



The ROYAL COLLEGE of
OPHTHALMOLOGISTS

National Ophthalmology Database Audit

Key Findings Summary 2018-2019

The RCOphth NOD audit quality assures NHS cataract surgical services for patients. Approximately 452,000 cataract operations are undertaken in England and 20,000 in Wales during 2018-2019. Cataract surgery is the most frequently performed surgical procedure in the UK.

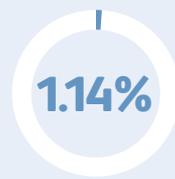
The RCOphth NOD enables a cataract surgeon to compare their performance against that of their peers nationally. It is a vital safeguard of patient safety and a promoter of best practice, potentially eradicating variation in the provision of cataract surgery and patient care. The RCOphth NOD enables informed decision making and choice for patients.

This fourth prospective national annual report is a snapshot of the standards of surgical performance and care and continues to clearly indicate that high quality surgery is being delivered to NHS patients.

Two primary indicators of surgical quality are audited

1. **Posterior capsular rupture (PCR)** a break in the posterior capsule of the lens, which can occur as a complication of cataract surgery. PCR is the most important, and only potentially modifiable predictor of visual harm from surgery.
2. **Visual Acuity (VA) Loss (visual harm from surgery)** for cataract surgery, the most important outcome is improved vision; this is what matters most to patients.

Key findings

 <p>40%</p> <p>overall reduction in PCR complications since 2010</p>	 <p>1.14%</p> <p>In the 2018-19 reporting period 1.14% of operations were affected by PCR, compared to 1.91% in 2010-11</p>	<p>44%</p> <p>overall reduction in VA Loss since 2010</p> <p>In the 2018-19 reporting period 0.51% of operations were affected by VA loss, compared to 0.91% in 2010-11</p>
<p>100%</p> <p>data completeness for PCR outcomes, currently a compulsory field in Electronic Medical Records (EMRs)</p>	<p>Reduction in PCR complications and VA loss since 2010 equates to</p> <p>~3,500</p> <p>fewer complications annually across the NHS</p>	 <p>~£2m</p> <p>Cost saving from avoided PCR complications, per annum</p>

The audit reported on:

<p>73 NHS Trusts in England,</p> <p>4 Local Health Boards in Wales,</p> <p>23 independent treatment centre sites and</p> <p>1 centre in Guernsey representing over half of all publicly funded cataract surgery undertaken during the reporting period</p>	 <p>82,310 (42.4%) patients were men</p> <p>110,425 (56.8%) patients were women</p>	
<p>Data collected from</p> <p>2,062 surgeons</p> 	 <p>76</p> <p>Patients had a median age of 76 years</p>	<p>241,561</p> <p>eligible cataract operations were audited which equates to just 50% of operations performed in England and Wales during the audit period</p>
 <p>47,248</p> <p>patients underwent surgery on both eyes</p>	<p>Operations were performed on</p> <p>194,313 patients</p> 	

Recommendations

1. For Patients



1.1 Patients, carers and those with an interest in cataract surgery are encouraged to access information about the quality of cataract surgery and their local services, and can view information online on the [National Ophthalmology Database Audit website](#)

1.2 Patients should discuss and understand the risks and potential outcomes of eye surgery with their surgeon including for their own particular risk profile

1.3 Patients interested in finding out more about cataract surgery, should access information online from their hospital trusts and health boards, as well as from charity organisations such as [Royal National Institute of Blind People](#) (RNIB)

2. For Providers of cataract surgery



2.1 All providers of NHS and privately funded cataract surgery should submit data to the audit to publicly demonstrate their commitment to high quality care and good professional practice through participation

2.2 Providers should submit complete data including all relevant risk factors for outcomes to ensure case complexity can be taken into account and results appropriately interpreted ([UK Minimum Cataract Dataset for National Audit](#))

2.3 In line with the NHS Digital Agenda, providers should use electronic data collection to improve data completeness and utilise EMR audit tools for continuous real time monitoring of results for early detection and correction of possible issues

2.4 Providers should review patient pathways to maximise the recording of both preoperative and postoperative VA data for every operation

2.5 Providers should use the RCOphth NOD audit for quality improvement by comparing their results against other cataract

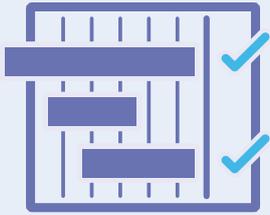
surgery providers and their past performance to identify and act on specific areas that may need improvement

2.6 Providers should consider including [Patient Reported Outcome Measures \(PROMs\)](#) before and after surgery to quantify and validate patient benefit from surgery, as advised in the 2019 [NICE Quality standard for serious eye disorders \(QS180\)](#)

2.7 EMR enabled providers should review the settings on their EMR regarding mandatory data collection. Specifying mandatory collection for specific data items aids in improving data collection

2.8 Surgeons working in non-participating centres should approach their senior management teams and emphasise the importance of participation, pointing out the benefits in terms of quality assurance, quality improvement, accountability, public perception and validation to commissioners of the service being provided

3. For Commissioners



3.1 Service specification contracts should require quality assurance and improvement based on RCOphth NOD national audit outcomes and the 2017 [NICE cataract surgery guideline \(NG77\)](#) for management of cataracts in adults

3.2 Commissioners should use quality focused service specification contracts with providers of cataract surgery which include submission of full data to the RCOphth NOD audit,

including pre- and postoperative VA for visual outcomes reporting. This applies to NHS providers and independent providers of NHS cataract surgery

3.3 Services where postoperative care is outsourced, e.g. to optometric practices should require return of postoperative data (VA and refraction) to the operating centre using the data return audit tools available for such purposes

4. For the Regulators



4.1 Regulators should expect NHS services to participate in all national audits, with RCOphth NOD audit results made available to them when inspecting NHS organisations which either commission or deliver cataract surgery services

4.2 Regulators should ensure that all providers of NHS cataract surgical care are able to provide quality

assurance regardless of whether they are traditional NHS centres or independent providers

4.3 Centres providing both publicly and privately funded surgery across the UK are now eligible to join the RCOphth NOD audit and all UK cataract surgery centres are invited and encouraged to participate

Next Steps

- In 2021, the fifth prospective audit period will move to align with the NHS year (April to March). This will aid centres with the planning of services and align the national cataract audit to other reporting services that report on the NHS year
- Electronic data collection for cataract surgery is being implemented in Northern Ireland who wish to participate as a region in future audit years
- The RCOphth NOD is committed to further developing the collection of the existing patient reported outcome measure (PROM) for cataract surgery, with the aim of implementing this in the national cataract audit
- Initial steps have been taken towards establishing a national audit in wet age-related macular degeneration and it is anticipated that this will commence within the next two years

References:

The Royal College of Ophthalmologists #makemydatacount www.rcophth.ac.uk/2019/02/makemydatacount/

NICE guideline (NG77) Cataracts in adults: management www.nice.org.uk/guidance/ng77/resources

NICE Quality standard for serious eye disorders (QS180) www.nice.org.uk/guidance/qs180/chapter/Quality-statement-2-Referral-for-cataract-surgery

National Ophthalmology Database (NOD) Audit www.nodaudit.org.uk