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Out of Sight

Understanding the hidden impact of cataract outsourcing on NHS finances

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Key Facts

24%	the percentage of NHS cataracts delivered by the private, for-profit sector in 2018/19.
55%	the percentage of NHS cataracts delivered by the private for profit sector in 2022/23.
£700 million	the total amount spent by the NHS on cataract provision in the private sector between 2018/19 and 2022/23.
100%	the increase in NHS expenditure on cataracts between 2018/19 and 2022/23.
52%	the increase in the overall NHS ophthalmology budget between 2018/19 and 2022/23.
9%	the increase in the percentage of the total NHS Ophthalmology budget spent on cataract surgery, which has coincided with the rise in outsourced NHS cataract provision.
78	the number of new eye care clinics opened by for-profit private companies over the past 5 years.
£1.8 million	the estimated cost of setting up a private eye care clinic to treat NHS patients.
144%	the increase in the delivery of NHS funded complex cataract operations which has coincided with the rise in outsourced NHS cataract provision.

Introduction

1. Over the past 4 years, there has a been a very significant increase in the number of NHS funded cataract operations in England which have been provided by private for-profit companies.

2. In this report – which is the first part of a wider study into the impact of cataract outsourcing on the NHS – we analyse the impact of this development on the finances of the NHS. The report examines the following areas:

   - The percentage of the NHS budget for cataract surgery which is being spent in the for-profit private sector and how this has changed over time.
   - Changes in the percentage of the overall NHS ophthalmology budget which is being spent on cataract surgery and the impact on the resources available for other types of eye care.
   - The growth in NHS funding for complex cataract surgery in the for-profit private sector, and the additional costs associated with this.

3. The analysis is based on data provided to us by the 42 NHS Integrated Care Boards (ICBs) – the bodies which organise and pay for healthcare services in England – as well as Freedom of Information requests from NHS England, interviews and discussions with NHS ophthalmologists and reviews of other publicly available documents, including company accounts.[i]

i In some instances the ICBs were unable to provide us with full data for each of the items we requested. We have noted where data is incomplete. In generating each of the comparative statistics in this report, we have used only data from the ICBs which are fully complete and therefore comparable.

The rapid rise in the outsourcing of NHS cataract surgery over the past 5 years

4. Cataracts are the largest global cause of reversible sight loss and the techniques which have been developed to replace the cloudy lens of the eye with an artificial implant have had a transformative effect on the lives of millions of mainly older people. Whilst performing cataract surgery requires an ophthalmologist to have a high level of skill and years of training, for the vast majority of patients it is a procedure which can be delivered in 20 minutes.[1] Although very serious complications occur in 1 out of every 1000 cases, it is a very safe operation with a high success rate and the vast majority patients do not stay in hospital for treatment.[2]

5. Between 2018-19 and 2022-23 there has been a very large rise in the total number of cataract operations funded by the NHS each year in England, rising from an estimated 450,000 a year to over 600,000.

6. This rise has coincided with a very substantial amount of taxpayer funding being spent in the for-profit private sector delivering cataract surgery to NHS patients (i.e. those funded by the NHS for free).

7. In 2018/19 for-profit private companies delivered 24% of NHS commissioned cataract operations, however, by 2022/23 they were delivering 55% of all activity. The total amount spent by the NHS in the for-profit sector in 2022/23 was £282 million and around £700 million has been paid to for-profit private sector companies over this period.

8. Over the past 5 years the amount of cataract operations undertaken by NHS Trusts has declined, both in terms of the total numbers of cataracts delivered and also as a percentage of the total number of cataracts commissioned by Integrated Care Boards (ICBs). Thus in 2022/23 NHS Trusts were providing substantially fewer cataract operations than in 2018/19 and whilst in 2018/19 NHS Trusts received three-quarters of the NHS budget for cataracts this had fallen to less than half in 2022/23. (See Table 1).

Table 1 NHS commissioned cataract activity and expenditure 2018/19 to 2022/23.

