NHS
Greater Manchester

Cataract Surgery Commissioning Statement

Version 1.0 (1 January 2026)

Criteria

1. Cataract surgery is routinely commissioned if any of the criteria listed below are satisfied:

- An assessment of the patient's visual quality of life (**using the assessment template below**) suggests surgery is appropriate

or

- Significant ocular imbalance (anisometropia) due to progression of an existing cataract or following cataract surgery on the first eye

or

- Patients with glaucoma who require cataract surgery to control intra ocular pressure

or

- Patients with diabetes who require clear views of their retina to look for retinopathy

or

- Patients with wet macular degeneration or other retinal conditions who require clear views of their retina to monitor their disease or treatment (e.g. treatment with anti- VEGFs).

AND

2. For ALL cases, the following additional criteria (**see Final Checklist below**) are also satisfied:

- Fitness for surgery is considered to be adequate AND
- Patient consent is given (when fully informed of the likely benefits and risks)

Notes for clinicians:

When referring to secondary care for treatment, please ensure you include enough detail for secondary care clinicians to triage against, otherwise referrals could be rejected.

Treating clinicians can submit an Individual Funding Request, also known as an IFR, outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester IFR Operational Policy

TEMPLATE to ASSESS the VISUAL QUALITY of LIFE

(As an opening question, it is useful to ask the patient whether there are any activities which they used to do in the past, which they would be keen to do again, but their poor vision is stopping them. This gives an initial impression which should then be supplemented by asking the detailed questions below)

Questions	Response A	Response B	Response C
1. How well can the patient see objects in the distance when wearing the appropriate spectacles?	*Without difficulty*	*With slight difficulty*	*With great difficulty*
2. How well can the patient see writing on the TV and/or road signs when wearing the appropriate spectacles?	*Without difficulty*	*With slight difficulty*	*With great difficulty*
3. How well can the patient recognise people on the street at a distance when wearing the appropriate spectacles?	*Without difficulty*	*With slight difficulty*	*With great difficulty*
4. How well can the patient see the text in a newspaper, book or screen when wearing the appropriate spectacles?	*Without difficulty*	*With slight difficulty*	*With great difficulty*
5. How often does the patient experience glare when it is sunny, or experience light scatter from lights at night, to the point that they find it uncomfortable or difficult to function normally as a result?	*Without difficulty*	*With slight difficulty*	*With great difficulty*

Interpretation of the questions

- *If answer to question 4 is b or c, but the answer is a to all the other questions, this is often an indication of macular problems rather than cataract. If this is the only problem, referral for cataract surgery may be inappropriate and an opinion on maculopathy could be required,*
- *If answers to questions 1 to 3 are mainly (c), this is probably cataract-related and referral may be appropriate,*
- *If glare is the only problem (Question 5), the referrer (after discussion with the patient) will need to make a judgement as to the potential impact of cataract removal (particularly if the patient drives) before deciding whether surgery is appropriate.*
- *If the patient answers a to all questions surgery is not appropriate.*
- *If the patient answers b or c to any questions, surgery may be indicated **if** the reported symptoms cause the individual difficulties with their day-to-day activities.*

FINAL CHECKLIST

Risks and Consent

The referrer should be satisfied that the criteria outlined in 1-3 below have all been met before referring

1. Has the potential to benefit been explained to the patient?	Yes or No
2. Have details of the procedure and risks been explained to the patient?	Yes or No
3. Is the patient still willing to proceed?	Yes or No

Note: This tool should be used as an aid to a full clinical assessment of the patient and should not replace this.