

Specifying Cataract Services

Guidance for commissioners





Using this document

This document was produced by NHS commissioners and clinicians facilitated by the NHS England Eyecare Transformation Team. This builds on the Cataract Specification published in March 2022.

This is not a service specification but a framework that can be used to inform the development of cataract services that meet requirements under the current choice rules. It is guidance and ICBs should adapt this to their local circumstances. All cataract services within scope of the legal rights to choice are specified within two categories which are also designed to ensure that all patients have access to care including the provision of emergency cover. For more information on Patient Choice please consult the NHS England guidance on [patient choice](#) or contact the national choice team at england.choice@nhs.net

Any specification that is developed should be developed in conjunction with clinical guidance from [NICE](#), [The Royal College of Ophthalmologists](#), and [Getting It Right First Time](#)

The implementation of the specification in the contract must be done in conjunction with the [NHS Standard Contract guidance](#)

In order to protect the future supply of qualified medical staff, all providers of ophthalmology services must be prepared to provide training opportunities to local NHS junior medical staff (who will be employed by local NHS Trusts). Based on the number of trainees and the number of procedures a minimum of 11% of all cataracts nationally should be made available for the purposes of training. Without this there will be a shortfall in trained ophthalmologists. All providers within an area should reach agreement with the commissioners and the local deanery on levels of capacity required for training junior medical staff. Guidance on training in the independent sector can be found [here](#)

The following content was agreed for publication on the NHS Futures Eyecare Hub by NHS England's Quality and Performance Committee on the 7th May 2024

Segmenting the whole service

Below is a suggested segmentation designed to maintain access for cataracts for all patients. Providers can request to be accredited against either category with greater financial benefit for providers that offer services that meet the needs of all patients.

Category 1 – Provider must deliver cataract lens replacement to all patients resident within that ICB

High Flow	LVHC
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- All relevant HRGs for the treatment of those patients.
- Emergency cover including emergency pathways for patients undergoing surgery and details of SLAs required for implementation
- No patient exclusions

Category 2 – Provider must deliver cataract lens replacement to a defined subset of patients resident within that ICB

High Flow

- Limited to TFC 130, WF01B First Attendance - Single Professional, BZ34C - Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1, BZ31B- Very Major, Cataract or Lens Procedures, with CC Score 0-1, BZ33Z - Minor, Cataract or Lens Procedures, TFC130, WF01A - Follow Up Attendance - Single Professional
- % of higher complexity patients to be agreed
- Patients exclusions in line with flow chart on the slide 3

