

# **Out of Sight: The hidden impact of the outsourcing of NHS cataract care on eye care departments in NHS Trusts.**



**June 2024**

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### **Key Facts**

**37,000** - the total reduction in the number of cataract operations undertaken by NHS eye care departments between 2018/19 and 2022/23.

**47,000** – the number of cataract operations which need to be undertaken each year in NHS eye care departments by doctors training to be consultant ophthalmologists.

**21%** - the average reduction in the number of cataracts performed by individual NHS eye care departments between 17/18 and 2022/23.

**21%** - the average reduction in income from delivering cataract surgery for 26 out of 50 individual NHS eye care departments between 2017/18 and 2022/23.

**52%** - the overall increase in ophthalmology budget between 2018/19 and 2022/23.

**15%** - the overall increase in the ophthalmology budget for NHS eye care departments between 2017/18 and 2022/23 for 43 NHS Trusts.

**70%** - the percentage of ophthalmologists in our survey who said that the outsourcing of cataract care had led to a large (54%) or small (16%) negative impact on their NHS eye care departments.

**59%** - the percentage of ophthalmologists in our survey who said that the outsourcing of cataract care had led to a large (37%) or small (22%) negative impact on staffing in the NHS eye care departments.

**46%** - the percentage of ophthalmologists in our survey who said that the outsourcing of cataract care had led to a large (33%) or small (13%) impact on the ability of the NHS eye care department to treat more complex patients.

**62%** - the percentage of ophthalmologists in our survey who said that the outsourcing of cataract care had led to a large (56%) or a small (6%) negative impact on staff training.

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## Executive Summary

1. This report sets out detailed research into the impact of the use of the private sector to deliver NHS funded cataract services. As we have documented in our previous report on this subject, over the past 5 years there has been a significant increase in the amount of the NHS eye care budget which has been spent on cataract surgery, with a large proportion of this being used to purchase operations on behalf of NHS patients from private companies.
2. The consequence of the overall increase in NHS expenditure on cataract surgery is that there have been fewer resources available to treat NHS patients with other forms of eye disease which can lead to irreversible sight loss such as glaucoma or macular degeneration. It also means that the NHS has less money to spend providing care for children or those needing emergency treatment.
3. Whilst access to cataract care has improved substantially, particularly for those from better off backgrounds our previous report showed that for those Trusts that publish data on this issue, waiting times had increased for those with other more serious conditions.
4. In addition, both the growth in the amount of cataract surgery which is undertaken in the private sector and the growth in the overall cataract budget has not been accompanied by similar increases in expenditure on this area of care in NHS hospitals.
5. Thus our previous study had identified a significant 10% reduction in the amount of cataract surgery delivered by NHS Trusts. Thus in 2018/19 35 ICBs commissioned 306,520 cataracts from NHS Trusts, by 2022/23 this had fallen to 274,833. In short, activity and money has moved out of eye care departments in NHS hospitals and into private companies.
6. Whilst this national figure is of note, as in many aspects of the health service, the impact of a shift of this nature is felt locally in NHS eye care departments and amongst the staff working in them (ophthalmologists, opticians, nurses and other healthcare workers).
7. The loss of activity and income from providing cataract surgery is highly challenging for NHS eye care departments in NHS Trusts from both a financial and operational perspective.
8. For example, during the course of this research we were told by a number of senior ophthalmologists that NHS eye care departments depend on income from cataract surgery to maintain their financial viability, as well as to contribute to the funding of care for those with other diseases and emergency care.

9. In addition, in order for doctors who are training to be ophthalmology consultants to gain the necessary levels of skills and competence, they are required to undertake a large number of routine cataract operations under supervision.
10. As almost all the training of doctors takes place in NHS Trusts, any reduction in the number of routine cataract operations undertaken in the NHS is likely to impact the training opportunities for the next generation of consultant ophthalmologists.
11. To date, there has been no comprehensive study of how the outsourcing of NHS care to the private sector to provide cataract treatment has had on NHS eye care departments or the ophthalmology profession.

12. In order to understand these issues in more depth we carried out a Freedom of Information (FOI) survey of 50 NHS Trusts seeking detailed financial and activity data about their ophthalmology services, including cataract provision and a survey of around 200 ophthalmologists in late 2023. We found the following:

#### *Finance and activity data from 50 NHS Trusts*

##### *Reliance on cataract income for financial viability.*

13. NHS eye care departments are reliant on funding from delivering cataracts surgery to supplement their wider eye care budgets. On average around one fifth (20%) of the budget of an NHS Trusts eye care budget comes from cataracts, however in some cases this is over one-third (more than 30%).

##### *Changes in the number of cataracts undertaken by NHS Trusts over the past 6 years.*

14. On average across 50 Trusts there was a 21% reduction in the total amount of cataract activity undertaken between 2017/18 and 2022/23/. In two NHS Trusts the reduction was greater than 50%, in 8 NHS Trusts the reduction was greater than 40%, and in 11 NHS Trusts the reduction was greater than 30%. In only 6 out of the 50 NHS Trusts did cataract activity increase over this period.
15. This data corresponds with our previous survey of the commissioning bodies Integrated Care Boards (ICBs) – the bodies which are responsible for purchasing health care services for their local populations, including eye care services. This survey found that the NHS was being commissioned to provide 37,000 fewer cataract operations over a 5 year period, (2018/19 to 2022/23) whilst the private sector saw an increase of 237,000.
16. A reduction in cataract activity within the NHS is problematic because generally speaking when a Trust performs fewer cataract operations it receives less income from commissioning bodies. In addition, in order to train the next generation of consultant ophthalmologists, trainees – almost all of whom train in NHS hospitals - need to undertake 47,000 mainly routine cataract operations

each year. A reduction in the number of cataract operations undertaken in NHS hospitals places a severe restriction on training opportunities for a profession which is already very short-staffed.

*Changes in the income received by NHS Trusts from cataracts over the past 6 years.*

17. Based on a sample of 49 Trusts, there was on average a small 1% decline in the amount of income received by Trusts from delivering cataract care. However, 26 NHS Trusts, experienced an average reduction of 21% in cataract income over this period, with 8 of them experiencing a reduction of more than 30%.

*Changes in overall ophthalmology budgets for NHS Trusts over the past 6 years.*

18. Whilst the ophthalmology budget for 43 Trusts increased on average by just 15% between 2017/18 and 2022/23 – a 6 year period – the overall budget for NHS care across the same period, increased by 45%.
19. Our data from Integrated Care Boards showed that the overall ophthalmology budget increased by 52% over a 5 year period (2018/19 to 2022/23) compared to the 15% increase across NHS Trusts. This suggests that Trusts are losing income to private sector providers which has received £700 million over this period. The loss of cataract income is likely to mean that a smaller amount of income is available to NHS eye care departments to treat more complex conditions, such as glaucoma, emergency care and care for children.

*Data from our survey of NHS ophthalmologists.*

*The overall impact of outsourcing on NHS eye care departments.*

20. Over half (53%) said that use of the private sector to deliver NHS funded cataract care had led to a large negative impact on their NHS eye care departments, and a further 16% saying that it had led to a small negative impact. Only 20% of respondents said that it had led to a large positive impact and 6% a small positive impact.

*The impact of outsourcing on staffing.*

21. According to those who responded to our survey the impact of outsourcing has had a significant impact on staffing. Although 31% had seen no change in the availability of staff to treat NHS patients in their eye care departments 37% said that they had seen a large negative impact on staffing and a further 21% said that they had seen a small negative impact on staff. Just 16% of respondents said that they had seen a large positive impact and 3% a small positive impact.
22. Issues raised about the negative impact on staffing included the loss of consultants, nurses and optometrists to the private sector. Concerns raised by

respondents to the survey included the fact that consultants were dedicating less time to their NHS work and that nurses were leaving after departments had invested in their training which contributed to a reduction in staff morale within departments.

