Programme Title: Clinical Policies
Clinical Policies aim to prevent avoidable harm to patients by only offering treatments on the NHS that are evidence-based, clinically safe and effective, as well as cost effective and a good use of resources.

NHS
Central East
Integrated Care Board

Cambridgeshire, Peterborough, Bedfordshire, Luton, Milton Keynes and Hertfordshire

Title of policy and version:	**Ophthalmology – Cataract Surgery** Version: v1.0
Commissioning position:	Criteria Based Access
Scope:	**Covers** • Cataract surgery for symptomatic cataract • Cataract surgery to facilitate management of another ocular morbidity **Out of Scope:** • Congenital cataracts, and other cataracts in children under 18 years of age
Cohort:	Adults with cataract(s)
Other relevant Clinical Policy	N/A

Treatments routinely funded:	Cataract surgery (phacoemulsification) is routinely funded for patients meeting criteria: A and C **OR** B and C Patients not meeting these criteria should not be listed for cataract surgery. The same criteria apply to first and second eye surgery. **<u>Criteria A</u>** - The patient has significant visual symptoms confirmed to be due to cataract, which are impairing the patient's activities of daily living e.g. ▪ Significant risk of falls ▪ Affecting ability to drive ▪ Significantly affecting ability to work ▪ Significantly affecting ability to undertake leisure activities, such as reading, watching television, or recognising faces

	- Evidenced by: ▪ Visual acuity 6/12 or worse in the affected eye **OR** ▪ Cat PROM-5 raw score of 5 or more (out of 21) **OR** ▪ If measurement of visual acuity or Cat PROM-5 is not possible for clinical reasons (e.g. due to dementia/cognitive issues/learning disability, or patient is unable to read for non-vision reasons), there should be: - Clear documentation of assessment of vision, individual visual needs, functional impairment and/or visual behaviour changes. - MDT assessment and outcomes, where appropriate - A Clinical Frailty Score, where appropriate **OR** ▪ Severe anisometropia (>2.5D) following first eye surgery **AND** ▪ It is anticipated that this will be improved by surgery. ▪ For all patients with dementia, a Clinical Frailty Score should be documented. This should be less than 8. **Criteria B** ▪ Cataract surgery is needed to facilitate management of an ocular comorbidity, including but not limited to: screening or treatment of diabetic retinopathy; glaucoma monitoring; treatment of angle-closure glaucoma ▪ Confirmation of this requirement, including details of the management of the ocular comorbidity, should be clearly documented in the patient's notes **Criteria C** ▪ A formally documented, shared decision-making process has been performed by the referrer (usually a primary care optometrist) with the patient (and their family members or carers, as appropriate). This includes, but is not limited to: ▪ How the cataract affects the persons' 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 The NHS England Making a Decision about Cataracts shared decision making tool can be used to support this process.

	AND ▪ Following this process, the person wants to have cataract surgery. **<u>Referrals</u>** It is expected most referrals will be made by community optometrists. The formally documented shared decision-making process should accompany the referral. Patients should not be referred when the criteria are not met. Where there is uncertainty (e.g. visual impairment not reflected in visual acuity and optometrist unable to complete Cat 5 PROM score), patients may be referred, with eligibility for surgery to be confirmed in secondary care. **<u>Smoking</u>** Patients who smoke should be informed of the risks relating to their eye health and vision and encouraged to quit. Smoking cessation services are available across Central East: - Cambridge and Peterborough: https://healthyyou.org.uk/services/smoking-cessation/ - Beds, Luton and MK: Quit smoking, lose weight and feel healthier - Choose You - Hertfordshire: https://www.hertfordshire.gov.uk/services/health-in-herts/smoking/stop-smoking-service.aspx

Treatments not funded:	Non-standard intraocular lenses (including toric lenses and multifocal/trifocal lenses)

Rationale:

These criteria are based on the Royal College of Ophthalmologists (RCOphth) guidance on cataract surgery, and the Academy of Medical Royal Colleges (AoMRC) Evidence Based Interventions guidance on Shared Decision Making for Cataract Surgery. The ICB has added a requirement to evidence criteria A with objective measures of visual impairment and visual related quality of life.

The Cat PROM5 is a validated, short patient questionnaire assessing visual related quality of life developed in response to NICE's research recommendations for a validated measure of cataract related quality of life. A copy of the Cat PROM5 questionnaire can be found here. RCOphth have published a guide to interpreting scores, including what scores (transformed to a 0-100 scale) represent extreme visual difficulty that should be the highest priority, very significant visual difficulty which should be prioritised, and the central 75% of pre-operative scores where surgery is uncontroversial. To maximise value from limited resources, the cut-off where surgery is uncontroversial has been adopted in this policy.

Whilst RCOphth plan to incorporate pre- and post- op Cat PROM-5 scores into the National Cataract Audit, use of this questionnaire is not yet routine. To minimise the impact of this policy change on providers, this policy includes the use of visual acuity as an alternative, so that Cat PROM5 scores are

only needed when visual acuity scores are better than 6/12 and do not capture the negative impact of the cataract on the patient's vision related quality of life.

The Cat PROM5 is not valid for patients who cannot read for reasons other than poor vision. Additionally, it may not be possible to obtain typical assessment measures, including those used in this policy in some patients with dementia, cognitive issues or learning disabilities. A flexible alternative to demonstrating visual impairment is therefore included for these groups.

RCOphth have produced guidance on assessment and adjustments for people with dementia. Within this, they highlight that a significant proportion of patients with dementia who would benefit from cataract surgery are not treated. Timely treatment of cataracts is important in this population to maximise the cognitive benefits of sight restoration whilst reducing the risk of post-operative cognitive dysfunction. RCOphth advise that for patients with dementia, those with a Clinical Frailty Score of 6-7 should have an MDT assessment and may benefit from surgery with a personalised plan for their needs. Those with a Clinical Frailty Score of 8 or 9 are unlikely to benefit from surgery. In the rare circumstances an MDT assessment concludes that an individual patient with a Clinical Frailty Score or 8 or 9 is likely to benefit from surgery, an IFR application can be made.

Shared decision making empowers patients to fully understand their treatment options and decide what is best for them, at that time. It protects patients from undergoing surgery they would not have chosen at that time (or ever) if they were properly informed of, and fully understood, all relevant information. Undertaking shared decision making prior to referral reduces the number of unnecessary referrals for patients who do not wish to consider surgery yet, once they have all the information they need. There is a wide variation across England between the number of patients referred for cataract surgery and those who undergo surgery, with rates ranging from 40-92%, meaning that 8-60% of people referred do not go on to have surgery. Following referral guidance and using shared decision making tools prior to referral has been proven to reduce inappropriate referrals and lead to better patient experience and clinical outcomes.

Non-standard intraocular lenses are associated with increased costs, both the cost of the implant and the overall pathway. Other effective, safe, and cost-effective interventions are available for astigmatism and refractive errors, such as spectacle correction and contact lenses. Therefore, non-standard lenses will not be routinely funded.

Smoking is a significant risk factor for several serious eye conditions and vision loss, including the development of cataracts and need for cataract surgery. However, this is not well known by the public. It is therefore recommended that patients presenting with cataract are asked about smoking status and informed of the risks to eye health and vision.

IFR Statement Clinical Exceptionality:

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.

Coding list:

Record of significant change:	v1.0 – New harmonised policy for Central East ICB, based on predecessor ICB policies (C&P, HWE, BLMK).
Planned review date:	TBC

Document Environmental Impact statement:
Neutral environmental impact. Policy to be shared and stored electronically where possible; if printed, use double-sided printing and minimal copies.