

Policy Category:
CBA
Who usually applies for funding?
Not applicable



Cataract Surgery

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| Commissioning decision | The ICB will provide funding for Cataract surgery patients who meet the criteria defined within this policy. |
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Policy Statement:

The ICB will fund cataract extraction [phako-emulsification] with intra-ocular standard mono focal lens [non-standard accommodating or multi-focal lenses are not funded] in the first eye and in the second eye provided that:

1. The patient has a Gloucestershire Cataract Assessment Questionnaire [GCAQ] score of 10 or greater.

Link to Gloucestershire Cataract Assessment Questionnaire [here](#)

Where a patient has a GCAQ score of less than 10 cataract surgery is **not** normally funded, and an IFR application must be submitted demonstrating the reasons for clinical exceptionality

Rationale:

Local clinicians have developed the Gloucestershire Cataract Assessment Questionnaire as a method for identifying patients most likely to gain significant benefit from cataract surgery. The questionnaire takes into account visual acuity, severity of visual impairment, and any relevant clinical modifiers.

Plain English Summary:

A cataract is cloudiness of the lens (the normally clear structure in your eye which focuses the light). They can develop in one or both eyes.

The cloudiness can become worse over time, causing vision to become increasingly blurry, hazy or cloudy. Minor cloudiness of the lens is a normal part of ageing. Significant cloudiness, or cataracts, generally get slowly worse over time and surgery to remove them is the only way to restore vision. However, it's not necessary to have surgery if your vision is not significantly affected and you don't have any difficulties carrying out everyday tasks.

Cataract surgery is available on the NHS if they are making it difficult to carry out activities such as reading, driving and looking after someone under your care. Locally the Gloucestershire Cataract Assessment Questionnaire is the tool used to assess whether or not surgery is likely to be required.

If your doctor believes that you meet the criteria set out in this policy the ICB will fund the treatment.

Evidence base:

Busbee BG, Brown MM, Brown GC, Sharma S. Incremental cost-effectiveness of initial cataract surgery. *Ophthalmology* 109 (3): 606-612 MAR 2002

B. Busbee Cost-utility analysis of cataract surgery in the second eye. *Ophthalmology*,

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Tobacman JK, Lee P, Zimmerman B, Kolder H, Hilborne L, Assessment of appropriateness of cataract surgery at ten academic medical centers in 1990. Ophthalmology. 1996 Feb;103(2):207-15.

Choi YJ, Hong YJ, Kang H. Appropriateness ratings in cataract surgery. Yonsei Med J 2004; 45:396-405

Brogan C, Lawrence D, Pickard D, Benjamin L. Can the use of visual disability questionnaires in primary care help reduce?

For further information please contact GLICB.IFR@nhs.net

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| Date of Publication | June 2015 |
| Policy review date | September 2024 |

Policy sign off

| Reviewing Body | Date of review |
|-----------------------------------------------|-----------------------|
| Effective Clinical Commissioning Policy Group | June 2015 |
| Integrated Governance and Quality Committee | June 2015 |

Version Control:

| Version No | Type of Change | Date | Description of Change |
|-------------------|------------------------------|-------------|-------------------------------------------------------------------------------------------------------------|
| 1 | | 30.06.15 | |
| 2 | Review date | 01.02.18 | Policy review date changed to 1.2.20 |
| 3 | Wording removed & link added | 11.06.20 | Point 2 removed from Policy statement & link to Gloucestershire Cataract Assessment Questionnaire inserted. |
| 4 | Review date only | 16.09.21 | Policy review date changed to September 2024 |