23. For those who saw a more positive impact of outsourcing on the staffing in NHS eye care departments, views were expressed about the fact that it was possible for staff to work in the private sector without this impacting the NHS and that the improved working conditions outside the NHS were an overall benefit for staff.

*The impact of outsourcing on the ability to treat patients with more complex conditions.*

24. We found that 32% of respondents had experienced a large negative impact on treating more complex patients as a result of the use of the private sector to deliver NHS cataract services and 13% had seen a small negative impact. 36% had seen no change, whilst 12% had seen a large positive impact and 7% a small positive impact.

25. For those who had seen a negative impact, their concerns focused on the lack of resources – primarily staff – to deal with more complex conditions. It was also commented that NHS Trusts were having to deal with complications caused by operations carried out in the private sector. Others pointed out that the potential loss of income for NHS Trusts had a potentially negative impact on their eye care department's financial sustainability.

26. For those who saw a positive impact, the main benefit was the fact that using the private sector to deliver cataract work freed up time and resources for more complex work within the NHS.

*The impact of outsourcing on the efficiency of NHS eye care departments.*

27. In this area there was a more even split between those who considered that there had been no change in efficiency (32%), those who said that there had been a large negative impact on efficiency (30%) and those who said that there had been a large positive impact on efficiency (18%).

28. For those who reported a negative impact on efficiency the issues were again related to the fact that the NHS was left with more complex cases, that there were fewer staff to deal with these more complex cases and also that the loss of more routine cases made training staff less efficient. Within these comments there was also a recognition that there was potential for NHS Trusts to learn from the private sector in terms of running theatre lists for less complex patients.

29. For those who reported a positive impact on efficiency many stressed the opportunities available to NHS Trusts to learn and put in place the processes developed in the private sector. Others stressed that competition with the private sector was causing NHS Trusts to improve their ways of working.

*The impact of outsourcing on staff training.*

30. The area where there was greatest consensus about the impact of the use of the private sector to deliver NHS funded cataract care was in relation to staff training. 62% of respondents said that this shift had had a large (56%) or small (6%) negative impact on opportunities for staff training within their NHS eye care departments. Only 20% said that this policy had resulted in a large (13%) or small (7%) positive impact in this area, with 18% saying they had experienced no change.

31. For those who had seen a negative impact, their concerns mainly focused on the difficulties in training the next generation of consultants as well as ophthalmic nurses and technicians due to the fact that the NHS Trusts had fewer operations to undertake and that those that were delivered in NHS eye care departments ended to be more complex and therefore unsuitable for trainees. Spending time on training doctors when they were undertaking more complex procedure also made the NHS unable to operate efficiently and to reduce waiting times. These concerns were highlighted both by doctors in training as well as consultants.

32. Those respondents who identified a positive impact on training pointed to the fact that more training was now taking place in the private sector and that this freed up time and increased training opportunities overall as well as bringing back learning from the private sector to benefit the NHS.



## Conclusions and recommendations:

33. It is clear from these findings that there is a real risk that a two-tier healthcare service is likely to develop in this area unless action is taken. This is because, the loss of income and activity in the NHS is potentially making it harder for those with more complex care to receive treatment in NHS hospitals, whilst those with less complex conditions and those who are healthier are being given priority access to NHS care in the private sector.
34. Over the course of conducting this research we have been told that some NHS eye care departments are reaching a tipping point in terms of their ability to deliver care and have requested assistance from other parts of the NHS in order to carry out standard surgery due to a lack of consultants.
35. The “hollowing out” of NHS eye care departments due to the loss of income and activity from cataract care, has the potential to leave the NHS eye care departments as a ‘poor service for poor people’ and is significantly undermining the training of the ophthalmology workforce.
36. Further, despite these major changes to NHS eye care over the past 6 years, NHS England has not undertaken any analysis of how much it spends on ophthalmology care as a whole, how much of its budget is spent on cataracts, how much of this is spent in the NHS and the private sector and what the impact of the use of the private sector has had on waiting times for cataract patients. This lack of oversight compounds the risks to the viability of NHS eye care and the impact on the sustainability of the ophthalmology profession as the impact of these changes appear to be hidden from view.
37. Because the private sector is now being given the opportunity by some ICBs to move into other areas of NHS eye care services such as glaucoma and macular degeneration, it is especially important that NHS England gets a grip of how the use of the private sector is impacting NHS hospitals, staff training and access to healthcare amongst the most vulnerable.

Based on these findings we consider that policy makers should take forward the following recommendations:

- NHS England should undertake a whole sale review of the use of the private sector to deliver NHS cataract care to determine the impact that it is having on a) waiting times b) staffing c) health inequalities d) available resources to treat more serious diseases which can lead to irreversible sight loss.
- When developing their commissioning arrangements for ophthalmology services, Integrated Care Boards (ICBs) should take into account the impact of the use of the private sector to deliver cataract care on NHS eye care departments in particular their financial viability, their ability to treat more complex patients and the training of the workforce. They should limit and if necessary reverse the outsourcing of the cataract care to the private

sector if this means that NHS eye care departments and staff training are being negatively impacted.

- NHS England should conduct a review of the overall ophthalmology budget to identify whether disproportionate amounts are being spent on cataract care for people with comparatively lower healthcare needs and whether other more complex conditions are being under-funded.
- NHS England and Integrated Care Boards should pause any further outsourcing of eye care services to the private sector – such as treatment for glaucoma and macular degeneration– until it has carried out a comprehensive assessment of the impact of the recent experience of outsourcing on health inequalities and the sustainability of a comprehensive eye care services for all NHS patients.

## Introduction.

1. Over the past 5 years there has been a very significant increase in the number of NHS funded cataract operations taking place in the private sector. In addition, whilst the overall number of NHS funded cataract operations has increased over this period at a national level the absolute numbers of cataract operations undertaken by NHS eye care departments has fallen. Thus in 2018/19 35 ICBs commissioned 306,520 cataracts from NHS Trusts, by 2022/23 this had fallen to 274,833, a reduction of 10%.<sup>1</sup>
2. Therefore, the use of the private sector to deliver NHS cataract care has not just added to the overall number of NHS funded cataracts being delivered over the past 5 years but has taken activity and income away from NHS eye care departments.
3. Whilst national data give some indication of overall trends, as is the case in many areas of health care policy the impact of any major shifts tend to be felt by patients and doctors locally.
4. As a result, our starting point for this research is to better understand the impact of the shift towards private sector provision of cataract care on NHS eye care departments and their ability to deliver care to patients with all types of conditions including those with more complex cataracts, children and those with diseases which may lead to irreversible sight loss. We are also interested in how this shift has impacted staffing and also staff training.
5. We have approached this issue from the perspective of 5 public interest concerns which have been raised with us, or emerged from our research both into this subject and other similar areas. These concerns are set out below.
  - 1) *The outsourcing of cataract care to the private sector will negatively impact the finances of NHS eye care departments making it more difficult to treat more complex patients*
6. The first, concern is that reduction in cataract operations undertaken by NHS Trusts impacts their financial viability, potentially making them more likely that they will move into deficit, which in turn will make it more difficult to treat more patients with potentially more serious eye conditions.
7. This is because we have been informed by a number of senior ophthalmologists whilst carrying out this research that the payments for cataract services are generous and enable NHS eye care departments to cross subsidise other more complex care, such as emergency care and paediatric care (care for children).

