

## Response ID ANON-BM6B-HCZ9-5

Submitted to 2026/27 NHS Payment Scheme consultation  
Submitted on 2025-12-16 14:25:51

### Introduction

What is your name?

Name:

Jordan Marshall

What is your email address?

Email:

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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:

The Royal College of Ophthalmologists

Organisation type:

Representative body

Responding on behalf of multiple organisations

No

If yes, how many organisations are you responding for?:

If yes, please list the organisations (and codes if known), separated by commas:

### Accepting or rejecting the proposed NHS Payment Scheme

Do you accept or reject the proposed 2026/27 NHS Payment Scheme?

Accept

Please explain the reasons for your answer, particularly if you have chosen to reject the proposals:

If they were implemented, what impact do you feel the policies outlined are likely to have on equality and addressing health inequalities?

Not Answered

Do you have concerns that there are distinct groups with protected characteristics that our policies may impact negatively?:

Please explain the reasons for your answers:

### Prices: role, calculation and related adjustments

To what extent do you support the proposed role of prices in the NHS Payment Scheme?

Not Answered

Please explain the reasons for your answer:

To what extent do you support the proposed approach to calculating 2026/27 NHSPS prices?

Not Answered

Please explain the reasons for your answer:

The Royal College of Ophthalmologists (RCOphth) welcomes the fact that NHS England has listened to concerns expressed as part of the August 2025 consultation on amending the 25/26 NHS Payment Scheme, regarding proposals to reduce cataract prices by 16-20% and increase all other ophthalmology prices by 15%. We outlined that this blanket uplift ran the risk of over-incentivising some ophthalmology treatments, leading to problems around resource allocation similar to that seen in the cataract market.

We therefore support the more nuanced approach NHS England is proposing, with cataract prices reduced by 20%, and a focus on recycling these savings to complex ophthalmology care.

RCOphth is disappointed however that NHS England has not recognised the case for introducing differential tariffs for NHS and independent sector providers performing NHS-funded cataract surgery. This would reflect the additional costs incurred by NHS organisations in providing a 24/7 emergency eye care service, handling more complex patients and managing post-surgical complications from all providers, as well as their broader contributions to research and education. In addition NHS organisations rarely say no to loss making activity as independent sector providers can and do. This means that there is no level playing field and the current marketisation of healthcare is failing by its own design. We hope NHS England will develop this proposal when amending the Payment Scheme in future, alongside developing better intelligence on the cost base for providers, including independent sector providers, in delivering cataract surgery.

We also remain of the view that, rather than simply increasing prices for more complex ophthalmology care, a more effective use of some of the savings generated through reducing cataract prices would be to support the delivery of national ophthalmology transformation projects for the next year. These could include supporting a national rollout of the single point of access model and the high volume model of outpatient care pioneered in the One Devon Elective Pilot.

RCOphth would also welcome clarity on immediate sequential bilateral cataract surgery (ISBCS) tariffs. Our understanding was that this would shift from being a guide price to a compulsory price, but annex DpA suggests this will remain a guide price. ISBCS has many benefits – including for efficiency, patient experience and environmental – so we would welcome the Payment Scheme providing a stronger incentive towards supporting its implementation for clinically appropriate patients.

We look forward to working with NHS England on both the detail of implementation, particularly on which HRGs will receive the 15% uplift and which will not, and longer term improvements that can be made to the Payment Scheme to ensure the sustainability of NHS ophthalmology services

To what extent do you support the proposed adjustments for 2026/27 NHSPS prices?

price adjustments - High cost drugs:

price adjustments - Ophthalmology services:  
Tend to support

price adjustments - Stroke and pneumonia:

Please explain the reasons for your answer:

To what extent do you support the proposal to update the data used to calculate market forces factor (MFF) values?

Not Answered

Please explain the reasons for your answer:

Do you have any other comments on prices and related adjustments?

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