

Improving Cataract Surgical Conversion Rates Across South East London:

A Multi-Site Audit of Referral Quality and Cataract Conversion



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INTRODUCTION:

Efficient cataract referral pathways are essential to reduce delays and clinical burden. The National GIRFT benchmark suggests 95% conversion from first attendance to listing in high flow pathways.

Across South East London (SEL), the current listing rate is 64%, which results in significant wasting of outpatient capacity. We wanted to ascertain reason for this in this audit.

AIM:

To identify factors associated with conversion to cataract surgery listing at first outpatient visit across two major SEL trusts.

METHODS:

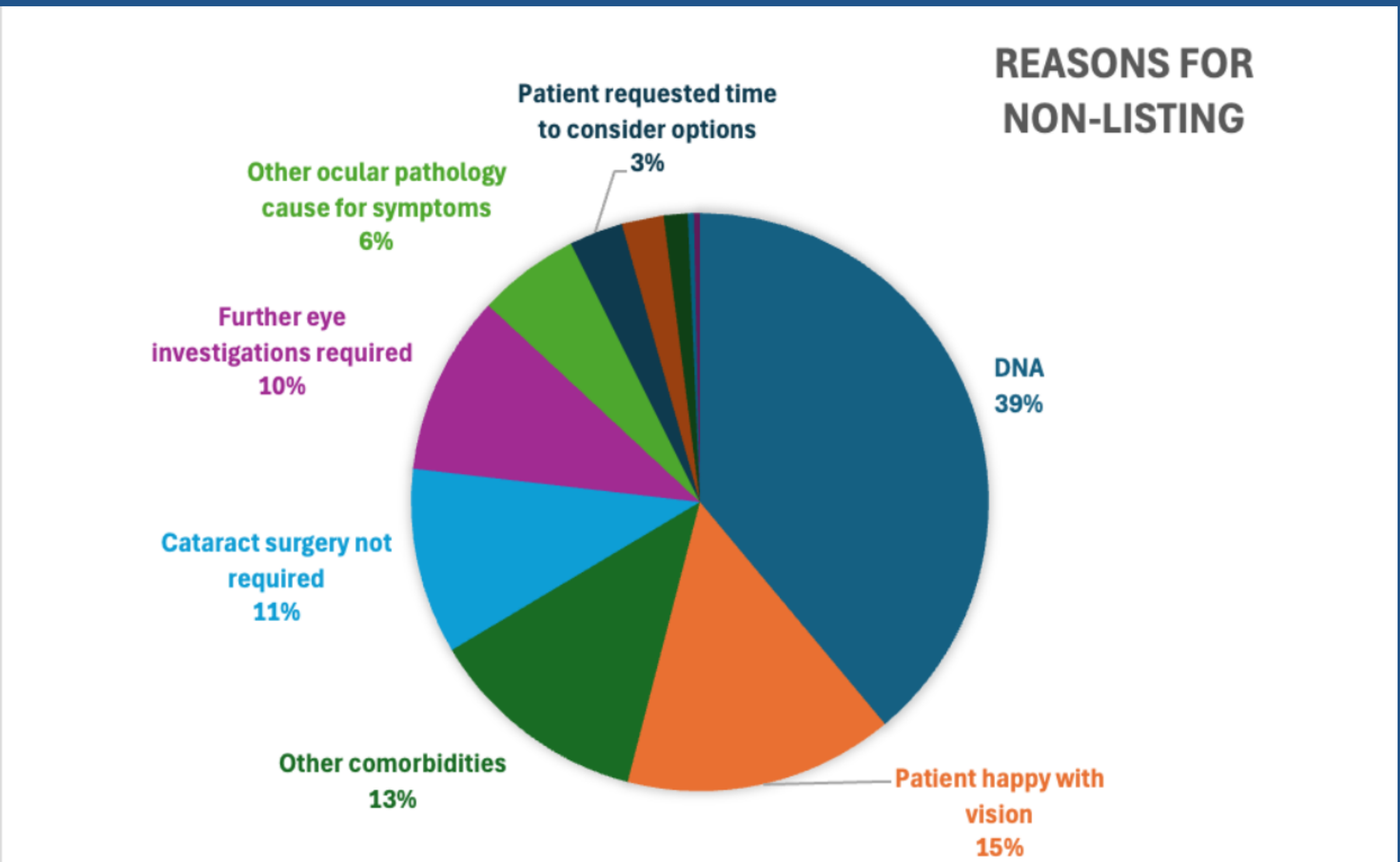
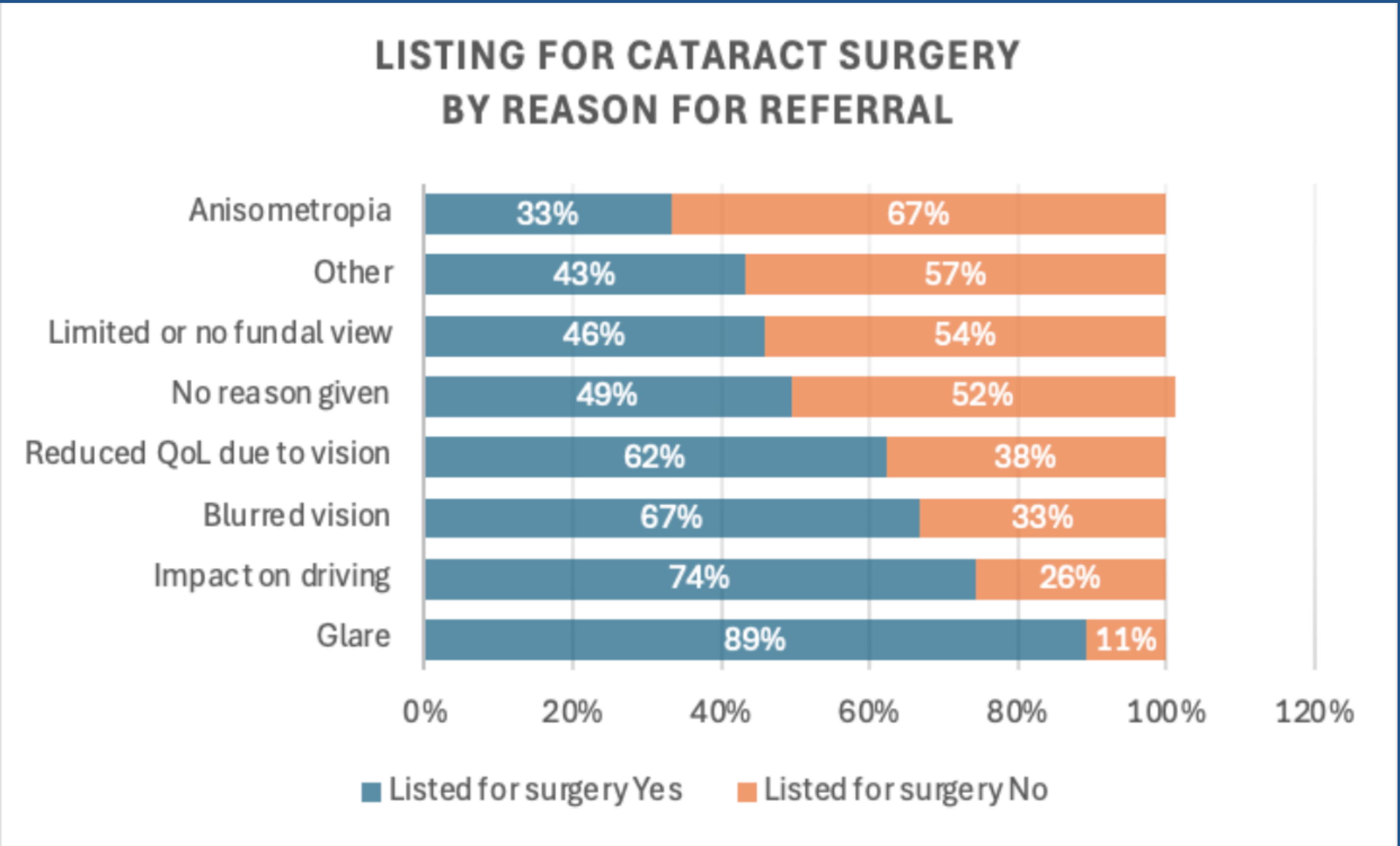
A retrospective multi-centre service evaluation and clinical audit. Multiple sites were included, both smaller district general and larger tertiary centres at both King’s College Hospital and Guy’s and St Thomas’ NHS Foundation Trusts.

A 3 month period (September - November) was examined and a total of 821 referrals were audited.

Electronic patient records and the attached optometrist referral letters were reviewed.

Primary Outcome

Listed for cataract surgery at first clinic attendance.