*2) The outsourcing of cataract care to the private sector will make it harder to train new members of the workforce.*

8. The second concern is that a reduction in the number of NHS funded cataract services undertaken by NHS eye care departments is likely to restrict the training opportunities for those ophthalmologists who are training to become consultants. According to NHS England, there are 600 trainee ophthalmologists who need to have done an average of 550 whole or near whole cataract operations by the time they become a consultant which equates to all trainees performing 47,143 cases per year. <sup>2</sup>
9. A reduction in the number of cataract operations which take place in the NHS will lead to fewer opportunities for the NHS to train the next generation of consultants.
10. Given that the Royal College of Ophthalmologists has pointed out that NHS in England has a severe shortage of ophthalmologists, with 76% of NHS eye care departments without enough consultants to meet current patient demand any reduction in training opportunities within NHS Trusts, poses a very significant risk to the future of eye care services in the UK. <sup>3</sup>

*3) The outsourcing of cataract care will leave fewer resources in the NHS to treat patients with more complex, sight threatening conditions and those with worse health.*

11. The third concern is that NHS funded patients who use the private sector tend to be those with fewer complications and so are generally healthier and, according to recent research by the think-tank the Health Foundation, are also more likely to be economically better off than those who rely on the NHS. <sup>4</sup>
12. This means that there is a risk that as a result of outsourcing the NHS has fewer resources to treat a cohort of people with more complex conditions – including those facing irreversible sight loss – as well as poorer people who may have to wait longer as a result of NHS eye care departments having fewer resources.
13. Although we have identified that the private sector has provided significantly more “complex” cataract operations than the NHS over the past 5 years, a number of ophthalmologists we have spoken to suggest that this is due to how the private sector has “coded” these operations.<sup>5</sup> Instead, for those patients with complex needs with significant underlying health conditions, in the vast majority of cases such patients can only be treated in NHS hospitals.
14. Our previous briefing note showed that since the introduction of the outsourcing of NHS cataract surgery, waiting times for some more complex conditions in 13 Trusts had increased, and the proportion of the overall ophthalmology budget which was dedicated to cataract care had increased, meaning fewer resources for those with more complex conditions.

*4) NHS consultants will be pulled towards the private sector leaving the NHS with fewer staff to treat more complex patients.*

15. A fourth concern is that the growth in the number of NHS cataract operations which are undertaken in the private sector has the potential to pull NHS consultants away from working in the NHS, making each of the previous concerns more acute.

16. As we have documented in previous reports, a key strategy of companies entering the UK healthcare market is to use financial incentives – such as share options - to make it financially attractive for NHS consultants to dedicate a significant proportion of their weekly sessions to operating in the private sector at the expense of their NHS work.<sup>6</sup>

17. This is because there is only one pool of consultants in the UK, and so for a business to expand and to gain more business than their competitors there is a need for them to entice and then 'lock-in' NHS consultants to work for them – on a self-employed basis - rather than any other eye care provider, in either NHS hospitals or other private clinic. In our next briefing note on this subject we will set out our understanding of how these financial incentives operate in the UK private eye care sector.

*5) Once the NHS becomes dependent on the private sector to deliver a large proportion of its eye care services, there is no guarantee that companies will continue to provide services funded by the state to people who cannot afford to pay.*

18. The final concern that has been raised about the growth in the use of the private sector to deliver NHS funded cataract services, is that because many NHS consultants are now undertaking large numbers of operations for private companies, in preference to working in NHS hospitals and because the capacity and resources in NHS eye care departments is shrinking, the NHS is becoming dependent on private sector in order to meet population need.

19. This is a concern, because the history of the past 2 decades shows that once the NHS or local government has lost its own capacity to meet the needs of the population through providing services directly, there is no guarantee that the private sector will wish to provide services to those who are state funded.

20. The concern is that the private eye care companies once they have become the dominant provider of ophthalmology care will instead turn their focus to those who are able to pay for cataract services and other forms of eye care, where the profit margins are much greater. The consequence of this would be that the more complex patients and those who were unable to afford care would have to rely on an NHS with fewer resources and fewer doctors able to take care of them. The concern is that as a result of this a two-tier system would emerge whereby the NHS becomes a 'poor service for poor people'.

21. For example, in other cases of health and social care provision in the UK where services have been outsourced to such a degree that NHS or local government capacity shrinks, the consequence has been that these services increasingly only become available to those who are willing or able to pay.
22. This situation has occurred in the area of care homes for older people – where some companies are now focused on building care homes only for those people who can pay out of their own resources – and in dentistry, where dentists in some areas are turning away NHS patients to focus on those paying privately.  
<sup>7, 8</sup>.
23. In addition, to transferring the financial responsibility for care away from the state and back to the individual – which goes against the founding principles of the NHS – it is also more likely to reduce access to healthcare services for those from poorer backgrounds and those who are from non-white ethnicities.

## **Our research into the impact of the use of the private sector to deliver NHS funded cataract care on NHS eye care departments.**

24. In order to understand more about the impact of the outsourcing of NHS funded cataract care to the private sector on NHS eye care departments as well as to gain a better understanding of the nature of the 6 concerns identified above, we undertook two pieces of research.
25. First, in Autumn 2023 we undertook an FOI survey of the 100 NHS Trusts who provide most eye care services in England asking them to provide us with data on their activity and income in relation to cataract surgery and ophthalmology care more broadly between 2017/18 to 2022/23. We received 61 responses, out of which we were able to extract usable data from 50 of these. This provides us with a robust insight into how NHS eye care departments have been impacted by this change, both financially and in terms of activity.
26. Second, in December 2023 and January 2024 we circulated an online survey to Ophthalmologists working in England, which was completed by 200 ophthalmologists, which is around 10% of the profession. The purpose of the survey was to get an understanding of their experience of the outsourcing of NHS cataract services and the impact that their work, the training of the ophthalmology workforce, patients with more complex needs and NHS eye care departments.<sup>9</sup>

## How has the income and activity of NHS eye care departments changed since the growth of the outsourcing of NHS cataract care?

### *Reductions in the amount of cataract surgery undertaken in NHS eye care departments over the past 6 years*

27. As can be seen from Table 1, the total number of cataract operations undertaken by the 50 NHS Trusts in our sample fell from around 180,000 in the financial year 2017/18 to 143,000 in 2022/23. This represents a reduction of 37,000 operations each year and a 21% reduction over the 6 year period.
28. Whilst the reduction of 21% across all 50 Trusts suggests a significant impact on the work of NHS eye care departments, for some NHS Trusts this reduction was more significant. In two cases the reduction was greater than 50% and in 8 cases the reduction was greater than 40%, and in 11 cases the reduction was greater than 30%. In only 6 out of the 50 Trusts did cataract activity increase over this period.
29. These findings mirror the data that we have published previously where we found that the total number of cataracts commissioned by ICBs from NHS Trusts reduced from 306,000 (based on 36 out of 42 ICBs) in 2018/19 to 274,000 in 2022/23 (based on 42 ICBs)<sup>10</sup>. It also confirms that the growth in the provision of cataract operations by the private sector has not simply been in addition to that provided by the NHS but has, in effect, moved activity out of the NHS.

