

The ROYAL COLLEGE of
OPHTHALMOLOGISTS

Data Report

Changes in NHS cataract surgery in England 2016-2021: an analysis of national, regional and independent sector trends

August 2022



[The Royal College of Ophthalmologists](#) (RCOphth) is the professional body for eye doctors, who are medically qualified and have undergone or are undergoing specialist training in the treatment and management of eye disease, including surgery. As an independent charity, we pride ourselves on providing impartial and clinically based evidence, putting patient care and safety at the heart of everything we do. Ophthalmologists are at the forefront of eye health services because of their extensive training and experience. The Royal College of Ophthalmologists received its Royal Charter in 1988 and has a membership of over 4,000 surgeons of all grades. We are not a regulatory body, but we work collaboratively with government, health and charity organisations to recommend and support improvements in the coordination and management of eye care both nationally and regionally.



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Purpose of this analysis

Cataract surgery is one of the most common procedures performed in the NHS. In 2019/20 (the last “normal” pre-pandemic financial year), there were over 450,000 cataract procedures in England – an 11% jump on three years previously.

This analysis focuses on the changes seen in England in the delivery of cataract surgery over the last five years. The focus on England is deliberate, because the growing role played by independent sector providers has been a big part of this story – accelerated by the pandemic, but already happening before spring 2020.

We hope this analysis is useful for those making decisions relating to the commissioning and delivery of cataract services. More generally, this analysis will hopefully be of interest to many – clinicians, commissioners, patients, independent sector providers, NHS managers and health policy analysts – in understanding what has been happening in their local area and across England in such a crucial, high volume surgical procedure.



Over

450,000

cataract procedures
performed in 2019/20

Executive Summary

Between 2016-2021, the number of NHS-funded cataract procedures increased significantly. There were 43,932 cataract procedures in England in November 2021 – 21% higher than five years previously.

With an ageing population and increasing cataract prevalence, it is estimated there will have been a 50% rise in cataract procedures between 2015-2035.



estimated rise in cataract procedures between 2015-2035

The role played by independent sector providers (ISP) has increased dramatically. ISP provision increased steadily before the pandemic, but the second COVID-19 wave in Autumn/Winter 2020 saw a huge shift when NHS services faced the most overwhelming pressure. From 34% of cataract procedures delivered by ISPs in December 2020, this jumped to 55% in January 2021 and then a high of 59% in February 2021.



As hospitals overcame the most severe pandemic pressures from spring 2021, the situation again changed. The proportion of procedures delivered by ISPs fell back under half, settling close to 45% in the six months up to November 2021. This 45% figure nonetheless represents a “new normal” in the delivery of NHS cataract services, given that pre-pandemic ISP provision had never exceeded 30%. The number of cataract procedures delivered by NHS providers was 15% lower in November 2021 than prior to the pandemic, despite the number of NHS-funded procedures increasing by 11% over the same period.

There are significant regional disparities. The North West, Midlands, South West and North East and Yorkshire were all delivering at least half of their cataract procedures in the independent sector in November 2021. The South East meanwhile was delivering a third (34%) through ISPs, while for London the figure was a quarter (25%).



At the more local integrated care system level, Gloucestershire has the highest ISP provision at 75%, based on a rolling average of September-November 2021 figures. West Yorkshire & Harrogate, Greater Manchester and Cheshire & Merseyside are also notable for being high volume areas with high ISP provision – all three areas are delivering over 60% of their cataract procedures in ISPs, with well over 1,000 procedures per month in ISPs in each area.



1,000+

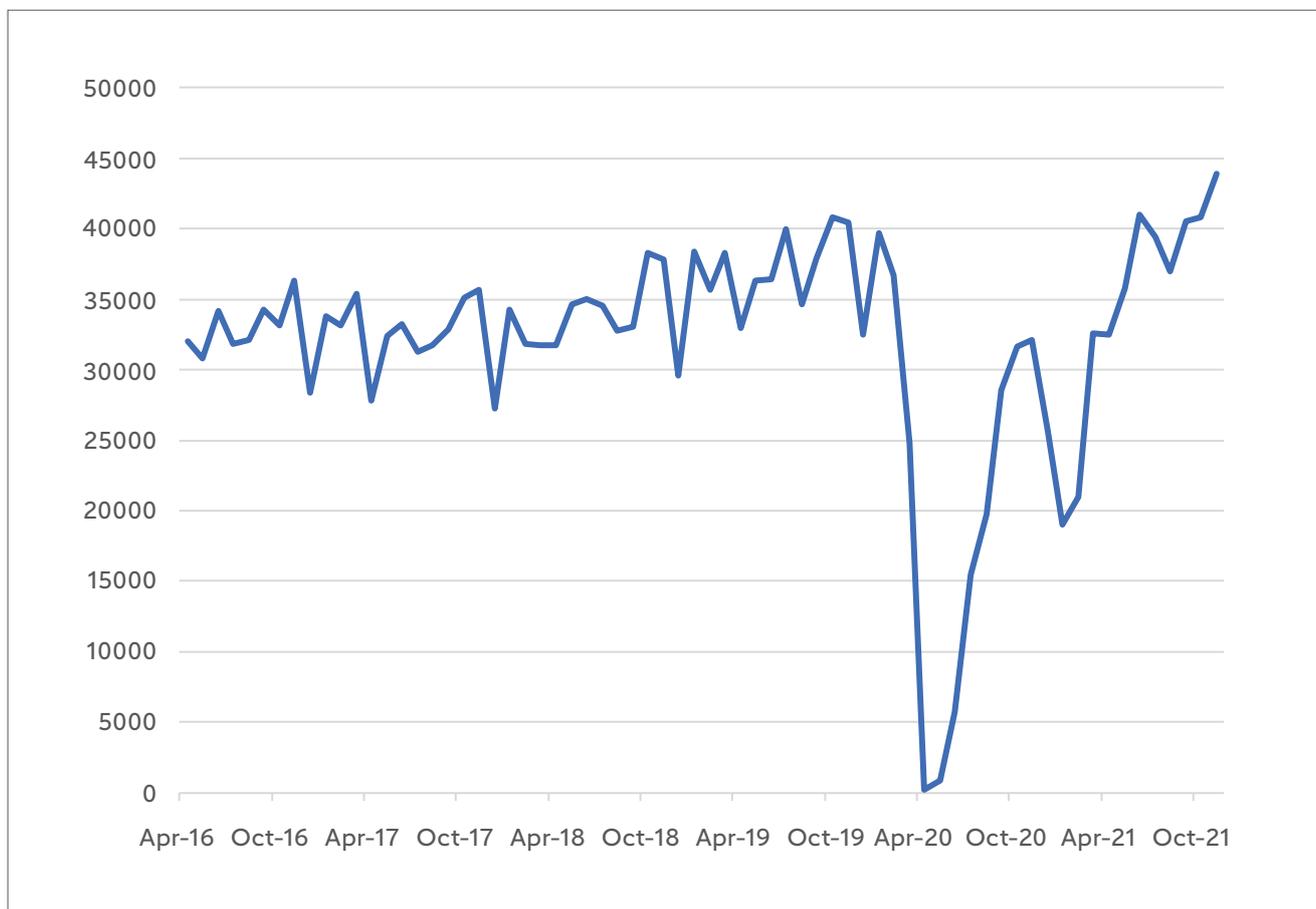
cataract procedures each month in ISPs at over 60% provision in West Yorkshire, Greater Manchester and Cheshire and Merseyside

The increasing level of ISP provision has provided additional capacity for cataract surgery, although there is no evidence they have reduced waiting times for eye care services.