	NHS Trusts	For-profit private sector providers	Total NHS expenditure and activity
Total number of cataracts delivered 2018/19 (36 out 42 ICBs)	306,520	97,395	403,915
% of cataracts delivered 2018/19 (36 out 42 ICBs)	76%	24%	100%
Expenditure on cataracts 2018/19 (36 out 42 ICBs)	£211,380,994	£58,699,183	£268,170,525
% of expenditure on cataracts 2018/19 (36 out 42 ICBs)	79%	21%	100%
Total number of cataracts delivered 2022/23 (42 out of 42 ICBs)	274,833	334,936	609,769
% of cataracts delivered 2022/23	45%	55%	100%
Expenditure on cataracts 2022/23 (41 out of 42 ICBs)	£235,349,248	£282,133,431	£522,160,624
% of expenditure on cataracts 2022/23 (41 out of 42 ICBs)	45%	55%	100%

9. Due to the fact that cataract surgery is a relatively routine procedure and at least in the NHS attracts a high price tag (or tariff) relative to other more complex eye treatments, cataract surgery is also deemed by those working in NHS eye care departments to be a "profitable" procedure to undertake.

10. Throughout the course of our research we were told by a number of ophthalmologists that many NHS eye care departments use the income they receive from undertaking cataracts to cross-subsidise the costs of running emergency care and treating conditions such as glaucoma and macular degeneration as well as to treat children with complex eye care conditions. They were concerned that if their Trust lost cataract income to the private sector this would impact the financial sustainability of their eye care departments.

11. From the perspective of the private for-profit sector, because cataracts are routine operations that can be delivered at high volume without the need for a comprehensive healthcare facility with overnight beds to provide the surgery, it is an area of healthcare which has been seen as very attractive to private sector companies, both in the UK and globally. Private equity investors have also funded a large expansion of for-profit provision in this area in a number of countries.

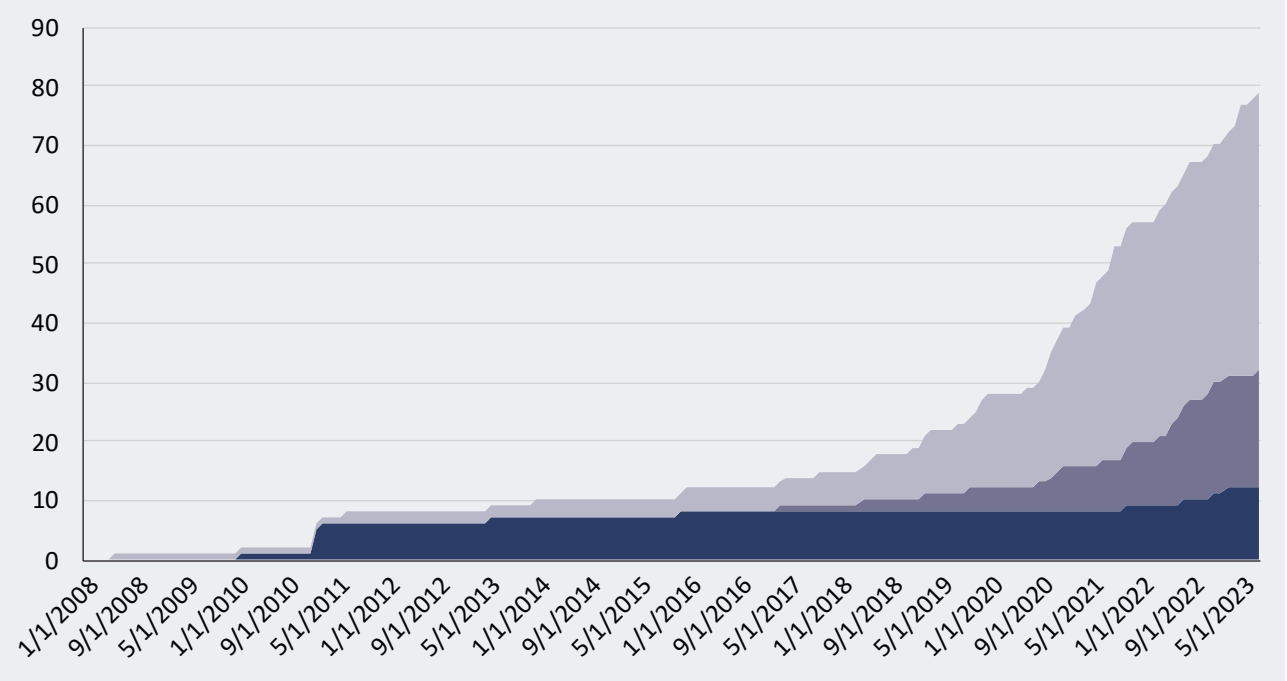
12. Prior to 2018, the private sector did play a role in delivering some ophthalmology services, primarily cataracts, but this was mainly undertaken in generalist private hospitals which undertook other forms of elective care for the NHS – such as hip operations – rather than in specialist eye care clinics.

