NHS
Buckinghamshire, Oxfordshire & Berkshire West
Integrated Care Board

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC60 Cataract Removal in Adults – Thresholds for Surgery
Date of BOB ICB Adoption	January 2024

When referring a patient for first or second eye cataract surgery the following thresholds must be met to ensure that surgery is a cost effective intervention:

1. The cataract must be sufficient enough to account for the visual symptoms (visual loss or disturbance) experienced by the patient. Alternative causes for the reported visual symptoms should be excluded prior to referring a patient for cataract surgery

   AND

2. Visual Acuity 6/12 or worse in either eye

   OR

3. The cataract and visual symptoms experienced by the patient should negatively affect the patient's quality of life and activities of daily living. The following are examples for consideration for this threshold:
   - Significant glare or dazzle in daylight due to lens opacities
   - Difficulty with night vision due to lens opacities particularly if driving
   - Difficulty reading e.g. Significant Anisometropia/ Aniseikonia
   - Management of other coexisting eye conditions, including diabetic retinopathy screening service (DRSS) ungradable photograph
   - Refractive error primarily due to cataract

Cataract referrals should not be accepted unless a formally documented shared decision making process has been performed with the patient (and their family members or carers, as appropriate) as part of a referral. This includes but is not limited to:

- How the cataract affects the person's vision and quality of life
- Whether one or both eyes are affected
- How the person's quality of life may be affected if they choose not to have cataract surgery
- Whether the person wants to have cataract surgery if deemed necessary and improved glasses have not helped

Following referral, appropriately trained ophthalmology personnel within secondary care must discuss the risks and benefits of surgery with the patient. The patient must want to undertake the surgery when all the above is considered.

Cataract surgery should not normally be performed solely for the purpose of correcting longstanding pre-existing myopia or hypermetropia.

The same thresholds will apply for second eye surgery.

OPCS-4 codes

C71-C74 (lens extraction)
C75.1 (lens replacement): Insertion of prosthetic replacement for lens NEC
C75.4 Insertion of replacement for lens using suture fixation (includes suture fixation of lens implant)

There is no clinical coding classification for first or second eye procedures.
Laterality codes are present in the clinical record, these will help to determine which eye was treated at which admission / attendance:

Other OPCS procedure codes – (secondary position):
Z94.1 Bilateral
Z94.2 Right sided operation
Z94.3 Left sided operation
Z94.4 Unilateral operation
Z94.5 Specified laterality NEC
Z94.6 Laterality NEC

NOTES:
- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- BOBFPC clinical policies can be viewed at Clinical Commissioning Policy Statements & IFRs | BOB ICB

Version	Date	Reason for change
Version 1	May 2017	
Version 2	January 2018	Updated following review of NICE guidance
Version 2.1	October 2018	Updated to version 2.1 to correct spelling of Anisometropia
Version 3	July 2022	National guidance and evidence reviewed with clinicians. Proposed EBI guidance regarding patient decision making included. Appropriately trained ophthalmology personnel within secondary care to discuss risks and benefits of surgery with patient. OPCS coding checked