NHS Guildford and Waverley Clinical Commissioning Group

NHS North West Surrey Clinical Commissioning Group

NHS Surrey Downs Clinical Commissioning Group

Agenda item:	
Paper no:	

Committee:	**Governing Body**	**Date**: 23/03/2018
Venue:		
Title of Report	Cataract Visual Acuity Changes	
Status:	**FOR APPROVAL**	

Presented by:	N/A
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Finance Lead Sign off	Name: Daniel Brown Date: 20/02/2018

Relevant Legislation and Source Documents		
Conflict of Interest Please tick**(✓)** as appropriate (if none identified delete rows below):	None identified	
Governance and Reporting *(relevant committees/forums the paper has previously been presented to)*	Committee: Clinical Cabinet Date: 09/11/2017 Outcome: Approved	Committee: Surrey Priorities Committee Date: 30/01/18 Outcome: Approved
Freedom of Information The Author considers: Please tick(✓) as appropriate and delete other option :	Open – no exemption applies	

Attachments:	Surrey Public Health Scoping Papers

Executive Summary

Cataract surgery is the commonest surgical procedure undertaken in the UK (more than 400,000 cases per annum). 35% of people over 65 years old have visually significant cataract. The demand for cataract services is predicted to rise by 25% over the next 10 years and by 50% over the next 20 years. Cataract surgery, whereby the natural lens is replaced by a clear intraocular lens implant, is currently the only effective treatment for cataract. Phacoemulsification (removal of the cataractous lens using ultrasound) is the

standard surgical technique and is used in over 99.7% cataract operations in the NHS.

Only 10% of consultants interviewed indicated that they still use the traditional cataract pathway with 90% having modified aspects of referral guidance, patient assessment, surgical flow and follow-up, and/or developed the roles of non-medical HCPs. Patients should be selected based on symptoms and clinical need rather than visual acuity and the utilisation of shared decision making with community Optometrists to facilitate a high conversion rate ensuring that those referred need and want an operation (*source - RCOphthal The Way Forward – Cataracts Jan 2017*).

Recent NICE guidance (November 2017) recommends not to base restrictions in access to surgery on visual acuity for both first and second eye cataracts (*https://www.nice.org.uk/guidance/ng77*). Currently Surrey commissioning policy includes reference to visual acuity thresholds.

The CCG has commissioned a community scheme, commenced in April 2016 for participating high street Optometrists to refer directly into Acute/Community providers of the patient choice using the Optomanager IT platform (WebStar Health) without the need to refer via the patients GP. Currently this IT platform includes visual acuity thresholds to restrict community optometrists from referring patients for cataract procedures. A community payment is made to the optometrist for any patients referred onto the hospital eye service.

Implications:

Health/CCG strategic objectives	Commissioning of Services, Surrey Funding Policies
Financial/Resource	Cost pressure on Cataract procedures, YAG Laser payments, community high street optometrists payments .
Legal/compliance	N/A
Equality Analysis	N/A
Patient and Public Engagement	Patient and Public Engagement conducted as part of NICE Guidance
Risk (including reputational) and rating	Reputational risk to CCG. NICE will be contacting Acute trusts if CCGs are enforcing visual acuity threshold criteria for surgery via local/national media outlets.

Recommendation(s):

(1) **TO APPROVE**

Next Steps:

N/A

Date of paper	*20/02/2018*
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Cataracts

Surrey Priorities Committee recently reviewed evidenced presented by Public Health Surrey on cataracts. This was due to the new NICE guidance on Cataracts published in November 2017.

Cataracts are due to changes in the lens to make vision more cloudy and opaque. It is most commonly due to the normal ageing process but can also be associated with trauma, metabolic disorders, medications or congenital problems. Cataract surgery remains the current standard of care. The risk of serious complications from surgery remains low and the most common problem post-surgery is posterior capsule opacification (PCO). The rates vary – the Public Health paper has quoted <10%, one Consultant quoted 5% and our activity data shows the activity to be more around 20% (*source 2017/18 SUS & SLAM*). PCO is treated with a one off YAG laser therapy.

The current Surrey commissioning policy threshold used to access cataract surgery is based on visual acuity (VA) and priority is given to first-eye surgery.

In November 2017 NICE published new guidance on cataracts in adults (NG77)[i]. This specifically states "Do not restrict access to cataract surgery on the basis of visual acuity". NICE recommends the decision to refer a person with a cataract for surgery be based on a discussion with them (and their family members or carers, as appropriate) that includes:

- how the cataract affects the person's vision and quality of life
- whether one or both eyes are affected
- what cataract surgery involves, including possible risks and benefits
- how the person's quality of life may be affected if they choose not to have cataract surgery
- whether the person wants to have cataract surgery.

NICE also recommends second-eye cataract surgery should be offered using the same criteria as for the first-eye surgery.
It further concluded that VA is a crude measure to justify cataract surgery and that surgery was both clinically and cost-effective in improving not only visual function.

