

Policy title	Cataract surgery in adults V3.0
Policy position	Criteria Based Access
Date of Forum recommendation	February 2021
Date of ICB recommendation	November 2023

Cataracts are a common condition of later life affecting the lens of the eye. If left untreated, they can cause a gradual loss of clarity of vision, which can have a large impact on the quality of life of many elderly people. Currently the only effective treatment is surgery.

The aims of cataract surgery are to improve visual acuity (VA) and to improve the vision-related quality of the patient's life. A best corrected VA of 6/12 or better [Snellen test], [0.30 LogMAR test] in the worse eye normally allows a patient to function without significant visual difficulties.

Referral of patients with cataracts for surgical assessment should be based on one of the following indications;

- 1) The patient has a confirmed cataract with a visual acuity* of 6/12 or worse in the affected eye(s)
- 2) The cataract is producing visual symptoms resulting in detriment to quality of life, in particular compromising independence and this is likely to be improved by surgery
- 3) Cataract surgery is needed to facilitate management of an ocular comorbidity, including but not limited to: screening of, or treatment of diabetic retinopathy; monitoring of, or treatment of glaucoma. Confirmation of this requirement, including details of the management of the ocular comorbidity, should be clearly documented in the clinical record.

* Cataract surgery will be funded without consideration of the level of best corrected VA where it is in the patient's best interests and where a reliable measurement of visual acuity is not possible due to learning disability / cognitive impairment (or similar circumstance).

For all patients it is strongly recommended that a shared decision making conversation occurs prior to referral. This is to ensure that the patient understands the risks and benefits of surgery and also to support effective use of health services. This should include but is not limited to:

- How the cataract affects the person's vision and quality of life
- Whether one or both eyes are affected
- What cataract surgery involves, including possible risks and benefits
- How the person's quality of life may be affected if they choose not to have cataract surgery
- Whether the person wants to have cataract surgery.

Use of a quality assured [decision support aid](#) is encouraged to support discussion of the risks, benefits and consequences of the treatment options available in the context of each person's life and what matters to them.

Second eye surgery in patients with bilateral cataracts Second eye surgery will be funded if the criteria above are met again. In addition, cataract surgery will be funded if the patient is experiencing significant anisometropia following previous cataract surgery (defined as anisometropia of 2.5D or more causing aniseikonia).

For patients at significant risk of falls

If there are concerns about a patients' risk of falls, they should be screened for their falls risk as per local pathways. If a patient is deemed to be at significant risk of falls, and visual impairment due to cataract is deemed to be a contributor to this risk by the specialist team criteria point 2 will apply.

Intraocular lenses for cataract surgery (IOL)

Monofocal IOLs are the current standard IOL design used for cataract surgery in the NHS. Toric Intraocular Lenses for astigmatism correction in patients undergoing cataract surgery is not normally funded by ICBs. This is due to a lack of quality evidence regarding the long term clinical effectiveness of this procedure. NHSE commissions other services for astigmatism and refractive errors that are effective, safe and cost-effective, such as wearing glasses or contact lenses.

NOTE:

- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.
- This policy will be reviewed in the light of new evidence or new national guidance, eg, from NICE.

References:

1. NICE NG77: Cataracts in adults: management. Published October 2017.
2. NICE NG197: Shared decision making. Published June 2021.
3. NHS England. Decision support tools: making a decision about cataracts. Published July 2022. <https://www.england.nhs.uk/publication/decision-support-tools-making-a-decision-about-a-health-condition/>
4. Academy of Medical Royal Colleges. Evidence based Interventions: List 3 Guidance. Shared decision making for cataract surgery. Published May 2023.

Clinical coding

Age range: ≥19 years

ICD10 Coding

H25.- Senile cataract

H269: Cataract, unspecified

H268: Other specified cataract.

Relevant OPCS codes

C75.1 Insertion of prosthetic replacement for lens NEC

C75.4 Insertion of prosthetic replacement for lens using suture fixation

The codes below are present in a secondary position to the insertion codes above:

C71.1- Extracapsular extraction of lens

C71.2 Phacoemulsification of lens

C72.- Intracapsular extraction of lens

C73.- Incision of capsule of lens

C74.- Other extraction of lens

No clinical codes are available for toric intraocular lenses.

Key words: Cataract, lens replacement surgery, glaucoma, intra ocular lens

Policy update record	
August 2020 BHPF v1.1	Beds and Herts Priorities Forum update.
December 2020 BLMK CCCF v1.2	Minor wording amendment to add lip reading to impact on ADL and addition of glaucoma to criteria.
February 2021 BLMK CCCF v2.0	Clarification of wording to remove 'lifestyle' in place of ADL.
November 2023 BLMK ICB QP meeting v3.0	Replacement of "visual acuity" with "visual symptoms" to allow inclusion of other symptoms such as glare, dazzle or halos. Replacement of "activities of daily living"/ reference to driving with "quality of life" to reflect that cataracts can have wide ranging impacts on people's lives. Clarification of the use of the 6/12 visual acuity threshold within the criteria, and a minor rewording of the diabetes screening/ glaucoma management sections for clarity. An addition of anisometropia to the criteria for second eye surgery, and clarification that people with learning disabilities or cognitive impairment may not need to fulfil the BVCA criteria. Reference to the NHS England shared decision support tool for cataract treatment and inclusion of the Academy of Medical Royal Colleges Guidance, "Shared decision making for cataract surgery".