Lifestyle Information

<table>
<thead>
<tr>
<th>Latest BMI:</th>
<th>Latest BP:</th>
<th>Smoking Status:</th>
</tr>
</thead>
</table>

Has the patient been referred for:  [ ] Weight Management  [ ] Smoking Cessation

T11b Cataract Surgery – exceptions for surgery

Instructions for use:
To opticians*: Please refer for assessment for cataract surgery if deemed clinically appropriate.
To Consultants: Please complete the boxes below and ensure there is evidence to support the criteria

IESCCG will only fund surgery for cataract surgery when the following exception criteria are met:

*In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria.

- 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. OR
- Angle closure glaucoma including creeping angle closure and phacomorphic glaucoma OR
- Diabetic and other retinopathies including retinal vein occlusion and age related macular degeneration where the cataract is becoming dense enough to potentially hinder management OR
- 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 OR
- Corneal disease where early cataract removal would reduce the chance of losing corneal clarity (e.g. Fuch's corneal dystrophy or after keratoplasty) OR
- Corneal or conjunctival disease where delays might increase the risk of complications (e.g. cicatrising conjunctivitides) OR
- 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 OR
- Neuro-ophthalmological conditions where cataract hampers monitoring of disease (e.g. visual field changes) OR
- Post Vitrectomy cataracts which hinder the retinal view or result in a rapidly progressing myopia. Cataracts progress fairly rapidly following vitrectomy and are age dependent. Patients over the age of 50, especially those over 60 can have a rapid increase in the density of a cataract.
* If the patient does not fulfil these criteria but the clinician feels there are exceptional circumstances please refer to CCG's Individual funding request policy for further information.

### Information Governance Statement

All Prior Approval Requests must be reviewed by the clinical commissioning group (CCG) as the statutory body responsible for funding decisions. This application form and other supporting information supplied may be shared with the CCG. If so, personal information will be retained only for the purposes of this Prior Approval Request and, in some cases, may be used for invoicing and payment reconciliation. The patient’s medical records may be used for the purpose of clinical audit which will be completed by a clinician. Anonymised information may also be shared as part of the CCG reporting process.

Does the patient consent to the sharing of their personal information?  
Yes / No

Refusal of consent will not preclude application of this referral. However, the referring body must ensure that all personal identifiable data is redacted from this application.

<table>
<thead>
<tr>
<th>Consultant use only</th>
<th>GP use only</th>
<th>Commissioner’s use only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral criteria is met and the patient will benefit from the proposed treatment: yes / no</td>
<td>Practice stamp/address</td>
<td>Criteria met as per policy: yes / no</td>
</tr>
<tr>
<td>Signature: ..................................</td>
<td></td>
<td>Compliance with notes: yes / no</td>
</tr>
<tr>
<td>Consultant name: ..........................</td>
<td>Referring clinician: ..........................</td>
<td>Audit date: ..................................</td>
</tr>
<tr>
<td>Hospital: ..............................Date....</td>
<td>Date: ...........................................</td>
<td>Audited by: ..................................</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(GP/Cons)</td>
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