



Freedom of Information request & West Norfolk CCG response

WN-2015-00156 – Cataract Surgery Eligibility

1. What policy do you have in place to determine eligibility for cataract surgery (for both first and second eye)? Please provide a copy of this policy together with a written statement of the reasons for this policy.

FIRST EYE:

- Patient has visual acuity of 6/12 or worse in the worst eye. (*best achievable VA recorded on the optometrist's referral in the patient's current spectacles/contact lenses that dictates eligibility for surgery with all of the usual caveats being unchanged*)
- Patients with posterior subcapsular cataracts and those with cortical cataracts who experience problems with significant glare and a reduction in acuity in bright conditions
- Patients with glaucoma who require cataract surgery to control intra ocular pressure
- Patients with diabetes in whom clear views of their retina are required to look for retinopathy

SECOND EYE:

Patients must not be referred for surgery on their second eye unless their visual acuity is at 6/18 (*best achievable VA recorded on the optometrist's referral in the patient's current spectacles/contact lenses that dictates eligibility for surgery with all of the usual caveats being unchanged*).

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 6/17 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.

Patients must only be listed for second eye surgery at the time of the first outpatient appointment or first eye surgery, if they meet the threshold. Providing the patient meets the threshold in the second eye the patient can be booked for surgery, thus avoiding the need for a further outpatient appointment. If the threshold is not met then the patient must be returned to the care of the optometrist until the cataract condition warrants further referral.

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.

There are circumstances, where despite good acuities, there may be a clinical need to operate on the second eye 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.

- 2. Have you made any changes to your policy since April 2013 or are you planning to make changes to your policy? Changes to include plans to approve changes for this financial year (2015/16) and the following financial year (2016/17). Please provide details of agreed and proposed changes.**

Any changes made since 2013 have been highlighted in red above. The CCGs do not have any current plans to make any further amendments to the policy in the immediate future.

- 3. When will you change your cataract policy to reflect recommendations in the Royal College of Ophthalmologists commissioning guidance? This includes implementing section 11 – thresholds for cataract surgery and legal visual acuity requirements. Please provide details of the steps that will be taken to implement these changes.**

See response to question 2.

- 4. Please provide details of any meetings (to include minutes) where cataract policies have been discussed in the last 3 years.**

Under section 12 (1) of the FOIA and under the Freedom of Information Act and Data Protection (Appropriate Limit and Fees) Regulations 2004, a Clinical Commissioning Group is exempt from complying with a request for information where the cost of compliance is estimated to exceed 'the appropriate limit' of £450.00 which is effectively 18 hours of work. We confirm that we hold this data but it would take more than 18 hours to provide it. Having to access all minutes which are held by the CCG since its inception, searching for and redacting information strictly to cataract policies would most likely exceed the appropriate limit.