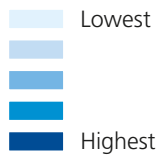


PROBLEMS OF VISION

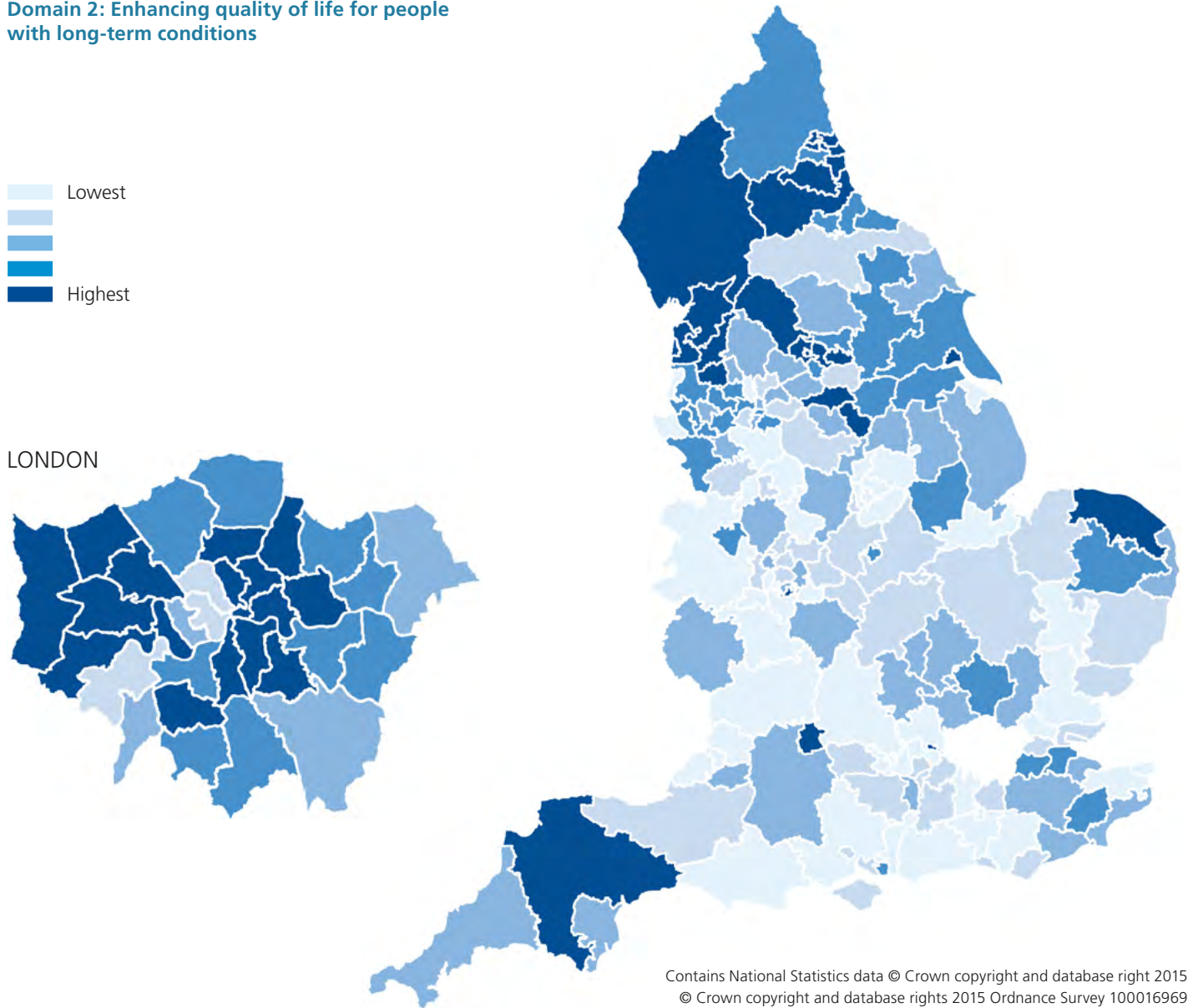
Map 18: Rate of admission to hospital for cataract surgery in people aged 65 years and over per population by CCG

