Are our NHS Cataract Services Getting Truly Complex?

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Introduction

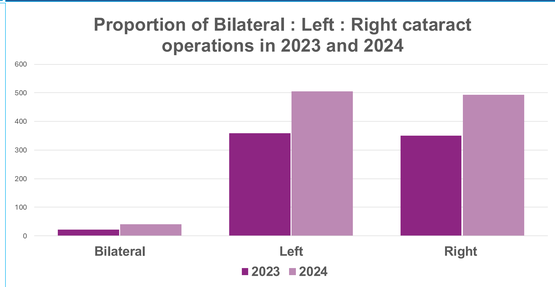
- NHS cataract service delivery has been increasingly challenged by rising demand, resources constraints, the COVID-19 pandemic, and the significant expansion of independent sector providers (ISPs).[1]
- To increase capacity and reduce waiting lists, the government has partnered with ISPs to deliver NHS-funded care.
- Amid ongoing pressures within the NHS, our clinicians have observed a rise in the complexity of cases compared to previous periods.
- This study aims to assess whether there has been a shift towards managing more non-routine cataract cases within our service and to evaluate discrepancies between preoperative predictions of complexity and intraoperative requirements.

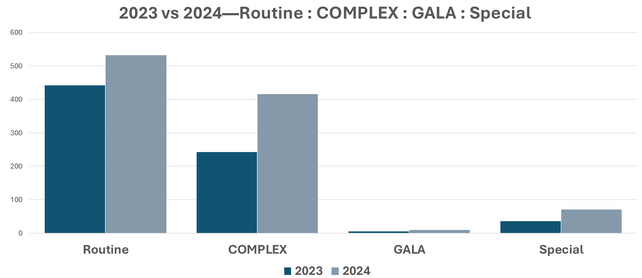
Method

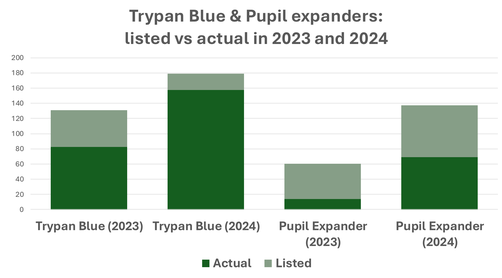
- Retrospective evaluation of cataract surgery waiting list forms completed at NGEC for February to April 2023 and 2024.
- Aim: to assess differences between the two years in the main surgery categories: “complex”, “special”, and “GALA”.

Terms	Definition (procedure involving any 1 of the following)
Complex	Cataract surgeries that are more challenging than typical cases due to additional factors that complicate the surgery and may require specialised technique or device. These factors may include: Poor mydriasis (requiring I/C phenylephrine, iris hooks, pupil expander, division of posteriors synechiae), Poor red reflex (requiring Vision/tryptan blue due to dense/white cataract), PXF (requiring CTR), Previous trauma/Phacodonesis/AACG/PPV and Uveitis requiring IV methylprednisolone
Special	Immediate Sequential Bilateral Cataract Surgery (ISBCS), previous laser refractive surgery, MCA/BI-lack of capacity
GALA	Post-pandemic initiative, converting surgeries from GA to LA

Results







- Over the same three-month period, a total of 730 cataract surgeries were listed in 2023, compared to 1053 in 2024. This is a significant 44.2% increase in overall cataract cases.
- In 2023, 242 cases (33.2%) were classified as "complex," while in 2024, 415 cases (39.4%) were classified as "complex" 95% CI [-9.75%, -0.65%], p=0.02 indicating a significant increase.
- 36 cases (4.9%) and 70 cases (6.6%) were classified as “special” in 2023 and 2024, respectively (p=0.15).
- 5 cases (0.7%) and 9 cases (0.9%) were classified as “GALA” in 2023 and 2024 respectively (p=0.89). ISBCS cases more than doubled from 23 to 49 the next year.
- Discrepancies between preoperative predictions and intraoperative requirements were noted. In 2023, trypan blue was listed for 131 cases but used in 83 cases (63.4%) and pupil expansion techniques were listed for 60 cases but used in only 14 cases (23.3%). In 2024, trypan blue was listed for 179 cases but used in 158 cases (88.3%), and pupil expansion techniques were listed for 137 cases but used in only 69 cases (50.4%)

Discussion

- There is an obvious increasing trend in the number of ‘complex’ cases encountered within our service. The increasing trend of complex cataract cases offers valuable experience for senior trainees but limits junior trainees’ exposure to routine cases.
- To optimise training, partnerships with ISPs are recommended. This trend also hinders the running of high-volume, low-complexity lists but may support the development of high-complexity, low-volume lists. The increasing number of patients opting for ISBCS reflects a growing trend.
- The degree of overestimation of cataract case complexities during preoperative assessments impacts operational efficiency and resource management, potentially leading to underutilisation of surgical lists and increased resource costs. To address these issues, refining preoperative assessment criteria and providing targeted training for surgeons could enhance list planning, and ensure better resource utilisation

References

1. Coughlan E, Keith J, Gardner T, Peytrignet S, Hughes J, Tallack C. Waiting for NHS hospital care: the role of the independent sector in delivering orthopaedic and ophthalmic care. Health Foundation. 30 Apr 2023.