patient which considers lifestyle and other factors and that the patient understands the risks and benefits of surgery.

Dorset Clinical Commissioning Group will support cataract surgery where the following criteria are met and evidenced in the Cataract Surgery Referral Proforma (Appendix C):

The patient's best corrected visual acuity, as assessed by high contrast testing (Snellen) is:

- Binocular visual acuity of 6/9 or worse for drivers;
- Or binocular visual acuity of 6/12 or worse for non-drivers;
- Or monocular visual acuity of 6/18 or worse irrespective of the visual acuity of the other eye;

AND/OR

there are other factors that have a significant impact on the patient's quality of life for example:

- The patient is experiencing disabling glare from lights even though visual acuity is relatively unaffected
- The patient lives alone or is the main carer for a partner or other relative

- The patient has significant hearing impairment
- There is a significant impact on the patient's day to day activities

AND

- The patient wishes to undergo cataract surgery and understands the risks and benefits of this surgery.

4. EXCLUSIONS

4.1 If the patient does not meet the access criteria, but still wants to be referred, the community optometrist will refer to the GP whose responsibility it is to consider whether there are "exceptional clinical circumstances" and if so will support submission for consideration on an individual patient treatment basis.

4.2 The following categories of patient or ophthalmic conditions are exempt from application of the access criteria and may be referred for possible cataract surgery:

- Patients with anisometropia presenting with suspect cataract(s);
- Patients with diabetes in whom the removal of cataract is considered necessary to facilitate effective digital retinopathy;
- Patients with narrow angle glaucoma where removal of cataract (s) will prevent angle closure and blindness;
- Patients of 18 years of age or less at the date of referral.

4.3 Special Circumstances

- Second Eye Surgery:
  - Patients should only be referred for surgery of the second eye when that eye meets the access based protocol criteria.

- Simultaneous bilateral surgery requires that both eyes meets the Cataract access criteria individually and should be in the best clinical interest of the patient, minimising risk and optimising benefit.

- Only Eye Surgery:
  - The protocol for cataract surgery in one-eyed patients is the same as for two-eyed. However, the risk of the possibility of total blindness should severe complications occur would need to be explained to the patient.

- Paediatric Cataract Surgery:
  - Paediatric cataracts may be congenital, developmental or acquired. In cases of congenital cataracts, it is responsibility of health carers looking after the neonate, immediately after birth, to check for normal red reflexes and checked at 6-week health check;
  - Referrals may be made by a GP, paediatrician, school nurse, orthoptist, optometrist or between ophthalmologists. Other health care professionals such as health visitors may be involved;
  - The decision on whether to proceed to surgery should be made by the parent or responsible adult in discussion with an ophthalmologist whom will confirm the diagnosis, ensure the cataract is the cause of visual symptoms, determine if there is a co-existing ocular pathology and ensure there are no systemic illnesses that may put the child at risk.

4.4 Vision Standards for Driving:

- For reference purposes only, the DVLA minimum sight requirements (updated April 2017) are as follows. https://www.gov.uk/driving-eyesight-rules

- Vision All Drivers:
  - Must still be able to read a number plate from 20 metres, with corrective lenses if necessary.
  - Must also have a binocular visual acuity of 0.5 decimal (6/12), with corrective lenses if necessary.
  - If a driver has been advised by their doctor or optometrist that they cannot meet 0.5 decimal (6/12) with corrective lenses they must tell DVLA.
- Visual Field:
  - The present standard of a total field width of 120 degrees remains but in addition, there will need to be a field of at least 50 degrees on each side.

- Vision Group 2 (lorry and bus) Drivers:
  - Must have a visual acuity of 6/7.5 (0.8 decimal) in the better eye and at least 6/12 (0.5 decimal) in the worse eye;
  - If glasses are worn, this must have a corrective power no greater than +8 dioptres (dioptres = strength of the glasses lens);
  - If a doctor completing a medical examination required for lorry and bus driver licensing cannot measure 6/7.5 on the Snellen Chart or interpret a driver's glasses prescription (where glasses are worn), the driver will need to have the vision assessment section of the D4 examination report completed by an optician;
  - Any fees associated with the completion of the D4 examination report must be paid by the driver.

