**BHR CCGs Prior Approval Service Tick Box Form for CATARACT SURGERY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult with the parent/legal guardian/carer) has given appropriate **explicit** consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing. Consent given: Yes | | | | | |
| **Patient Name**  Click here to enter text. | | | **GP Practice**  Click here to enter text. | | |
| **Patient D.O.B:** | Click here to enter a date. | **Requesting GP/**  **Optician/ Consultant** | Click here to enter text. | **GP Practice**  **Code: \*\*** | Click here to enter text. |
| **Patient NHS No.\*\*** | Click here to enter text. | **Trust\*\*** | Click here to enter text. | **UBRN\*\*** | Click here to enter text. |

**\*\*Opticians need not complete these sections**

Clinicians should complete **ONE** of the THREE sections:

|  |  |  |
| --- | --- | --- |
| **Section 1** | **Tick yes if present and documented in medical records** | |
| **Presentation - visual acuity 6/9 or worse** | Yes | No |
| Best corrected visual acuity of 6/9 or worse in either the first or second eye  **AND** |  |  |
| Impairment in lifestyle such as substantial effect on activities of daily living, leisure activities, and risk of falls |  |  |

**OR**

|  |  |  |
| --- | --- | --- |
| **Section 2** | **Tick yes if present and documented in medical records** | |
| **Presentation - visual acuity better than 6/9** | Yes | No |
| For patients with cataract having visual acuity better than 6/9:  Surgery may be considered where there is documented clear clinical indication or symptoms affecting lifestyle.  For example, the patient with the 6/6 symptomatic posterior subcapsular cataract, affecting activities of daily living and driving. |  |  |

**OR**

|  |  |  |
| --- | --- | --- |
| **Section 3** | **Tick yes if present and documented in medical records** | |
| **Management of ocular co-morbidity** | Yes | No |
| Surgery is indicated for management of ocular co-morbidities such as control of glaucoma, view of diabetic retinopathy etc. |  |  |

For further advice on completing this form please contact the prior approvals team on **020 3688 1290 /**[Nelcsubhr-ifr@nhs.net](mailto:Nelcsubhr-ifr@nhs.net)