**Table 1 Number of cataract operations carried out by 50 NHS Trusts between 2017/18 to 2022/23**

Year	17/18	18/19	19/20	20/21	21/22	22/23	Difference 17/18 to 22/23	% change
<b>Total 50 NHS Trusts</b>	179,818	185,055	182,352	95,492	154,937	142,728	-37,090	-21



*Reductions in income received by NHS Trusts for undertaking cataract surgery over the past 6 years*

30. As Table 2 shows, the total amount of income generated out of cataract activity by 49 out of the 50 Trusts in our sample fell by 1% over the course of the 6 year period.<sup>11</sup>

**Table 2: Changes in income from cataract activity between 2017/18 and 2022/23 49 NHS Trusts (values not adjusted for inflation).**

Year	17/18	18/19	19/20	20/21	21/22	22/23	Difference 17/18 to 22/23	% change
<b>Total 49 NHS Trusts (£)</b>	£116,250,330	£115,459,514	£136,644,738	£75,692,958	£114,391,654	£115,488,354	-761,976	-1

31. As part of this finding it should be noted that the price (or tariff) paid for the most commonly performed NHS cataract operation increased by 21% over this period.<sup>12</sup> Consequently, had the Trusts been carrying out the same level of cataract activity in 2022/23 as they were in 2017/18 their overall cataract income could have been expected to increase (on a payment by results basis) by 21% rather than reducing by 1%.

32. It should also be noted that a 1% reduction across the 49 Trusts, masks more significant impacts at local level. Thus, 26 NHS Trusts, experienced an average reduction of 21% in cataract income over this period, with 8 of them experiencing a reduction of more than 30%. In less than half of the sample, (23 Trusts) income from cataract activity increased over the 6 year period.

33. We also sought to understand the proportion of an NHS Trusts' overall ophthalmology income which came from providing cataract care. We did this to understand the extent to which Trusts were reliant on cataract income for their financial viability and the potential for this to shift over time as a result of increased activity in the private sector.

**Table 3 - % of NHS Trust ophthalmology income which comes from providing cataract services – 43 NHS Trusts**

	<b>All Ophthalmology budget 2017/18</b>	<b>Cataract income 2017/18</b>	<b>% of Ophthalmology budget which comes from cataracts 2017/18</b>	<b>All Ophthalmology budget 2022/23</b>	<b>Cataract income 2022/23</b>	<b>% of Ophthalmology budget which comes from cataracts 2022/23</b>
<b>Total 43 Trusts</b>	£465,284,130	£100,743,836	22%	£538,641,582	£97,301,522	18%

34. In 2017/18 on average across 43 Trusts in our sample, income from providing cataract services made up 22% of total ophthalmology income. By 2022/23 this had fallen by 4% to 18%. Again, within this national average, there are some variations at local level. In 2017/18 there were 9 Trusts where cataract services made up more than 30% of the Trust's total ophthalmology income, averaging 39%. The average percentage of the Trust's ophthalmology budget which came from cataract services at these same Trusts in 2022/23 had fallen to 33%.

35. This analysis shows that Trusts have previously relied on cataract income for around 1/5<sup>th</sup> of their total budget, however, due to the decline in the amount of cataract provision being undertaken by NHS Trusts, this has become a less significant form of income.

*Changes in the total ophthalmology budget over the past 6 years.*

36. It is not clear whether this reduction in cataract income in both absolute terms and as a percentage of the total ophthalmology budget has meant that the income available to treat all ophthalmology patients has also reduced.

37. However, it appears likely that ophthalmology budgets for Trusts may have reduced in real terms over this period, potentially because of this loss of activity. Thus the total ophthalmology budget for these Trusts increased by 15% over the course of a 6 year period from £465m to £538m.

38. Although it is not possible to calculate what the increase in the Trust's ophthalmology budget should be over this period had it increased in line with NHS inflation – due to challenges in modelling the prices of a range of different services - a useful comparator is the overall increase in the budget for NHS Trusts as whole over this period.

39. According to the DHSC accounts expenditure by all NHS providers across all services increased by 45% between 2017/18 and 2022/23, much higher than the average 15% increase in NHS Trusts ophthalmology budget.<sup>13</sup> A further comparator is the data we gathered from Integrated Care Boards, contained in

our earlier publication, which showed that between 2018/19 and 2022/23 the total spend by 37 out of 42 ICBs on ophthalmology services increased by 52%

40. If it is the case that the loss of income caused by a reduction in cataract activity has impacted the overall ophthalmology budget, including for services other than cataract income this may explain our earlier finding which showed that for the 13 Trusts where waiting time data was available for different eye care conditions,, average waits for all treatment areas apart from Advanced Macular Degeneration (AMD) increased over this 6 year period.<sup>14</sup>
41. In conclusion, the outsourcing of cataract services to private companies has led to a significant reduction in the amount of cataract activity undertaken by NHS eye care departments and has also potentially impacted their overall income for treating other NHS patients facing avoidable sight loss.
42. Further research is needed to identify the exact impact of these changes both at local and national level and we recommend that the Department of Health and Social Care as well as NHS England and Integrated Care Boards look into this area as a matter of some urgency.

## The views of ophthalmologists who responded to our survey

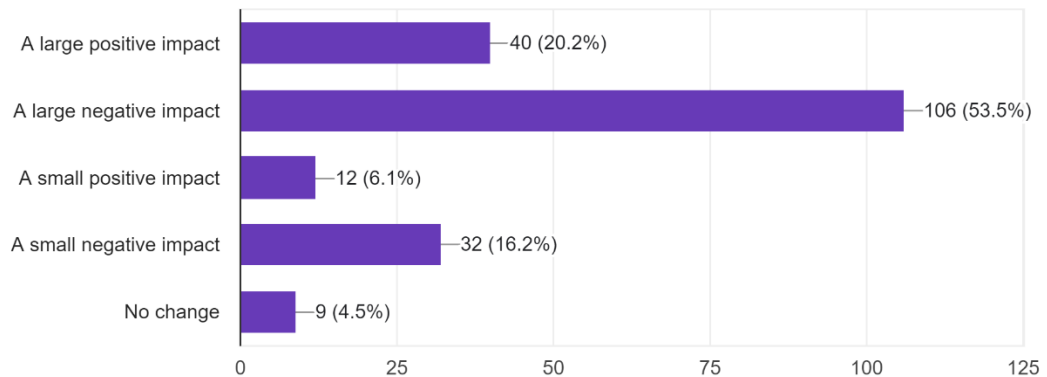
43. Our survey of ophthalmologists circulated in December 2023 and January 2024 received 198 responses. Out of these over half 52.4% had worked in the NHS for more than 10 years, 66% of respondents were consultants and the remainder 34% were in training to be consultants. In addition to providing the opportunity for respondents to provide a 'tick box' answer to the 6 questions in the survey we also allowed respondents to provide more detailed comments to provide further background to their answers.<sup>1</sup>

### *The overall impact of the use of the private sector to deliver NHS cataract surgery on NHS eye care departments.*

44. We first sought an insight into the overall view amongst respondents as to whether the impact of outsourcing had been positive or negative for their NHS eye care departments. Over half (53%) said that this change had led to a large negative impact on their NHS eye care departments, and a further 16% saying that it had led to a small negative impact. Only 20% of respondents said that it had led to a large positive impact.

Question 1: In your experience has the use of independent sector to deliver NHS cataract surgery had any of the following impacts on your NHS eye care department?

198 responses



<sup>1</sup> A note on terminology: the term 'independent sector' is commonly used to describe the for-profit private companies which are involved in the delivery of NHS funded eye care services by those working in the NHS and also by some policy makers which is why it was included in the survey questions. We consider that the appropriate term is the 'private sector' – this is because it better describes the fact that these are profit making companies and is a term used in all other areas of public service outsourcing. Further because these companies generate a substantial proportion of their income from the NHS and rely on NHS staff to deliver care it is unclear who or what they are 'independent' from.

45. Those who responded that the outsourcing of NHS cataract care had led to a negative impact overall commented further that the reason for this response was that the private sector was able “cherry-pick” easier cases had poached staff and had left the NHS to treat more complex patients with fewer resources, causing potential financial problems.

