



# Impact of commissioned primary care integrated cataract pathways

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## Introduction

- Cataract extraction is the most common type of surgery performed under the NHS, with demand rising.<sup>1</sup>
- The 2019 mean national Cataract Conversion Rate (CCR) was 71%, with a recommendation that this should be increased to 80-85% to help manage increased demand for surgery.<sup>1</sup>
- The GIRFT standard metric for CCR is now 95%, based on what can be achieved in the top percentile of systems.<sup>2</sup>
- Patients should be given appropriate information to make an informed decision about surgery, based on a discussion with the patient.<sup>3</sup>
- Previous single locality studies have shown improved CCR with enhanced referral services based in primary care optometry practices.<sup>4-6</sup>
- Healthcare is a major source of carbon emissions and, as the highest activity sub-specialty within the NHS, ophthalmology is a significant contributor to emissions.<sup>7</sup>
- The 2020 Greener NHS Programme aims for a net zero health service, including avoiding unnecessary journeys and accessing care closer to home.<sup>8</sup>
- We review key outcomes of cataract referrals through six commissioned integrated cataract pathways in England.

## Methods

- An Integrated cataract service offers end-to-end care for patients identified as having cataract and includes an Enhanced Cataract Referral Service and Post-operative Cataract Service (see figure).
- Enhanced cataract referrals made between March and September 2022 in six ICB areas across England which commissioned an Integrated Cataract Service through Primary Eyecare Services were included; four in the North West, one in the South West and one in London.

### Two key metrics were analysed:

- The CCR following referral through an Enhanced Cataract Referral Service.
- The impact of travel-associated carbon emissions for patients seen in primary care optometry, rather than secondary care, for their post-operative assessment.

### Outcomes of Enhanced Cataract Referrals were determined by:

- identifying patients transferred back for post-operative assessment in primary care following their surgery or
- for patients not transferred back, requesting the outcomes of the referrals from the surgical providers

Carbon emission savings from patients attending post-operative assessment at a primary care optometry practice were determined by:

- Comparing the distance from patient's postcode to the surgical provider of their cataract surgery to the distance from the patient's postcode to the primary care optometrist practice attended for the post-operative cataract assessment.
- Carbon savings were calculated assuming car travel, broken down into diesel, petrol and hybrid/electric

use, using the backing data sets of the NHSE's Healthy Outcomes of Travel Tool (HOTT).

### Integrated Cataract Pathway

#### Enhanced Cataract Referral Service

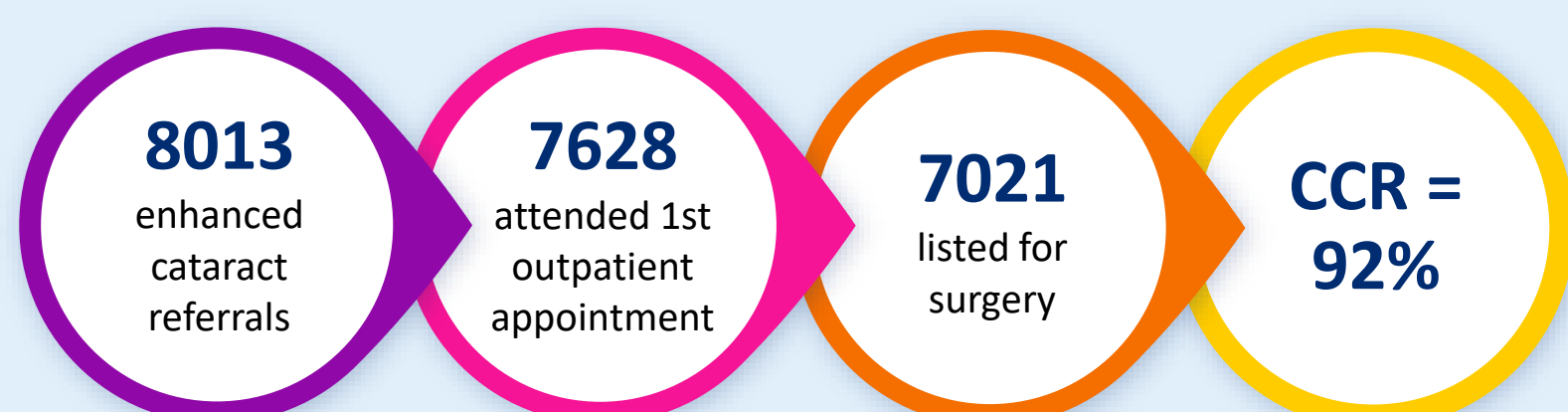
- Visual, clinical, health and lifestyle assessment
- Suitable and willing for surgery

#### Secondary care assessment and surgery

#### Post-cataract service

- Post operative assessment in Primary Care
- Outcome data returned to surgical provider
- Referral to surgical provider if indicated

## Results: Cataract Conversion Rate (CCR)



### 8013 enhanced cataract referrals were evaluated

- 75.7% (6,066) received surgery and transferred to an optometry practice for post-operative assessment, completing the integrated cataract pathway.
  - 3,928 had post-operative assessment following first eye surgery .
  - 2,138 continued to second eye surgery and second primary care post-operative assessment.
  - 8,204 primary care post-operative assessments carried out in total.
- 1,363 attended their first hospital appointment
- 756 listed for surgery
- The total number of patients listed for surgery was therefore 6,822 (6,066+ 756 )
- In total, 7,429 (6,066 + 1,363) of referred patients attended their first hospital appointment meaning that the CCR (as defined by GIRFT) was 91.8% (6,822/7,429).
- There was no significant difference in CCR across the six ICB areas,  $\chi^2(6,7429) = 0.20, p=0.999$ , CCR 93.2%, 90.2%, 90.4%, 92.0%, 92.2 % and 92.7%.
- Based on a national mean CCR of 71%, an additional 2261 1st hospital appointments would be required to achieve the same number of cataract listings. Primary care post-operative assessments saved another 8204 appointments meaning the total number of secondary care appointments saved in these six areas over seven months is estimated at 10,465.