This trend has also created challenges that need to be addressed. These include access to training opportunities for ophthalmology trainees and the potential destabilising of NHS eye care units delivering comprehensive care (in terms of available workforce and funding of units).

Increasing number of cataract procedures performed in England

Figure 1: Monthly number of NHS-funded cataract procedures performed 2016-2021



Cataract surgery is an increasingly performed procedure. Figure 1 above shows the number of NHS-funded cataract procedures in each month in England over the last five years.

There was a fairly steady rise until the pandemic. There were 39,712 cataract procedures in January 2020, an 18% rise from the number three years earlier in January 2017. In the initial COVID-19 wave in Spring 2020, cataract procedures almost completely halted. Activity recovered sharply until the second wave hit in Autumn 2020, when activity again slowed but continued thanks to more innovative pathways being in place.

The number of procedures has been on a rapidly upwards trajectory since March 2021 as recovery and clearing of the backlog has been a priority. By the end of the five year period in November 2021, 37% more (an increase of 11,893) cataract procedures were being performed each month than at the start.

It is certain that demand will continue to grow in the coming years. [RCOphth's The Way Forward study](#) estimated that between 2015-2035 there would be a 50% rise in the number of cataract operations being performed, due largely to population demographics and rising cataract prevalence.

The growing role played by independent sector providers

Independent sector providers (ISPs), are those organisations outside of the NHS commissioned to deliver NHS-funded procedures and care.

The changes in cataract surgery detailed in this analysis are part of a wider shift in the last 15-20 years towards greater use of ISPs. In the early 2000s, [as highlighted by the Institute for Fiscal Studies](#), the number of NHS-funded elective procedures delivered by ISPs was minimal. That increased significantly from the mid-2000s – reaching 3% of all NHS elective activity in 2010/11, 5% by 2014/15, and 6% in 2017/18. Latest NHS Digital data shows the figure was 7.8% through 2021/22 and 8.1% in April 2022.

The IFS analysis showed that as well as cataracts, there were a number of other procedures that were increasingly being delivered by ISPs. In 2017/18, 30% of NHS-funded hip replacements were being performed by ISPs and 20% of hernia repairs.

Figure 2: Proportion of NHS-funded cataract procedures delivered in ISPs and NHS

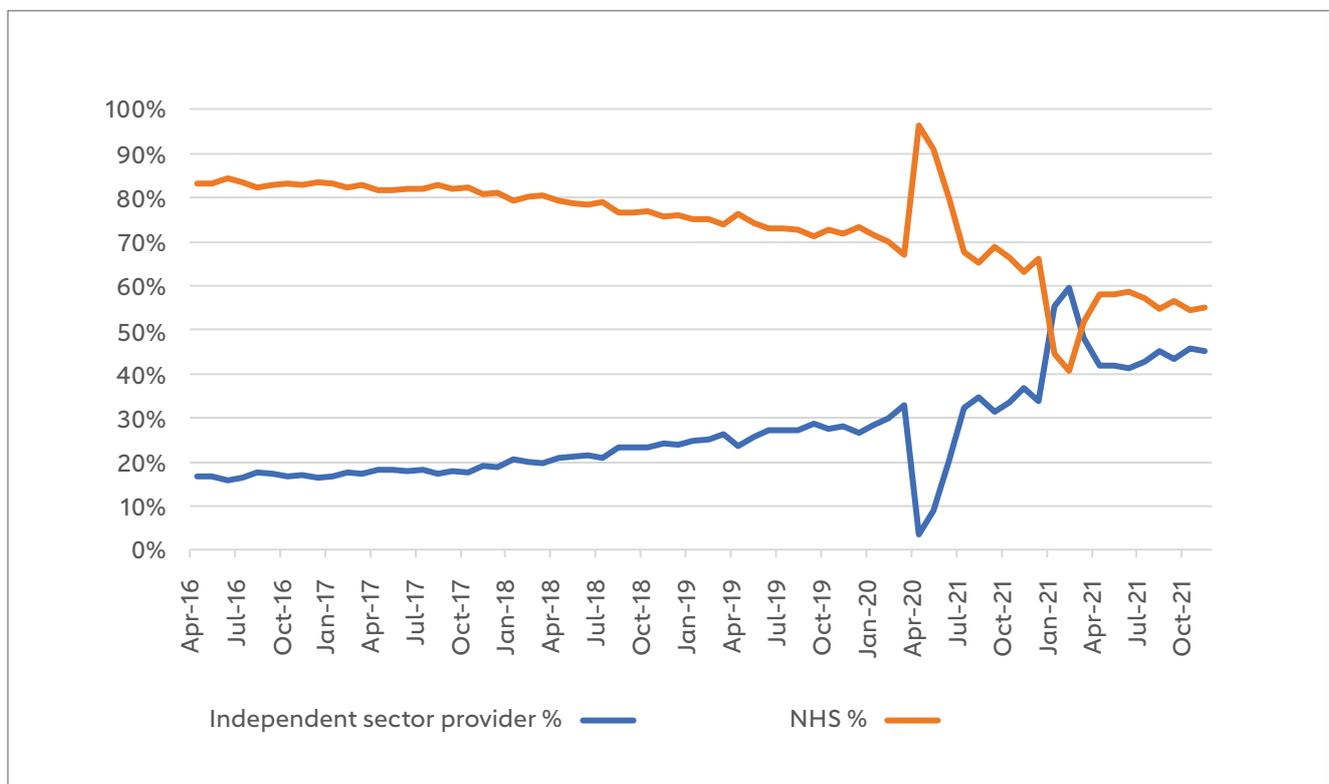
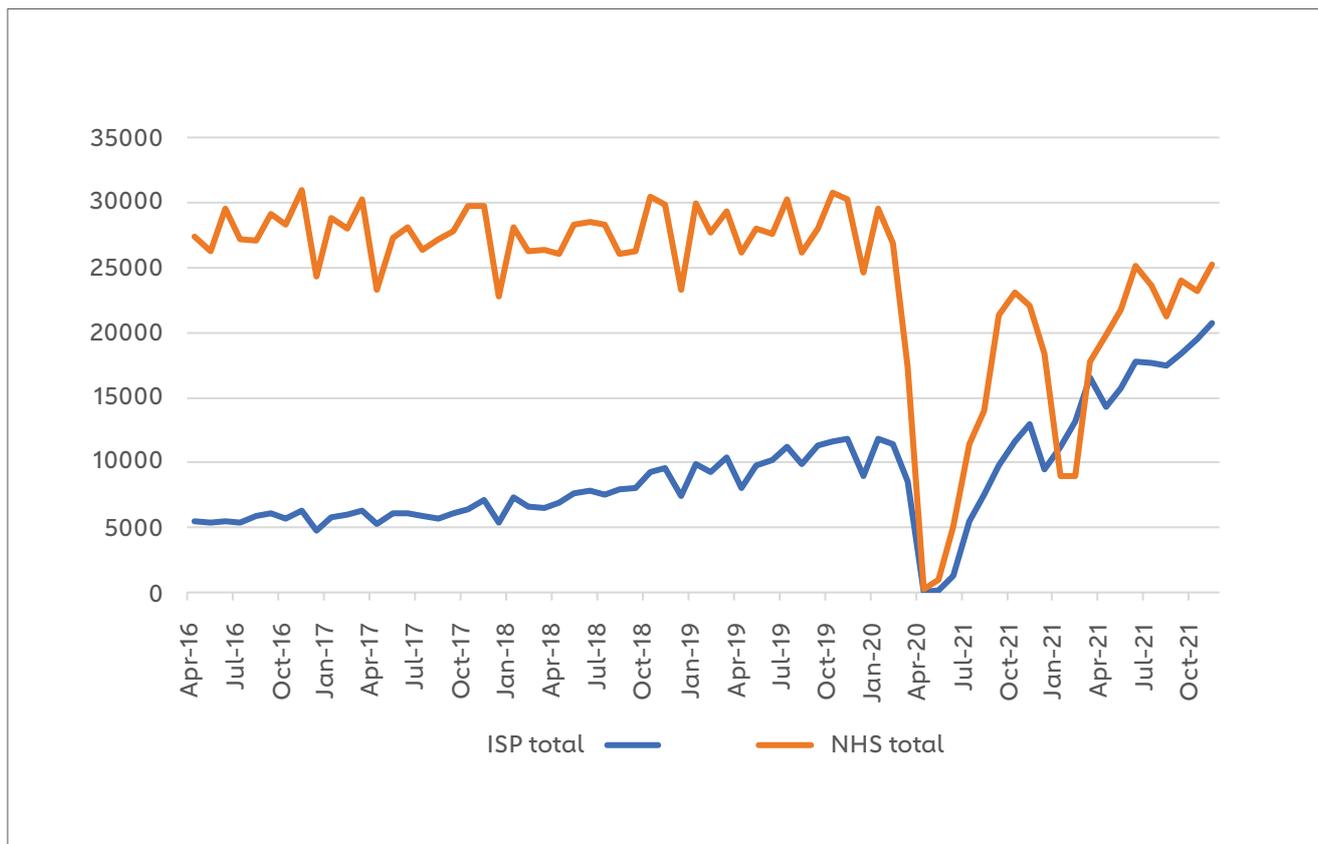


