



Freedom of Information request & West Norfolk CCG response

WN-2016-00231 – Cataract Surgery

1. Access to NICE approved treatments in ophthalmology

Is the treatment listed below routinely available to patients according to it's NICE TAG?

Please could you indicate by putting a cross in the applicable box below and sending the table back to RNIB? Confirmation means that patients do not have to use Individual Funding Requests to access this treatment.

Please tick relevant box:

| | Yes | No |
|---|-----|----|
| Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion [TA409] | ✓ | |

The CCG can confirm that patients do not have to use the IFR route to access the aflibercept treatment.

2. Commissioning policies

Please could you send RNIB your commissioning policy for cataract surgery. Please indicate the review date of this policy.

The CCG do not have a separate commissioning policy for cataract surgery. Please see below the policy wording which is included in the Clinical Threshold Policy (this contains all of the threshold policies). There is currently no review date.

The Norfolk CCGs will fund cataract surgery where there is a clinical impression that it is in the best interests of the patient AND where ALL of the following criteria apply:

1. First Eye: BCVA* of 6/12 Snellen or worse in that eye.
2. Second Eye: BCVA* of 6/18 Snellen or worse in that eye.
3. The cataract(s) is/are producing symptoms resulting in detriment to quality of life, in particular compromising independence.

NB: Where both eyes are eligible for surgery, the eye with the poorer BCVA must be operated upon first except where either:

- the reduced level of acuity in the poorer eye is due to a condition other than cataract
- or:
- the patient's symptoms are more pronounced in the eye with the better BCVA

*Best Corrected Visual Acuity (BCVA) i.e. visual acuity after correction of any refractive error, achieved after correction with spectacles / contact lenses / other adjustments

Cataract surgery will be funded without consideration of the level of BCVA where it is in the patient's best interests and where **ANY** of the following criteria apply:

- Where posterior sub-capsular and/or cortical cataract is resulting in significant and disabling glare.
- Where cataract surgery is necessary to permit the surveillance for/of, or treatment of, diabetic retinopathy.
- To treat existing angle closure glaucoma, or prevent future angle closure glaucoma (in eyes with cataract deemed at significant risk of future angle closure).
- To improve intraocular pressure control in eyes with glaucoma and inadequate intraocular pressure control.
- To correct significant anisometropia (asymmetry of right and left eye refractive error of sufficient magnitude to compromise spectacle tolerance); where anisometropia of at least 1.50 dioptres is present (where anisometropia is defined as asymmetry of either the spherical equivalent refraction or the principal refractive meridians of the two eyes), or where anisometropia of at least 1.00 dioptres is present AND the patient has suffered spectacle intolerance attributable to the refractive asymmetry.
- To treat lens-induced ocular disease (e.g. phacolytic glaucoma, phacomorphic glaucoma, phaco-anaphylactic uveitis etc.)
- Where there is a rapid cataract-induced myopic shift in refractive error progressing at a rate of no less than 1 dioptre per year (documented by subjective refraction).
- Where the presence of cataract is preventing a patient from meeting the DVLA visual requirements for their current form of driving licence.
- Where a reliable measurement of visual acuity is not possible due to learning disability / cognitive impairment (or similar circumstance) but cataract surgery is deemed to be in the patient's best interests.