

Commissioning Policy for:

Cataract Removal in Adults

01 April 2016



Quality & Equality First

VERSION CONTROL

Version	2.0
Ratified by	NHS Warwickshire North CCG Governing Body
Date ratified	24 March 2016
Name of originator/author	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committee	Commissioning, Finance and Performance Committee
Date issued and policy effective from	01 April 2016
Review date	01 January 2019

Procedure	CATARACT REMOVAL IN ADULTS
Status	Restricted (threshold)
<p>Referrals for cataract should not be based simply on the presence of cataract.</p> <p>Cataract surgery will not be commissioned solely for the purpose of correcting long-standing pre-existing myopia and hypermetropia</p> <p>THRESHOLD FOR SURGICAL TREATMENT:</p> <ul style="list-style-type: none"> • Cataract surgery will be commissioned for patients who, after correction (e.g. with glasses) have 6/12 or worse in their cataract affected eye • Cataract surgery will also be funded in situations where it is indicated for screening or management of other ocular co-morbidities e.g. for control of glaucoma, or for adequate view of diabetic retinopathy • Cataract surgery will be supported where there is binocular disparity / imbalance (anisometropia) • In certain situations cataract surgery will be commissioned for patients with a visual acuity better than 6/12, for example, where there are issues associated with significant glare disability or significant multiple vision • Treatment will also be commissioned for the second eye where it is not 6/12 or worse but the treating would have a significant effect on the patient's vision 	

Equality Impact Assessment

Department	IFR and Policy Development CSU	Person completing EIA	Clive Campton
Date of EIA	December 2015	Accountable CCG Lead	Patricia Barnett
		CCG Governing Body Sign off and date	24 March 2016

Work being assessed	Cataract Surgery
Aim of work	To assess the impact of the policy on all of the protected groups.
Other partners involved	Policy Development Group / public health
Who is affected by work	WNCCG registered patients

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect E.g. population data, service user data. What does it show? Are there any gaps? Use quantitative and qualitative data. Consult.	Likely to be a differential impact? Yes / No / Unsure
Gender	No reason to believe gender has any impact	No
Race	Cataracts are associated with diabetes which is higher in Asian and Black populations	Yes
Disability	Cataracts lead to visual impairment	Yes
Religion / belief	No data identified	No
Sexual orientation	No data identified	No
Age	Cataracts are more common with age Ref: http://cks.nice.org.uk/cataracts#!backgroundsub:1 http://cks.nice.org.uk/cataracts#!backgroundsub:2	Yes
Social deprivation	No data identified	No
Carers	N/A	-
Human rights	No indication there is any impact on human rights	No
Other		

For strands that answered 'yes', please provide details:

Strand	Issue	Suggested action(s)	How to measure impact	Timescale	Lead
Race	Ensuring that treatments carried out/ not carried out under the policy is as expected by race	Monitor activity to ensure that activity is as expected and take appropriate action if not.	Contract monitoring	Ongoing	
Disability	Ensuring that treatments carried out/ not carried out under the policy is as expected by disability	Monitor activity to ensure that activity is as expected and take appropriate action if not.	Contract monitoring	Ongoing	
Age	Ensuring compliance with safeguarding policies	Monitor safeguarding policies in acute contract	Contract monitoring	Ongoing	