Figure 2 above illustrates the growing role played by ISPs in the delivery of NHS-funded cataract procedures since 2016. Clearly the pandemic has had an enormous impact. The most recent data available (up to November 2021) shows that the proportion of cataract procedures delivered by ISPs has settled around 45%. Before the pandemic, that figure never exceeded 30%.

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When coupled with Figure 3 below showing the number of procedures delivered in ISPs and the NHS, this helps to explain more clearly what happened during COVID-19.

Figure 3: Number of NHS-funded cataract procedures in ISPs and NHS



The immediate impact of the pandemic on cataract procedures was an almost complete halt in activity. April 2020 saw only 273 cataract procedures in England, and this number did not get back to pre-pandemic levels until September 2020. As the UK dealt with a second COVID-19 wave in late 2020 and early 2021, there was again a reduction in cataract activity (albeit hugely less marked than during the first wave), between December-March 2021.

During the first wave of the pandemic in spring-summer 2020 and the initial winding down and restarting of cataract services, there was little change in the NHS/IS makeup. As services began to be delivered at more typical levels in July 2020, the proportion of procedures delivered in the IS was 31% – almost identical to the winter 2019/20, before the pandemic.

The big change happened during the second wave of the pandemic at the start of 2021. It was in these months that the NHS faced the most overwhelming pressures, with hospital services again reconfigured to cope with this demand. ISP capacity was used to continue to deliver NHS cataract procedures at this time, rather than the stopping of procedures that was seen in the first wave. That is reflected in the fact that from a figure of 34% of procedures delivered by ISPs in December 2020, this jumped to 55% in January 2021 and then a high of 59% in February 2021.

The number of NHS-funded cataract procedures delivered by NHS providers was 15% lower in November 2021 than prior to the pandemic, despite the number of procedures overall increasing by 11% over the same period. A “new normal” in where NHS-funded cataract procedures are delivered appears to have emerged.

As hospitals overcame the worst of these pressures from spring 2021, the proportion of procedures delivered by ISPs fell back under half, settling close to 45% in the last six months up to November 2021.

This figure of 45% represents a significant increase from the level of ISP activity before the pandemic however, which was typically 30%. The number of NHS-funded cataract procedures delivered by NHS providers was 15% lower in November 2021 than prior to the pandemic, despite the number of procedures overall increasing by 11% over the same period. A “new normal” in where NHS-funded cataract procedures are delivered appears to have emerged.

Increased capacity, especially as NHS eye care services look to tackle long backlogs, is to be welcomed, but many clinicians have concerns about the knock-on impact of this shift. These include patient access, how we train future ophthalmologists, and the potential destabilising of NHS eye care units that deliver comprehensive care (in terms of available workforce and funding of eye units). More information on these issues is available in [our November 2021 position statement](#). RCOphth is working with NHS England and other stakeholders to develop specific solutions to these challenges.

Divergent regional trends

This national picture masks regional trends that it is essential commissioners, clinicians and NHS trusts understand.

