

SHIP8 Clinical Commissioning Groups Priorities Committee

No. 32

Policy Recommendation: Cataract Removal

Date of issue: April 2018

The committee were asked to review the policy on cataract extraction in the light of new guidance from NICE.

Representations were canvassed from a variety of clinicians and two secondary care clinicians were in attended the meeting.

It was noted that first and second eye cataract removal are cost effective with a low cost per QALY. NICE had provided some in-depth cost modelling and made a recommendation that extraction should be offered if it affects the patient's vision and quality of life; whether one or both eyes are affected; and after discussion of the risks and benefits of surgery as well as their personal wishes. However it was also noted that there needed to be less reliance on secondary care for screening and counselling as capacity was finite. It was noted that about 40% of patients with cataracts would not progress to surgery at the time of presentation.

The committee made the following recommendations:

- The pathway for patients must include a form of community-based validation and assessment. This would need to include a holistic assessment of their vision and the effect the cataract is having on them as well as explaining the risks and benefits of intervention and understanding the patient's wishes.
- A functional impact scoring scale could be considered in the assessment process. Several scoring systems were discussed such as cat-PROM5 and VF-14 but there was no consensus other than that this should not be on visual acuity (VA) alone but VA would be an important factor, as would driving status and glare.
- Patients should be fit for surgery at the time of referral
- The thresholds for first and second eye cataract extraction should be the same.
- Bilateral cataract extraction is preferable where clinically appropriate.