

## CATARACT POLICY

### CRITERIA BASED ACCESS

Referral for assessment of surgical treatment for cataracts is only available for patients whose visual impairment is attributable to cataract and who, after correction (eg with glasses or other adjustments), fulfil the following indications.

1. Before a referral is made, the referrer must confirm that:
  - a) The patient wishes to have surgery if it is offered.
  - b) The patient understands that the purpose of referral is for assessment of surgery only.
2. Cataract surgery should not normally be offered to patients with a visual acuity of better than 6/12 in the worst eye. This applies to both first and second eye surgery.
3. Patients with the following symptoms or clinical conditions may benefit from cataract surgery when their visual acuity in the worst eye is better than 6/12.
  - a) Patients experiencing significant glare and dazzle in daylight or difficulties with night vision when these symptoms are due to lens opacities. This indication applies particularly, but not exclusively to driving.
  - b) Patients requiring particularly good vision for employment purposes.
  - c) Difficulty with reading due to lens opacities.
  - d) Significant optical imbalance (anisometropia or anisekonia) following cataract surgery on the first eye.
  - e) Management of other co-existing eye conditions.
  - f) Refractive error primarily due to cataract
  - g) To improve visual acuity to better than 6/10 where activities vital to daily living would otherwise cease.
4. Cataract surgery/lens extraction should not normally be performed solely for the purpose of correcting longstanding pre-existing myopia or hypermetropia.
5. The reasons why the patient's vision and lifestyle are adversely affected by cataract and the likely benefit from surgery must be documented in the clinical records.
6. Providers will audit their indications for and outcomes of cataract surgery and justify them to commissioners.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist to warrant deviation from the rule of this policy.

Individual cases will be reviewed at the Commissioner's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

Smoking cessation is recommended for all patients considering the possibility of surgery. For help to quit smoking please contact your local Stop Smoking Service or contact your GP Surgery.

Reference:	Policy Name	Review Date	Version
BSW-CP003	Cataract Policy	March 2021	2

## ENTROPION SURGERY

### CRITERIA BASED ACCESS

#### Entropion

The CCG will commission entropion surgery via criteria based access with the following criteria:

- Where eyelashes are causing persistent and on-going irritation to the eye risking trauma to the cornea.

Reference:	Policy Name	Review Date	Version
BSW-CP031	Entropion Surgery	March 2021	3

# ECTROPION SURGERY

## PRIOR APPROVAL REQUIRED

### Ectropion

This condition is not dangerous, it may cause epiphora (watery eye)/soreness but can normally be managed in primary care:

This procedure is not funded on cosmetic grounds alone.

Prior Approval is required prior to referral for a secondary care opinion for watery eyes, surgery and potential surgical treatment of eyelid ectropion, if the following criteria can be met:

- Vision is impeded

**OR**

- There is exposure of the cornea (e.g. in paralytic ectropion) and risk of keratopathy (urgent correction required).

**OR**

- For symptoms relating to persistent and troublesome epiphora resulting in watery eyes;
  - Despite undergoing conservative management, the patient is experiencing constant daytime clear watering causing tears to run down the face and severe enough to impair vision on a daily basis, causing smearing on glasses.
  - Symptoms are interfering markedly with quality of life.
  - The watering should occur both in outdoor and indoor settings
  - Symptoms of persistent clear watering plus 3 episodes of infection or sticky discharge within 12 months.

### Photographs

The CCG will accept patients own photographs and will NOT reimburse the cost of medical photography

Reference:	Policy Name	Review Date	Version
BSW-CP002	Ectropion Surgery	March 2021	5

**BLEPHAROPLASTY & PTOSIS SURGERY  
(OVER 16 YEARS OLD ONLY)**

**PRIOR APPROVAL FUNDING REQUIRED**

**Blepharoplasty & Ptosis surgery is considered to be cosmetic procedures and will not normally be funded.**

Eyelid surgery (including blepharoplasty and ptosis surgery) is not normally funded and will only be considered when:

- There is evidence of significant functional impairment.
- Drooping of the tissue above the eyelid causes persistent impairment of visual fields in the relaxed, non-compensated state.
- Documented evidence of encroachment of the central 20 degrees of visual field

**AND**

- Surgery will improve the vision of the patient.

Supporting evidence in the form of photographs and an appropriate visual field test result will be required.

Visual fields can be carried out by local optometrists as part of an eye test.

Blepharoplasty surgery to improve appearance is not provided for normal changes such as those due to aging.

**Photographs**

The CCG will accept patients own photographs and will **NOT** reimburse the costs of medical photography.

Reference:	Policy Name	Review Date	Version
BSW-CP008	Blepharoplasty/Ptosis	March 2021	2

## CHALAZION EXCISION

### PRIOR APPROVAL REQUIRED

This procedure is not normally funded in secondary care.

