



The Royal College of Ophthalmologists' response to the NHS England Evidence Based Interventions: Consultation

September 18

INTRODUCTION

The RCOphth is the UK professional body for ophthalmologists. We set the curriculum for trainee ophthalmologists and work with leaders across the sector to ensure eye care staff are appropriately trained and supported to deliver high quality care.

We welcome the opportunity to respond to this consultation. There are very few clinically ineffective interventions provided via NHS ophthalmology services.

Below we have responded the part of the consultation which we consider most relevant to our role.

CONSULTATION QUESTIONS

3. Do you agree with our six design principles?

Yes

4. Do you agree that selecting circa 17 interventions is about the right number for this first phase?

N/A

5. Are there interventions you think we should add for the first phase?

No

6. Are there interventions we should remove?

Yes. F Benign skin lesions. There is evidence (what) that some benign skin lesions can cause 'severe psychological distress' (normally secondary to bullying) in children e.g. molluscum causing a follicular conjunctivitis, and any benign skin lesion including chalazion.

Section K Chalasia removal: some chalazion do need surgery if present for over 6 months or if infected. While an IFR seems reasonable, the amount of administrative and clinical time costs and the delays that can occur, are usually more than the actual tariff for doing this minor procedure. In addition, in children there will be days lost in school and even parents work loss if they must go pick up a child the school doesn't like the look of due to a large

chalazion. It would be much more practical to have a criterion for offering surgery e.g. present for more than 6 months, infected, visual disturbance, astigmatism, problems at school. Recurrence is an indication as there is evidence about 2% of suspected chalazion turn out to be BCC or another malignancy, a biopsy is required. If patients fall out of the agreed criteria, then an IFR is reasonable.

For more information please contact policy@rcophth.ac.uk