

*Aylesbury Vale Clinical Commissioning Group
Bracknell and Ascot Clinical Commissioning Group
Chiltern Clinical Commissioning Group
Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
South Reading Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group
Wokingham Clinical Commissioning Group*

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 126c (TVPC 60) Cataract Removal in Adults – thresholds for surgery

**Recommendation made by
the Priorities Committee:** January 2018

Date Agreed OCCG **July 2018**

Date of issue: **November 2008, amended June 2010, reviewed August 2016, July 2018**

When considering referring a patient for first or second eye cataract surgery the following thresholds must be met to ensure that surgery is a cost effective intervention:

1. The cataract must be sufficient to account for the visual symptoms (visual loss or disturbance) experienced by the patient. Alternative causes for the reported visual symptoms should be excluded prior to referring a patient for cataract surgery **AND**
2. Visual Acuity 6/12 or worse in either eye **OR**
3. The cataract and visual symptoms experienced by the patient should negatively affect the patient's lifestyle. The following are examples for consideration for this threshold:
 - 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 or aniseikonia
 - Management of other coexisting eye conditions, including DRSS (diabetic retinopathy screening service) ungradable photograph
 - Refractive error primarily due to cataract
4. The patient must understand the general benefits and risks of surgery **AND**
5. The patient must want to undertake the surgery when all the above is considered.

Cataract surgery should not normally be performed solely for the purpose of correcting longstanding pre-existing myopia or hypermetropia.

The same thresholds will apply for second eye surgery.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies>

OPCS-4 codes:

C71-C74 (lens extraction) and C75.1 (lens replacement)