4.5 Multi-focal (non-accommodative) intraocular lenses:

- Multi-focal (non-accommodative) intraocular lenses in treatment of adults with cataracts, is not routinely commissioned by NHS Dorset Clinical Commissioning Group
- Toric lenses are not routinely commissioned by NHS Dorset Clinical Commissioning Group

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatment (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and

- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. REFERRALS

6.1 It is expected that the majority of suspect cataract(s) will be detected initially following sight testing or eye examination, under either NHS or private contract, undertaken by a community optometrist.

6.2 Some patients with suspect cataract (s) may present initially direct to their GP. In such cases, the GP should require that their patient is referred for a sight test or eye examination, including the measurement of visual acuity, to be undertaken by a community optometrist. A letter from the GP must be included with the referral.

6.3 The patient's GP will require the results of the sight test or eye examination and will need to complete the Cataract Surgery Referral Proforma in order to determine if the patient meets the access criteria for cataract surgery.

6.4 In all cases where the access criteria are met, prior to initiating a referral for possible cataract surgery, the GP should have discussed with the patient the potential benefits and risks of cataract surgery, have obtained clear and informed consent from the patient to proceed with a referral and have obtained an assurance that the patient would accept cataract surgery if offered.

7. INFORMATION FOR PATIENTS

7.1 The provision of information understandable to patients is central to the consent process. All patients should be provided with information on cataract surgery.

7.2 In all cases, GPs should provide patients with a copy of the most recent edition of the information leaflet Understanding Cataracts, available from the Royal College of Ophthalmologists, prior to any decision to refer for cataract surgery.
http://www.rcophth.ac.uk/page.asp?section=365&sectionTitle=Information+Booklets

8. CONSULTATION

8.1 The Protocol contains minor amendments to the existing version following review and was approved on behalf of the Clinical Commissioning Committee in accordance with arrangements agreed by the CCG's Governing Body.

8.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

9. RECOMMENDATION AND APPROVAL PROCESS

9.1 As documented in NHS Dorset CCG's 'Procedure for the management and development of procedural documents', Criteria Based Access Protocols must be formally recommended by the Clinical Delivery Group responsible for the protocol, prior to formal approval by the Clinical Commissioning Committee.

10. COMMUNICATION/DISSEMINATION

10.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

11. IMPLEMENTATION

11.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

12. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

12.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

APPENDIX A

FREQUENTLY ASKED QUESTIONS

APPENDIX B

GLOSSARY

Cataract refers to any opacity in the lens of the eye resulting in the impairment of vision or blindness.

Anisometropia refers to when two eyes have unequal refractive power.

Binocular visual acuity refers to the sharpness of retinal focus using both eyes.

Monocular visual acuity refers to the sharpness of retinal focus in one eye.

Digital Retinopathy refers to diagnostic imaging to identify damage to the retina.

Glaucoma refers to a condition of increased pressure within the eye causing damage to the optic nerve.

Toric lenses refers to lenses with varying optical power and focal length.

APPENDIX C

BE COMPLETED BY REFERRING OPTOMETRIST

REFERRAL DATE:			
Patient Details		**GP and Practice**	**Optometrist**
Name			
DOB			
NHS No:			
Address			
Postcode			
Telephone			
email			GOC No: 01-

Surgery required on: - Tick appropriate boxes - **First eye** ☐ **Second eye** ☐ **Right eye** ☐ **Left eye** ☐

	Right eye	**Left eye**	**Binocular**
Best corrected Visual Acuity			
Pinhole			
Historical BCVA; Date: / /			

Refraction	**Sp + / -**	**Cyl + /-**	**Sp +/-**	**Cyl + / -**

Ophthalmic history: Tick where appropriate

Previous Cataract surgery; Date / / Where did surgery take place:	R	L	Refractive surgery (Px to bring pre & post details to clinic)	R	L
Squint / Previous squint surgery	R	L	Amblyopia	R	L
Retinal detachment	R	L	Glaucoma	R	L
Trauma	R	L	Keratitis	R	L
AMD	R	L	Iritis	R	L
Other eye surgery or comments:					

Ocular Examination: Tick where appropriate

Cataract:	Nuclear		PSC	Cortical		Very Dense	
CD	R	L		Blepharitis		Maculae:	

IOP Right Eye: Left Eye:

Method of examination: (Please tick)

Non-contact ☐ Goldman ☐ I-care ☐

Other Details:

