

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	TBC
<b>Service</b>	Cataract Screen/ Triage Service
<b>Commissioner Lead</b>	Mark Curran
<b>Provider Lead</b>	TBC
<b>Period</b>	1 <sup>st</sup> September 2017 – 31 <sup>st</sup> August 2020
<b>Date of Review</b>	January 2020

#### 1. Population Needs

##### 1.1 National/local context and evidence base

The development of the cataract pre-op service is part of a programme of work to redesign local eye services. This has been driven by the need to manage the demands being placed on secondary care ophthalmology services, and in doing so has recognised the potential to develop the role of eye health care professionals in primary care.

National key drivers include:

- NHS Standard Contract 2016-17 (March 2016)
- Delivering the Forward View: NHS Shared Planning in Guidance 2016/17-2020/21 (December 2015)
- HM Treasury Spending Review and Autumn Statement (November 2015)
- Clinical Council for Eye Health Commissioning Community Ophthalmology Framework (July 2015)
- NHS Annual Report 2014-15 (July 2015)
- NHS Commissioning for Quality and Innovation (CQUIN) Guidance for 2016/16 (March 2015)
- NHS Serious Incident Framework (March 2015)
- NHS Standard Contract 2015-16 (March 2015)
- NHS England Business Plan (March 2015)
- National Information Board Personalised Health and Care 2020 (November 2014)
- NHS Five Year Forward View (October 2014)
- NHS Outcomes Framework 2015-2016 (December 2014)
- NHS Constitution (March 2013)
- Safeguarding Vulnerable People in the Reformed NHS (March 2013)
- The Information Governance Review (March 2013)
- Commissioning Better Care: Urgent Care (February 2013)
- NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013
- Everyone Counts: Planning for Patients 2013/14 (December 2012)
- Securing excellence in commissioning primary care (June 2012)
- Health and Social Care Act 2012
- Equity and Excellence: liberating the NHS (2010)
- Right Care: Increasing Value – Improving Quality (June 2010)
- NHS 2010-15; from good to great (January 2010)
- Quality Innovation Productivity and Prevention (QIPP) agenda
- Implement care closer to home; convenient quality care for patients (April 2007)
- The UK Vision Strategy 2013-2018

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains and Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

## 2.2 Locally Defined Outcomes

- Care closer to home
- Reduction in unnecessary referrals to secondary care
- More cost effective care
- Improved quality of referrals

## 3. Scope

### 3.1 Aims and Objectives of Service

This aim of the service is to provide assessment and management of *patients* presenting with signs and/or symptoms of cataract in either eye.

The service will provided in the community and will be easily accessible and equitable. The service will:

- Provide a rapid access, high quality service to patients with cataract
- Ensure equity of service including provision to housebound individuals
- Reduce the total number of patient visits to GP
- Reduce the number of unnecessary referrals to secondary care
- Reduce waiting lists
- Improve the quality of referrals
- Reduce the incidence of preventable blindness due to cataract in line with the Vision 2020 strategy
- Support care closer to home as expressed in the 'Our Health Our Care our Say' White Paper
- Improve quality of life in line with World Class Commissioning vision
- Provide accurate data about outcomes and patient satisfaction

### 3.2 Service Description/Care Pathway

#### 3.2.1 Referral Criteria

The patient may self-refer into the service or they may be referred by their GP - onward referrals for surgery will be in line with the eligibility criteria outlined in Dudley CCG Procedures of Limited Clinical Priority Policy (PLCP).

#### Domiciliary Patients

In order to qualify for a domiciliary GOS sight test, the patient must fall into one of the NHS eligibility categories and be unable to leave home unaccompanied.

In order to qualify for a domiciliary cataract assessment under the service, the patient must be able to travel to the treatment centre for treatment if suitable transport can be provided, and be able to co-operate with the procedure.

Generally the assessment will be carried out in their home and at the same time where possible and the self-assessment health questionnaire will be issued.

The pathway then follows stages 2 and 3 of the normal pathway but in the patient's home. In some cases, it may be possible for part of the assessment to be carried out by telephone, where it has not been possible to provide the full assessment at the time of the initial visit e.g. discussion of the

health self-assessment questionnaire.