Comments from these respondents included:

- *"Eye care at hospital eye service has become unsustainable due to lack of resources and independent sector cherry picking cases of low complexity and high profit and also poaching staff who were trained and invested in by NHS."*
- *"Patients who are referred to independent sector and then refused care due to 'complexity'. The complexity may be mild but it is obvious that there is 'cherry picking' of routine, simple cases leaving the NHS proper to deal with patients with more complexity"*
- *"Largely cataract numbers have fallen in NHS trust and only complex cataracts left to do"*
- *"NHS consultants are also much less present now as lots are now working for ISTCs (Independent Sector Treatment Centres – a term given to the private sector)."*
- *"Lots of lists stood down due to no nurses as they've been poached by ISTC"*
- *"Though it can reduce the waiting list complex and high risk cases are left out for NHS also postoperative complications usually go back to NHS to manage."*

46. For those who had identified a positive impact, this included a reduction in waiting times for patients which has alleviated the burden on the NHS, greater patient choice as well as the availability of new treatment facilities to treat NHS patients.

Comments from these respondents included:

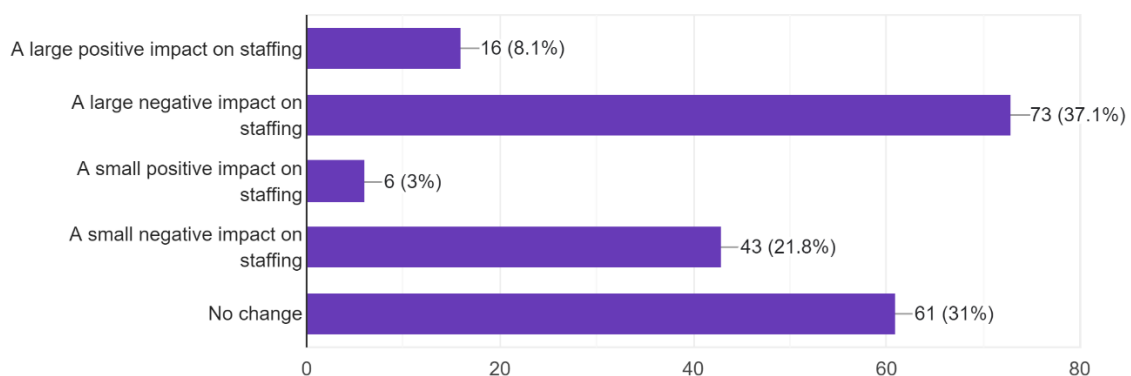
- *"It has reduced waiting times which our department has been unable to address for many years. This has been due to a lack of resources, competing interests within the organisation or a lack of efficiency within the system"*
- *"It has reduced waiting lists and alleviated the burden on the NHS"*
- *"Reducing waiting times. Patient centred rather than clinician centred care"*

- *"Fantastic to have the independent sector to enable patients to have a wider choices of facilities and access to shorter waiting times.[...] This frees up capacity in the NHS to do the more complex patients - those requiring GA etc. As a tax payer myself I'm glad the ISPs are available to provide quick, high quality treatment in facilities that are state of the art."*

***The impact of the use of the private sector to deliver cataract services on the availability of staff to treat NHS patients.***

Question 2: In your experience has the use of the independent sector to deliver NHS cataract services had any impact on the availability of staff to treat NHS patients?

197 responses



47. For many of the respondents, the impact of outsourcing has had an impact on staffing, although 31% had seen no change in the availability of staff to treat NHS patients in their eye care departments. However, 37% said that they had seen a large negative impact on staffing and a further 21% said that they had seen a small negative impact on staff. Just 16% of respondents said that they had seen a large positive impact and 3% a small positive impact.

48. Issues raised about the negative impact on staffing included the loss of consultants, nurses staff and optometrists to the for profit private sector. Concerns included the fact that consultants were dedicating less time to their NHS work and that nurses were leaving after departments had invested in their training which had contributed to a reduction in staff morale within departments.

Comments from these respondents included:

- *"We have recruited theatre ophthalmic nurses and trained them for complex ophthalmic lists only to continually lose them when trained to local IS providers. We have many more consultants asking to work part time to spend time working for local IS providers where the surgical cases are less complex and fewer hours can be worked for more pay"*

- *"The experienced good staff have been head hunted from the local NHS Trust eye units to work in the independent units."*
- *"We have lost doctors who have left the nhs to join the private providers as they pay better. We have also lost nurses and management staff."*
- *"Some of my colleagues work in the independent sector in a neighbouring region and have reduced their NHS clinical commitments as a result."*
- *Exacerbated short staffing as the same limited pool is now being sought by multiple units. Clinicians often splitting their time across multiple different sites and reducing NHS time. Some take AL (annual leave) to work at ISP (Independent Sector Provider).*
- *"A lot of nursing staff etc have left the NHS to join the private teams and therefore theatre have to be cancelled for urgent and more complicated actual urgent ophthalmology procedures. Clinics have hardly any nursing staff available which means less support for doctors and consultants."*
- *"Experienced surgical and outpatient nursing staff are leaving to take up "independent sector" jobs (3 band 6-7 nurses that I know of in the last year) creating a skills and experience gap in the NHS. Ditto optometrists. And the obvious consultants dropping NHS commitments/condensing PAs to operate in the private/independent sector. Staff morale has plummeted due to churn."*

49. For those who saw a more positive impact of outsourcing on the staffing in NHS eye care departments, views were expressed about the fact that it was possible for staff to work in the private sector without this impacting the NHS and that the improved working conditions outside the NHS were an overall benefit for staff.

Comments from these respondents included:

- *"Staff able to earn extra at weekends or bank [agency work] at ISP. No staff taken from eye theatre staff."*
- *"No noticeable change. There are a number of staff who work in both [the NHS and the private sector] and it is within their contractual right to do so. It is possible that more staff may leave if there was more independent sector work. It is important to ask why this would be? The NHS can and indeed should learn about more attractive working conditions such as flexible working times, job satisfaction and remuneration to improve attractiveness and retention to equalise any disparity. The benefits of dual working should not be underestimated; increased work satisfaction, shared learning in process management and*

*financial, all of which are important considerations in the current climate particularly for those on lower banding.”*

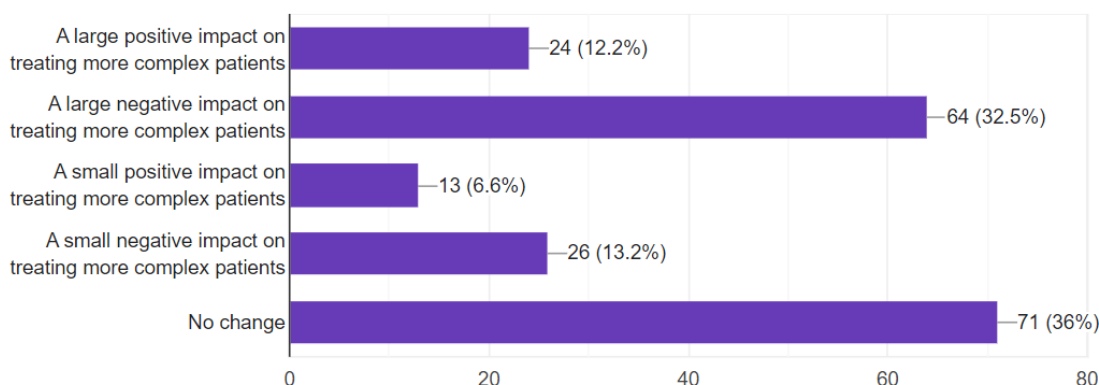


*The impact of the use of the private sector to deliver NHS cataract care on the ability of NHS Trusts to deliver more complex care to patients.*

50. Our previous study revealed that the percentage of the overall NHS ophthalmology budget being spent on cataract care had increased since for profit private companies had been used to deliver NHS funded cataract surgery. This shift in resources towards treating cataracts, meant fewer resources for other more complex and sight threatening eye conditions. We wanted to understand whether ophthalmologists had experienced any changes in their ability to treat patients with more complex needs, including children as a result of this shift.
51. We found that 32% of respondents had experienced large negative impact on treating more complex patients as a result of the use of the private sector to deliver NHS cataract services and 13% had seen a small negative impact. 36% had seen no change, whilst 12% had seen a large positive impact and 7% a small positive impact.

