

Stephen Kinnock MP
Minister of State for Care
Department of Health and Social Care
39 Victoria Street
London, SW1H 0EU

16 May 2025

Dear Minister,

Following the very worrying issues around patient safety and value for money raised by the recent Sunday Times investigation, I am writing to urge the Department of Health and Social Care to initiate a review into the current use and oversight of independent sector providers (ISPs) in NHS-funded cataract surgery.

The College has for some time expressed deep concern about the unintended consequences of moving the majority of NHS cataract surgery to ISPs. These concerns appear to be shared by your officials too; as reported by the Sunday Times, a leaked ministerial briefing note stated that "NHS England have concerns covering value for money, unnecessary operations, impacts on workforce and training, poor follow-ups and patient safety".

Recent research shows that between 2018/19 and 2022/23 NHS spending on ISPs delivering cataract surgery increased by at least 380% to £282 million annually and the overall proportion of the NHS ophthalmology budget spent on cataracts jumped from 27% to 36%. This shift has led to funding, workforce and infrastructure being diverted here at the expense of resourcing for conditions such as glaucoma and age-related macular degeneration that can cause irreversible sight loss if not treated swiftly.

Concerningly, <u>67% of ophthalmology clinical leads</u> feel that independent sector provision has had a negative impact on patient care, and commissioners have told us they are unable to properly control their cataract spend and, therefore, effectively resource services that can prevent irreversible sight loss. This is backed up by <u>recent research</u> that found in 2021/2022 14% of ISP-delivered cataract surgery was on a non-contracted basis – rising to 25% in seven integrated care boards.

This question of value for money and making the best use of scarce resources is paramount. A review must address issues including non-contracted activity, potential upcoding practices, and payments in referral pathways. Equally, patient safety must be central – particularly in relation to the management of post-operative complications.

To ensure we have comprehensive, sustainable eye care services into the future, we must invest in NHS ophthalmology – its workforce, training, estate and infrastructure. We hope that the forthcoming 10 Year Plan and Long Term Workforce Plan refresh will reflect these priorities.

I look forward to working with you and all stakeholders in the eye care sector to address the challenges relating to independent sector provision of NHS-funded cataract surgery to ensure we do all we can to prevent avoidable irreversible sight loss.

Yours sincerely,

Professor Ben Burton

President, The Royal College of Ophthalmologists