Figure 4: Regional comparison of % cataract procedures delivered in IS

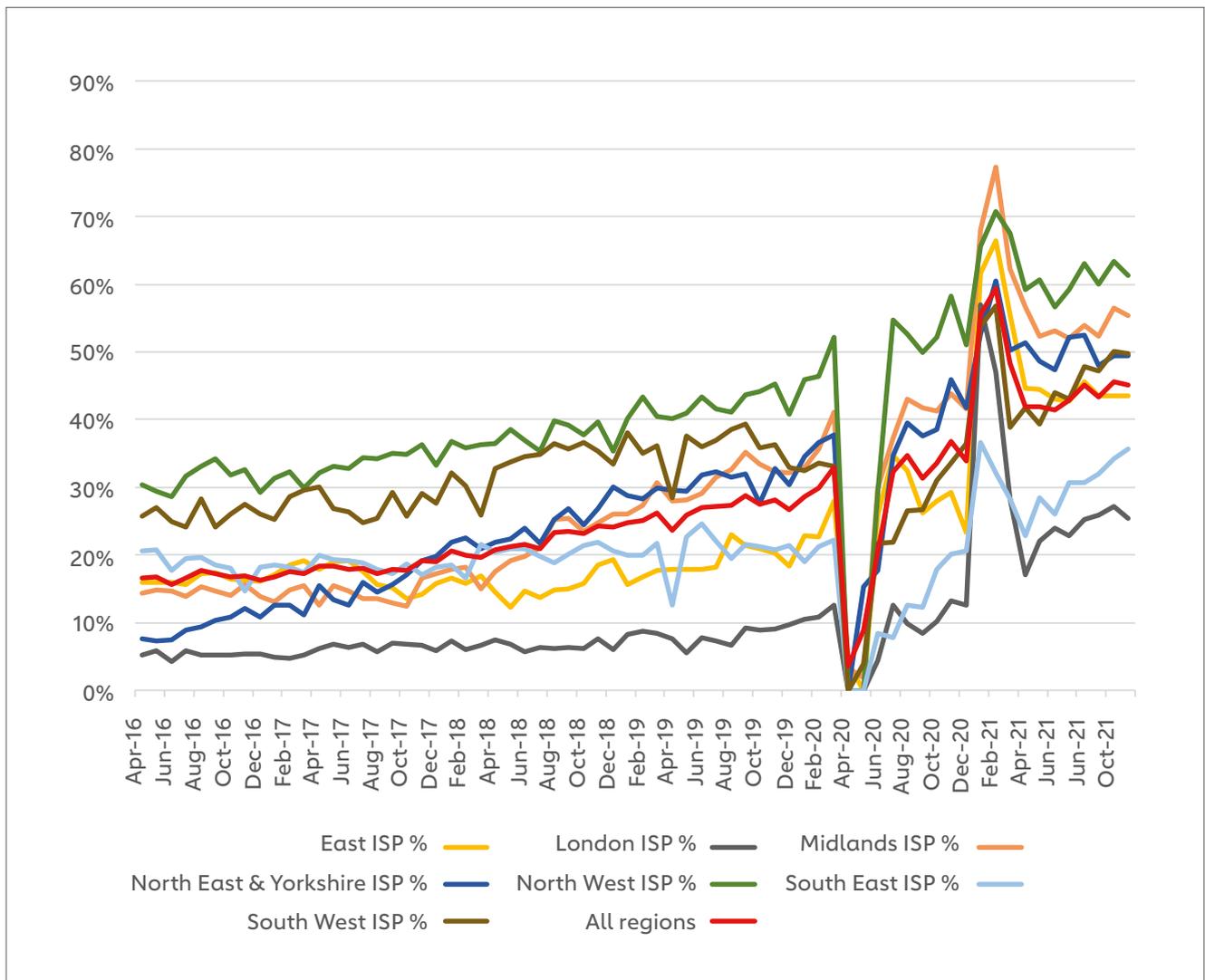


Figure 4 shows differing trends in the 7 English regions over the last 5 years. The North West started in April 2016 with the highest ISP provision of 30%, and remains the highest with 61% in November 2021.

The Midlands has seen a more dramatic increase in its use of ISPs for cataract procedures. Only 14% were carried out by ISPs in April 2016, with that figure rising to 55% in November 2021. Likewise North East and Yorkshire rose from 7% to 50% over the same period.

The South West and East of England have also seen significant increases – the South West delivering 50% of its cataract procedures in ISPs in November 2021 and the East of England 44%.

The Midlands has seen a more dramatic increase in its use of ISPs for cataract procedures. Only 14% were carried out by ISPs in April 2016, with that figure rising to 55% in November 2021.

London and the South East are slight outliers in that their use of the IS, although significantly higher than in 2016, is markedly lower than other regions. A quarter (25%) of procedures were being delivered in ISPs in London in November 2021, and a third (34%) in the South East.

Figure 5: Monthly number of cataract procedures by NHS providers in regions

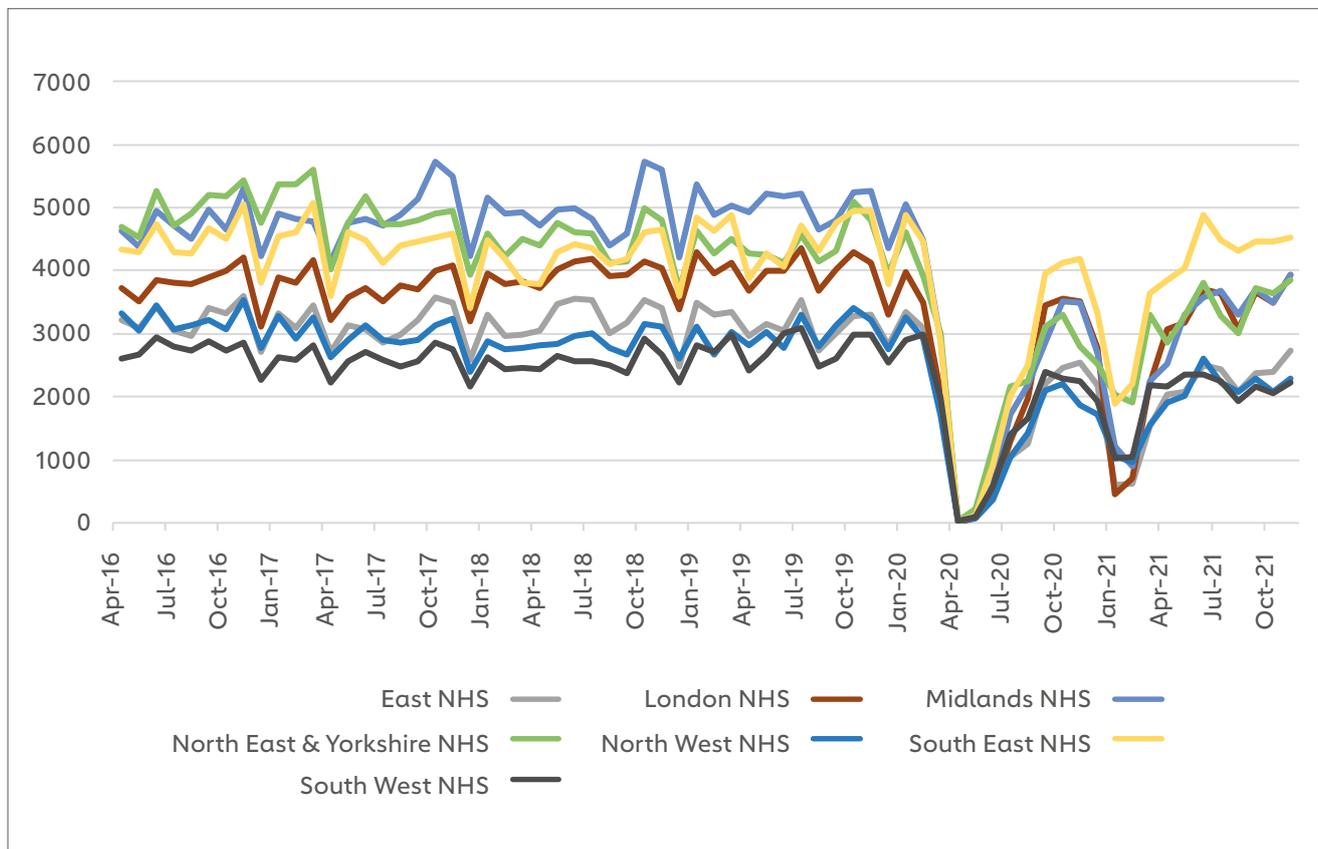


Figure 5 above shows the monthly number of cataracts delivered by NHS providers in different regions across the five year period. In line with the trend of increasing ISP provision in figure 4, the number was lower at the end of the period than the beginning for all regions, apart from London and the South East.

Figures 6 and 7 below summarise how the picture changed for English regions over the five year period. While London and the South East saw small increases in the number of cataract procedures delivered each month in the NHS in November 2021 compared to April 2016, all other regions saw falls. The North West stands out, delivering 31% fewer NHS procedures, with the other four regions all grouped around a fall of 15%.

