



Proposed amendment to the 2025/26 NHS Payment Scheme – FODO response

FODO - the Association for Eye Care Providers, is the leading national association for eye care providers in the UK. Our members provide the majority of primary eye care, including over 18 million sight tests a year and a wide range of other NHS eye care services.

1. What is your name?

Harjit Sandhu

2. What is your email address?

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3. Are you responding as an individual or on behalf of your organisation?

☐ Individual

☒ Organisation

4. About your organisation

Organisation name

FODO, The Association for Eye Care Providers

Organisation type

☒ Representative body

5. To what extent do you support the proposed changes to ophthalmology prices?

☒ Tend to oppose

Please explain the reasons for your answer

We fully support

- the effective, efficient and evidence-based use of scarce NHS resources
- NHS payment principles
- The goals set out in Fit for the Future: 10 Year Health Plan for England

The proposals in this consultation conflict with all of the above, hence we have answered 'tend to oppose'.

Issues with the proposal set out by NHS England in this consultation include but are not limited to:

- Value judgement about the usefulness of cataract surgery as opposed to other ophthalmological interventions. NICE, Cataracts in adults: management (NG77) provides detailed evidence to challenge the value judgement made in this consultation
- Fails to share evidence that ophthalmology waiting list and avoidable sight loss due to delays in glaucoma and other care pre-date the recent increase in cataract surgery. As evidenced by research over a period of more than 10 years
- Moves funding from cataract surgery to all other ophthalmology services without evidence this will deliver a QALY gain or demonstrate a better use of scarce NHS resources

It appears the driver for the proposal is to reduce cataract surgery capacity in the independent sector. If that is the case, then this should be more explicit and any funds released more carefully managed in accordance with NHS pricing rules, NHS evidence and NHS principles in the NHS Constitution. For example, NHS England has not explained

- how it has assessed risks to patients undergoing cataract surgery should tariffs be cut, as proposed, below the average cost to NHS trusts. For example, recent cataract audit data published by the National Ophthalmology Database shows that cataract surgery is safe and effective, with reduced complications over time, and it is unclear what impact cutting the price paid to below average hospital cost will have on outcomes over time, including medical malpractice claims
- the evidence behind incentivising all other ophthalmology activity as opposed to targeting scarce NHS funds for maximum patient benefit at some interventions
- how incentivising other activity in hospitals might in fact reduce incentives for hospital departments to deliver the government's three big shifts for the NHS
- how it has assessed the net impact on QALY gained – e.g. given the favourable gains from cataract surgery in terms of low risk, immediate restoration of sight and reduction in associated risk factors like falls etc., whether this initiative might represent a suboptimal outcome for patients, NHS and taxpayers
- why resources 'released' from cataract surgery should not be managed differently, e.g. to deliver the government's shift from hospital to the community.

The proposal therefore appears to be a significant workaround, framed as a positive development but without any supporting evidence on patient outcomes/impacts.

We would therefore urge NHS England's pricing team to have due regard for NICE guidelines and its own pricing principles. If it opts to overlook the evidence and root causes of wider problems in ophthalmology and cut the cataract tariff to control total costs, then it should monitor surgical outcomes over time including medical malpractice claims.

Funds saved from reduction in any cataract tariff should also be more carefully targeted to help deliver the 10 Year Health Plan, for example by ring fencing funds to deliver more care out of hospital, rather than incentivising more hospital activity.

6. If implemented, what impact do you feel the proposals would have on equality and addressing health inequalities?

☒ Don't know

Please explain the reasons for your answer

Given the lack of evidence supporting the proposals, it is not possible to say for certain what the impact will be in terms on health inequalities.

However, as people have suffered avoidable sight loss due to delays in hospital care for many years before the growth in ISP provision of cataract surgery, it seems almost certain that the cause of capacity issues in services like glaucoma have not been properly investigated by NHS England. Instead of uplifting all other ophthalmology tariffs, we would argue there is a strong case to invest more in primary eye care as set out in the 10 Year Plan.

7. Do you have any other comments on the proposed amendments to the 2025/26 NHS Payment Scheme?

As set out in our answers above, in our view the proposed amendments to the cataract tariff are non-evidence based and inconsistent with the NHS's own pricing principles, Constitution and how NICE evidence should be applied. However, if there has been a political decision to cut cataract capacity and to implement this proposal, then the consultation process is unlikely to change that decision. Therefore, we think, in the best interest of patients, it is important to focus on the following

- A. Safeguards – monitoring access and outcomes to ensure people with cataracts do not suffer undue delay in accessing care or worse outcomes due to the proposed arbitrary cuts to the tariff. For example, monitoring that providers do not find it more difficult to deliver safe and effective care, especially as people with cataract are at greater risk of falls and the associated costs and impacts.
- B. Instead of increasing all other hospital tariffs, to ring fence a proportion of any released funds to invest in seeing more NHS patients in primary eye care settings, as set out in the 10 Year Plan.

8. Do you have any other comments about the payment system and/or suggestions to improve how we engage with you?

It would be helpful for the pricing team to set out evidence for future proposals and explain how any significant proposals like those proposed in this consultation are aligned with NICE evidence, NHS pricing principles and NHS Constitution.