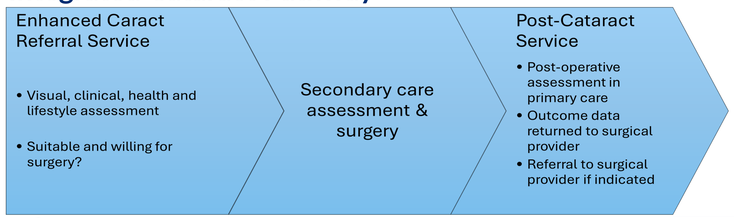
Impact of commissioned primary care enhanced referral pathways on conversion rate to cataract surgery

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Introduction

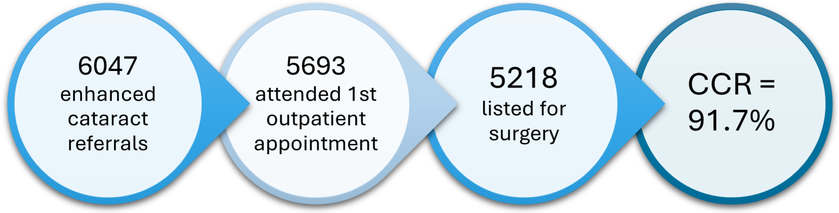
- Cataract extraction is the most common type of surgery performed under the NHS, with demand rising.[1]
- The 2019 mean national Cataract Conversion Rate (CCR) is 71% and it was recommended that this should be increased to 80-85% to help manage increased demand. [1]
- The GIRFT standard metric for CCR is 95%, based on what can be achieved in the top percentile of systems.[2]
- Patients should be given appropriate information to make an informed decision about surgery, based on a discussion with the patient.[3]
- Previous single locality studies have shown improved CCR with enhanced referral services based in primary care optometry practices.[4-6]
- We review the outcomes of cataract referrals through five commissioned integrated cataract pathways in England.

Integrated Cataract Pathway



Methods

- Enhanced cataract referrals made between March and September 2022 in five ICB areas across England were included; three in the North West, one in the South West and one in London.
- Outcomes of referrals were determined by
  a) identifying patients transferred back for post-operative assessment in primary care following their surgery or,
  b) for patients not transferred back, requesting the outcomes of the referrals from the surgical providers



Results

- **6047** enhanced cataract referrals evaluated
  - **75.8%** (4582) received surgery & transferred to an optometry practice for post-operative assessment, completing the integrated cataract pathway.
    - 2643 had post-operative assessment following first eye surgery
    - 1939 continued to second eye surgery and second primary care post-operative assessment
    - 6521 primary care post-operative assessments carried out in total.

Outcomes of the remaining 1465 referrals requested from surgical providers:

- 1111 attended their first hospital appointment
- 636 listed for surgery
- The total number of patients listed for surgery was therefore 5218 (4582+636).
- In total, 5693 (4582 + 1111) of referred patients attended their first hospital appointment meaning that the CCR (as defined by GIRFT) was 91.7% (5218/5693).
- There was no significant different in CCR across the five ICB areas, $\chi 2$ (5,5693) = 0.19, p=0.999, CCR 90.2%, 90.4%, 92.0%, 92.2 % and 92.7%.
- Based on a national mean CCR of 71%, an additional 1656 1st hospital appointments would be required to achieve the same number of cataract listings. Primary care post-operative assessments saved another 6521 appointments meaning the total number of secondary care appointments saved in these five areas over seven months is estimated at 8177.

Conclusions

- Enhanced cataract pathways can support surgical providers in maximising their capacity and contribute to managing increasing demand for surgery.
- Patients benefit from avoiding unnecessary hospital visits, receiving care closer to home and being supported in making informed choice decisions about their cataract referral.
- The CCR achieved comfortably exceeds the 2019 GIRFT target of 80-85% and approaches the top percentile metric of 95%
- There is considerable scope to increase the impact of enhanced cataract referral pathways by consistent national commissioning and the deflection of all cataract referrals from other health professionals and non-participating optical practices to an enhanced pathway.

References

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