**Question 3:** In your experience has the use of the independent sector to deliver NHS cataract services had any impact on the ability of NHS eye care departments to treat more complex cases such as paediatric care or emergency care?

197 responses



52. For those who had seen a negative impact, this focused on the lack of resources – primarily staff – to deal with more complex conditions as well as the fact that NHS Trusts were having to deal with complications caused by operations carried out in the private sector. Others pointed out that the potential loss of income for NHS Trusts had a potentially negative impact on their eye care department's financial sustainability.

Comments from these respondents included:

- *"Complex cataract patients are often primarily referred to the IS and then rejected at preassessment there due to co-morbidities and passed onto the local Trust- usually for issues not clear from the original optom referral. Complex diseases otherwise are less supported in the main Trust as staff from all levels are incentivised by pay to drop Trust NHS sessions to work for more pay and fewer hours in the IS."*
- *"A doubling of emergencies related to routine surgery done in the ISTC partly also because pre-existing pathology has not been recognised."*
- *"We have to deal with complications from these [private] providers adding to our workload."*
- *"I am being referred patients from further afield because the paediatric/strabismus surgeons at our regional teaching hospital have both reduced their NHS time to work for AQPs [Any Qualified Providers – a term used to refer to the private sector]. My own waitlists have therefore increased."*
- *[..] the 'bread and butter' of NHS ophthalmology care, cataract surgery, is undermined by the independent sector, it affects the way the NHS can manage less 'profitable' care - emergency, chronic eye conditions etc."*
- *"Whilst the NHS is delivering a higher proportion of the most complex cases may be seen as appropriate system wide shift, it is a short term gain for the system- the lack of suitable cases for trainees threatens the sustainability of future surgical workforce, and the more complex cases do not attract a sufficiently higher tariff to make up for the loss of volume of simple fast cases, with net income loss to NHS departments threatening sustainability."*
- *"'Brain drain' of experienced staff to IS means fewer available to look after complex patients. Commissioning resources are also diverted to high volume low complexity work. I believe commissioners are influenced by both the political climate and the IS providers to give too much weight to cataract numbers (making statistics on waiting lists etc look good) to the detriment of complex or less statistically evident work."*
- *"We have had to deal with emergency walks such as endophthalmitis and post-op complications from independent sector that patients despite being commissioned to address this themselves. Independent sector are cherry picking low complexity cases leaving high complexity patients which take longer and require more resources leaving longer waits for such complex cases less efficiency as often lists are high complex but not high volume."*

53. For those who saw a positive impact, the main benefit was the fact that using the private sector to deliver cataract work freed up time and resources for more complex work within the NHS.

Comments from these respondents included:

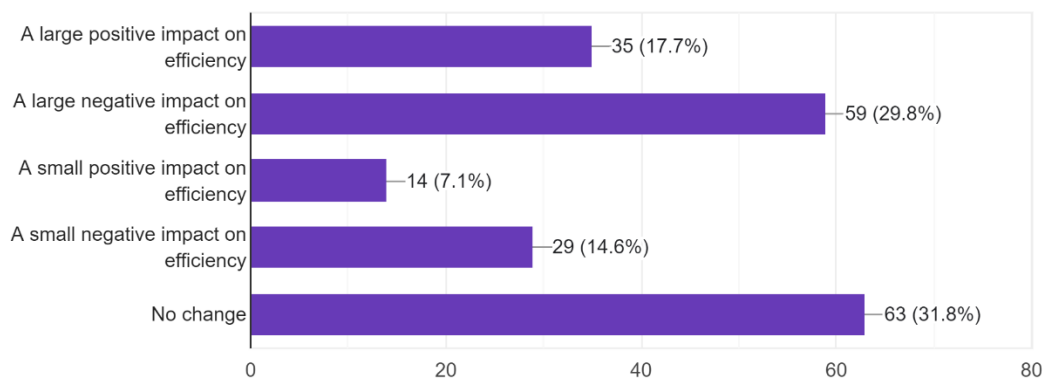
- *"Access to eye care services for patients with complex problems has been easier and waiting times for these patients have reduced."*
- *"With lower waiting times we now have much more capacity to deal with complex cases."*
- *"Has freed up some resource that could be redirected to these important services."*
- *"By outsourcing relatively straightforward cases we are in essence increasing capacity indirectly which is sorely needed. This allows secondary care to concentrate on more urgent issues."*
- *"These cases can be prioritised and have the time they deserve."*

*The impact on efficiency within NHS eye care departments as a result of the use of the private sector to deliver NHS cataract care.*

54. One of the often stated benefits of using private companies to deliver NHS funded work is that it can improve efficiency in the delivery of care for patients. This is said to be because the private sector brings innovation and a focus on keeping costs down by streamlining processes. The existence of private for profit providers within a local healthcare market is also said to introduces competition for revenues and contracts. It is suggested that as a result that NHS hospitals have to become more efficient in order to compete.
55. We sought views on this subject through our survey. In this area there was a more even split between those who considered that there had been no change in efficiency (32%), those who said that there had been a large negative impact on efficiency (30%) and those who said that there had been a large positive impact on efficiency (18%).

Question 4: Has the use of the independent sector to deliver cataract surgery and other services led to increased efficiencies in your NHS eye care department?

198 responses



56. For those who reported a negative impact on efficiency the issues were again related to the fact that the NHS was left with more complex cases, that there were fewer staff to deal with these more complex cases and also that the loss of more routine cases made training staff less efficient. Within these comments there was also a recognition that there was potential for NHS Trusts to learn from the private sector in terms of running theatre lists for less complex patients.

Comments from these respondents included:

- *"Theatres cannot do high volume cataracts with complex patient."*

- *"Despite competition, my NHS department remains very inefficient."*
- *"Leaves the NHS in chaos with less efficiency in dealing with complex cases due to:*
  - not enough allocated lists or Sedation/GA [General Anaesthetics] lists*
  - poor case mix.*
  - requirement of input from anaesthetic colleagues and more cancellation due to lack of anaesthetists.*
  - less skilled staff, fewer trainees."*
- *"We can learn some efficiency techniques from IS. However, we often lack the staffing levels necessary to implement these and it is hard to bring in efficiencies with an increasingly and disproportionately complex workload."*
- *"Only anaesthetically complex patients are being seen in NHS. These patients often take significant extra time- transferring from chair/ hoist/ unable to lie flat/ extra time for sedation.*
- *"Trainees less efficient as less trained as ISTCs have taken majority of trainee friendly cases."*

57. For those who reported a positive impact on efficiency many stressed the opportunities available to NHS Trusts to learn and put in place the processes developed in the private sector. Others stressed that competition with the private sector was causing NHS Trusts to improve their ways of working.