### 3.2.2 Stage one

A routine GOS or private sight test will reveal the presence of cataract and the examining optometrist will discuss this with the patient. If the cataract doesn't present any lifestyle difficulties, then they will continue to be reviewed by the optometrist in the normal way. If however the patient wishes to consider surgery, then the optometrist will discuss this and if the patient wishes to proceed, the optometrist will provide a self-assessment health questionnaire, which will help to establish suitability for surgery in line with the eligibility criteria outlined in Dudley CCG PLCP Policy highlighting other health problems and possible contra-indications.

A full cataract assessment may be carried out at this time if:

- the optometrist is accredited in the service
- if time permits and
- the patient agrees
- the patient meets the eligibility criteria outlined in Dudley CCG PLCP
- If not, a further appointment is made for a full cataract assessment.

If the examining optometrist is not participating in the service, then a list of all optometrists in the service will be provided to the patient so that they can arrange an appointment for the assessment. A GOS 18 referral form will be completed and provided to the patient, or sent directly to the participating optometrist of choice.

### 3.2.3 Stage two

The patient attends for the full cataract assessment to elicit relevant ocular, medical and social information which will assist secondary care facilities to ensure patients receive the most appropriate treatment and care. This will include:

- Pupil dilation and examination by indirect ophthalmoscopy in order to establish whether there are any co-existing ocular disorders as well as cataract.
- Discussion of the health questionnaire and any outstanding issues dealt with.
- Communicating the potential advantages and disadvantages of cataract extraction
- Ascertaining the patient's willingness for surgery

Clinical guidelines and a patient self-assessment questionnaire will support the participating optometrist to differentiate between:

- a) Cataract patients who are not currently appropriate for referral for NHS treatment either because the patient chooses not to be considered for cataract surgery, because the patient has chosen to be referred privately or **the patient does not meet the cataract eligibility criteria outlined in the Dudley CCG PLCP Policy.**
- b) Cataract patients who are suitable for direct referral to the hospital. In this case, the supporting information provided with the referral will allow the hospital to determine whether the patient is likely to be suitable for a direct access clinic or a traditional clinic due to their more complex health needs.

It will be the optometrist's responsibility to establish the patient meets the **eligibility criteria outlined in Dudley CCG PLCP Policy.**

***They should therefore only assess and refer patients under this service who are NOT already under the care of an NHS Trust ophthalmologist for another active ocular condition.***

N.B. A letter to the consultant explaining the patient's current visual difficulties is appropriate for patients under the care of an NHS Trust consultant ophthalmologist for another active ocular condition.

### 3.2.4 Patients not requiring NHS hospital referral

Some cataract patients will not require a referral to the hospital for NHS treatment. These will be those that:

- having been counselled on the risks and benefits of cataract extraction, choose not to proceed with surgery
- have been assessed under the service but have chosen to be referred for private treatment rather than NHS surgery – these should be referred directly to a named consultant
- have been assessed under the service and do not reach the cataract surgery criteria in line with the eligibility criteria outlined in Dudley CCG PLCP Policy.

In these cases the GP should be informed and the fee claimed.

### **3.2.5 Stage three**

If the patient is willing to undergo surgery and the optometrist considers that they are suitable, then the referral form will be completed and the optometrist will, in accordance with the local protocol:

- Provide the patient with the choice of treatment centres and send the referral and self-assessment health questionnaire (Appendices 1 - 2) to the surgical provider.
- The optometrist will make every effort to ascertain the suitability of the patient in line with the eligibility criteria outlined in Dudley CCG PLCP Policy for direct referral and their willingness to undergo surgery. It will ultimately be the consultant team that determines the most appropriate clinic route so it would be inappropriate to discuss with patients their likely pathway.

### **3.2.6 Future Service Development**

The Commissioner may look to further develop this service (i.e. post-operative cataracts) and will expect Providers to work with Commissioners to do so as part of the Service Development Improvement Plan.

### **3.2.7 Management of DNAs**

Should a patient fail to arrive for an appointment, the provider must contact the patient within 24 working hours, informing them that they have missed their appointment, and ask them to arrange a further appointment. If this is not possible, a letter should be sent and any referring clinician should be notified. A separate record of these instances should be kept for monitoring purposes.

### **3.2.8 Days and Hours of operation**

The service should be accessible within normal working hours to meet patient demand, extending to evenings/ weekends where required.

