Commissioning Policy

Cataract Surgery in adults (CBA)

Date adopted: October 2025

Version: 5

Authorisation and document control

Name of policy:	**Cataract Surgery**
Job title of author:	**Commissioning Manager – Elective Care**
Name of sign off group:	**Commissioning Policy Review Group (CPRG)**

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	02.10.2025

Consultation	
Name of group	**Date considered**
Effective Clinical Commissioning Policy Group	June 2015
Integrated Governance and Quality Committee	June 2015

Authorisation	
Name of group	**Date approved**
Commissioning Policy Review Group	07.10.2025
System Quality Committee	-

Date of adoption	
Date of publication	June 2015
Review date	October 2028
To be reviewed by (job title)	Commissioning Manager – Elective Care

Version control				
Version number	**Date**	**Summary of changes**	**Author/Editor**	**Approved by**
1.	30.06.15	Policy adopted from PCT/CCG		
2.	01.02.18	Review date changed to Feb 2020		ECCP

3.	11.06.20	Point 2 removed from policy statement and link to Glos Cataract Assessment Questionnaire inserted.		ECCP
4.	16.09.21	Review date changed to Sept 2024		ECCP
5.	07.10.25	New policy template adopted. Review date changed to October 2028. Minor change made to include anisometropia/imbalance of +/- 2 Diopter following first eye cataract surgery, as an additional eligibility criterion alongside the existing Gloucestershire Cataract Assessment Questionnaire (GCAQ) score of 10 or above.	Commissioning Manager/IFR Manager	CPRG

1.0 Background

A cataract is cloudiness of the lens within the eye. They can develop in one or both eyes. The cloudiness can become worse over time, causing vision to become increasingly blurry, hazy or cloudy, or causing glare. Minor cloudiness of the lens is a normal part of ageing (age related cataracts). Significant cloudiness or cataracts, generally get slowly worse over time and surgery to remove them is the only way to restore vision. Cataract surgery involves removing the cloudy lens from the eye, followed by insertion of a plastic (acrylic) lens in its place. Cataract surgery is the most common procedure performed in the UK.

However, the presence of a cataract does not in itself indicate a need for surgery. It is not necessary to have surgery if vision is not significantly affected and there are no difficulties carrying out everyday tasks.

Cataract surgery is available on the NHS if cataracts are making it difficult to carry out activities such as reading, driving or looking after someone under your care.

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

2.0 Policy statement

Policy category	Policy details
CBA	***The ICB will fund cataract extraction [phacoemulsification] with standard monofocal intraocular lens (IOL) [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*** ***OR*** ***2. Significant and symptomatic optical imbalance (anisometropia or anisekonia with a +/-2.0 dioptre difference following first eye cataract surgery). This must be clearly recorded in the patient's medical records.***

3.0 Patients who are not eligible for treatment under this policy

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 e.g. where a patient has a GCAG score of less than 10.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

Not applicable

5.0 References

INSERT FULL LIST OF ALL PUBLICATIONS USED TO SUPPORT DEVELOPMENT OF THE POLICY (E.G. NICE GUIDANCE, EBI GUIDANCE ETC)

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

5.2 B. Busbee Cost-utility analysis of cataract surgery in the second eye. Ophthalmology, Volume 110, Issue 12, Pages 2310-2317

5.3 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.

5.4 Choi YJ, Hong YJ, Kang H. Appropriateness ratings in cataract surgery. Yonsei Med J 2004;45:396-405
5.5 Brogan C, Lawrence D, Pickard D, Benjamin L. Can the use of visual disability questionnaires in primary care help reduce inequalities in cataract surgery rates?–a long term cohort study. In press

5.6 NICE Guidance: Cataracts in adults: management [NG77] October 2017: https://www.nice.org.uk/guidance/ng77
5.1 NHS EBI List 3: EBI_Guidance_List3_0523.pdf
5.2 Royal College of Ophthalmologists. The Way Forward report: Cataract. 2017 : RCOphth-The-Way-Forward-Executive-Summary-300117.pdf
5.3 Department of Health. Liberating the NHS: No decision about me, without me. 2021: Liberating the NHS: No decision about me, without me (publishing.service.gov.uk)
5.4 NHS England. Getting it Right First Time: Ophthalmology Speciality Report. 2019: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/12/OphthalmologyReportGIRFT19P-FINAL.pdf
5.5 NHS England. Shared Decision Making : https://www.england.nhs.uk/shared-decision-making/
5.6 Royal College of Ophthalmologists. Workforce Guidance: Cataract Services and Workforce Calculator Tool. 2021: https://www.rcophth.ac.uk/wp-content/uploads/2021/06/Cataract-Services-Workforce-Guidance-March-2021-1.pdf
5.7 NHS England. Transforming elective eye care services. 2019: https://www.england.nhs.uk/wp-content/uploads/2019/01/ophthalmology-elective-care-handbook-v1.1.pdf
5.8 Gaskell A, McLaughlin A, Young E, McCristal K. Direct optometrist referral of cataract patients into a pilot 'one-stop' cataract surgery facility. J R Coll Surg Edinb. 2001 Jun;46(3):133-7. PMID: 11478008: https://pubmed.ncbi.nlm.nih.gov/11478008/
5.9 Academy of Medical Royal Colleges. Choosing Wisely. 2016 https://www.aomrc.org.uk/choosing-wisely
5.10 General Medical Council. Decision making and consent guidance. 2020: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent