### 1 Policy Criteria

#### 1.1 The CCG considers that surgery for the correction of refractive error does not accord with the Principle of Appropriateness, therefore the CCG will not routinely commission this intervention.

### 2 Scope and definitions

#### 2.1 This policy is based on the CCG’s Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).

#### 2.2 Photorefractive surgery is a procedure to correct visual refractive error.

#### 2.3 The scope of this policy includes but is not limited to requests for surgery to correct myopia, hyperopia, astigmatism and presbyopia including:

- Photorefractive keratectomy (PRK)
- Laser in-situ keratomileusis (LASIK)
- Laser assisted subepithelial keratomileusis (LASEK)
- Laser assisted subepithelial keratomileusis with corneal collagen cross linking (LASEK-CXL)
- Small incision lenticule extraction (SMILE)
The CCG recognises that a patient may have certain features, such as:

- having a refractive error due to myopia, hyperopia, astigmatism or presbyopia;
- wishing to have a service provided for their refractive error
- being advised that they are clinically suitable photorefractive surgery and
- be distressed by their refractive error and by the fact that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.
### Appropriate Healthcare

3.1 The purpose of photorefractive surgery is normally to correct a patient’s refractive error, removing or reducing the requirement for glasses or contact lenses. However corrective surgery is considered a cosmetic treatment and compared to the use of spectacles or contact lenses, not an efficient use of NHS resources.

3.2 This policy relies on the criterion of appropriateness in that the CCG considers that other services competing for the same CCG resource more clearly have a purpose of preserving life or of preventing grave health consequences.

### Effective Healthcare

4.1 The CCG does not call into question the effectiveness of photorefractive surgery and therefore this policy does not rely on the Principle of Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the purpose of the treatment is likely to be achieved in this patient without undue adverse effects before confirming a decision to provide funding.

### Cost Effectiveness

5.1 The CCG does not call into question the cost-effectiveness of photorefractive surgery and therefore this policy does not rely on the Principle of Cost-Effectiveness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be Cost Effective in this patient before confirming a decision to provide funding.

### Ethics

6.1 The CCG does not call into question the ethics of photorefractive surgery and therefore this policy does not rely on the Principle of Ethics. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to raise ethical concerns in this patient before confirming a decision to provide funding.

### Affordability

7.1 The CCG does not call into question the affordability of photorefractive surgery and therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the CCG may consider whether the treatment is likely to be affordable in this patient before confirming a decision to provide funding.
8 Exceptions

8.1 The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

8.2 In the event of inconsistency, this policy will take precedence over any non-mandatory NICE guidance in driving decisions of this CCG. A circumstance in which a patient satisfies NICE guidance but does not satisfy the criteria in this policy does not amount to exceptionality.

9 Force

9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.

9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
- If the new NICE guidance does not have mandatory status, then the CCG will aspire to review and update this policy accordingly. However, until the CCG adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this CCG are concerned.

Appendix 1: Associated OPCS/ICD codes

The codes applicable to this policy are:

<table>
<thead>
<tr>
<th>OPCS codes</th>
<th>ICD codes</th>
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<tbody>
<tr>
<td>C442, C444, C445</td>
<td>H442, H521, H522, H524</td>
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Date of adoption 05.10.2018
Date for review 05.10.2021

Policy for commissioning photorefractive surgery for the correction of refractive error

<table>
<thead>
<tr>
<th>Version Number:</th>
<th>Changes Made:</th>
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<tbody>
<tr>
<td>Version of 05.10.2018</td>
<td>Policy ratified by Healthier Lancashire and South Cumbria’s Joint Committee of Clinical Commissioning Groups</td>
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