Directly standardised rate, adjusted for age and sex, 2012/13

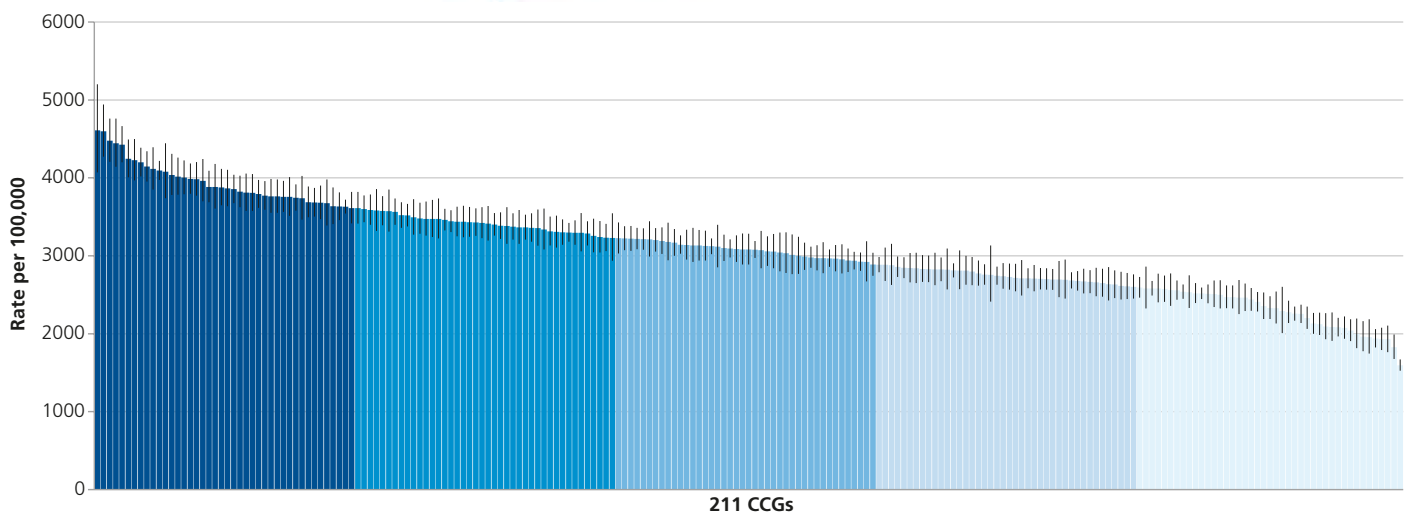
Domain 2: Enhancing quality of life for people with long-term conditions



LONDON



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Context

In the NHS, cataract surgery is a safe and clinically effective high-volume procedure, comprising 98.5% of all day-case procedures¹. Of all cataract surgery procedures, 84% is performed in adults 65 years and over¹ for the management of age-related cataract that causes sight impairment, and thereby helps to maintain older people's independence, mobility, and inclusion in society.

Since 2010, commissioners have sought to limit access to surgery, particularly second-eye surgery, as a means of reducing costs to manage budgetary restrictions. In England between 2010 and 2013, there was a decrease in the rate of admission for cataract surgery (see Table 18.1).

Table 18.1: Rate of admission to hospital for cataract surgery in people aged 65 years and over per 100,000 population

Financial year	Crude admission rate	Directly standardised rate (DSR)	95% confidence intervals (CIs) for DSR
2010/11	3229	3174	3162–3185
2011/12	3131	3094	3082–3105
2012/13	3032	3033	3021–3044