APPENDIX C

TO BE COMPLETED BY GP (or attach GP Summary print out)

General Medical Risk Factors: Tick where appropriate

Hypertension (must be controlled for surgery)		Parkinsons	
Diabetes (must be controlled for surgery)		Tamsulosin/Doxazosin	
Breathing Problems		Heart Disease / Heart Surgery	
Dementia (please tick as appropriate)		Stroke	
If yes, is this patient able to understand and consent for surgery?		Anticoagulation	
If not able to consent for surgery, who will do this and will they be attending the outpatient appointment?		Allergies:	

Other Significant Medical History:

Medication including eye drops (or attach GP Summary Print out):

Has the patient ever been prescribed Tamulosin/other alpha blocker? (Please circle) Yes/No

General Factors: Tick as appropriate

Difficulty lying flat & still for surgery		Nervous / Anxious / Claustrophobia	
Previous Reaction on local anaesthetic		Wheelchair user or poor mobility	
Poor understanding of English		Is an interpreter required? If so, please specify language) …….	

APPENDIX C

TO BE COMPLETED BY OPTOMETRIST

Criteria for 1st and 2nd eye cataract surgery

Dorset CCG will only fund cataract surgery when the following criteria are met:

The patient should have sufficient cataract to account for the following visual symptoms as evidenced in the Cataract Referral Form:

- Blurred or dim vision with a corrected **binocular** distance acuity of 6/9 (0.20 logMAR) or worse in driver **OR** ☐
- Blurred or dim vision with a corrected **binocular** distance acuity of 6/12 (0.30 logMAR) or worse in non driver **OR** ☐
- Blurred or dim vision with a corrected **monocular** distance acuity of 6/18 (0.50 logMAR) or worse **OR** ☐
- Anisometropia - refractive difference between the two eyes (≥2 dioptres) resulting in poor binocular vision or disabling diplopia which may increase the risk of falls ☐

  AND/OR
- The cataract should affect the patient's lifestyle scoring ≥3 as evidenced in the Cataract Assessment Form (below) ☐

  AND
- The patient has waited 7 days to make a decision and wishes to undergo cataract surgery and understands the risks and benefits of this surgery. ☐

Patients need to evidence how cataract is affecting daily activity. A patient needs to score ≥3

1. Visual disability	Please Tick	Score
Affected by glare		2
Difficulty with Daily Activities		1
Difficulty with Hobbies		1
2. Social functioning (Tick ONE box only)		
Lives alone		2
Cares for partner		2
3. Other		
Needs to drive for paid employment or significant functions		1
Severe hearing impairment (Deaf)		2
Total Score		

■ Patient Choice:

Dorset Cataract Surgery Information Leaflet given to patient (please tick) ☐

Patients' preferred hospital:

Patient – I have had the benefits and risks of cataract surgery explained to me, and want NHS surgery at this time, at the above hospital:

Yes ☐ No ☐

I agree/do not agree that any Ophthalmologist to whom I am referred may make information relevant to my eye condition and its treatment available to my Optometrist/OMP. I understand that the final decision on whether or how surgery is approached rests with the surgeon.

Patient's signature……

Date…….

APPENDIX C

Referring Optometrist's signature…….. Date……

A	DOCUMENT DETAILS
Procedural Document Number	118
Author (Name and Job Title)	Victoria Caddel, Service Improvement Project Officer
Ophthalmology Demand Management Group	Elective Care
Date of recommendation by group	Not applicable
Date of approval by CCC	
Version	5.0
Review frequency	3 Years
Review date	September 2021

B	CONSULTATION PROCESS		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**

C	VERSION CONTROL				
Date of recommendation	**Version No**	**Review date**	**Nature of change**	**Approval date**	**Approval Committee**
Sept 2018	5.0	Sept 2018	Minor changes to clarify The patient's quality of life in line with NICE Guidelines Inclusion of reference to resources for patients to gain an understanding of cataract surgery before being referred.		CCC

D	ASSOCIATED DOCUMENTS
•	Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group
•	Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group

E	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES

Evidence	Hyperlink (if available)	Date

G	DISTRIBUTION LIST		
Internal CCG Intranet	**CCG Internet Website**	**Communications Bulletin**	**External stakeholders**
✓	✓	✓	✓