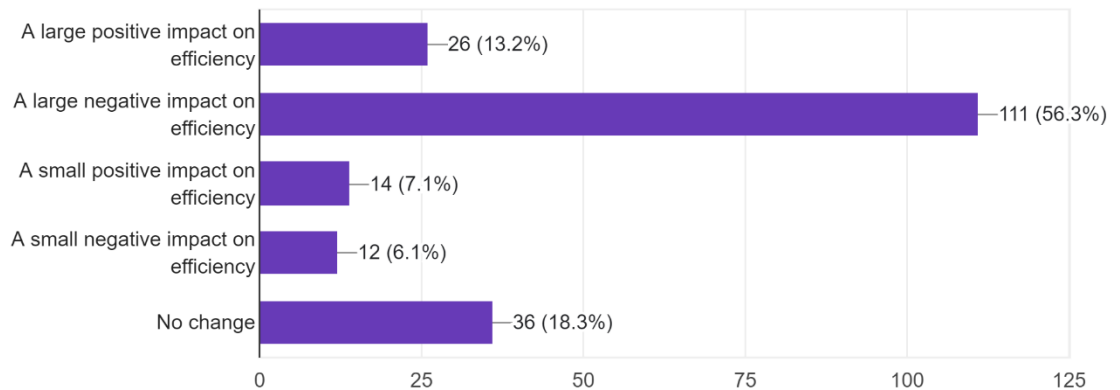
Comments from these respondents included:

- *"[...] inspired by the effectiveness of independent cataract surgery providers, the old standard of 5 cataracts per theatre session was replaced by 7, now 8 cataracts as the experience from ITC [Independent Sector Treatment Centres] was applied in the NHS"*
- *"It is now driving our hospital to invest in cataract and other services as a result of the pressure the IS [Independent Sector] has exerted"*
- *"Processes evolved from independent sector being used in NHS trust."*
- *"Local NHS Trusts have visited independent sector providers to help generate ideas to improve efficiency."*

***The impact of the use of the private sector to deliver NHS funded cataract care on staff training.***

Question 5: Has the use of the independent sector to deliver cataract surgery and other services led to improved opportunities and resources for staff training within your NHS eye care department?

197 responses



58. The area where there was greatest consensus about the impact of the use of the private sector to deliver NHS funded cataract care was in relation to staff training. 62% of respondents said that this shift had had a large (56%) or small (6%) negative impact on opportunities for staff training within their NHS eye care departments. Only 20% said that this policy had resulted in a large (13%) or small (7%) positive impact in this area, with 18% saying they had experienced no change.

59. For those who had seen a negative impact, their concerns mainly focused on the difficulties in training the next generation of consultants as well as ophthalmic nurses and technicians due to the fact that the NHS Trusts had fewer operations to undertake and that those that were delivered in NHS eye care departments ended to be more complex and therefore unsuitable for trainees. Spending time on training doctors when they were undertaking more complex procedure also made the NHS unable to operate efficiently and to reduce waiting times. These concerns were highlighted both by doctors in training as well as consultants.

Comments from these respondents included:

- *"[...] the independent sector cherry picks the straightforward cases (medically and surgically) and rejects the complex cases which are sent to the NHS Trust where they are "consultant only" as they are complex so they take longer in theatre and need more equipment and are not suitable to trainees. This means the number of training cases are less and the trainees suffer with reduced numbers and less experience."*
- *"Significant reduction in the number of suitable training cases."*

- *"Very few routine simple cataract cases left for our trainees to develop and maintain their skills, and for us to train the next generation."*
- *"The nurses and doctors have nothing to train with on surgical lists as they are all complicated cases."*
- *"We are having to train more technicians and ophthalmic nurses because of the IS taking our trained staff. This does not help existing staff at all. The IS does not provide any benefit to us on this."*
- *"We are left with disabled, dementia, non-English speaking patients with complex cataracts with high risk of complications and lack of opportunities to train ophthalmologists for the future. The complexity means trainees have few opportunities"*
- *"There have been fewer straightforward cases in the NHS trust, especially for cataracts, making it hard for trainees to get the number of cases they need. This is starting to be mitigated by ISOs getting involved in training, but whilst this is a positive step, it puts additional strain on training program directors and managers to support timetables that allow trainees to go to other sites often quite far from the base hospital for training during the working week."*
- *"We now only tend to get the most complex cataract surgeries that are not usually done/ accepted by independent sector. This means even more less opportunities for cataract training."*
- *"Hugely negative environment to train in- consultants pushed by dept to meet targets in terms of cases per list, finishing on time etc, but complexity increases time per case and complications esp for trainees, therefore training opportunities reduced/removed to keep dept happy. The less you train, the less quickly you improve and tomorrow's consultants won't have the skill set/experience needed."*
- *"[...] we are left to deal with a much higher percentage with co-morbidities including social. As well impacting negatively to the point we have trainees removed from the hospital eye service as we do not have "easy " cataracts to operate on."*
- *"I'm an ST1 [a doctor in the early part of their training] learning cataract surgery. Most patients on the list not appropriate for teaching, therefore progression in surgery has been very slow."*
- *"Total loss of cataract training. We had a 6 month period of no cataracts while the independent provider approved the use of trainees, and now they have approved trainees the numbers on each list are very limited"*

*and we have to travel away from our primary hospital to do cataract surgeries."*

60. Those respondents who identified a positive impact on training pointed to the fact that more training was now taking place in the private sector and that this freed up time and increased training opportunities overall as well as bringing back learning from the private sector to benefit the NHS.

Comments from these respondents included:

- *"Local Newmedica (a private sector provider of cataract care) trains trainees meaning more available theatre time and training time for remaining trainees"*
- *"Junior doctors are given the opportunity to train in the IS and get experience of high volume operating environments and then bring this experience and training back into the NHS"*
- *"Skills and training learnt in ISP bought back to nhs units. Proactive nurses can show it can be done to bring back to nhs units. Drive for change from managers to work smarter and more efficiently."*



## Conclusions and recommendations:

61. Given the rapid shift of large amounts of NHS funded eye care services into the and the potential for this to impact on NHS eye care departments and the viability of the workforce, it is important that national policy makers in both the Department of Health and Social care and NHS England are able to assess and measure the impact of this shift.
62. We asked NHS England under a Freedom of Information request if it could provide us with data on the overall number cataract operations undertaken, the overall budget for NHS ophthalmology services and the percentage of this which was being spent on cataract services in the NHS and the private sector between 2017/18 and 2022/23. After seeking an internal review of their original decision not to provide this information, NHS England confirm that it does not collect this information at a national level.<sup>15</sup>
63. In addition, we asked NHS England if it could provide any analysis of the impact of the use of the private sector to deliver cataract care on waiting times for NHS patients. Again, they stated that they did not hold such information, we assume because no such analysis exists.
64. We find the lack of oversight of both the ophthalmology sector and this major policy initiative to be concerning, particularly given the concerns expressed by the ophthalmologists who responded to our survey and the data from NHS eye care departments.
38. It is clear from these findings that there is a real risk that a two-tier healthcare service is likely to develop in this area unless action is taken. This is because, the loss of income and activity in the NHS is potentially making it harder for those with more complex care to receive treatment in NHS hospitals, whilst those with less complex conditions and those who are healthier are being given priority access to NHS care in the private sector.
39. Over the course of conducting this research we have been told that some NHS eye care departments are reaching a tipping point in terms of their ability to deliver care and have requested assistance from other parts of the NHS in order to carry out standard surgery due to a lack of consultants.
40. The “hollowing out” of NHS eye care departments due to the loss of income and activity from cataract care, has the potential to leave the NHS eye care departments as a ‘poor service for poor people’ and is significantly undermining the training of the ophthalmology workforce.
41. Further, despite these major changes to NHS eye care over the past 6 years, NHS England has not undertaken any analysis of how much it spends on ophthalmology care as a whole, how much of its budget is spent on cataracts, how much of this is spent in the NHS and the private sector and what the

impact of the use of the private sector has had on waiting times for cataract patients. This lack of oversight compounds the risks to the viability of NHS eye care and the impact on the sustainability of the ophthalmology profession as the impact of these changes appear to be hidden from view.

