# Response ID ANON-6APB-KG62-3

Submitted to Consultation on proposed amendment to the 2025/26 NHS Payment Scheme
Submitted on 2025-08-04 08:53:47

## About you

What is your name?

Name:
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Are you responding as an individual or on behalf of your organisation?

Organisation

If responding on behalf of your organisation, please tick here if you are the authorised responder:
Yes

About your organisation

Organisation name:
Royal College of Ophthalmologists

Organisation code (if known):
Royal College of Ophthalmologists

Organisation type:
Representative body

## Proposed amendment: Changing ophthalmology prices

To what extent do you support the proposed changes to ophthalmology prices?

Strongly oppose

Please explain the reasons for your answer:

We welcome this review of the cataract tariff and believe that the evidence to change the current approach is compelling. As the consultation notes, there has been significant growth in activity in recent years, which has led to more resources being invested in this area at the expense of conditions such as glaucoma and age-related macular degeneration that can cause irreversible sight loss if not treated swiftly.

This aligns with the discussions we had recently with Stephen Kinnock MP, where we explored three potential strategies to address the imbalance in ophthalmology service delivery:
• Introducing a cap on profits via primary legislation
• Reducing the cataract tariff by 20–30% while increasing tariffs for complex ophthalmic procedures
• Applying differential tariffs to reflect the broader contributions of NHS providers to research, education, and system resilience.

While we welcome the move to align the pricing of the cataract tariff with and without complications (BZ31A and BZ31B), we cannot support the wider solution outlined in this consultation. This is because the universal uplift of 15% to all other areas, rather than just complex ophthalmic procedures, will lead to some conditions becoming more profitable than others resulting in more prioritisation by profit margin rather than clinical need as we have already seen as an inadvertent result of cataract commissioning of independent sector providers (ISPs). This in turn will accelerate the move by ISPs into these other conditions and further undermine the sustainability of NHS services. In particular, there is a risk that low-risk glaucoma and simple retinal injection therapy will move rapidly to the independent sector as they are potentially profitable elements. We are concerned that the resulting loss of comprehensive care for the most sight-threatening conditions as staff move to independent sector will collapse the ability of NHS trusts to provide complex care. It is irrational to think this will not happen, and further inequalities of access to care and unwanted supply-induced demand will result with spiralling costs.

To prevent this from happening, at the same time as controlling cataract activity and costs as intended in this consultation, we believe there are two potential solutions that merit consideration:
• Option 1: Reduce elective cataract prices by 20% for ISPs only and recycle the funding to other ophthalmology transformation projects, including ensuring digital connectivity with community optometry, investing in high volume outpatient centres modelled on the Exeter exemplar and establishment of a Single Point of Access (SPOA) with transparent patient choice.
• Option 2: Reduce elective cataract prices by 20% for ISPs only and recycle the funding to other complex ophthalmology elective procedure prices, which

we believe are currently delivered at a loss by NHS providers.

We understand that dynamic pricing is permitted under Section 114A of the Health and Social Care Act 2012, as amended by the Health and Care Act 2022:

(3)Rules under subsection (1) may, in particular—

(e)make different provision for the same service by reference to different circumstances or areas, different descriptions of provider, or other factors relevant to the provision of the service or the arrangements for its provision;

We believe that this would be appropriate and reflect the broader contributions of NHS providers to research, education and the provision of comprehensive care for complex conditions. In addition, NHS hospital eye services cannot say no to loss making contracts whilst ISPs can and do.

## Any other comments

### If implemented, what impact do you feel the proposals would have on equality and addressing health inequalities?

Neither positive or negative impact

Please explain the reasons for your answer:

We welcome the commitment to rebalancing resources to contribute to reducing health inequalities by ensuring that patients across different demographics and clinical needs receive timely and appropriate treatment. However, we are not convinced this will be the outcome, based on our concerns about a universal uplift to other tariffs.

### Do you have any other comments on the proposed amendments to the 2025/26 NHS Payment Scheme?

Any other comments:

We support the motivation for this consultation and appreciate the effort to address systemic imbalances in ophthalmology service delivery. However, we urge NHS England (NHSE) to take a stronger stance on mitigating the risks of unintended consequences. This may have a financial benefit in the first six months but the impact after that we believe will be strongly negative, as commercial incentives focus on other selected sectors of ophthalmology care, such as retinal injections and low risk glaucoma.

We believe the current model risks incentivising profit-driven care and undermining the delivery of comprehensive, equitable services, and so also reiterate our call for a review into the use and oversight of independent sector providers in NHS-funded cataract surgery. This should include scrutiny of non-contracted activity, coding practices, and referral pathway payments, given the potential impact on patient safety and system integrity.

Given our reservations, we encourage NHSE to seriously consider the options we have proposed. Option 1 aligns well with NHSE's 10 Year Plan vision and there is the clinical leadership within ophthalmology to support driving this forward, including full support from the Royal College of Ophthalmologists.

If NHSE does go ahead with implementing the proposals outlined in this consultation, we propose that it commits to a formal review within six months to assess whether the intended outcomes have been achieved. This review should include provider-level impact analysis and patient access metrics, with a willingness to take corrective action if necessary. This approach could complement the current proposal and offer a more nuanced mechanism for aligning incentives with public value.

### Do you have any other comments about the payment system and/or suggestions to improve how we engage with you?

Engagement:

Future consultations could benefit from earlier notice and more detailed modelling of the expected impacts on different provider types, including NHS trusts and independent sector organisations.
We would also like to note that it is unusual to implement changes to the NHS Payment Scheme mid-way through the financial year. Many organisations have already used the original tariff information for their budget setting and business planning processes. Introducing amendments at this stage may create operational and financial challenges, and we would encourage NHSE to consider the timing of such changes in future to support more stable and predictable planning environments.