

T11a Cataract Surgery (Primary Care referral)



Patient Name:
Address:
Date of Birth:
NHS Number:
Hosp of choice

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To Optometrists: Please refer to the T11 Cataract Surgery Policy (link below) and complete this form prior to referral.
<http://www.ipswichandeastsuffolkccg.nhs.uk/GPpracticememberarea/Clinicalarea/Thresholdprocedures/Thresholdpolicieschecklists.aspx>
http://www.westsuffolkccg.nhs.uk/wp-content/uploads/2013/06/T11_Cataract_Surgery_policy.pdf

Part 1 – Criteria for first and second eye cataract surgery

Ipswich and East Suffolk CCG and West Suffolk CCG will only fund cataract surgery when the following criteria are met:

The patient should have sufficient cataract in the eye proposed for cataract surgery to account for the following visual symptoms as evidenced in the Cataract Referral Form:	Tick as appropriate
Blurred or dim vision with a corrected binocular distance acuity of 6/10* (0.20 logMAR) or worse OR	<input type="checkbox"/>
Blurred or dim vision with a corrected monocular distance acuity of 6/18 (0.40 logMAR) or worse OR	<input type="checkbox"/>
Anisometropia - refractive difference between the two eyes (≥3) resulting in poor binocular vision or disabling diplopia which may increase the risk of falls AND	<input type="checkbox"/>
The cataract should affect the patient's lifestyle scoring ≥3 as evidenced in the Cataract Assessment Form (below) AND	<input type="checkbox"/>
The patient has waited 7 days to make a decision and wishes to undergo cataract surgery and understands the risks and benefits of this surgery.	<input type="checkbox"/>

*6/10 equates to 6/9² on Snellen chart

Part 2 - Cataract Assessment

The patient HAS been given all the information relating to the procedure and choice	<input type="checkbox"/>
The patient has glaucoma	<input type="checkbox"/>
The patient has diabetes	<input type="checkbox"/>

Patients need to evidence how cataract is affecting daily activity. A patient needs to score ≥3.

1. Visual disability	Please tick		Optometrists Use Only: Practice Stamp/Address
Affected by glare		2	
Difficulty with reading		1	
Difficulty watching television		1	
Difficulty performing work or hobbies		1	
2. Social functioning (Tick ONE box only)			
Lives alone		2	
Cares for partner		2	
Lives in sheltered accommodation		1	
Lives with carer		1	
Lives in a residential or nursing home		1	
3. Other			Referring Optometrist Signature:
Drives a car/is in paid employment		1	
Mild/moderate hearing impairment		1	
Severe hearing impairment (Deaf)		2	
Has fallen twice or more in the last 12 months		2	
			(Print name)_____
			Date: ___/___/___
Total Score:			