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CATARACT CARE CLOSER TO HOME: A DIGITAL-FIRST NHS MODEL

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BACKGROUND

- NHS shift → care closer to home and digital-first models
- Value-Based Healthcare (VBHC) = health outcomes that matter / cost
- Cataract surgery is high-volume, outcome-rich and ideal for pathway redesign

AIM

To evaluate a digital cataract pathway (DCS) delivering:

- Better outcomes
- Improved efficiency
- Reduced hospital dependence

WHAT IS VBHC & IPU?

VBHC focuses on outcomes that matter to patients relative to the cost. **Integrated Practice Units (IPUs)** are multidisciplinary teams delivering the entire care cycle for a condition using data, digital tools and consistent outcome measurement.

Cataract services are ideal for VBHC at scale.

MODEL OF CARE: DIGITAL CATARACT SERVICE (DCS)

A digital-first, patient-centred pathway

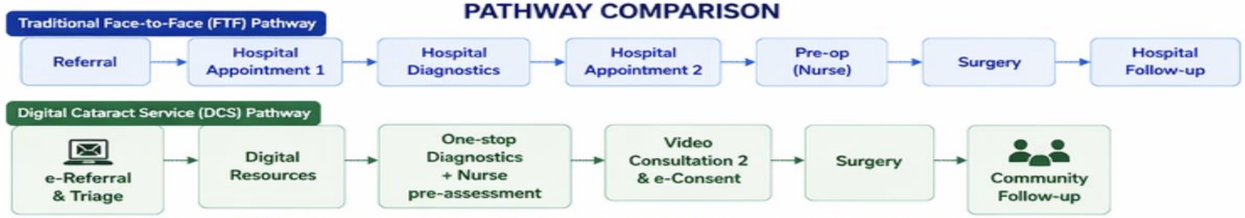
1. **e-Referral & Triage** — Optometrist e-referral using PSDMA for early triage and data capture.
2. **Digital Resources** — Patients receive personalised digital information before first video consultation.
3. **One-stop Diagnostics** — Biometry, IOP measurement and anterior/posterior segment imaging in hospital. Nurse pre-assessment.
4. **Video Consultation 2** — Surgeon reviews data remotely. Surgical plan finalised, e-consent completed.
5. **Surgery** — Surgery at Moorfields Croydon.
6. **Postoperative Follow-up** — Follow-up by community optometrists or AHPs closer to home.

Fewer hospital visits
Closer to home care

Integrated multidisciplinary care
Digital + community hybrid model

Better outcomes
Greater patient value

PATHWAY COMPARISON



KEY RESULTS (n=403)

96%	Vision improvement (exceeds national standards)
4%	Postoperative complications (vs 14% national average)
82%	Conversion to surgery (vs 74% GIRFT average)
6 → 2 weeks	Referral to appointment time reduced
~50%	Reduction in total assessment time (1.5 hours)

PATIENT & SYSTEM IMPACT

- **>95%** patient satisfaction
- **57%** prefer video consultations
- Reduced hospital burden & theatre pressures
- Lower carbon footprint (fewer car journeys)
- Inclusive – alternatives for non-digital access

WHY IT WORKS

- Integrated Practice Units (IPU)
- Standardised, protocol-driven care
- Continuous outcome tracking
- Digital + community hybrid delivery
- Improved efficiency without additional clinical space

FUTURE DIRECTIONS

- Incorporate PROMs (patient-reported outcomes)
- System-level support: bundled payments, national benchmarks & best practice sharing
- Shift from volume-driven targets to value-based care

CONCLUSION

Digital-first cataract pathways deliver better outcomes, faster access and higher patient satisfaction while reducing hospital burden and environmental impact.

The Digital Cataract Service at Moorfields Croydon demonstrates what is possible with VBHC.

Ophthalmology is uniquely positioned to lead NHS transformation towards value-based care.

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