Referral should be made to a General Practitioner with Special interest (GPwSI) where a service is available.

GPwSI's may subsequently refer onto secondary care, without Prior Approval should it be considered appropriate.

Chalazia (meibomian cysts) are benign lesions that will normally resolve within 6 months with conservative management of regular (four times daily) application of heat packs.

The CCG will only consider funding excision of chalazia when all of the following criteria are met:

The chalazia:

- Has been present for more than 6 months verified in clinical notes.
- AND**
- Has been managed conservatively with heat, lid cleaning and massage for 4 weeks.
- AND**
- Where it is present on the upper eyelid, and interferes significantly with vision.
- AND**
- Where it is a source of regular infection that has required medical attention twice or more within a six month time frame.

In common with all types of lesions, the CCG will fund removal where malignancy is suspected.

#### Photographs

The CCG will accept patients own photographs and will **NOT** reimburse the costs of medical photography.

Smoking cessation is recommended for all patients considering the possibility of surgery. For help to quit smoking please contact your local Stop Smoking Service or contact your GP Surgery.

Reference:	Policy Name	Review Date	Version
BSW-CP034	Chalazion Excision	March 2021	3

## BOTULINUM TOXIN POLICY TO INCLUDE:

Blepharospasm in adults, Hemi facial spasm in adults, spasmodic torticollis (cervical dystonia), focal spasticity treatment of dynamic equinus foot deformity, focal spasticity treatment in paediatric cerebral palsy, severe hyperhidrosis of the axillae & gastroparesis.

### Commissioning Policy Introduction

Botulinum Toxin A is a powerful neurotoxin which is used medically to relax muscles and for certain conditions there are recognised benefits to patients. This document summarises the commissioning status of Botulinum Toxin A for specific medical conditions.

Botulinum Toxin treatment will not be available for the treatment of facial ageing or excessive wrinkles.

NICE clinical guidelines are recommendations by NICE on the appropriate treatment and care of people with specific diseases and conditions within the NHS. They are based on best available evidence. NHS organisations are entitled to take decisions which do not follow Guidance (other than NICE TAs) if they have a good reason to do so. The availability of resources and competing priorities can be a good reason.

## Appendix 1

### MHRA Drug safety Update

Botulinum toxin products: rare but serious risk

Products that contain botulinum toxin are associated with the risk of serious adverse reactions due to distant spread of toxin. Recommendations include:

- ❖ Only physicians with appropriate experience (including use of the required equipment) should administer products that contain botulinum toxin.
- ❖ Patients or caregivers should be informed about the risk of spread of toxin, and should be advised to seek immediate medical care if problems with swallowing or speech develop, or if respiratory symptoms arise.
- ❖ Units of botulinum toxin are not interchangeable from one product to another.
- ❖ Recommended administration techniques and specific dosing guidance (including the recommendation to use minimum effective dose and titrate according to individual need) should be followed.

#### References

MHRA Drug safety Update October 2007; Vol 1, Issue 3:  
10<http://www.mhra.gov.uk/Safetyinformation?DrugSafetyUpdate/CON079276>Please note licence indications for individual products for specific

Reference:	Policy Name	Review Date	Version
BSW-CP044	Botulinum Toxin Policy	March 2021	3

Indication	Commissioning Status	Criteria (Conditions)/Notes
<p><b><u>Blepharospasm in adults</u></b></p> <p>(facial dystonia, muscles around the eyes can cause uncontrolled blinking, lid spasm.</p>	<p>Prior Approval with evidence of functional or visual impairment.</p>	<p>Funding will not be approved for treatment periods less than 4 monthly.</p>
<p><b><u>Hemi facial spasm in adults</u></b></p> <p>(Movement disorder causing muscles on the side of the face to contract uncontrollably).</p>	<p>Prior Approval with evidence of functional or visual impairment.</p>	<p>Funding will not be approved for treatment periods less than 4 monthly.</p>
<p><b><u>Spasmodic torticollis (cervical dystonia)</u></b></p> <p>(Muscles in the neck contract involuntarily)</p>	<p>Indication routinely funded Criteria Based Access</p>	
<p><b><u>Focal Spasticity</u></b></p> <p>treatment of dynamic equinus foot deformity due to spasticity in paediatric cerebral palsy patients</p>	<p>Indication routinely funded</p>	
<p><b><u>Focal Spasticity</u></b></p> <p>treatment in paediatric cerebral palsy upper limb (as per NICE CG 145)</p>	<p>Indication routinely funded</p>	
<p><b><u>Severe hyperhidrosis of the axillae</u></b></p>	<p>Not routinely commissioned</p>	
<p><b><u>Gastroparesis</u></b></p>	<p>Not routinely commissioned</p>	