13. The sharp increase in the amount of cataract surgery being delivered in the NHS has occurred, in part, as a result of the establishment of large numbers of dedicated eye care clinics, which have been set up by private for-profit companies with the specific intention of delivering services to the NHS.

14. Between 2018-19 and 2022-23 there were an extra 78 for-profit eye care clinics registered with the CQC by 5 new providers of NHS eye care in England.[3] These clinics have been set up at comparatively low cost. Based on an analysis of the costs of the physical infrastructure of one of the larger companies we estimate that in addition to the cost of employing staff, an eye care clinic can be fully operational at a cost of £1.8m.[4]

15. As we have noted in our previous work on the for-profit private healthcare sector, the business model of many of these clinics relies on using NHS consultants and other NHS doctors to undertake cataract operations on a free-lance basis, rather than employing them directly.[5] This enables them to keep the costs of delivering services comparatively low compared to NHS Trusts. Compared to the NHS private sector clinics do not contribute significant amounts to the very large costs of training ophthalmologists and other eye care staff.

Figure 1: Growth in the number of new clinics opened by 3 large NHS cataract providers



The impact of cataract outsourcing on the wider NHS ophthalmology budget and the availability of funds for other eye care conditions

16. Based on the data provided to us by ICBs in our survey, we estimate that there has been around a 50% increase in the total number of cataracts commissioned and funded by the NHS in both the NHS and the for-profit private sector over a 5 year period.

17. We have also found that this very large increase in the total number of cataract operations funded by the NHS, has been accompanied by a significant growth in the share of the total NHS ophthalmology budget which has been spent on cataract provision.

18. Thus based on data from 37 ICBs between 2018-19 and 2022-23 the total NHS ophthalmology budget increased by 52% whilst the total cataract budget doubled or increased by 100%. As a result, the percentage of the total NHS ophthalmology budget which was spent on cataracts increased from 27% to 36%. (See Table 2)

Table 2 Percentage of Total Ophthalmology spend on cataracts 2018/19 to 2022/23

Data based on 37 out of 42 ICBs	2018/19	2019/20	2020/21	2021/22	2022/23	£ increase	% increase
Total Ophthalmology Spend £	802,462,562	983,896,589	581,460,840	957,481,522	1,218,616,711	416,154,148	52
Total Cataract Spend Based £	218,095,443	288,159,830	142,157,434	304,163,507	436,879,954	218,784,511	100
% of Opthalmology spent on cataracts	27	29	24	32	36		

19. Whilst it could be argued that NHS cataract provision has been underfunded for many years generating large waiting lists in some parts of England, it is unclear whether such a rapid and substantial growth in treatment has been the product of the assessed needs of the population by NHS policy makers at both a national and local level.

20. One of the concerns expressed to us by NHS opthalmologists during this research was that the growth in the number of cataract surgery being paid for by the NHS was not being driven by a national eye care strategy but was instead might be an example of "supplier induced demand", whereby the delivery of healthcare activity is driven not by the needs of the population but by the interest of the providers of healthcare, including both NHS hospitals and for-profit private clinics. The lack of population based planning for healthcare services and the potential for supplier induced demand to occur is a consequence of government policy rather than the actions of providers.

