Lancashire and South Cumbria Integrated Care Board

Policy for Cataract Surgery

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Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
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Author (inc Job Title):	Clinical Policy Group Debbie Lowe - Head of Service – IFR & Clinical Policy
Ratified by: (Name of responsible Committee)	Commissioning Committee
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Document control:		
Date:	**Version Number:**	**Section and Description of Change**
	1	Introduction of a new LSC ICB policy setting out clear eligibility criteria and commissioning arrangements to ensure consistent, evidence-based access and reduce variation.

1. Policy

Cataract surgery is routinely commissioned if any of the criteria listed below are satisfied:

• An assessment of the patient's visual quality of life (**using the assessment template below**) suggests surgery is appropriate

OR
• Significant ocular imbalance (anisometropia) due to progression of an existing cataract or following cataract surgery on the first eye

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

OR
• Patients 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).

AND
For ALL cases, the following additional criteria (**see Final Checklist below**) are also satisfied:

• Fitness for surgery is considered to be adequate
AND
• Patient consent is given (when fully informed of the likely benefits and risks)

TEMPLATE to ASSESS the VISUAL QUALITY of LIFE

(As an opening question, it is useful to ask the patient whether there are any activities which they used to do in the past, which they would be keen to do again, but their poor vision is stopping them. This gives an initial impression which should then be supplemented by asking the detailed questions below) **Questions**	**Response A**	**Response B**	**Response C**
1. How well can the patient see objects in the distance when wearing the appropriate spectacles?	*Without difficulty*	*With slight difficulty*	*With great difficulty*
2. How well can the patient see writing on the TV and/or road signs when wearing the appropriate spectacles?	*Without difficulty*	*With slight difficulty*	*With great difficulty*
3. How well can the patient recognise people on the street at a distance when wearing the appropriate spectacles?	*Without difficulty*	*With slight difficulty*	*With great difficulty*
4. How well can the patient see the text in a newspaper, book or screen when wearing the appropriate spectacles?	*Without difficulty*	*With slight difficulty*	*With great difficulty*

(As an opening question, it is useful to ask the patient whether there are any activities which they used to do in the past, which they would be keen to do again, but their poor vision is stopping them. This gives an initial impression which should then be supplemented by asking the detailed questions below) **Questions**	**Response A**	**Response B**	**Response C**
5. How often does the patient experience glare when it is sunny, or experience light scatter from lights at night, to the point that they find it uncomfortable or difficult to function normally as a result?	*Without difficulty*	*With slight difficulty*	*With great difficulty*

FINAL CHECKLIST

Risks and Consent

The referrer should be satisfied that the criteria outlined in 1-3 below have all been met before referring.	
1. Has the potential to benefit been explained to the patient?	Yes or No
2. Have details of the procedure and risks been explained to the patient?	Yes or No
3. Is the patient still willing to proceed?	Yes or No

2. Scope and definitions

2.1 This policy applies to adults registered with a GP within Lancashire and South Cumbria ICB who are being considered for cataract surgery where cataract is contributing to visual impairment with an associated reduction in visual quality of life.

2.2 The policy sets out the circumstances in which cataract surgery is routinely commissioned, where there is evidence of functional impairment, impact on activities of daily living, or where surgery is clinically required to support the management or monitoring of other ocular conditions.

2.3 This policy applies to referrals for routine cataract surgery and should be used by referrers, providers, clinicians, and commissioners to support consistent decision-making, appropriate referral, shared decision-making with patients, and equitable access to treatment.

2.4 This policy does not apply to patients requiring urgent or emergency ophthalmological intervention, or where cataract surgery is required as part of the management of complex ocular pathology outside the scope of routine commissioning criteria.

3. Appropriate Healthcare

3.1 The Commissioning Organisation considers that the purpose of cataract surgery is to improve the health and wellbeing of patients by restoring visual function, reducing functional impairment, and supporting independence in activities of daily living. Cataract surgery in many people is associated with significant improvements in visual quality of life, including enhanced ability to read, mobilise safely, and undertake routine tasks.

3.2 Cataract-related visual impairment is also associated with an increased risk of accidents and falls; therefore, timely surgical intervention may contribute to reducing wider morbidity and supports overall patient safety.

3.3 The Commissioning Organisation recognises that cataract surgery is a clinically effective and cost-effective intervention, with benefits demonstrated across a range of patient groups, including both first-eye and second-eye procedures.

3.4 Accordingly, the provision of cataract surgery in line with this policy accords with the Principle of Appropriateness, ensuring that interventions are commissioned where there is clear evidence of clinical benefit, improvement in quality of life, and efficient use of NHS resources.

4. Effective Healthcare

4.1 The Commissioning Organisation recognises that cataract surgery is clinically effective in the following circumstances:

- Where a patient has cataract-related visual impairment and there is evidence of impact on visual quality of life and/or activities of daily living.
- Where assessment demonstrates that the patient is likely to benefit from surgery based on functional impairment rather than visual acuity alone.
- Where cataract surgery is required to support the management or monitoring of other ocular conditions (e.g. to enable retinal examination or treatment).
- Where second-eye surgery is clinically appropriate to improve binocular vision, depth perception, or overall visual function.

4.2 The Commissioning Organisation considers that cataract surgery is not effective in the following circumstances:

- Where there is no cataract-related functional impairment or impact on visual quality of life
- Where visual symptoms are not attributable to cataract (e.g. alternative ocular pathology without expected benefit from surgery)
- Where the patient is unlikely to benefit following clinical assessment or does not wish to proceed after shared decision-making

5. Cost Effectiveness

5.1 The Commissioning Organisation considers that cataract surgery is cost-effective in the circumstances set out in section 4.1, delivering clinical benefit and improved quality of life at a cost per QALY below the recommended NICE threshold.

5.2 The Commissioning Organisation considers that cataract surgery is not cost-effective in the circumstances set out in section 4.2, where there is no expected clinical benefit.

5.3 Nevertheless, if a patient is considered clinically exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

6. Ethics

6.1 The Commissioning Organisation recognises that cataract surgery satisfies the criteria within the 'Ethical' component of the Statement of Principles.

7. Affordability

7.1 The Commissioning Organisation recognises that this policy satisfies the criteria within the 'Affordability' component of the Statement of Principles.

8. Exceptions

8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

9. Force

9.1 This policy remains in force for a period of three years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.

9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
- If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

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11. Associated OPCS/ICD codes

OPCS codes
C711, C712, C713, C718, C719, C721, C722, C723, C728, C729, C741, C742, C743, C748, C749, C751, C752, C753, C754, C755, C758, C759 – Cataract Surgery
ICD-10 codes
H250, H251, H252, H258, H259, H260, H261, H262, H263, H264, H268, H269, H280 - Cataract
ICD-10 codes (Exceptions)

H523 – Anisometropia H400, H401, H402, H403, H404, H405, H406, H408, H409, H420, H428 – Glaucoma H360 - Diabetic retinopathy H353 - Wet macula degeneration