## **3.3 Population Covered**

The service is available to any person registered with a Dudley CCG GP practice. It is the responsibility of the provider to confirm which practice the patient is registered with. For patients registered at a non-Dudley CCG surgery the provider should check if that CCG commissions a service and should claim from that commissioner through the appropriate mechanism where appropriate.

## **3.4 Any Acceptance Criteria and Thresholds**

These are outlined in section 3.2.1

## **3.5 Interdependences With Other Services/Providers**

- Secondary care

- Primary Care/General Practitioners
- Pharmacists

### **3.6 Referral Route**

Outlined in section 3.2.1

### **3.7 Accreditation and Competencies**

All ophthalmic practitioners must be registered with the General Optical Council (GOC). The competencies required for participating optometrists are all included in the core competencies defined by the GOC.

Training and accreditation for participating optometrists to participate in the cataract service will include knowledge of the referral criteria and risk factors for cataract surgery.

To become accredited, ophthalmic practitioners must complete the Local Optical Committee Support Unit (LOCSU)/Wales Optometry Postgraduate Education Centre (WOPEC) Cataract Services Online Distance Learning training programme and be registered with the General Optical Council. Providers must also be registered on the NHS England performers list.

### **3.8 Equipment**

The Contractor shall have the following equipment:

- Slit lamp (exception domiciliary visit)
- Equipment for indirect ophthalmoscopy (Volk/headset indirect ophthalmoscope)
- Tonometer
- Distance test chart (Snellen /logmar)
- Near test type
- Appropriate ophthalmic drugs for pupil dilation
- Internet access

### **3.9 Disposal of Clinical Waste**

This is the responsibility of the provider and should meet legal requirements.

### **3.10 Patient Information**

The patient will be provided with a leaflet explaining cataracts, information provided on what is involved in cataract surgery as well as discussing the benefits and risks of cataract surgery.

### **3.11 Patient Records**

Complete and accurate records will be held for each patient to include clinical information by the provider in an electronic format stored securely.

### **3.12 Secure NHS mail**

The provider will ensure that all referrals are managed securely using fax. This is until providers are given NHS email addresses. Providers will then be expected to use their NHS.net email addresses for the secure transfer of patient information.

### **3.13 Response Times and Prioritization**

<Text Here>

### **3.14 Transfer and Discharge from Care Obligations**

<Text Here>

### **3.15 Self-Care and Patient and Carer Information**

<Text Here>

### 3.16 Geographic Coverage/Boundaries

Service is for patients registered with a Dudley CCG GP.

### 3.17 Relevant Networks and Screening Programmes

<Text Here>

## 4. Applicable Service Standards

### 4.1 Applicable National Standards (e.g. NICE)

<Text Here>

### 4.2 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

<Text Here>

### 4.3 Applicable Local Standards

- Dudley CCG PLCP Policy - See Appendix 3

### 4.4 Payment

The tariff for the cataract pre-op service is £38 and can only be claimed upon completion of stages two and three as appropriate.

In the case of a DNA no payment can be claimed.

## 5. Applicable Quality & Information Requirements and CQUIN Goals

Please note all Quality, CQUIN Goals and Information Requirements should only be detailed in the relevant schedules of the Contract to which the Service Specification relates. This is to ensure there is no confusion between the contents of the Service Specification and the contract schedules. However, the reference numbers of specific indicators which apply to the service should be listed here to signpost the Provider to the appropriate section of the Contract.

When a new Service Specification is being drafted, you may complete the tables below with the details of any new quality or information requirements for the purpose of negotiation with the Provider. Once the Provider has approved the Service Specification, a contract variation should be raised to bring the Service Specification into the contract and any new quality or information requirements will also be varied into the appropriate schedules of the Contract at the same time. The tables below will then be replaced with the relevant indicator reference numbers.

