THE COLLEGE OF OPTOMETRISTS

Professional Excellence in Eye Health

# NICE guideline
# Cataracts in adults: management

## A briefing for members of the College of Optometrists

A new NICE cataracts guideline came into effect on 25 October 2017. It is primarily for clinical treatments and surgery at ophthalmology level. However, there are implications for optometrists considering referral and in postoperative patient assessment.

### Background

The National Institute for Health and Care Excellence (NICE) provides national guidance, advice and standards to improve health and social care services. NICE was originally set up in 1999 to reduce variation in the availability and quality of NHS treatments and care. In April 2013 they were established in primary legislation as set out in the Health and Social Care Act 2012, which expanded their remit to cover social care as well as health.

The statutory footing NICE established at this time means that their guidelines officially apply only to England. However, there are agreements to provide certain products and services to Wales, Scotland and Northern Ireland.

NICE use a specialist committee structure to evaluate and consider all available evidence, both clinical and financial, to make the most informed recommendations possible. They consult with stakeholders throughout the process and are clear about when and how they use evidence presented.

### What are the key points?

In some areas, access to cataract surgery has been restricted by referral thresholds, based on visual acuity (VA). According to NICE, this has led to a reported threefold variation in the number of people having cataract surgery across different areas of England.

The new guideline provides substantial evidence that the majority of patients with symptomatic cataract would benefit from surgery, and it is not cost effective to delay until a VA threshold is met. This is true for first- and second-eye surgery.

NICE concludes that, ultimately, decisions for referral and surgery should be via an informed discussion between clinician and patient. Consideration needs to be given to the balance between clinical measures and the personal circumstances of the patient, for example, for driving. The clinical measures to consider should include distance visual acuity and other indicators of visual function, and the clinical need for a clear fundus view (for diabetic retinopathy screening or the management over other ocular comorbidities).

**The new guideline is clear that access to cataract surgery should NOT be restricted on the basis of visual acuity**

## How will this affect me in daily practice?

### Referral

The new guideline is clear that access to cataract surgery should NOT be restricted on the basis of visual acuity.

When cataract starts to have an impact, the decision to refer a patient for surgery or not, should 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
- and whether the person wants to have cataract surgery.

Please note that pathways for enhanced pre-operative cataract care are commissioned separately from GOS. The College has a CET case study *Cataract patient reluctant to have surgery* which may be of use.

### Patient information

The new guideline has strong recommendations about patient information. It states that, at referral for cataract surgery, patients must receive information about:

- what cataracts are
- how they can affect vision
- how they can affect quality of life
- cataract surgery:
  - what it involves and how long it takes
  - possible risks and benefits
  - what support might be needed after surgery
  - likely recovery time
  - likely long-term outcomes, including the possibility that people might need spectacles for some tasks
  - how vision and quality of life may be affected without surgery.

The College's patient leaflet on cataracts covers these aspects.

### Postoperative assessment

When patients are discharged for postoperative follow-up in the community, there must be clear service specifications, pathways and clinical governance to ensure safety of patients and practitioners. In England, postoperative cataract assessments are undertaken by accredited optometrists and are commissioned separately from GOS, as with the enhanced preoperative service mentioned under Referral. The Local Optical Committee Support Unit has a cataract pathway.

When patients are discharged for postoperative follow-up in the community, there must be clear service specifications

## More information

- College resources on cataracts: https://www.college-optometrists.org/topics.html?topic=cataract
- Cataract Commissioning Guidance: https://www.rcophth.ac.uk/standards-publications-research/commissioning-in-ophthalmology/current-issues-and-opportunities-cataract/
- Patient leaflet on cataracts: https://www.college-optometrists.org/membership/free-patient-resources/patient-leaflets.html
- Additional patient information on surgery: https://www.rcophth.ac.uk/patients/cataract/
- Scottish Intercollegiate Guidelines Network (SIGN) guide on cataract antibiotics: http://www.sign.ac.uk/sign-104-antibiotic-prophylaxis-in-surgery.html

## Disclaimer

This is the College's interpretation of the NICE guideline.