

**To what extent do you support the proposal to require commissioners to set payment limits for elective activity, and all services paid for on an activity basis?**

**Strongly support** Tend to support Neither support or oppose Tend to oppose Strongly oppose Don't know

Please explain the reasons for your answer

The Royal College of Ophthalmologists supports the proposal to require commissioners to set payment limits for elective activity – particularly at the specialty or procedure level. If implemented effectively, and supported by appropriate guidance, we believe this should give local systems the necessary levers to better control the allocation of scarce resources and meet patient need.

In ophthalmology, we have concerns that the current commissioning framework has not given local systems the ability to best allocate resources in line with patient need. Since 2018, the NHS has hugely invested in independent sector providers (ISPs) performing NHS cataract procedures. [Between 2018/19 and 2022/23 the annual spend grew by 458%](#), driving a 57% increase in the number of NHS cataract operations.

While this has helped to bring down waits for cataract surgery, we have concerns about the unintended consequences of investing so much scarce resource into treating a reversible condition in the independent sector. Funding, workforce and infrastructure has been diverted here at the expense of resourcing for conditions such as glaucoma that, while being more complicated to treat, can cause irreversible sight loss if not treated swiftly. This is a concern that is echoed by many commissioners we have spoken to. We are particularly worried by waits for follow-up appointments in ophthalmology, [estimated at 10,000 per NHS trust](#) – the most of any specialty. Because of the lack of specialised knowledge and equipment needed to manage chronic eye conditions in primary care, hospital outpatient follow-up appointments make up a significant proportion of the ophthalmology workload. Adequate funding and prioritisation of follow-up appointments is, therefore, crucial in preventing irreversible sight loss from conditions such as glaucoma, macular degeneration and diabetic retinopathy.

If the proposal is adopted following this consultation, commissioners should ensure that the greater control they are able to exercise over their budgets leads to comprehensive hospital eye services being suitably resourced. This is essential to support safe patient care for all eye conditions, training and clinical research.

In terms of implementing the proposal, we would urge supporting guidance to cover two areas:

- Clarification of the interaction between the proposed payment limit and the prioritisation of outpatient follow-up appointments. We understand that outpatient follow-ups do not fall within the scope of the NHS Payment Scheme, while noting that paragraph 13 states that 'The notified payment limit should reflect plans to reduce outpatient follow-up attendances to benchmark levels'.
- The importance of commissioners making payment limit decisions that will ensure disease-specific clinical standards – such as NICE guidance on cataract, AMD and glaucoma – are met.