

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Cataract Surgery

Instructions for use:

First Eye Surgery: Please complete Part 1 and 2.

Second Eye Surgery: Please complete Part 1 and 3.

Where a patient has been referred outside of the Cataract LES or locally commissioned service, the receiving clinician must ensure that the patient meets the Clinical Threshold. (Complete the checklist and file for future compliance audit).

The SY ICB will only fund Cataract Surgery, when the following criteria are met:

Part 1 - Assessment

VA Scores*		SPH	CYL	AXS	VA	Dominant Eye	Score	
VA 6/6 = 0	R							VA Score
VA 6/9 = 1								
VA 6/12 = 2	L							
VA 6/18 = 7								

Lifestyle Questions to ask patient*	Not at all	Slightly	Moderately	Very Much
Is the patient's quality of life affected by vision difficulties (e.g. car driving, watching TV, doing hobbies, etc?)				
Is the patient's social functioning affected by vision difficulties (e.g. crossing roads, recognising people, recognising coins etc?)				

*These questions are designed to elicit the information from pts as to the effect on their lifestyle. The clinician will use the responses to weight the scoring below

Circle Score	Yes	No
Any difficulties for patient with mobility (including aspect of travel, e.g. driving, using public transport)?	2	0
Is the patient affected by glare in sunlight or night (car headlights)?	2	0
Is the patient's vision affecting their ability to carry out daily tasks?	2	0
Other (please tick as appropriate)	Yes	No
Does the patient have a learning difficulty?		
Is the patient receiving prescribed medication ? If yes please specify		
Please circle if you consider the patient will require a General (GA) or Local (LA) Anaesthetic?	GA	LA

Part 2 - First Eye Cataract Surgery

FIRST EYE TOTAL ASSESSMENT SCORE (VA AND LIFESTYLE SCORE)

NB: THE PATIENT MUST HAVE A TOTAL ASSESSMENT SCORE OF 7 TO MEET THE THRESHOLD FOR FIRST EYE SURGERY OR THE PATIENT MEETS ONE THE EXCEPTIONS (PLEASE DOCUMENT IN PART 4)

The patient meets the Clinical Threshold for first eye cataract surgery	Yes	No
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Part 3 - Second Eye Cataract Surgery

Complete Part 1 for Second Eye

SECOND EYE TOTAL ASSESSMENT SCORE (VA AND LIFESTYLE SCORE)

NB: THE PATIENT MUST HAVE A TOTAL ASSESSMENT SCORE OF 7 TO MEET THE THRESHOLD FOR SECOND EYE SURGERY OR THE PATIENT MEETS ONE THE EXCEPTIONS (PLEASE DOCUMENT IN PART 4)

The patient meets the Clinical Threshold for second eye cataract surgery.	Yes	No
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Part 4 - Exceptions

Exceptions are applicable to first or second eye.

The only exceptions to the referral criteria are as follows:	Delete as appropriate	
Anisometropia (a large refractive difference between the two eyes, on average about 3 dioptres), which would result in poor binocular vision or disabling diplopia which may increase the risk of falls.	Yes	No
Angle closure glaucoma including creeping angle closure and phacomorphic glaucoma	Yes	No
Diabetic and other retinopathies including retinal vein occlusion and age related macular degeneration where the cataract is becoming dense enough to potentially hinder management.	Yes	No
Oculoplastics disorders where fellow eye requires closure as part of eye lid reconstruction or where further surgery on the ipsilateral eye will increase the risks of cataract surgery	Yes	No
Corneal disease where early cataract removal would reduce the chance of losing corneal clarity (e.g. Fuch's corneal dystrophy or after keratoplasty)	Yes	No
Corneal or conjunctival disease where delays might increase the risk of complications (e.g. cicatrising conjunctivitis)	Yes	No
Other glaucoma's (including open-angle glaucoma), inflammatory eye disease or medical retina disease where allowing a cataract to develop would hamper clinical decision making or investigations such as OCT, visual fields or fundus fluorescein angiography	Yes	No
Neuro-ophthalmological conditions where cataract hampers monitoring of disease (e.g. visual field changes)	Yes	No
Post vitrectomy cataracts which hinder the retinal view or result in a rapidly progressing myopia.	Yes	No

If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the SY ICB's Individual funding request policy for further information. If patient meets the above criteria then prior approval is not required.

*Snellen / Logmar Conversion Chart:

Snellen	Logmar
6/6	0.0
6/9	0.10 – 0.20
6/12	0.20 – 0.30
6/18	0.40 – 0.50
6/24	0.50 – 0.70
6/36	0.70 – 0.90
6/60	1.00