21. In addition to concerns about the potential for supplier induced demand to have occurred, concerns have been expressed that the growth in the total share of the ophthalmology budget which has been spent on cataract services may have been at the expense of spending on other eye diseases such as glaucoma and macular degeneration, which unlike cataracts lead to irreversible sight loss.

22. Data on waiting times for different eye care conditions on the NHS is not routinely available. Instead, in most cases NHS Trusts and the NHS only collects data on waiting times for all forms of ophthalmology care. We surveyed 92 of the NHS Trusts with eye care departments providing most of the NHS eye care activity in England asking them to provide data on waiting times from patient referral to their first appointment for the 4 main eye care conditions: cataracts, glaucoma, advanced macular degeneration and diabetic retinopathy between 2017-18 and 2022/23.

23. In total 13 Trusts provided us with full data for each of these years and for each condition. Whilst it is not possible to generalise from these data to the wider NHS, they do give some indication of the possible impact that the increased share of the ophthalmology budget being spent on cataracts is having on waiting times for other conditions.

24. As Table 3 shows, average waits for all areas apart from Advanced Macular Degeneration (AMD) has increased over this 6 year period. The lack of detailed waiting time data for individual eye care conditions should be examined further by NHS England to enable a full assessment of the wider impact of the growth in outsourced cataract provision on overall ophthalmology services.

Table 3: Average number of days wait from referral to first appointment – 4 major eye care conditions.

Data from 13 NHS Trusts	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Change from 17/18 to 2022/23
Cataract	76.9	73.5	89.3	135.9	135.5	121.0	44.1
Glaucoma	109.7	100.3	107.4	155.2	150.9	161.5	51.9
AMD	62.8	36.0	44.6	58.1	45.7	36.6	-26.2
Diabetic Retinopathy	55.2	59.3	64.9	105.8	83.5	94.2	39.0

The increase in the amount of complex cataract care being delivered in the NHS since the introduction of for-profit private companies

25. Another characteristic of the growth in for-profit private provision of NHS cataract services is that it has been associated with an increase in the delivery of more complex cataract services. As is the case with any healthcare procedure, some operations are more complex than others due to the underlying health of the patient – for example conditions such as diabetes, heart disease or dementia – or because of the nature of the condition which is being treated.

26. In the case of cataract provision the vast majority of cataract procedures performed on NHS patients are known as phacoemulsification extraction whereby an ultrasound machine is used to break down the existing cloudy lens of the eye, avoiding the need for an incision, before replacing it with an artificial implant.[6]

27. Each of these procedures is "coded" according to their level of complexity in order to reflect the price which the NHS pays. More complex cataracts are more costly to perform and so as a result the provider is paid more. In this case the more complex cataract cases are coded as BZ34A with less complex cataracts being coded BZ34B and BZ34C, with the scores reflecting the complications and co-morbidities (CC) associated with each case. The average unit cost difference between the most complex cataract procedure and the least in 2022/23 was £425.[7] (See Table 4)

Table 4 Difference in average unit cost associated with complexity of cataract treatment 2022/23

Code	Average Unit cost 2023
BZ34C Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 0-1	£787
BZ34 Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 2-3	£929
BZ34A Phacoemulsification Cataract Extraction and Lens Implant, with CC Score 4+	£1212

28. Analysis by NHS England of the complexity of cataract procedures which were being funded by the NHS between 2019 and 2022, shows a marked shift towards more the provision of more complex and therefore more expensive cataract surgery and a reduction in the delivery of less complex operations.

