Written evidence submitted by The Royal College of Ophthalmologists (CCN0016)

Introduction and executive summary

1. The Royal College of Ophthalmologists (RCOphth) is the membership body for eye doctors, dedicated to advancing excellence in patient care in the UK and globally. We set the highest standards for training, education and professional practice, provide expert advice to policymakers, and work with healthcare partners to improve services. Through our leadership, collaboration and advocacy, we help ensure that everyone can access the best possible care for their sight. Ensuring patient safety and maintaining high surgical standards are central to our mission of improving outcomes and preventing avoidable sight loss.
2. The number and cost of clinical claims in ophthalmology is rising disproportionately. Since 2006 there has been a 218% increase in the number of claims opened (compared to 166% across specialties). Financial liabilities have increased by 101%, in comparison to 7% across specialties.
3. The rise in clinical negligence claims in ophthalmology is symptomatic of systemic pressures on the NHS, particularly long-term workforce capacity shortages. Another important factor is the increasing fragmentation of patient care, with many services – particularly for cataract surgery – now delivered across the NHS and multiple independent sector providers (ISPs) following the implementation of patient choice provisions in the 2012 Health and Social Care Act. Poor interoperability between providers for sharing images and patient information, coupled with inadequate arrangements by some providers for managing surgical complications, increases the risk of adverse outcomes for patients.
4. The solution is targeted investment in all areas of NHS ophthalmology. This includes strengthening the workforce, expanding training capacity and modernising estates and digital infrastructure. Investment must be underpinned by systematic quality improvement to build comprehensive, sustainable eye care services that can meet growing patient demand.

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Evidence Summary

5. Our evidence draws on NHS Resolution data, NHS Resolution's annual report, NHS Resolution's freedom of information (FOI) request FOI_7298, the National Audit Office's 2025 Costs of Clinical Negligence report and our own workforce research.
6. **Clinical negligence claims opened.** NHS Resolution data shows that 4,135 claims were opened in ophthalmology between 2006/07 and 2024/25. The specialty represents 2.07% of almost 200,000 claims over the same period.
7. In 2006/07 there were 99 claims in ophthalmology. This rose to 315 by 2024/25 – a 218% increase. By contrast, annual totals across all specialties rose by 166% over the same period, indicating that ophthalmology has experienced an above-average increase in new claims.
8. According to NHS Resolution's annual report and accounts 2023/24, ophthalmology was the tenth biggest specialty for volume of clinical claims, representing 2.7% of all claims that year.
9. **Clinical negligence claims closed**. NHS Resolution's freedom of information (FOI) request FOI_7298 shows that there were 217 claims settled against NHS providers of ophthalmology services in the three years from 2006/07 to 2008/09. By comparison, there were 512 claims settled in the three years from 2021/22 to 2023/24 - more than double.
10. The National Audit Office's (NAO's) report 'Costs of clinical negligence' (October 2025) shows in Figure 5 that there were 255 claims settled in ophthalmology in 2024/25, substantially higher than the 176 claims settled in 2023/24.
11. **The cost of clinical negligence claims.** FOI_7298 shows that the total paid out for settled ophthalmology claims has risen drastically since 2006/07, when it was just over £6.4 million. Since 2016/17, the figure has been consistently above £20 million. In 2023/24, over £43 million was paid out.
12. The NAO report shows that £28 million was paid out in 2024/25.
13. Combining FOI_7298 and the NAO report, nearly £393 million has been paid in clinical claims closed for ophthalmology from 2006/07 to 2024/25. These costs do not account for ongoing cases. There has been a 335% increase from £6.4 million in 2006/07 to £28 million in 2024/25.
14. Estimated NHS Resolution financial liabilities for clinical claims show that ophthalmology rose from £123 million in 2015/16 to £247 million in 2024/25 – a 101% increase. This is larger than some specialties, but others such as radiology are even higher (115%). This compares to a rise across specialties from around £56 billion in 2015/16 to almost £60 billion – a 7% increase.

Key systemic issues

1. Increasing demand for services shown by high waiting times and follow-ups

15. In August 2015, ophthalmology had a total waiting list of 328,063. In August 2025, the waiting list was 593,646 – an 81% increase.
16. There were 9.7 million ophthalmology outpatient attendances in England (8.6% of the NHS total) in 2024/25 – 9% up on the previous year (8.9 million).
17. RCOphth's most recent workforce census found that 76% of NHS eye units do not have enough consultants to meet current levels of demand. There is some evidence that increasing litigation can affect workforce retention.
18. FOI_7298 data shows that the most common primary causes for claims of clinical negligence in ophthalmology are 'fail / delay treatment' and 'Fail to follow-up arrangements'. This means claims tend to be linked to a failure to provide necessary follow-up care after an ophthalmic examination, diagnosis, treatment or surgery, resulting in harm that could reasonably have been avoided if the patient had received timely review.