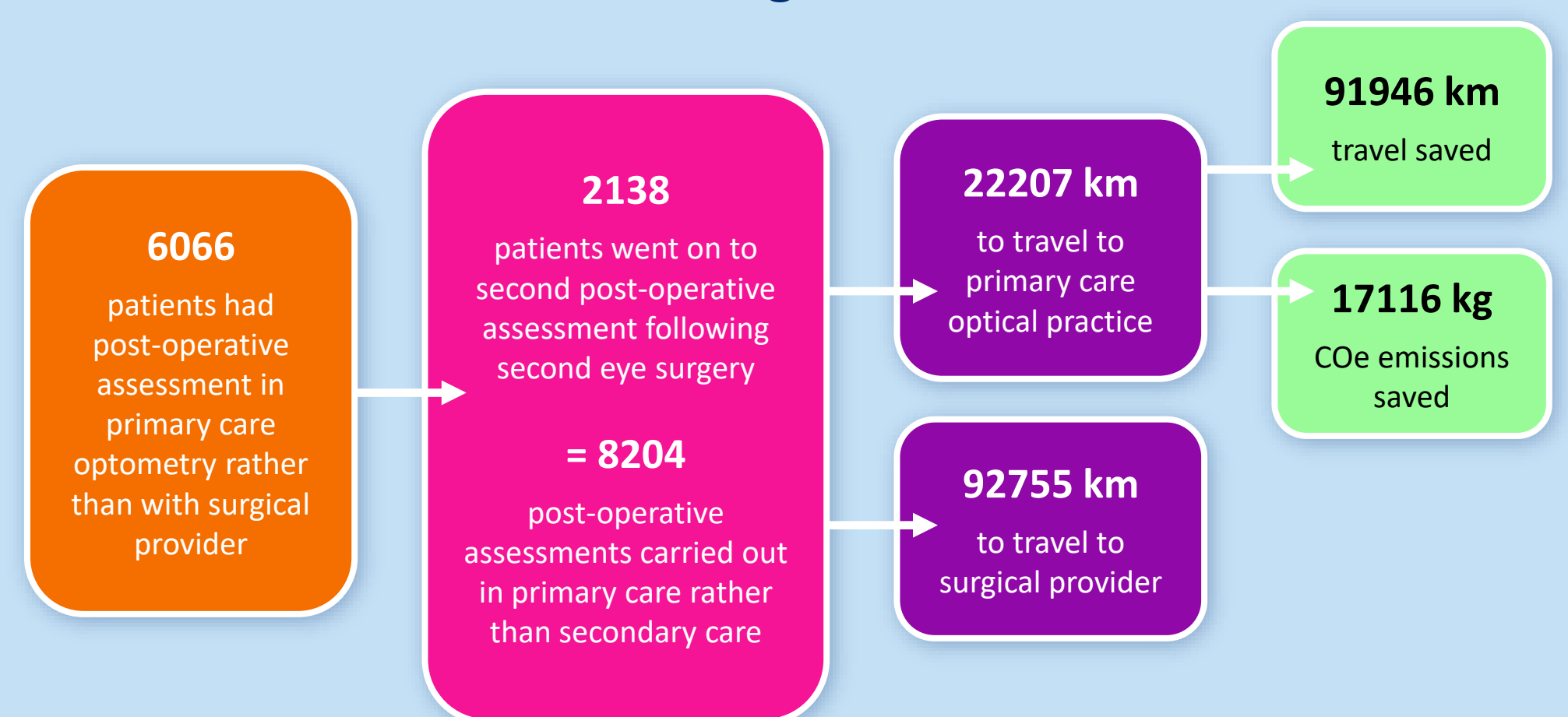
### Outcomes of the remaining 1,947 referrals requested from surgical providers:

- 278 were excluded as the surgical provider did not provide an outcome or provided insufficient information (n=250) or because the patient died while on the pathway so could not proceed (n=28). Of the 1,669 valid and included returns from surgical providers:

## Results: Saved Secondary Care Appointments



## Results: Carbon Emission Savings



## Conclusions

- Integrated cataract pathways can support surgical providers in maximising their capacity and contribute to managing increasing demand for surgery.
- Secondary care appointments can be saved both by supporting a high CCR to surgery and providing post-operative assessments in primary care appointment, avoiding unnecessary post-surgical secondary care appointments
- Patients benefit from avoiding unnecessary hospital visits, receiving care closer to home and being supported in making informed choice decisions about their cataract referral.
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- The CCR achieved comfortably exceeds the 2019 GIRFT target of 80-85% and approaches the top percentile metric of 95%
- Patients benefit from avoiding unnecessary hospital visits, receiving care closer to home and being supported in making informed choice decisions about their cataract referral.
- Shifting appropriate care from secondary to primary care can positively impact the NHS's green strategy by shifting care from secondary to primary care and deflecting unnecessary referrals
- There is impact of integrated cataract referral pathways by consistent national commissioning to ensure that all patients and NHS systems can benefit from such services

## References

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