29. Thus the proportion of NHS cataract activity which was coded as complex had risen from 7% in 2018/19 to 16% July 2022 and the provision of the least complex form of cataract provision had fallen from 66% to 55% over the same period.[8] (See Table 5)

Table 5 NHS England assessment of growth in the proportion of complex cataracts 2018 to 2022

Code	Proportion of activity in each Code (2018/19)	Proportion of activity in each Code (April to July 2022)
BZ34A (Most Complex)	7%	16%
BZ34B	27%	30%
BZ34C (Least Complex)	66%	55%

30. One possible explanation for this change, is that greater numbers of people with higher levels of complexity were being treated. However, NHS England ruled out this as the main cause stating in a consultation document on the future of the NHS payment system that their analysis of the data *"suggests that a much larger proportion of cataract activity is grouping to the BZ34A [code] than can be readily explained by changes in patient complexity."* [9]

31. To understand what might be driving this large increase in the classification of cataract care we sought data on the numbers of complex cataracts funded by the 42 Integrated Care Boards (ICBs) which commission ophthalmology services in England. We also wanted to understand how much of their budget was being spent on complex cataract care and who was providing it.

32. Based on the usable data that we received from 35 ICBs we identified a 144% increase in the provision of all NHS complex cataract activity between 2018/19 and 2022/23. Whilst the NHS saw a 6% reduction over this period, the total amount of complex cataracts delivered by the for-profit private sector increased by around 43,000. In 2022/23 the NHS delivered 23,500 complex cataracts compared to 45,700 in the for-profit private sector. The growth in the total number of complex cataracts provided is therefore almost entirely in the for-profit private sector (See Table 6).

Table 6 The growth in the provision of NHS funded complex cataracts (BZ34A) 2018/19 to 2022/23

Based on data from 35 out of 42 ICBs	2018/19	2019/20	2020/21	2021/22	2022/23	Difference 2018/19 to 2022/23	% increase 2018/19 to 2022/23
Total Activity – Complex Cataracts (BZ34A) (NHS and Private)	28,335	33,340	21,785	53,576	69,259	40,924	144%
Total Spend on all NHS funded complex cataracts (BZ34A) (NHS and Private) £	23,192,314	30,362,167	19,552,175	49,339,954	84,278,445	61,086,130	263%
Total Spend on NHS Complex cataracts (BZ34A) £	20,889,994	24,605,402	11,595,314	22,291,360	28,114,449	7,224,455	35%
Total Spend on Private Sector Complex Cataracts (BZ34A) £	2,302,320	5,756,765	7,956,861	27,048,594	56,163,995	53,861,675	2,339%
Total Private Sector Activity Complex Cataracts (BZ34A)	3,026	6,606	9,107	30,157	45,715	42,689	1,411%
Total NHS activity Complex cataracts (BZ34A)	25,309	26,734	12,678	23,419	23,544	1,596	-6%

33. Because the for-profit private sector operational model, is generally, although not exclusively focused on delivering large volumes of low complexity cases, it is reasonable to assume that there would have been at least a similar and potentially much greater increase in the provision of complex cataracts delivered by NHS Trusts than in the private sector over this period, had this rise been due to the complexity of patients being seen.

34. Given that the number of patients with complex needs has not grown substantially over this period of time – as NHS England has identified – questions arise as to what the cause maybe. One possible explanation for the reason behind the growth in the number of complex cataract operations is that it could be due to how they have been "coded" by those providing the treatment. As the Royal College of Ophthalmologists noted in its response to the NHS England consultation on changes to the NHS payment system that reform was needed to, 'tackle the risk of "upcoding" by some providers of NHS-funded cataract surgery'.[10]

35. The term "upcoding" is more commonly used in fully privatised healthcare systems such as in the US to explain the phenomenon of hospitals and clinics coding healthcare procedures as more complex for financial gain. In the United States, upcoding is treated as an instance of healthcare fraud and the companies and individuals that have been found guilty of engaging in upcoding have been required to pay multi-million dollar fines. It should be stressed that there is no evidence to suggest that any such fraudulent practice has occurred in the UK, as there has been no assessment or evidence that we have seen which suggests any illegitimate or improper coding of procedures by any of the private companies involved.[11]

36. Another explanation for the rise in the provision of complex cataracts in the private sector compared to the NHS is that the private sector has a much greater incentive to more accurately code procedures. This is because they have been operating on a payment regime which ties the number of procedures performed to the amount of income they earned.

