### Targeted interventions framework

#### Appendix A (20): Toric Lenses

NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Groups and NHS Leeds West Clinical Commissioning Group

<table>
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| Ratified by:   | NHS Leeds West CCG Assurance Committee  
|                | NHS Leeds North CCG Governance, Performance and Risk Committee 
|                | NHS Leeds South and East CCG Governance and Risk Committee |
| Name & Title of originator/author(s): | Dr Simon Stockill, Medical Director, NHS Leeds West CCG  
|                | Dr Manjit Purewal, Medical Director NHS Leeds North CCG 
|                | Dr David Mitchell, Medical Director NHS Leeds South and East CCG 
|                | Dr Fiona Day, Consultant in Public Health Medicine, Leeds City Council |
| Name of responsible committee/individual: | NHS Leeds West CCG Assurance Committee  
|                | NHS Leeds North CCG Governance, Performance and Risk Committee 
|                | NHS Leeds South and East CCG Governance and Risk Committee |
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| Target audience: | Primary and secondary care clinicians, individual funding request panels and the public |
| Document History: | nil                   |
Appendix A (20)

Intraocular Lens Implants for astigmatism post corneal graft surgery and for stable keratoconic patients

This policy is designed to clarify the agreements between the commissioners and providers regarding the commissioning of Toric intraocular lens implant following cataract surgery in patients with astigmatism

It serves to agree the conditions which are automatically commissioned and those that require exception permission before they can proceed.

There is an agreement that for commissioning to proceed, information must be provided by clinicians from levels 2, 3, or 4 (see below).

Prior approval is not required, however the responsible secondary care clinician must confirm that patient meets the commissioning criteria in the case notes prior to listing, which must be available for commissioners to audit.

Definitions

Toric and phakic intraocular lenses refer to astigmatism correcting intraocular lenses used post corneal graft surgery and for certain stable keratoconic patients to prevent the patient from experiencing visual confusion or double vision.

Commissioner – Leeds CCGs
Providers – any hospital with a commissioning agreement with NHS Leeds CCGs, (including NHS and independent sector providers).

Level 2 – Primary care
Level 3 – Extended primary care intermediate services
Level 4 – Hospital services

Commissioning position

Routinely commissioned in the following circumstances when the implants are considered to be medically necessary:

- If the patient has not already had cataract surgery this can be a phakic lens implant. (An intraocular phakic lens implant will only be used if there is significant astigmatism)
- If the patient has already had a cataract op in the past they need a ‘piggyback’ intraocular lens which slides in behind the pupil over the top of the existing lens implant
- If the patient has a cataract, the procedure will seek to treat the patient’s cataract and an intraocular lens will be used instead of a standard lens to complete the procedure
- Stable keratoconus patients (please clarify)
Patient selection must follow a standard protocol based on the pathway outlined above:
Patient has > 3D astigmatism or
Patient has > 3D difference in spectacle prescription between the two eyes, AND
Patient is intolerant to contact lenses

**Intraocular lens surgery will be considered as second line treatment only after corrective laser surgery is attempted first.**

**Supporting evidence**

Astigmatism correction with toric intraocular lenses: wavefront aberrometry and quality of life (2013), Menucci, Giordano, Favuzza et al

Toric intraocular lenses for correcting astigmatism in 130 eyes (2000), Sun, Viscary, Montgomery et al


Phakic intraocular lens implantation for the correction of myopia: a report by the American Academy of Ophthalmology (2009), Huang, Schallhorn, Sugar, Farjo et al

Toric intraocular lens implantation: 100 consecutive cases (2002), Till, Yoder, Wilcox, Speilman et al

**Appendix A: Equality Impact Assessment**

This commissioning position statement has been considered as to its effect, or likely effect, on people with Equality Act protected characteristics – age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. On this occasion no adverse impact has been identified. It is considered that the commissioning position demonstrates due regard to reducing health inequalities, addressing discrimination and maximising opportunities to promote equality.

**Appendix B; Version Control Sheet**

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<td>7.10.14</td>
<td>Fiona Day</td>
<td>Draft</td>
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