

Cataract Policy

What is this?

Cataracts are when the lens, a small transparent disc inside your eye, develops cloudy patches.

Over time these patches usually become bigger causing blurry, misty vision and eventually blindness.

When we're young, the lenses in the eye are usually like clear glass, allowing us to see through them. As we get older, they start to become frosted, like bathroom glass, and begin to reduce our vision.

Cataracts usually appear in both eyes. They may not necessarily develop at the same time or be the same in each eye.

How Common Are Cataracts?

They're more common in older adults and can affect your ability to carry out daily activities such as driving. An average of 30% of people aged 65 and over may have cataracts; this rises to as high as 59% in people aged 80 years and over.

Cataracts can also affect babies and young children; this policy does not apply to anyone under the age of 18 as they have a separate treatment pathway.

Symptoms you may have if you have a cataract:

- your eyesight is blurred or misty
- you find lights too bright or glaring
- you find it harder to see in low light
- colours look faded
- if you wear glasses, you may feel your lenses are dirty and need cleaning, even when they do not.

Cataracts are not usually painful and do not make your eyes red or irritated, but they can be painful if they're in an advanced stage or if you've got another eye condition as well.

It's not entirely clear why we are more likely to develop cataracts as we get older, but some things may increase your risk of cataracts, including:

- a family history of cataracts
- smoking
- diabetes
- eye injury
- long-term use of steroids
- drinking too much alcohol

Proposed Policy Changes

The proposal is to use the Worcestershire policy across the two counties. The differences are highlighted in red text in the Worcestershire policy statement below.

Estimated Impact – What this means for Herefordshire and Worcestershire patients

For patients who are part of the Worcestershire population, nothing will change as the policy is already in place.

However, adopting the Worcestershire policy for Herefordshire will mean that some Herefordshire patients may no longer be eligible for surgery from the 1 April 2020 who might have been eligible before.

- Patients who have been seen by their Optician and have a cataract and a “best corrected visual acuity” of 6/12 or worse but no other symptoms/special indications will be eligible for NHS funded surgery following a specialist review.
- If a patient has been seen by their Optician and has a cataract but has a best corrected visual acuity that is better than 6/12, will be eligible for NHS funded surgery ONLY if they meet one or more of the specific eligibility criteria noted in the Worcestershire policy below

Original Herefordshire Policy

Prior Approval (Restricted)

Cataract Surgery will only be funded if the following criteria are met:

- Patients who are still working in an occupation in which good acuity is essential to their ability to continue to work (e.g. watchmaker)

OR

- Patients with posterior sub capsular cataracts and those with cortical cataracts who experience problems with glare and a reduction in acuity in daylight or bright conditions

OR

- Patients who need to drive at night who experience significant glare due to cataracts which affects driving

OR

- Difficulty with reading due to lens opacities

OR

- Patients with visual field defects borderline for driving, in whom cataract extraction would be expected to significantly improve the visual field
- OR
- Significant optical imbalance (anisometropia or aniseikonia) following cataract surgery on the first eye
- OR
- Patients with glaucoma who require cataract surgery to control intra ocular pressure
- OR
- Patient with diabetes who require clear views of their retina to look for retinopathy
- OR
- Patients with wet macular degeneration or other retinal conditions who require clear views of their retina to monitor their disease or treatment (e.g. treatment with anti-VEGFs)

N.B. The reasons why the patient's vision and lifestyle are adversely affected by cataract and the likely benefit from surgery, or other exceptional circumstances, must be clearly documented in the clinical records.

Original Worcestershire Policy

The Commissioner routinely funds cataract extraction surgery on either 1st or 2nd eyes with a best corrected visual acuity of 6/12 or worse (in the affected eye).

A copy of the agreed Worcestershire Cataract Surgery Treatment Pathway flowchart is attached to this document as Appendix 1 to ensure clarity regarding Commissioner expectations.

The Commissioner does not normally fund cataract extraction surgery on an eye (1st or 2nd) with a best corrected visual acuity of better than 6/12, unless there are *special indications*.

Special indications include:

- Patients who are still working in an occupation in which good acuity is essential to their ability to continue to work (e.g. watchmaker)
- OR
- Patients with posterior subcapsular cataracts and those with cortical cataracts who experience problems with glare and a reduction in acuity in daylight or bright conditions
- OR
- Patients who need to drive at night who experience significant glare due to cataracts which affects driving
- OR
- Difficulty with reading due to lens opacities

OR

- Patients with visual field defects borderline for driving, in whom cataract extraction would be expected to significantly improve the visual field

OR

- Significant optical imbalance (anisometropia or aniseikonia) following cataract surgery on the first eye

OR

- Patients with glaucoma who require cataract surgery to control intra-ocular pressure

OR

- Patient with diabetes who require clear views of their retina to look for retinopathy

OR

- Patients with wet macular degeneration or other retinal conditions who require clear views of their retina to monitor their disease or treatment (e.g. treatment with anti-VEGFs)

Note: No driver should be left without the necessary binocular visual acuity for the DVLA standard, (which is about 6/10 but has no actual Snellen equivalent).

For all patients referred for cataract extraction surgery:

1. There should be evidence of significant impairment of lifestyle such as:

- The patient is at significant risk of falls;

OR

- The patient's vision is substantially affecting their ability to work;

OR

- The patient's vision is substantially affecting their ability to undertake leisure activities such as reading, recognising faces or watching television;

AND

2. The patient is ready and willing to undergo cataract surgery.

AND

3. The referring optometrist or GP must have discussed the risks and benefits of surgery prior to referral and is assured that the patient understands and is willing to undergo surgery if required.

The reasons why the patient's vision and lifestyle are adversely affected by cataract and the likely benefit from surgery, or other exceptional circumstances, must be clearly documented in the clinical records.

Have your say:

Survey: <https://www.surveymonkey.co.uk/r/PolicyCataract>

Email: hw.engage@nhs.net

Telephone: Due to the ongoing Coronavirus pandemic we are unable to receive telephone calls. However, if you would like to arrange for a member of the engagement team to call you back please contact us at hw.engage@nhs.net

Please give your views by Monday 25 May 2020