37. Whilst this arrangement existed for a large part of the NHS's recent history, it changed during the period covered by this analysis mainly as a result of COVID 19 and as a result, many NHS Trusts were paid under a "block contract" arrangement by their local ICB whereby they received a certain "block" amount of income irrespective of the amount or complexity of the operations they performed.[12] As a result, some of the ophthalmologists that we spoke to during the course of this research explained that NHS Trusts may have had less reason to code an operation as complex than the for-profit private sector as it would not affect how much income the NHS eye care department received.

38. The NHS and the for-profit private companies may also be employing different approaches to determine levels of complexity. It is not clear if the same approach to assessment is being taken by NHS Trusts and for-profit private clinics and the Royal College of Ophthalmologists has called for a review to ensure that "the current system of coding reflect[s] the actual costs of cataract surgery" [13]

39. Whatever the reasons for the increase in complex cataract provision, it is important to understand the potential additional cost of this to those NHS ICBs who are funding this care in the event that this was due to other factors other than a change in the needs and complexity of patients. This is so that public money can be properly accounted for.

40. In order to do this we undertook an analysis of the data from ICBs on their total expenditure on cataract surgery in both the NHS and the private sector. We then calculated the proportion of total cataract income which both the for-profit private sector and the NHS generates from providing complex cataracts.

41. If we assume that the complexity of patients receiving cataract treatment is the same for both the NHS and the private sector then the proportion of each sector's income from complex cataracts should be the same. However, as can be seen from Table 6 the proportion of cataract income derived from complex cataracts is substantially higher in 2021/22 and 2022/23 in the for-profit private sector than in the NHS, at 18% and 22% of total income compared to 13% in the NHS.

42. If these percentages were the same – i.e. the private sector was delivering the same proportion of complex cataracts as the NHS and at the same cost – then the amount of income received by the private sector would reduce by around £29 million over the last two years. (See Table 7)

Table 7 Comparison of % of total cataract income and activity which is BZ34A 2018/19 to 2022/23

Based on data from 35 out of 42 ICBs	2018/19	2019/20	2020/21	2021/22	2022/23
All Cataracts Delivered by NHS	243,818	247,697	121,766	220,611	218,900
All Cataracts Delivered by Private Sector	62,478	102,985	78,015	188,446	277,722
Spend on Cataracts in NHS	£173,532,414	£189,508,199	£93,404,954	£178,520,537	£199,134,835
Spend on Cataracts in Private Sector	£43,332,483	£78,597,759	£55,919,460	£151,713,525	£242,037,014
Total Spend on Cataracts	£213,385,169	£263,429,151	£148,109,103	£334,478,008	£445,523,128
Total BZ34A Activity	28,335	33,340	21,785	53,576	69,259
BZ34A NHS Activity	25,309	26,734	12,678	23,419	23,544
BZ34A Private Sector Activity	3,026	6,606	9,107	30,157	45,715
BZ34A NHS Income	£21,238,674	£25,124,070	£12,033,323	£23,066,299	£28,687,855
BZ34A Private Sector Income	£2,302,320	£5,756,765	£7,956,861	£27,048,594	£56,163,995
% of Total NHS Cataract income from BZ34A	12%	13%	13%	13%	14%
% of Total Private Sector Cataract income from BZ34A	5%	7%	14%	18%	23%
% of Total NHS Cataract Activity which is BZ34A	10%	11%	10%	11%	11%
% of Total Private Sector Cataract Activity which is BZ34A	5%	6%	12%	16%	16%
If same % of Private sector income came from BZ34A as NHS (i.e. 13/14%)			£7,269,530	£19,722,758	£33,885,182
Difference between actual Private sector income from BZ34A and if same % of income from BZ34A as NHS			£687,331	£7,325,836	£22,278,813

Conclusions and recommendations

43. The rapid rise in the use of the for-profit private sector to deliver NHS funded cataract treatment has taken place without a significant amount of public debate or scrutiny in Parliament. What we have identified in this analysis suggests that there are a number of public interest concerns which need to be considered by policy makers and auditors such as those in the National Audit Office, the NHS Counter Fraud Authority, the Department of Health and Social Care and those working within NHS England.