Magnitude of variation

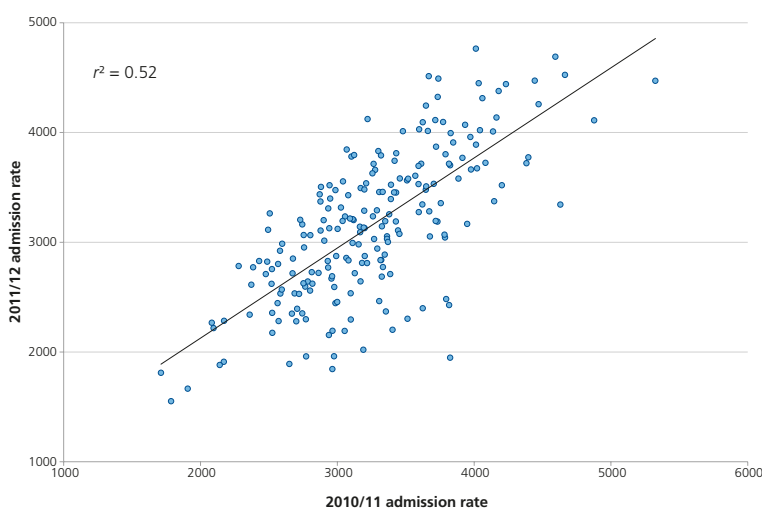
For CCGs in England, the directly standardised rate (DSR) of admission to hospital for cataract surgery in people aged 65 years and over ranged from 1596 to 4610 per 100,000 population (2.9-fold variation). When the CCGs with the five highest rates and the CCGs with the five lowest rates are excluded, the range is 1998–4199 per 100,000 population aged 65 years and over, and the variation is 2.1-fold.

The degree of variation observed in activity for cataract surgery was reflected in that for expenditure on this procedure ($r^2 = 0.99$). Although this indicator is not directly comparable with that in Map 12 (Atlas 1.0, 2010) showing activity for cataract surgery in 2008/09, the persistence in the degree of variation is notable.

The degree of variation observed is likely to be influenced by differences in:

- demography of local populations, e.g. ethnicity, deprivation;

Figure 18.1: Correlation between DSR of admissions for cataract surgery in people aged 65 years and over per 100,000 population by CCG in 2010/11 and that in 2011/12 (correlation coefficient = 0.72; $r^2 = 0.52$)



- levels of need in local populations;
- access to NHS services;
- uptake of NHS services.

The decrease in overall rates of admission for cataract surgery in England may reflect priorities for commissioning, and the ways in which services are commissioned.

During the three-year period 2010–2013, the CCGs that had high admission rates and those that had low admission rates tended to be consistent (see Figures 18.1 and 18.2).

Options for action

Over the last decade, there has been considerable investment to ensure services for age-related cataract meet population need, and there is a reduction in waiting times for surgery.

To prevent a backlog of un-operated cases and unmet need resulting in avoidable vision impairment, commissioners, service providers and clinicians need to review:

- local variations and population needs for cataract surgery;
- criteria for intervention to ensure those agreed are based on need (i.e. a person's capacity to benefit) and evidence of effectiveness in terms of outcomes.

In addition, commissioners need to specify that service providers together with clinicians review local pathways of care, and audit second-eye surgery, to ensure some people do not have unnecessary surgery.

RESOURCES

- Royal College of Ophthalmologists. Cataract Surgery Guidelines. September 2010. [A review of these guidelines is scheduled for 2015.] <https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2010-SCI-069-Cataract-Surgery-Guidelines-2010-SEPTEMBER-2010.pdf>
- Royal College of Ophthalmologists. Commissioning Guide: Cataract Surgery. February 2015. <http://www.college-optometrists.org/en/utilities/document-summary.cfm/docid/A70E324D-D04B-40E1-AB082EEA6C1515F4>

1 Health and Social Care Information Centre. Hospital Episode Statistics. <http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22Hospital+Episode+Statistics%2C+Admitted+patient+care+-+England%22&area=&size=10&sort=Relevance>

Figure 18.2: Correlation between DSR of admissions for cataract surgery in people aged 65 years and over per 100,000 population by CCG in 2011/12 and that in 2012/13 (correlation coefficient = 0.85; $r^2 = 0.72$)

