

Policy statement:	Cataracts
Status:	Threshold

Referrals should not be based simply on the presence of a cataract. **Referral of patients with cataracts to ophthalmologists should be based upon the two following indications:**

A Impairment of lifestyle (not exhaustive list) such as;

- the patient is at significant risk of falls, **or**
- the patient's vision is affecting their ability to drive, **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, watching television or recognising faces **or**
- management of other co- existing eye conditions **AND**

B Willingness to have cataract surgery:

The referring optometrist or GP should discuss the risks and benefits using an approved information leaflet (national or locally agreed) and ensured that the patient understands and is willing to undergo surgery before referring.

Second eye

As the benefits of second eye surgery have been demonstrated patients will be offered second eye surgery provided they fulfil the referral criteria. Second eye surgery should be deemed urgent when there is resultant anisometropia (a large refractive difference between the two eyes of 2 ½ dioptas) which would result in poor binocular vision or diplopia (this should be clearly recorded in the patient's notes).

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

Providers will be audited on the indications for cataract surgery.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the CCG policy.

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Approved by (committee)	West Essex Executive Commissioning Committee
Date approved:	20th June 2014
Produced by (Title):	
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