Figure 6: Number of procedures delivered by NHS providers in regions: April 2016 vs November 2021

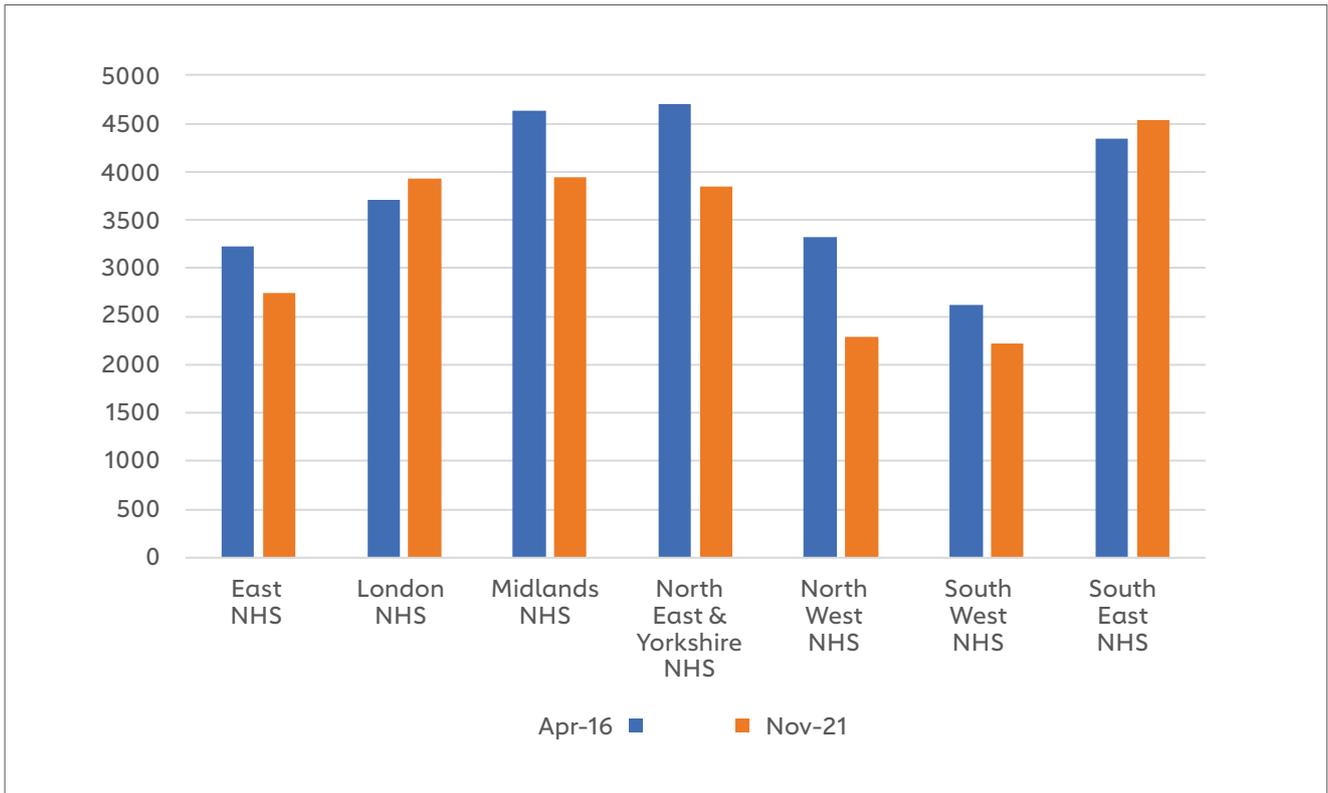
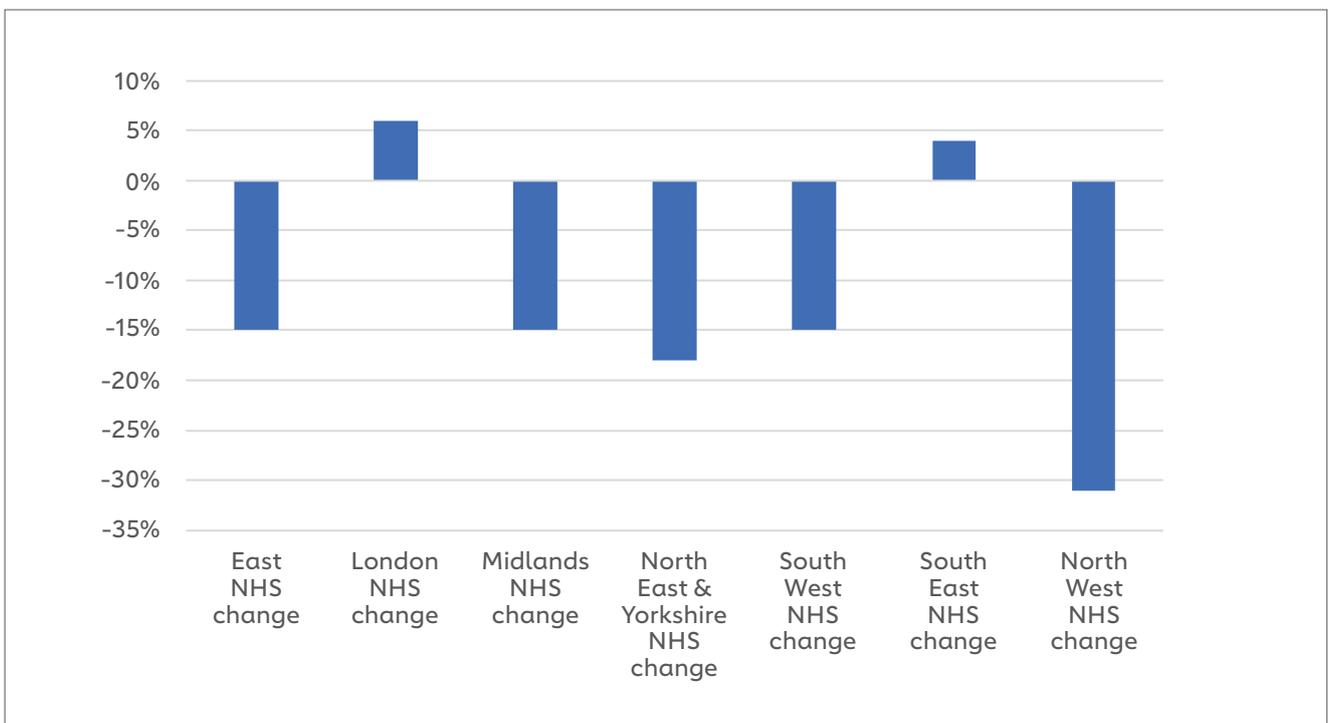


