

Our Ref: 2526/ 30061 MRUS

19 December 2025

Sean Woodcock MP
House of Commons
London
SW1A 0AA

Dear Mr Woodcock

Thank you for writing on behalf of your constituents who have raised concerns about the viability of the Oxford Eye Hospital (OEH) at the John Radcliffe Hospital (JRH). It is good to hear how important the OEH is for them to access the specialist care and treatment the Ophthalmology team provides.

The concerns have been addressed on my behalf by Rebecca Turner, Interim Clinical Director and Consultant Nurse for Ophthalmology.

Firstly, a recent analysis of OEH income aligned to cataract surgery since 2017 suggests that this has been at steady state over this period. The average tariff for cataract surgery has increased significantly, and this is attributed to the complexity of cases commanding a higher cost and not necessarily additional cases. It is clear that the major share of less complex cases are being undertaken by the private providers, and this has had a positive impact on the management of the cataract waiting list at the Trust.

The decrease in less complex cataract surgeries being carried out at OEH has had a major impact on training of Junior Doctors, who need the less complex cases to develop their surgical skills in the first instance. The Deanery (an NHS deanery is a regional organisation responsible for postgraduate medical and dental training) removed two trainees at OEH because of poor access to cataract surgery training. The OEH have mitigated this by using the Cherwell Hospital, a private hospital in Banbury, where the OEH carry out cataract surgery in partnership the Cherwell Hospital. There is theoretically an option to allocate Junior Surgeons to the independent providers.

Ms Turner cannot comment on any consequence on research activity as this is not carried out by OEH, but other organisations. If you wanted to find out more about this, you would need to identify what research activities you wanted information about and then contact the relevant organisations.

The increase in less complex cataract surgeries being carried out by private providers not affiliated with the OEH has led to concerns about the number of post surgical complications and their management in the independent sector. There has been a steady increase in the number of patients attending the OEH Eye Emergency Clinic for the management of complications, most of which should have been managed by the

independent providers. This ranges from minor complications for example irritation following surgery to swelling in the retina to major post-operative surgical complications. The lack of communication between the independent providers and the OEH has been unhelpful.

The impact on the wider health economy has been significant. This relates to inaccurate coding of excessive indications with a provider, and because of the quality of the intraocular lens used, more patients than would otherwise be the case, need to have YAG laser capsulotomy post operatively, a further chargeable event. Furthermore, there has been a marked increase in the number of referrals for cataract surgery and therefore spend in the independent sector by the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB). The BOB ICB will be able to give you further details, but there has allegedly been encouragement for community Optometrists to refer to the independent sector for cataract surgery much earlier than otherwise would have been the case prior to the COVID-19 pandemic and the advent of a Single Point of Access (SPOA) process for example. As a result, the money available to other parts of the health economy has been diverted to cataract surgery in the independent sector.

There has also been an impact of the private providers marketing strategy. Many patients are persuaded to embark on a fully private pathway to have premium intra ocular lenses implanted. Many patients take up this option without fully understanding the implications and go on to seek second opinion when they do not achieve the visual outcome they desired or were expecting.

From discussion with the BOB ICB the OEH are aware that many private providers do not adhere to the listing criteria set down by the BOB ICB and as such many patients in the region will have had cataract surgery earlier than needed. Because the number of cataract patients referred to the OEH is declining and the potential for reduction in tariff, the independent sector is considering undertaking many of the treatments that are already done at the OEH. This would include the management of glaucoma, particularly with surgery, intraocular injections for macular degeneration and diabetic retinopathy and they are already starting to undertake oculoplastic surgery. Therefore, although the financial position of the OEH is satisfactory the potential for long-term damage is very significant.

Ms Turner hopes this brief analysis provides a clear summary of the current position regarding the OEH. There have been several enquiries following the recent article in the Banbury Guardian regarding the long term viability of the OEH. Whilst the OEH are keen to address these concerns, as you state, a comprehensive response requires input from the BOB ICB. The OEH senior management are keen to work with you, other local parliamentary colleagues and the BOB ICB to provide a clear and full account of the current status of the OEH to the patients we proudly serve.