Evidence reviewed for Surrey Priorities Committee previously and in the course of this scoping paper generally supports the conclusion of NICE that visual acuity thresholds cannot always determine who will benefit from cataract surgery.

By removing the visual acuity thresholds the estimated spend would be an additional £225K based on a 10% activity increase (indicated by Public Health) and an additional £399K based on a 20% activity increase (indicated by the Royal College of Ophthalmologists). This would be offset as these patients would have likely had the surgery in the long term as the cataract progressed. Although an initial cost pressure to the CCG we are only changing the timing of the surgery, not the overall number of procedures taking place. This would also allow elderly patients the opportunity for surgical procedure. There are further positive outcomes for patients to have cataract surgery earlier as quality of life can be improved, alongside independence, less social isolation and reduced risk of falls.

Clinical cabinet agreed in principle following a paper presented on 9th November 2017 to continue with the Community Optometrist scheme and the alignment of NICE guidance to remove visual acuity thresholds pending the outcome of Public Health evidence review presented to Surrey Priorities Committee on 30th January 2018.

Surrey Priorities Committee agreed to remove Cataract Surgery from the List of Procedures with Restrictions & Thresholds (LOPWRAT – TNRF2) Policy. This has been sent to the other CCGs in Surrey (East Surrey, Guildford & Waverley, North West Surrey and Surrey Heath) for agreement through their own internal governance process and will accompany this paper for sign off by Surrey Downs Governing Body.

Activity & Finance

The below activity & finance tables show the associated projected costs and patient activity increase to both the community high street optometrist schemes and acute/independent providers for Surrey Downs CCG.

Table 1. Community Optometrist Scheme

Community Optometrist - Optomanager Direct Cataract Referral Service					
2016/17 Patient Activity	10% Activity Increase	20% Activity Increase	2016/17 Optometrists Scheme Spend	10% Optometrists Spend Increase	20% Optometrists Spend Increase
824	82	165	£21,836.00	£2,173.00	£4,372.50

Table 2. LOPWRAT Information

LOPWRAT Activity					
2016/17 Received Cataract Applications	Declined Applications	Of the Patients declined IFR funding additional activity that would require YAG Laser treatments	Extra Cost Pressure for declined patients approval for Cataract Surgery	Extra Cost Pressure for declined patients approval for YAG Laser Surgery	Overall combined costs of declined applications & YAG Laser

1924	46	11	£49,958.76	£1,618.74	£51,577.50

Table 3. Acute & Independent Providers

SUS & SLAM Activity (All Providers & Independents)	2016/17 Patient Activity	10% Patient Activity Increase	20% Patient Activity Increase	2016/17 Total Spend	Additional 10% Spend Increase	Additional 20% Spend Increase
2016/17 Cataract Procedures	2102	210	420	£1,665,859.00	£166,585.81	£333,171.83
Patients following Cataract Procedure requiring YAG Laser Procedures	501	50	100	£53,051.80	£5,305.18	£10,610.36

Table 4. Overall Costs & Activity

Overall Cost Pressure Totals in 2018/19 for Cataract Procedures, YAG Laser Procedures (all providers, independents & Community Optometrist scheme)	No Change in activity & Community Optometrist Spend (based on 2016/17 baseline)	10% Activity Increase	20% Activity Increase
Spend	£1,740,746.80	£225,641.49	£399,732.19
Activity	2649	306	566

- Cost of Cataract Procedure (OPFA/PROC/OPFU) - £1086.08
- Cost of YAG Laser Treatment (DCASE) £153.09
- Cost per Cataract referral to community high street optometrists - £26.50

Potential Areas to Consider

Shared Decision Making

NICE have recommended that rather than using a rather crude measurement of visual acuity to determine a threshold for cataract surgery, it may be an area to implement Shared Decision Making. We should look into working with our optometrists and Public Health to start developing a Patient Decision Aid to aid discussions about the benefits/risks of cataract surgery. This would involve the continuing with the current direct Optometrist referral scheme implemented in April 2016 and the removal of visual acuity thresholds from commissioned Optomanager IT platform.

Post-Operative Cataract Monitoring in the Community

NICE have also recommended due to the increase in cataract procedures by removing visual acuity thresholds to aid with follow up capacity in hospital eye services post-operative care in the community by accredited Optometrists could be commissioned. This would allow care to be brought closer to home at a more convenient time for the patient, well developed audit of post-operative patients can be developed from essential feedback. However, for continuity of care – patient and optometrist must have direct line of communication to hospital eye service for problems/routine transfer of audit data (*source - RCOphthal The Way Forward – Cataracts Jan 2017)*.

Cataract Procedure & YAG Laser Tariff Negotiation

Due to the percentage of patients following Cataract surgery requiring YAG Laser corrective procedures there is potential to negotiate with acute trusts to implement a locally agreed bundled tariff covering both Cataract Surgery and YAG Laser treatment (if clinically indicated) following surgical procedure.