### 5.1 NHS Outcomes Framework Domains and Indicators

Quality Requirement & Indicator	Threshold	Method of Measurement / Frequency	Consequence of Breach
<b>Access</b>			
% of patients who requested full assessment to be undertaken following identification of cataract	100%	Monthly information reporting	General Conditions 9
% of patients were referred into secondary care for	>80%	Monthly information reporting	General Conditions 9

surgery following full assessment			
<b>Service User Experience</b>			
Patient experience questionnaire completed and reported	>60%	Annual report	General Conditions 9
% of people happy or confident with service	90%*	Annual report	General Conditions 9
<b>Reducing Inequalities</b>			
Patient equality monitoring completed and reported	60%	Annual Report	
<b>Reporting</b>			
Minimum data set to be recorded and reported.	100%	Monthly report within 10 working days of the month	General Conditions 9

## 5.2 Applicable CQUIN Goals

<Text Here>

## 5.3 Applicable Information Requirements

Information Requirement	Reporting Period / Frequency	Format of Report	Timing and Method for Delivery of Report

### 5.3.1 Patient experience

The provider will be expected to provide each patient with a simple patient experience questionnaire following each episode of care with the service. A short patient experience questionnaire will be provided by the Commissioner. The Provider will be performance monitored on questionnaire completion on a 60% response rate. The Provider will be performance monitored on overall percentage of people happy and confident with service against a target of 95% (does not match above)\*

### 5.3.2 Equality Monitoring

The service provider will be required to provide assurance that services are compliant with s149 (1) of the Equality Act 2010 – the Public Sector Equality Duty – i.e. that due regard has been given to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

### 5.3.3 Quality and Clinical Governance

The Provider must complete the appropriate QIO for the service namely:  
Participating practices: QIO for GOS contracts

In order to demonstrate appropriate standards are met for provision of the service(s), providers must hold a GOS contract with NHS England and meet the current community services level of the online England Contractor Checklist for Quality in Optometry every three years.

### 5.3.4 Clinical audit

The Provider is expected to undertake regular internal clinical audit and review and to take action to implement any learning acquired during this process. Checks will be undertaken by the Commissioner on an annual basis as part of an assurance process. This may include, but will not be limited to:

- A random selection of patient records will be looked at to determine the appropriateness of referral to the cataract service in line with the eligibility criteria outlined in Dudley CCG Procedure of Limited Clinical Priority Policy.
- A check to ensure that clinical protocols are being adhered to
- Appropriate patient record keeping
- Review any serious untoward incidents and how these were managed
- Patient experience questionnaire
- To ensure all referrals for surgery are in line and meet the eligibility criteria outlined in Dudley CCG Procedure of Limited Clinical Priority Policy

### 5.3.5 Safeguarding

The Provider must comply with the CCGs Safeguarding policy, complete a safeguarding dashboard and any required safeguarding audit.

The minimum data set to be collected and submitted to DMIC (CSU) is:

- Provider Name/ Identifier
- Name
- Address
- Date of Birth
- Age
- Post Code
- Gender
- GP Name
- GP National Code – CCG to provide
- GP Practice
- Date of full cataract assessment
- Referral to secondary care Y/N

## 6. Availability of Service

### 6.1 Location of Provider Premises

The service should be delivered from an accessible, community based premises

### 6.2 Number of Sessions Provided at each Location

<Text Here>

### 6.3 Days/Hours of Operation

<Text Here>

## 7. Individual Service User Placement (if applicable)

<Text Here>

## Appendix 1 - Cataract Self-Assessment Questionnaire

Patient's details	Optometrist details
<i>First name:</i>	<i>Optometrist:</i>
<i>Last name:</i>	<i>Practice:</i>
<i>Address:</i>	
<i>DOB:</i>	
<i>Phone:</i>	<b>GP details</b>
<i>Mobile:</i>	<i>GP name:</i>
<i>Email:</i>	<i>Practice:</i>
<i>NHS number:</i>	

This form is designed to help you have your cataract treated in the best way possible. Please complete **ALL** the sections. If you are unable to provide any of the information, please ask a member of your family or a friend to help. If you have any problems completing the form, the optometrist will help you. Please bring details of all your medication with you (either a repeat prescription list or the medicines themselves.)