RESULTS:

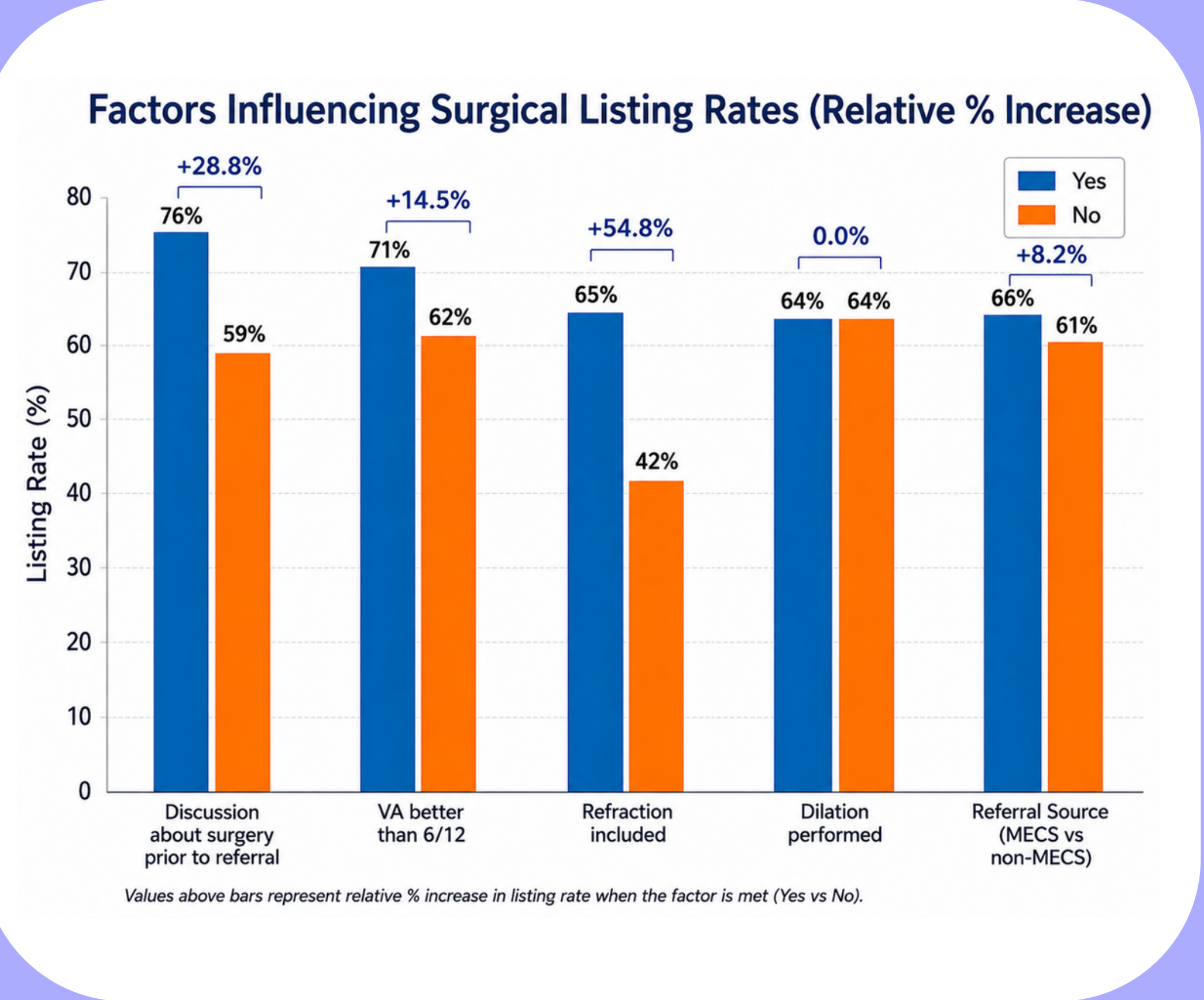
Primary cause of non-listing: DNA was the largest single factor.

Second major driver: Poor expectation setting before referral (patients not fully prepared for surgery pathway). 28% increase in conversion if discussion about surgery was documented at referral.

Referral quality matters: Symptom-driven referrals (e.g., glare, functional impairment) showed higher conversion rates.

Proposed Strategic Change

Ensure EVERY patient has a pre-referral surgery discussion to set expectations of upcoming appointment.



CONCLUSION:

Cataract conversion across SEL was substantially below benchmark (64% vs 95%).

The strongest modifiable predictor of listing was a documented pre-referral discussion about surgery. Improving patient engagement & referral quality offers a major opportunity to reduce wasted clinic capacity and improve access to cataract surgery.