

Policy for Cataracts

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The clinical commissioning groups in Leicester, Leicestershire and Rutland work together in partnership with the other health and social care organisations locally to plan health services. This partnership is known as Better Care Together. You can read more about the work of the partnership by visiting www.bettercareleicester.nhs.uk

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.1	16/10/2019	Copying errors detected in Eligibility of 'Second Eye'. This has been corrected back to original wording from Low Value Treatment Policy 2017. Changes requested through CPIG.

Policy for Cataracts

Category

Threshold Criteria

Eligibility

First Eye	Second Eye
<p>Visual acuity is 6/12 or worse (including with correction) in the worst eye where poor visual acuity arises from cataracts</p> <p>In bilateral cataracts – surgery should be offered for the worst effected eye (unless contra indicated)</p> <p>Patients with better acuity may be offered surgery if they meet any of the following criteria</p> <ul style="list-style-type: none"> • Working in an occupation which a good acuity is essential • Patients with posterior subcapsular cataracts and those with cortical cataracts who experience problems with glare and a reduction in acuity in bright conditions • Patients who need to drive who experience significant glare which affects driving • Patients with visual field defects borderline for driving, where cataract extraction would be expected to significantly improve the visual field • Patients with glaucoma who require cataract surgery to control intra ocular pressure • Patients with diabetes who require clear views of their retina to look for retinopathy 	<p>Where the cataract procedure on the first eye has achieved a VA of 6/9 or better, and the VA for the second eye is 6/12 (LogMAR 0.3) or better, then the patient should be discharged, unless receiving treatment for any other eye condition. The patient should be advised to attend an optometrist for sight tests annually or earlier if they notice any deterioration of vision.</p> <p>If the first eye does not achieve a VA of 6/9 or better, then the second eye should be dealt with on clinical merit, taking into account any directly related work circumstances (i.e. the requirement for night driving).</p> <p>There are circumstances, where despite good acuities, there may still be a clinical need to operate on the second eye fairly speedily e.g. where there is resultant anisometropia (a large refractive difference between the two eyes) which would result in poor binocular vision or even diplopia. In these circumstances, the notes should clearly record this so that it can be identified during any future clinical audit.</p>

Guidance

<http://bhamcrosscityccg.nhs.uk/about-us/publication/get-involved/consultations/procedures-of-lower-clinical-value-survey/2643-ccg-procedures-of-limited-clinical-value-policy-january-2016/file>

http://www.enhertsccg.nhs.uk/ccg-guidance-and-policies-final?field_doc_search_words_value=&order=title&sort=desc

Right Care – Planned Care – 4th Wave Implementation Strategy 2016

<http://www.shropshireccg.nhs.uk/download.cfm?doc=docm93jijm4n9662.pdf&ver=16858>