### Section 1: Past eye history

1. Do you currently have, or have you previously had, any other eye conditions?	Yes		No	
<i>If yes, please give details:</i>				

2. Have you had any previous eye operations including refractive surgery or laser treatment?	Yes		No	
<i>If yes, please give details:</i>				
<i>Please describe any problems with the operation (if applicable):</i>				


**Section 2: Your general health**

<b>1. Do you have high blood pressure requiring treatment?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes:	Are you on treatment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>2. Do you have diabetes? (high blood sugar)</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes:	Do you take insulin?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Do you take tablets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Or is it managed by diet?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>3. Do you have angina?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>4. Have you had a heart attack within the last three months?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>5. Do you have epilepsy or blackouts</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>6. Do you suffer from head or neck stiffness?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>7. Do you have recurrent breathing difficulties?</b> <i>(e.g. severe asthma or chronic bronchitis)</i>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>8. Can you walk a single flight of stairs without getting short of breath?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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<b>9. Can you lie flat for up to 30 minutes?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no:	Is this due to shortness of breath?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Is this due to joint or muscle stiffness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>10. Do you suffer from panic attacks or claustrophobia?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**Section 3: Medicine**

<b>1. Do you regularly take any of the following medicines?</b>					
	Heart medicine <i>(e.g. Digoxin)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	High blood pressure medicine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Steroids	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Aspirin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Anticoagulants or blood thinning medicines <i>(e.g. Warfarin)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

	Tamulosin (Flomax)	Yes		No	
	Inhalers	Yes		No	
	Insulin or medication for diabetes	Yes		No	

<b>2. Are you allergic to local anaesthetic?</b>		Yes		No	
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<b>3. Are you allergic to any medicine?</b>		Yes		No	
<i>If yes, please give details:</i>					

<b>4. Please detail any other medicine/tablets you are taking (or attach a repeat prescription)</b>					

**Section 4: Practical concerns**

<b>1. Are you able to walk unaided?</b>		Yes		No	
If no:	Can you do so with the aid of a stick or helper?	Yes		No	

<b>2. If required, would you be able to apply eye drops?</b>		Yes		No	
If no:	Do you have family or friends who could do so?	Yes		No	

<b>3. If a hospital appointment is necessary, who would you bring to the appointment?</b>					

<b>4. If you need a home visit for the assessment, are you able to travel to the treatment?</b>		Yes		No	
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<b>7. Do you have <u>significant</u> hearing loss?</b>		Yes		No	
If so,	do you require someone who can use sign language to be present?	Yes		No	

**Section 5: How is the cataract affecting your life?**

1.	Is your sight causing you any difficulty with mobility <i>e.g. crossing roads, managing steps, using buses?</i>	Yes		No	
2.	Do you have problems with glare in sunlight, or from car headlights?	Yes		No	
3.	If you drive, do you still feel confident to do so?	Yes		No	
4.	Is your vision affecting your ability to look after yourself? <i>e.g. cooking, housework, dressing</i>	Yes		No	
5.	Is your quality of life affected by visual difficulties? <i>e.g. reading, watching TV, hobbies, sport</i>	Yes		No	
6.	Is your vision causing problems socially? <i>e.g. recognising people, handling coins and notes?</i>	Yes		No	
7.	How much better do you think your life would be without a cataract?				
	Please tick one:	<i>A lot?</i>			
		<i>Moderately?</i>			
		<i>Slightly</i>			
		<i>Not at all?</i>			

**Finally:**

If the eye specialist was to offer you cataract surgery, would you want it at this time?	Yes		No	
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In order to provide you with the most appropriate care, it will be necessary for the optometrist to exchange information relating to your cataract with your GP and the eye clinic.

**Appendix 2 - Cataract Referral Form – Please note this must be in line with eligibility criteria outlined in Section 28 of Dudley CCG PLCP Policy**

Patient's Details		Optometrist / Practice	
First name:		Optometrist:	
Last name:		OPL number:	
DOB:		Practice:	
NHS number:		Phone:	
Address:			
Phone:			
Mobile:			
Email:			
Patient's GP		GP name:	
		Practice:	

	Sph	Cyl	Axis	Prism	VA	Add	Near VA	Pre-cataract VA	IOP(mmHg)	Instrument	Time
R								Date:			
L											

Patient dilated?		Yes	No	
If no, reason:				
Smoker?	Yes	Recent ex	No	
Cataract		Right	Left	
Preferred eye for surgery		Right	Left	
Red reflex visible?		Right	Left	
Prev cataract operation?		Right	Left	
Prev operation date:				
Any co-existing ocular pathology? (if yes, please indicate with a tick below)				
		Yes	No	
Significant AMD?		Right	Left	
Diabetic retinopathy?		Right	Left	
Amblyopia?		Right	Left	
Under treatment for glaucoma?		Yes	No	
Cornea healthy? (if no, detail below)		Yes	No	
Other:				