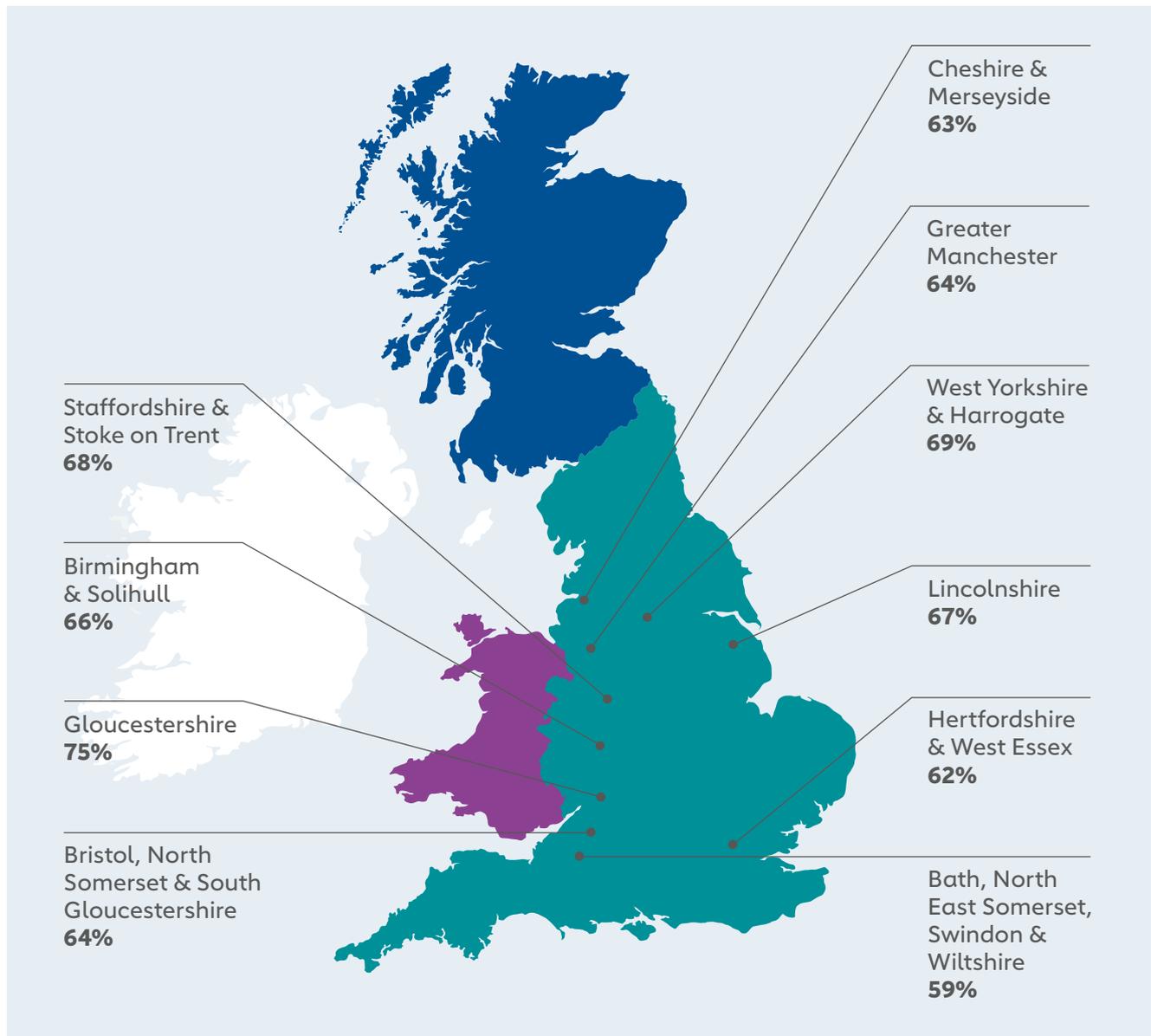
Figure 7: Change in number of cataract procedures delivered by NHS providers in regions: April 2016 vs November 2021



ICS level breakdown

It is also possible to see what is happening within English regions at the “place” level. In Figure 8 below, the 10 integrated care system (ICS) areas with the highest IS provision are listed. This is calculated on an average of August–November 2021 numbers.

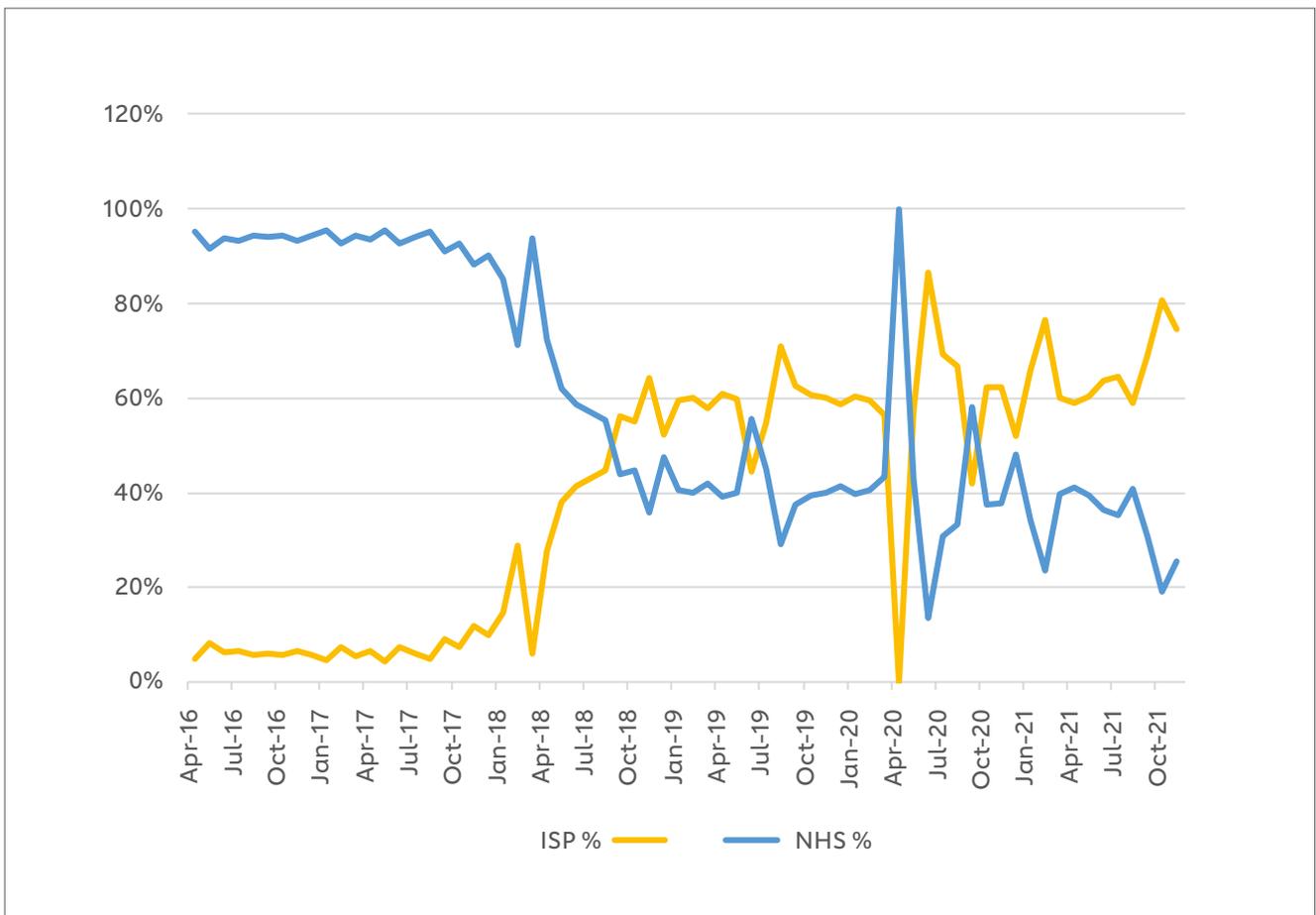
Figure 8: ICS areas with highest ISP provision



As would be expected in line with the regional breakdown in the previous section, these ICSs are predominantly based in the North West, Midlands and South West, with no ICSs in London or the South East.

Figure 9 below shows that Gloucestershire has been using a high level of IS capacity a long time before the pandemic. In 2018 it began to greatly increase the number of cataract procedures it commissioned in the IS, undertaking more in the IS than the NHS for the first time in August 2018. This trend largely continued either side of the pandemic, settling at around 75%.

Figure 9: Proportion of NHS-funded cataract procedures in Gloucestershire delivered in ISPs and NHS 2016-2021



High volume ICS areas with high ISP provision

Considering those locations with high ISP provision in percentage terms, listed in figure 8, it is also worth highlighting those that on top of this deliver a high number of procedures in ISPs.