44. In order to ensure that there is public confidence in the delivery of NHS funded eye care services and that all public money can be properly accounted for, policy makers should examine the following unanswered public interest issues:

- Whether the very large growth in the number of cataract surgery funded by the NHS is being driven by the healthcare needs of the population or by "supplier induced demand" – i.e. the financial interests of providers.
- The impact that the large growth in NHS cataract expenditure as a percentage of the overall ophthalmology budget has on the availability of funds to treat patients with complex conditions such as glaucoma, diabetic retinopathy and macular degeneration and the potential impact on waiting times for these conditions.
- Whether there has been any "upcoding" of NHS funded cataract care provision and whether the coding system used by the NHS for cataracts should be reviewed to ensure consistent use across both the NHS and for-profit private sector.

References

1 Royal College of Ophthalmologists 'High Flow Cataract Surgery' January 2022 https://www.rcophth.ac.uk/wp-content/uploads/2022/02/High-Flow-Cataract-Surgery_V2.pdf

2 NHS England 'Cataract Surgery' https://www.nhs.uk/conditions/cataract-surgery/

3 The data on clinic registration comes from the Care Quality Commission 'Care Directory' which can be found here: https://www.cqc.org.uk/about-us/transparency/using-cqc-data

4 An analysis of the accounts of one of the largest providers of NHS cataract care between 2017 and 2022 - shows that the company added £80 million to their tangible assets (i.e. the physical infrastructure such as premises and equipment). Over this period this company opened 43 clinics according to the data from the Care Quality Commission.

5 Instead of an NHS doctor – either a consultant ophthalmologist or a registrar - being directly employed by a private eye care clinic they are granted "practising privileges" – i.e. the right to practice at the clinic on a self-employed, free-lance basis. For more details on this arrangement see our 2017 Report "No Safety without Liability – reforming private hospitals in England after the Ian Paterson Scandal" https://chpi.org.uk/wp-content/uploads/2017/10/CHPI-PatientSafetyPaterson-Nov29.pdf

6 See this Wikipedia entry for a simple explanation: "Phacoemulsification" https://en.wikipedia.org/wiki/Phacoemulsification

7 We have calculated these units costs using the total activity and spend data for each of these codes provided to us by 35 ICBs. Due to the fact that the NHS Tariff varies according to local factors these prices may not be the same amounts paid for each coded procedure in each of the different healthcare settings.

8 NHS England: Response to a Freedom of Information Request December 2023. In this case, the period of comparison – "2018/19 and July 2022" was determined by NHS England.

9 NHS England 'NHS Payment Scheme - a consultation notice Part A: Policy proposals 23 December 2022' https://www.england.nhs.uk/wp content/uploads/2022/12/23-25NHSPS-Consultation-A-Policy-proposals.pdf) (emphasis added)

10 Royal College of Ophthalmologists "NHS England consulting on tariff system up to 2025" 20 January 2023 https://www.rcophth.ac.uk/news-views/nhs-england-consulting-on-tariff-system-up-to-2025/

11 U.S. Department of Health and Human Services Office of Inspector General "A Roadmap for New Physicians Avoiding Medicare and Medicaid Fraud and Abuse" https://oig.hhs.gov/compliance/physician-education/i-physician-relationships-with-payers/

12 One NHS Trust explained to us this arrangement as follows "In 2018-19 the Trust entered into an Aligned Incentive Contract (AIC) with one of our main commissioners which was in affect a block contract and therefore paid based on the planned value. In 2019-20 all main commissioners entered into and AIC contract which again led to the value of the actual activity being paid against the planned block value. In 2020-21 we entered into block contracts due to Covid" – Response to an FOI request, NHS Trust December 2023.

13 Royal College of Ophthalmologists "NHS England consulting on tariff system up to 2025" 20 January 2023 https://www.rcophth.ac.uk/news-views/nhs-england-consulting-on-tariff-system-up-to-2025/

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