Patient indicates previous refractive surgery?		Approx surgery date:	Yes	No
Patient has completed a self-assessment questionnaire? (required for referral)			Yes	No
Is patient experiencing visual difficulties due to cataracts?			Yes	No
Benefits and risks of cataract surgery have been explained?			Yes	No
Patient wants cataract surgery at this time? (if no, inform GP)			Yes	No
Patient has chosen to be referred for NHS treatment? (choose no for private referrals)			Yes	No
Patient previously assessed and now wishes to be referred?		Assessment date:	Yes	No
Sight test carried out today? (if no, indicate date)		Sight test date:	Yes	No
Is vision better than 6/12?			Yes	No
If vision is better than 6/12 please indicate why referring?				

Additional comments:	
Signature:	Date:

Intervention	28. Cataract Surgery
<b>Policy</b>	A cataract is when the lens of an eye becomes cloudy and affects vision. Cataracts most commonly occur in older people and develop gradually. Cataracts can usually be treated with a routine day case operation where the cloudy lens is removed and is replaced with an artificial plastic lens (an Intraocular Implant).
<b>Minimum Eligibility Criteria</b>	<p>Cataracts eye surgery is commissioned for both first and second eyes, when a patient meets the following criteria for each eye:</p> <ul style="list-style-type: none"> <li>• The patient should have sufficient cataract to account for the visual symptoms (6/9 or worse*) AND</li> <li>• Should affect the patient's lifestyle</li> <li>• Difficulty carrying out everyday tasks such as recognising faces, watching TV, cooking, playing sport/cards etc.</li> <li>• Reduced mobility, unable to drive or experiencing difficulty with steps or uneven ground.</li> <li>• Ability to work, give care or live independently is affected</li> </ul> <p>This information together with a report from a recent sight test should form the minimum data on the referral form.</p> <p>Other indications for cataract surgery include; facilitating treatment for <b>one or more</b> of the following;</p> <ul style="list-style-type: none"> <li>• Monitoring posterior segment disease e.g. diabetic retinopathy</li> <li>• Correcting anisometropia</li> <li>• Patient with Glaucoma who require cataracts surgery to contract intraocular pressure</li> </ul> <p><u>Patients with Single Sight (Monocular Vision):</u> The indications for cataract surgery in patients with monocular vision and those with severe reduction in one eye e.g. dense amblyopia are the same as for patients with binocular vision, but the ophthalmologist should explain the possibility of total blindness if severe complications occur.</p> <p>*Please note: - Cataracts causing glare or starburst effect when driving, will be considered even if the visual acuity is better than 6/9</p>
<b>Evidence for inclusion and threshold</b>	<p>Health Information and Quality Authority (2013) Health Technology Assessment of Scheduled Surgical Procedures: Cataract Surgery. Available at: <a href="http://www.higa.ie/system/files/HTA-Cataract-Surgery-April13.pdf">http://www.higa.ie/system/files/HTA-Cataract-Surgery-April13.pdf</a></p> <p>Royal College of Ophthalmology (2015) Commissioning Guide: Cataract Surgery. Available at: <a href="https://www.rcophth.ac.uk/wp-content/uploads/2015/03/Commissioning-Guide-Cataract-Surgery-Final-February-2015.pdf">https://www.rcophth.ac.uk/wp-content/uploads/2015/03/Commissioning-Guide-Cataract-Surgery-Final-February-2015.pdf</a></p> <p>The Royal College of Ophthalmologists' National Ophthalmology Database shows that, for the period 2006-2010, 3%, 5% and 36% of eyes undergoing cataract surgery have preoperative visual acuities of better than or equal to 0.00, 0.18 and 0.30 logMAR respectively (equivalent to 6/6, 6/9 and 6/12 Snellen)<sup>9</sup> indicating that before restrictions on access to cataract surgery based on visual acuity were commonplace, eyes with visual acuities of 6/9 or better accounted for less than 10% of cataract surgery.</p> <p>DVLA Driving Standards. Available at: <a href="https://www.gov.uk/driving-eyesight-rules">https://www.gov.uk/driving-eyesight-rules</a></p>

- Subject to Review -

<b>Version control</b>		
<b>Version Number</b>	<b>Date agreed</b>	<b>Detail of Change</b>
Version 1	13 September 17	Change onto revised Service Specification Template