Figure 10: Number of IS cataracts delivered in Greater Manchester, W Yorks & Harrogate, Cheshire & Merseyside

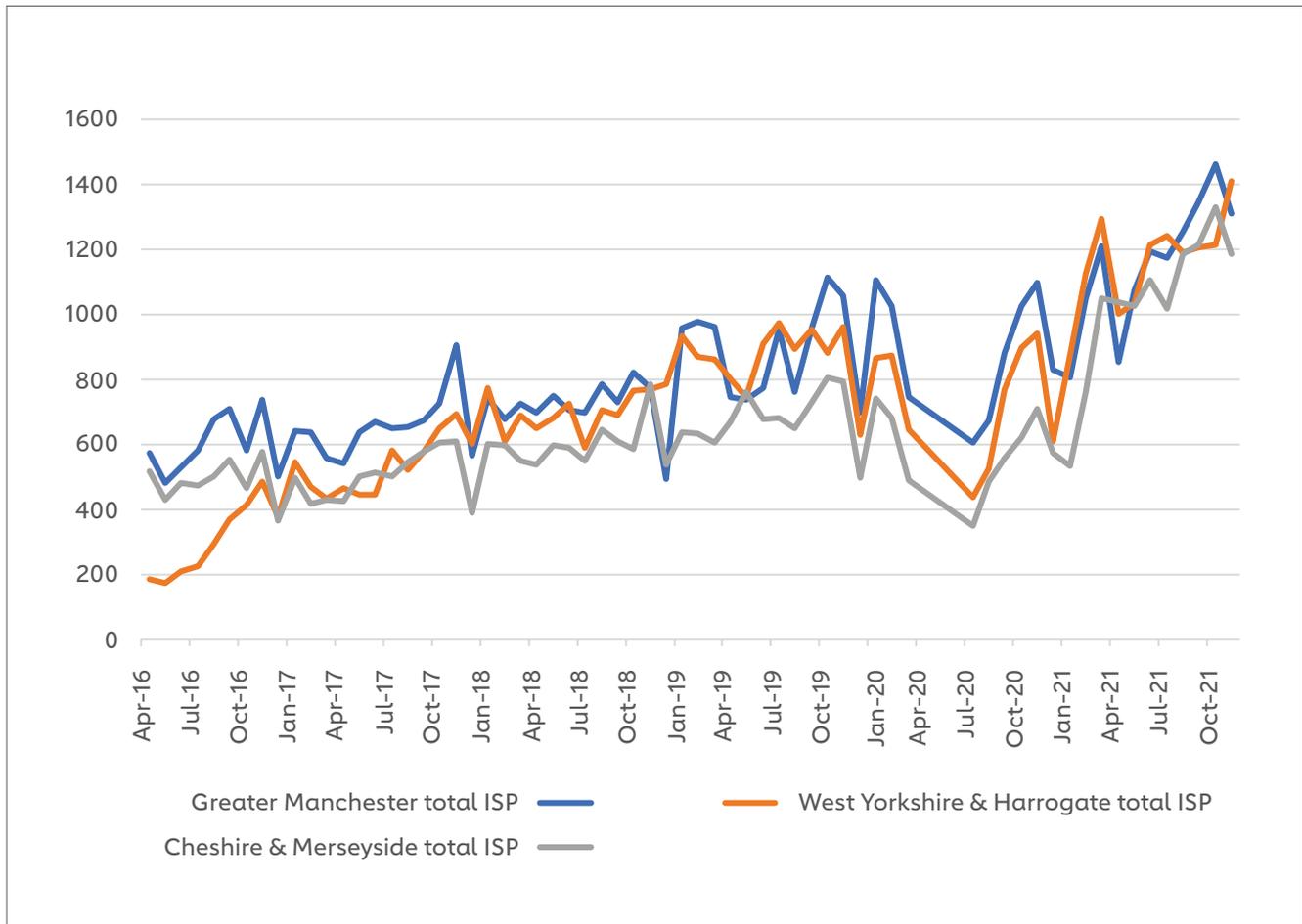


Figure 10 above shows that there are three areas, situated geographically close together in Lancashire, Yorkshire and Merseyside, that are high volume cataract areas with ISP provision. All are now delivering well over 1,000 NHS cataracts per month in ISPs, and have followed a similar pattern since 2016 – gradual increase, brief fall when cataract procedures halted in the Spring of 2020, followed by a sharp rise since the autumn of 2020.

No clear link between ISP provision and waiting times

One of the reasons why IS capacity increased during and in the aftermath of the pandemic was to address concerns around waiting lists and access to care. This is reflected in the [2022 Elective Recovery Plan](#) that emphasises the government’s commitment to ‘increase capacity...by making effective use of independent sector capacity’.

It is therefore important to analyse the link between IS capacity and waiting times for ophthalmology services since 2020. Waiting time figures are however of course influenced by a wide range of factors – such as workforce capacity, population demographics, level of integration with optometry services and initiatives in the NHS like high volume low complexity cataract hubs.

Figure 11: Median waiting times for ophthalmology services in English regions – 2020-2022

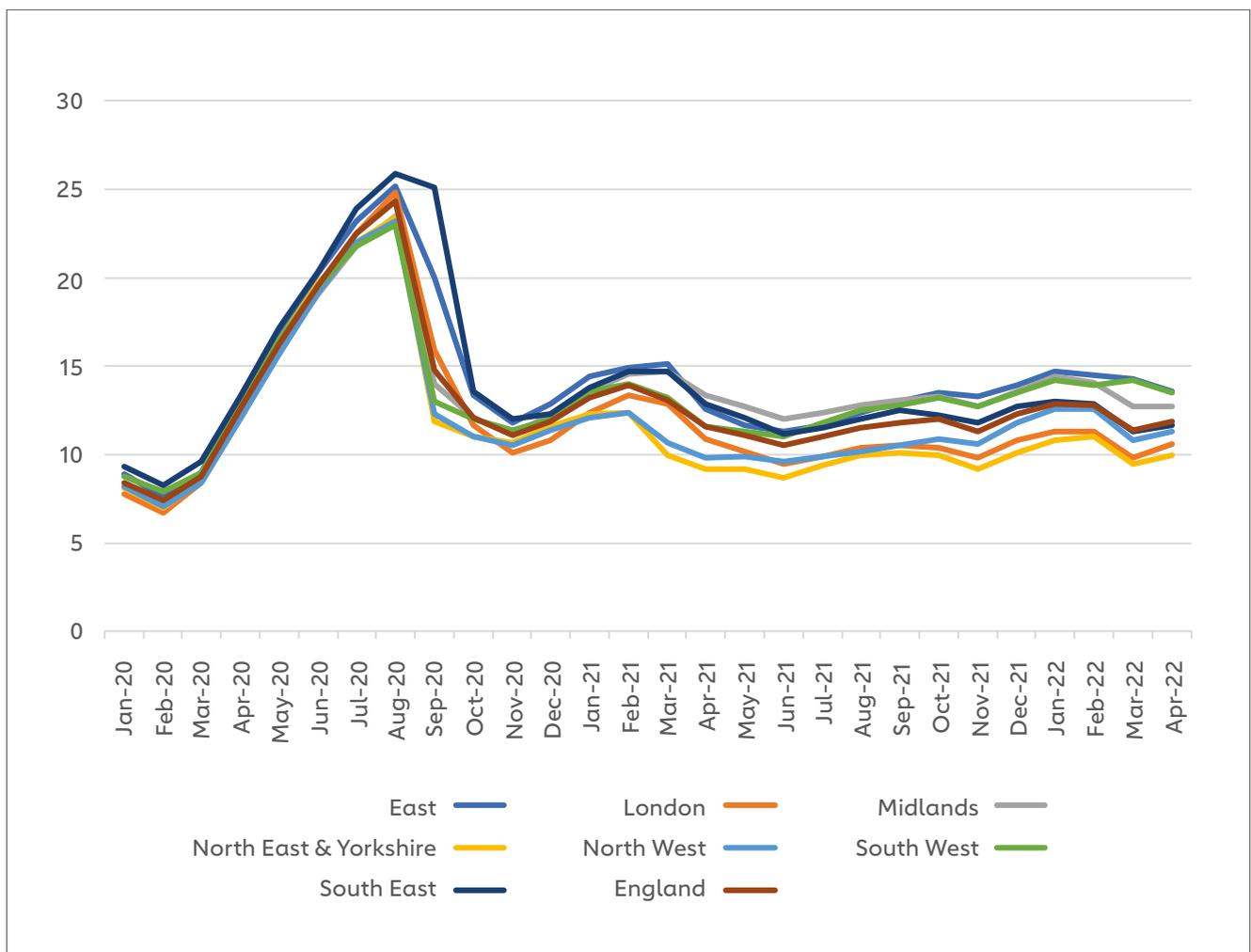


Figure 11 shows a relatively uniform picture immediately before the pandemic in January 2020. Greater divergence on median waiting times has emerged through the course of the pandemic however. In January 2020, there was just 1.5 weeks difference between the area with the longest waiting times (South East) and the shortest (London).