19. Many eye conditions are progressive, and more serious conditions can lead to permanent sight loss or even blindness if not treated swiftly.
20. Under-reporting of follow-up waits has led to a lack of focus on clinical risk.
21. A report by the Re:state thinktank in 2023 found that ophthalmology is the specialty with the most follow-up waits, at 10,000 per NHS trust. In 2024/25 ophthalmology averaged 2.7 follow-ups per visit – much higher than the 2.0 ratio across all specialties.
22. A Healthwatch survey (March 2025) of those currently waiting for specialist eye care shows that nearly two thirds (64%) have been waiting more than four months for care, while nearly one in four (24%) have waited over a year. Of those waiting, 70% said they have noticed some deterioration in vision, compared to 53% of those who had received eye care treatment in the last two years.
23. **Recommendations**: To ensure the NHS has comprehensive and sustainable eye care services that can meet patient need, there must be appropriate investment in the NHS ophthalmic workforce. A phased increase of 285 training places is needed in England by 2031 to ensure consultant numbers keep pace with demand and reduce preventable harm.
24. Data on follow-up cases and risk rating should be effectively integrated into the decision-making process of commissioners and NHS trusts. One solution is to require trusts to report risk ratings alongside Latest Clinically Appropriate Date (LCAD) data, as in Wales. Regular publication of this data would help prioritise patients by greatest risk of irreversible sight loss and encourage timely access to ophthalmic care.
25. Data should be collected on clinical negligence claims at provider level. This will help NHS England/Care Quality Commission to identify providers with consistently poor performance where low standards or weak governance require targeted intervention.

2. The impact of growing independent sector provision

26. NHS England data shows that cataract operations (code C71.2) increased from 432,000 in 2018/19 to 706,000 in 2024/25, doubling cataract-related expenditure.
27. Most (59% by January 2024) cataract procedures for NHS patients are delivered by ISPs, accounting for more than 417,000 annual surgeries.
28. Although a low-risk procedure, a 64% increase in surgical volume could proportionally raise the absolute number of clinical negligence claims, without increasing individual patient risk or complication rates.
29. Over half (58%) of ophthalmology clinical leads report that the expansion of independent sector provision of ophthalmic services for NHS patients is having a negative impact on patient care and services in their area.
30. FOI_7298 shows that the first year in which ISPs had claims recorded was 2014/15, when the total was 5 out of the 231 (2%). By 2023/24, this had risen to 44 claims – 15% of the total (293).
31. The total costs paid towards 7 claims against ISPs in 2018/19 came to £384,177 (around £55,000 per claim). In 2023/24, 13 claims cost £1,034,258 (around £80,000 per claim) – a significant increase over five years.
32. In April 2025, The Sunday Times published an article - 'Private cataract clinics investigated while making millions from NHS' - by Health Editor Shaun Lintern. It said ISPs delivering NHS cataract surgeries face claims they have performed unnecessary operations, and raised concerns about some ISPs' poor post-surgery care and patient safety. It points to increasing incidents of transfer of patients from ISPs to readmittance post-surgery to NHS providers owing to complications. It also suggests some ISPs used poorer-quality lenses than those used in the NHS, requiring future laser surgery to correct, though the claim is denied by ISPs.
33. **Recommendations**: The government should review oversight and clinical governance of ISP-delivered NHS services to ensure consistent quality.
34. ISPs should be mandated to submit surgical outcome data to RCOphth's National Ophthalmology Database (NOD) for greater transparency on post-operative patient outcomes for all NHS patients. Robust audit participation and adherence to evidence-based standards are effective in reducing complication rates and, by extension, potential negligence exposure. NOD gives reassurance to patients and the public that the healthcare provider administering treatment is of a good standard. By measuring surgical outcomes, NOD has improved the quality and safety of cataract surgery, reduced unwarranted variation and made savings for the NHS by reducing risks and supporting continued professional learning.

Conclusion

35. As a specialty, ophthalmology has seen a concerning rise in the volume and cost of clinical negligence claims over the last two decades.

36. A prevention-first approach, investing in workforce, training, follow-up systems and transparent audit will tackle systemic challenges, and correspondingly reduce the volume of new claims.
37. Changes to commissioning practices, particularly for high-volume specialties such as ophthalmology, must be implemented to ensure that patient need, not profit, is the basis of all surgical activity.
38. All ophthalmic procedures must be delivered to an equitable standard of patient care across NHS and ISP providers.
39. Long-term, DHSC should reinvest savings from reduced legal costs into funding additional training posts, professional development or NHS ophthalmology transformation projects. This includes expanding digital connectivity with community optometry, investing in high-volume outpatient hubs, such as the pilot centre in Exeter, and rolling out a single point of access model for triaging patients that streamlines referrals, reduces unnecessary appointments and provides more transparent patient choice.

November 2025