Selection criteria

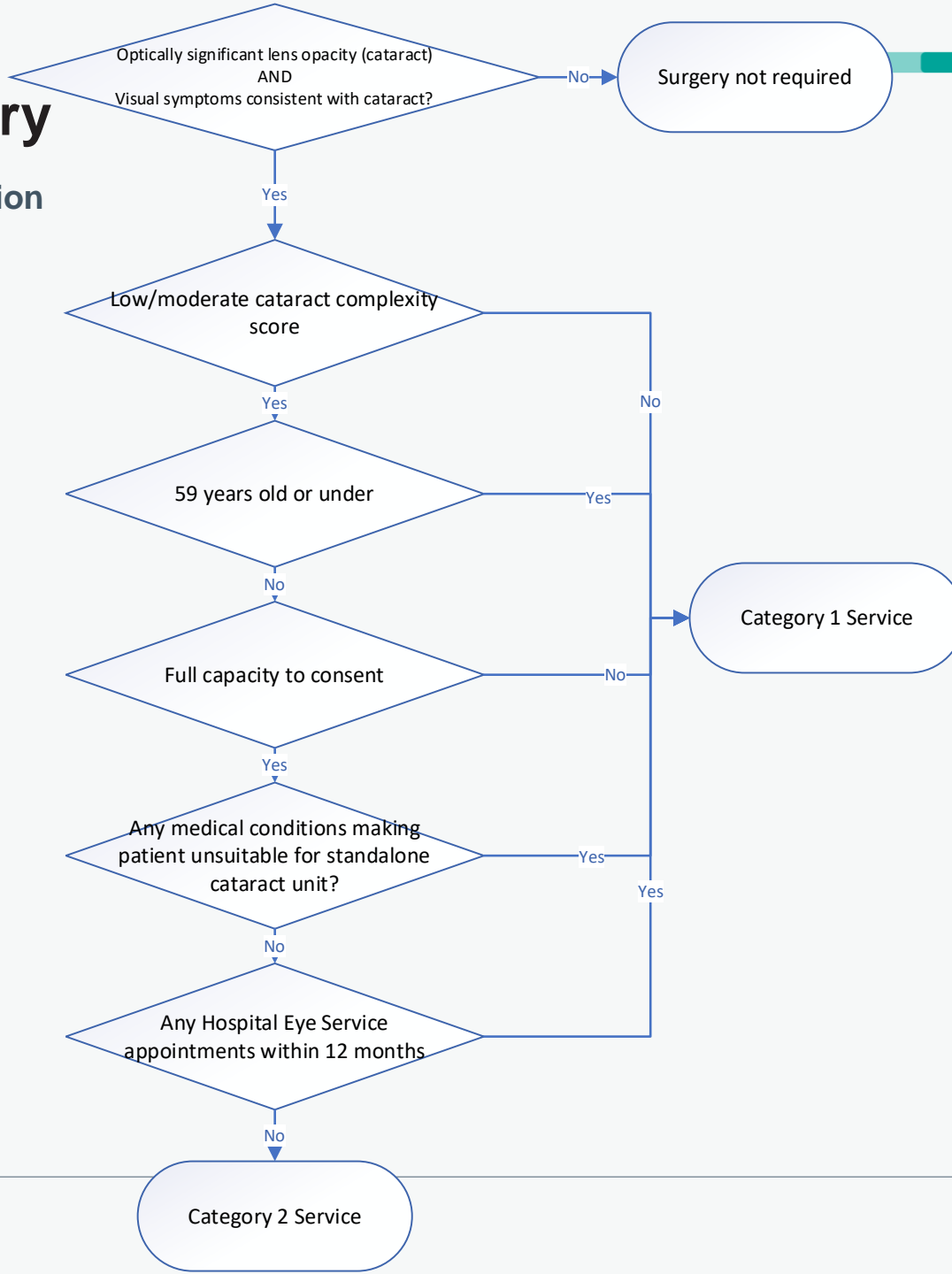
When selecting appropriate providers commissioners should apply the qualifying criteria set out in the choice regulations and other procurement processes specified under the PSR. Here are some additional requirements that have been developed to support commissioners and apply as part of their local terms and conditions when assessing providers.

Any provider (NHS and IS) wishing to deliver cataracts should be able to:

- demonstrate the ability to deliver 100% of a category 1 or category 2 service.
- provide evidence of agreements with the relevant deaneries to specify the necessary levels of training capacity required. Demonstrate prior experience of delivering training or capability to do so, and the capacity for training junior medical staff.
- demonstrate 100% compliance with Commissioning Dataset submissions.
- demonstrate 100% submission to the National Ophthalmology Database or a process for achieving it within 1 year
- demonstrate adherence to [Royal College of Ophthalmologists definitions of never events](#)
- provide the ICB with the policies on the management of post-operative complications, the transfer of patients and the transfer of relevant patient information where the patient attends an alternative provider. This should include details of SLAs required for implementation.
- Must provide the ICB with the emergency pathway for patients undergoing surgery and details of SLAs required for implementation.
- Provide details of all surgical teams, their qualifications and registration on a half yearly basis
- Describe their clinical governance processes including the processes for auditing quality and reporting incidents

Admission criteria by category

The flowchart on this page sets out how the selection process for patients would work





Exceptions and clarifications

For additional clarity, the following would apply under this model

- Any Hospital Eye Service (HES) appointment within 12 months should go to a category 1 provider except where the category 2 provider is the service provider for that patient's other conditions. For example, where the patient is on an active HES pathway for a chronic condition such as glaucoma.
- Stable diabetic patients under the national screening programme would be eligible for category 2 services unless they are actively receiving treatment.
- Patients being referred for category 1 treatment would receive choice of any category 1 provider

Other considerations

- All providers must submit to the [National Outcomes and Registries Programme](#) as part of the national response to the [Independent Medicine and Medical Device Safety Review \(IMMDS\) \(2020\)](#) and [Paterson Inquiry \(2020\)](#).
- All NHS and IS providers should be on a pathway to collecting Proms and Prems data
- Any category 2 provider must use lenses from the top 5 NHS procured lenses on the NHS Supply chain over the last two years.
- All providers should meet national benchmarks for bilateral cataract surgery
- Pricing and payment
 - Commissioners should consider setting a pathway price or model. This could be based on ratios, for example for simple cataracts this could be 1.3 pre-operative attendances: 1 Procedure : 1 Post-operative attendance. This would create incentives to improve efficiency
 - Bilateral cataracts should be paid at the guide price set under the Other Guide Prices tab of the [NHS Payment Scheme](#)

Thank You



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