

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Cataracts in adults: management

2 List of modelling questions

Review questions by scope area	What are the indicators for referral for cataract surgery? What are the optimal clinical thresholds in terms of severity and impairment for referral for cataract surgery?
Population	Adults with symptomatic cataract <ul style="list-style-type: none"> • In a first eye (the fellow eye being symptomatically unaffected) • In both eyes • In a second eye (the fellow eye being pseudophakic)
Interventions and comparators considered for inclusion	<ul style="list-style-type: none"> • Immediate surgery • Delayed surgery (deferred until some acuity threshold – 6/12 in the base case – is reached) • No surgery In all cases, 'surgery' is phacoemulsification surgery with intraocular lens implantation
Perspective	Patient perspective for outcomes and an NHS and PSS perspective for costs
Outcomes	Costs; QALYs; changes in HRQoL with which surgery would have to be associated, in a given population, in order to be cost effective
Type of analysis	The analysis adopts a CUA framework, though the model is not designed to generate ICERs that suggest whether surgery is or is not cost effective (as it is not in issue that, on average, it is). Instead, the model takes into account the available evidence on multiple risk factors and other patient characteristics and generates an extensive series of estimates of the minimum magnitude of change in HRQoL that would be required to make cataract surgery cost effective, for a population of people with specified characteristics.
Issues to note	Although the model has been parameterised to be capable of probabilistic analysis, it is not amenable to conventional PSA; therefore, uncertainty is explored through a number of key deterministic analyses