42. It is especially important that NHS England gets a grip of how the use of the private sector is impacting NHS hospitals, staff training and access to healthcare amongst the most vulnerable, because the private sector is now being given the opportunity by some ICBs to move into other areas of NHS eye care such as glaucoma and macular degeneration.<sup>16</sup>

Based on these findings we consider that policy makers should take forward the following recommendations:

- NHS England should undertake a whole sale review of the use of the private sector to deliver NHS cataract care to determine the impact that it is having on a) waiting times b) staffing c) health inequalities d) available resources to treat more serious diseases which can lead to irreversible sight loss.
- When developing their commissioning arrangements for ophthalmology services, Integrated Care Boards (ICBs) should take into account the impact of the use of the private sector to deliver cataract care on NHS eye care departments in particular their financial viability, their ability to treat more complex patients and the training of the workforce. They should limit and if necessary reverse the outsourcing of the cataract care to the private sector if this means that NHS eye care departments and staff training are being negatively impacted.
- NHS England should conduct a review of the overall ophthalmology budget to identify whether disproportionate amounts are being spent on cataract care for people with comparatively lower healthcare needs and whether other more complex conditions are being under-funded.
- NHS England and Integrated Care Boards should pause any further outsourcing of eye care services to the private sector – such as treatment for glaucoma and macular degeneration – until it has carried out a comprehensive assessment of the impact of the recent experience of outsourcing on health inequalities and the sustainability of a comprehensive eye care services for all NHS patients.

## References

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- <sup>1</sup> David Rowland and Sid Ryan "Out of Sight, understanding the hidden impact of NHS cataract outsourcing on NHS finances" March 2024 <https://chpi-fd3a752d575a6d9748da-endpoint.azureedge.net/wp-content/uploads/2024/03/PDF-Version-of-Final-Out-of-Sight-Report-Volume-1-11032024.pdf>
- <sup>2</sup> NHS England 'Cataract Specification – Supporting Guidance' 2022
- <sup>3</sup> <https://www.rcophth.ac.uk/wp-content/uploads/2023/03/2022-Ophthalmology-census-Facing-workforce-shortages-and-backlogs-in-the-aftermath-of-COVID-19.pdf>
- <sup>4</sup> Ellen Coughlan Josh Keith Tim Gardner Sebastien Peytrignet Jay Hughes Charles Tallack 'Waiting for NHS hospital care: the role of the independent sector in delivering orthopaedic and ophthalmic care' Health Foundation April 2023 <https://www.health.org.uk/publications/long-reads/waiting-for-nhs-hospital-care-the-role-of-the-independent-sector-in>
- <sup>5</sup> David Rowland and Sid Ryan "Out of Sight, understanding the hidden impact of NHS cataract outsourcing on NHS finances" March 2024 <https://chpi-fd3a752d575a6d9748da-endpoint.azureedge.net/wp-content/uploads/2024/03/PDF-Version-of-Final-Out-of-Sight-Report-Volume-1-11032024.pdf>
- <sup>6</sup> David Rowland 'Pounds for Patients - How private hospitals use financial incentives to win the business of medical consultants' Centre for Health and the Public Interest June 2019 <https://chpi.org.uk/wp-content/uploads/2019/06/FINAL-REPORT-POUNDS-4-PATIENTS-070619.pdf>
- <sup>7</sup> Tim Jarrett 'Social care: care home market – structure, issues, and cross-subsidisation' House of Commons Library briefing paper No.8003, 13 February 2018 <https://researchbriefings.files.parliament.uk/documents/CBP-8003/CBP-8003.pdf>
- <sup>8</sup> Katherine Garratt 'NHS dentistry in England' Research Briefing House of Commons Library 29 May 2024 <https://researchbriefings.files.parliament.uk/documents/CBP-9597/CBP-9597.pdf>
- <sup>9</sup> The survey was distributed to ophthalmologists through various 'WhatsApp' groups and other online networks with ophthalmologists encouraging their colleagues to respond. Whilst we recognise that we have been unable to fully validate all respondents and also to measure any biases amongst the group of survey respondents, the survey findings are similar to a survey conducted by the Royal College of Ophthalmologists in 2022. (See here <https://www.rcophth.ac.uk/wp-content/uploads/2023/03/2022-Ophthalmology-census-Facing-workforce-shortages-and-backlogs-in-the-aftermath-of-COVID-19.pdf>) As a result, whilst we are keen to stress that these findings (like all survey findings of this nature) should be treated as an insight into the views of those who responded, rather than an objective view of the ophthalmology profession as a whole, they provide an important evidence base for further consideration of these issues by policy makers.
- <sup>10</sup> David Rowland and Sid Ryan "Out of Sight, understanding the hidden impact of NHS cataract outsourcing on NHS finances" March 2024 <https://chpi-fd3a752d575a6d9748da-endpoint.azureedge.net/wp-content/uploads/2024/03/PDF-Version-of-Final-Out-of-Sight-Report-Volume-1-11032024.pdf>
- <sup>11</sup> Since the introduction of 'Payment by Results' when an NHS hospital or other healthcare provider undertakes elective care such as cataract operations or hip replacements they have mostly been paid for each operation they perform. This meant that an increase in activity meant an increase in income and vice versa. However, in order to help manage the impact of the COVID 19 pandemic on the finances of NHS Trusts this payment system was suspended for NHS Trusts and Trusts were paid based on a presumed level of activity rather than according to the actual number of operations

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carried out – known as a block contract. A similar arrangement has been in place for NHS Trusts since 2021. This change makes calculating the potential income loss to NHS Trusts as a result of the outsourcing of cataract care to for profit private providers potentially more difficult. This is because, activity and income are no longer as closely linked – thus a 5% reduction in activity might not, in all cases equate to a 5% reduction in income. Whilst a number of Trusts noted this change in the funding system when they responded to our information requests, the majority responded without any clarification. As a result, the data on the changes in activity and income are those provided to us by NHS Trusts.

<sup>12</sup> According to the National Tariff workbook in 2017/18 Trusts were paid £667 to carry out the most common cataract procedure coded as BZ34C (excluding any adjustments for market forces) In 2022/23 the price for the same procedure was £808. See NHS England National Tariff workbook 2022/23 [https://www.england.nhs.uk/wp-content/uploads/2020/11/22-23NT\\_Annex-A-National-tariff-workbook\\_Apr22.xlsx](https://www.england.nhs.uk/wp-content/uploads/2020/11/22-23NT_Annex-A-National-tariff-workbook_Apr22.xlsx)

<sup>13</sup> Department of Health and Social Care Accounts 2022/23 and 2017/18 – Table 2.2 Department Group Detailed Expenditure for 2022/23 shows that material expenditure items for all NHS Providers was £117.4 million. In 2017/18 this was £82.4 billion.  
<https://www.gov.uk/government/publications/dhsc-annual-report-and-accounts-2022-to-2023>

<sup>14</sup> David Rowland and Sid Ryan "Out of Sight, understanding the hidden impact of NHS cataract outsourcing on NHS finances" March 2024 <https://chpi-fd3a752d575a6d9748da-endpoint.azureedge.net/wp-content/uploads/2024/03/PDF-Version-of-Final-Out-of-Sight-Report-Volume-1-11032024.pdf>

<sup>15</sup> NHS England: Freedom of Information Request reference: FOI-2312-2052053 | FOI-2402-2067833 IR

<sup>16</sup> NHS Norfolk and Waveney Integrated Care Board 'Market Engagement Eye Care Accreditation' February 2024. Contract procurement notice available on Bidstats <https://bidstats.uk/tenders/2024/W06/816185640>