Significant variation emerged in the first COVID-19 wave. In April 2021, the Midlands had a median wait time of 13.4 weeks, while it was 9.2 weeks for the North East and Yorkshire. Although all areas have followed a similar pattern through 2021 and 2022, there continues to be greater variation across

regions than prior to the pandemic. By April 2022, the North East and Yorkshire was still the area with the shortest wait times (10 weeks), while the East and South West had wait times of 13.6 and 13.5 weeks respectively.

Regions used ISPs to differing extents in this period. The North East and Yorkshire, while maintaining the shortest wait times, continued to use ISPs for approximately 50% of cataract procedures. The East and South West, where wait times have increased relative to other regions, had levels of 45% and 45-50% respectively for the latter half of 2021.

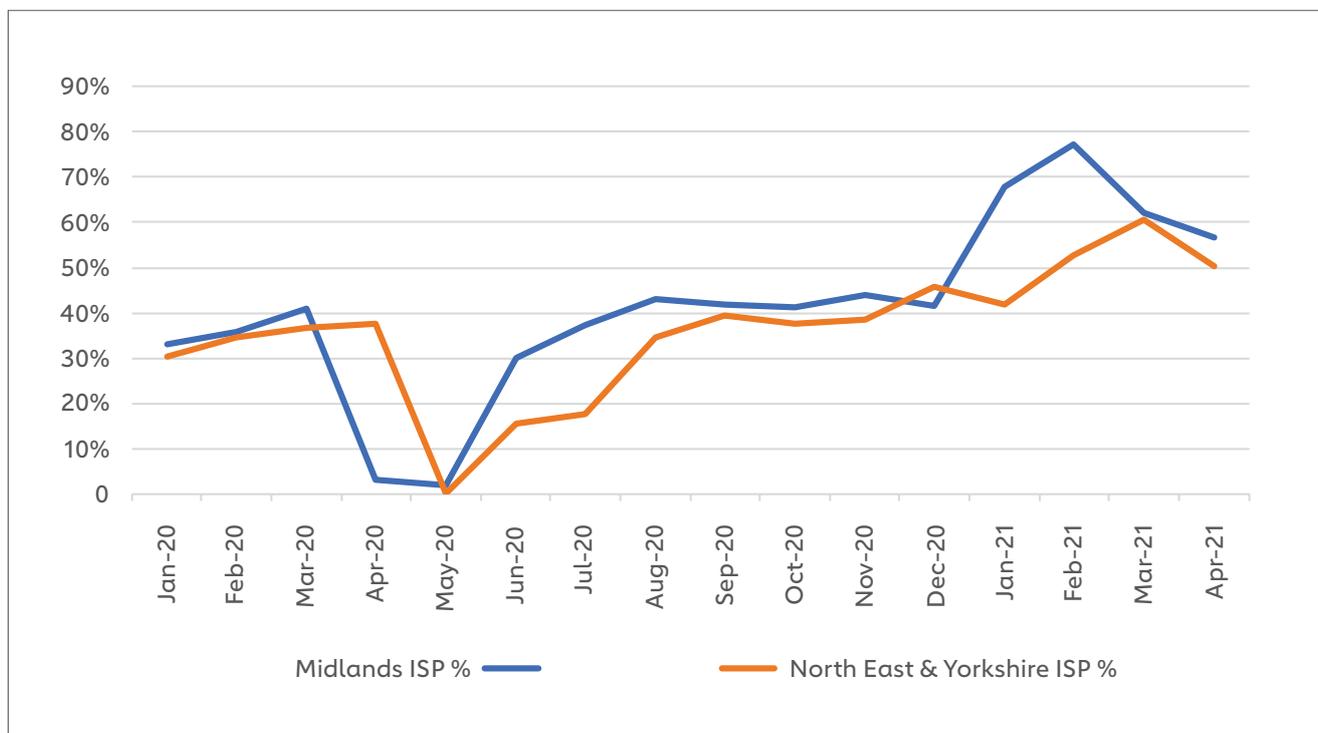
For London and the South East – the areas with lowest ISP provision where 25-35% of cataracts have been delivered in ISPs in the second half of 2021 – their wait times have not noticeably increased relative to other regions in England.

It is therefore not clear what impact ISP provision has had on wait times. Figure 12 below compares the use of ISPs in the two regions where wait times diverged most between January 2020 and April 2021 – the Midlands and North East & Yorkshire.

This shows that the Midlands generally tracked higher in its use of ISPs for cataract procedures – markedly so during the peak of the second wave in early 2021. In January 2021, 68% of the Midland’s NHS-funded cataract procedures were delivered in ISPs, rising to 77% in February 2021. The comparable figures for North East and Yorkshire were 42% and 53%.

In April 2021, the Midlands had a median wait for ophthalmology services of 13.4 weeks, 4.2 weeks higher than the North East and Yorkshire. This suggests that greater use of ISPs does not necessarily translate into quicker patient access, although of course the impact of the local context make it difficult to draw confident conclusions.

Figure 12: Midlands v North East & Yorkshire ISP provision for NHS-funded cataract surgery



Summary and further information

RCOphth hopes this analysis proves useful - whether you are a commissioner considering procuring cataract services for your area, an NHS trust exploring how to support and resource your eye care units, a training programme director planning how to deliver cataract training or a clinician seeking to understand how patients in your region access cataract services.

There has been a significant shift in recent years, especially following the pandemic, with NHS-funded cataract procedures in England increasingly delivered by ISPs rather than NHS providers.

RCOphth will continue to monitor this trend, and work with all stakeholders to ensure we continue to deliver the best possible care for our patients and develop the next generation of ophthalmologists – for those needing diagnosis and treatment of other eye diseases such as glaucoma, age related macular degeneration and diabetic retinopathy, as well as cataracts.

For any questions relating to the data in this analysis (including any requests for data on specific regions or ICS areas), please contact policy@rcophth.ac.uk

The following RCOphth resources, relating to cataract surgery and changing policy developments, may also be of interest:

- [Three steps to sustainable care: RCOphth view on the independent sector and the delivery of NHS cataract surgery](#) (November 2021)
- [A step in the right direction to address NHS cataract provision and independent sector challenges](#) (March 2022)
- [RCOphth guidance: Cataract surgical training in high volume settings](#) (December 2021)
- [Cataract services and workforce calculator tool](#) (March 2021)
- [Joint RCOphth/GIRFT guidance on high flow cataract surgery](#) (February 2022)

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