

**NHS Basildon and Brentwood CCG Proposed SRP changes**

Current SRP	
<b>Policy statement:</b>	Cataract
<b>Status:</b>	<b>Threshold</b>
<p>Referrals should not be based simply on the presence of a cataract. <b>Referral of patients with cataracts to ophthalmologists should be based upon the two following indications:</b></p> <p><b>A:</b> Impairment of lifestyle (not exhaustive list) such as;</p> <ul style="list-style-type: none"> <li>• the patient is at significant risk of falls, <b>or</b></li> <li>• the patient's vision is affecting their ability to drive, <b>or</b></li> <li>• the patient's vision is substantially affecting their ability to work, <b>or</b></li> <li>• the patient's vision is substantially affecting their ability to undertake leisure activities such as reading, watching television or recognising faces <b>or</b></li> <li>• management of other co-existing eye conditions</li> </ul> <p><b>and</b></p> <p><b>B:</b> The patient understands the risks and benefits and is willing to have cataract surgery.</p> <p>The referring optometrist or GP should discuss the risks and benefits using an approved information leaflet (national or locally agreed) before referring.</p> <p><b>South west Essex - Second eye</b></p> <p>As the benefits of second eye surgery have been demonstrated patients will be offered second eye surgery provided they fulfil the referral criteria (see above). Second eye surgery should be deemed urgent when there is resultant anisometropia (a large refractive difference between the two eyes of 2 ½ dioptas) which would result in poor binocular vision or diplopia (this should be clearly recorded in the patient's notes).</p> <p>The reasons why the patient's vision and lifestyle are adversely affected by cataract and the likely benefit from surgery must be documented in the clinical records. Providers will be audited on the indications for cataract surgery.</p>	
Proposed Change to SRP	
<b>Policy statement:</b>	Cataract
<b>Status:</b>	<b>Individual Prior Approval</b>
<p>Referrals should not be based simply on the presence of a cataract. <b>Referral of patients with cataracts to ophthalmologists should be based upon the following indications:</b></p> <p><b>A:</b> The patient accepts that there are risks and benefits and wishes to undergo cataract surgery.</p> <p>The referring optometrist or GP should discuss the above with the patient before referring.</p> <p>Patients who are not willing to have Cataract surgery should not be referred.</p> <p><b>And B:</b> Corrected visual acuity documented of 6/12 or worse in the affected worse eye, assessed by the clinician as being due to a rectifiable lenticular opacity</p> <p><b>Or C:</b></p> <p>Impairment of lifestyle (not exhaustive list) such as;</p> <ul style="list-style-type: none"> <li>• the patient is at significant risk of falls, <b>or</b></li> </ul>	

## NHS Basildon and Brentwood CCG Proposed SRP changes

- the patient's vision is affecting their ability to drive, **or**
- the patient's vision is substantially affecting their ability to work, **or**
- the patient's vision is substantially affecting their ability to undertake leisure activities such as reading, watching television or recognising faces **or**
- management of other co-existing eye conditions

The reasons why the patient's vision and lifestyle are adversely affected by cataract and the likely benefit from surgery must be documented in the clinical records.

### **Second eye**

There are sound clinical grounds for cataract surgery in the second eye.

Patients will be offered second eye surgery provided they fulfil the referral criteria (see above).

Second eye surgery should be deemed urgent when there is resultant symptomatic anisometropia ie a large refractive difference between the two eyes resulting in poor binocular vision (this should be clearly recorded in the patient's notes).