NHS
Dorset
Clinical Commissioning Group

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Cataract Surgery

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

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 Treatments.

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 Requests.

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 All requests for the surgical removal of cataract(s) will only be supported by the Clinical Commissioning Group where 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;
- Or the patient's expressed wish or requirement is to continue driving but the patient does not meet the Driving and Licensing Authority (DVLA) minimum sight requirements;
- Or there is a significant impact on the patient's quality of life. For example, patients with cataract can experience other serious symptoms such as double vision or disabling glare from lights even though visual acuity is relatively unaffected.

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 see if there exists "exception circumstances" and if so will support the patients appeal with the Individual Treatment Request.

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 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:
  - There should be at least a week between simultaneous bilateral surgery (unless there are other extreme circumstances) due to the raised possibility of bilateral infective endophthalmitis.

- 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 six 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.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (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 Whilst community optometrists preserve the right to refer their patients direct to an appropriate Hospital Eye Service, in practice, community optometrists should refer to the patient's registered GP if a suspect cataract, which requires removal and meets the access criteria, is detected following an eye examination. A copy of the optometrist referral must be included with the onward referral from the GP to the Hospital Eye Service.

6.3 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.

6.4 The patient's GP will require the results of the sight test or eye examination in order to determine if the patient meets the access criteria for cataract surgery.

6.5 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 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

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

N/A

GLOSSARY

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

APPENDIX C

A	DOCUMENT DETAILS
Procedural Document Number	118
Author (Name and Job Title)	Jenny Jones, Programme Officer
Clinical Delivery Group (recommending group)	Planned and Specialist
Date of recommendation by CDG	April 2017
Date of approval by CCC	10 April 2017
Version	4.0
Review frequency	3 Years
Review date	20 January 2020

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**
February 2017	4.0	February 2017	Minor changes to clarify the scales by which visual acuity are measured. Inclusion of reference to multi focal intraocular lenses not being routinely commissioned	10 April 2017	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**
✓	✓	✓	✓