

Cataract Procedures

Costing Extension (formally CA6)

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Cataract procedures

Purpose: To ensure cataract procedures are costed consistently.

Objective

1. To ensure all the costs associated with delivering cataract procedures are correctly identified and allocated appropriately.

Scope

2. This standard should be applied to all cataract procedures performed by your organisation.

Overview

3. The only effective treatment for cataracts is replacement of the lens with an artificial one. The replacement may be a long distance or a bifocal lens.
4. Lens replacement is one of the most common operations performed in the UK (over 300,000 procedures each year).
5. Although cataracts are often associated with ageing, in rare cases babies are born with cataracts or young children can develop them.
6. Cataract patients are referred to the eye clinic where their eyes are examined, and their cataract surgery options discussed with them.
7. Patients attend an appointment for surgical pre-assessment, where eye measurements are taken to select the correct lens. This appointment may be on the same day as the clinical assessment or booked as a separate visit.

8. Most patients have this procedure done as day cases under a local anaesthetic. A small number, including children, have a general anaesthetic and stay overnight.
9. A membrane sometimes grows back over the lens after surgery, impairing vision. This is rectified with laser treatment, which is usually done as an outpatient procedure.
10. Patients undergoing cataract surgery need to follow postoperative care instructions such as administering eye drops.

Approach

11. You need to talk to the theatre service manager, the ophthalmology lead nurse, administrative lead and one of the cataract surgeons to understand how cataract surgery is delivered in your organisation.

Identifying the activity

12. The treatment function code (TFC) for this activity is 130 (ophthalmology).
13. The outpatient attendances and preoperative assessments will be reported on the non-admitted patient care (NAPC) patient-level feed 3a. There are no procedure codes for preoperative assessments for cataract procedures.
14. The procedure codes for cataract surgery include:
 - C712 Phacoemulsification of lens
 - C751 Insertion of prosthetic replacement for lens not elsewhere classified (NEC)
 - C752 Revision of prosthetic replacement for lens
 - C753 Removal of prosthetic replacement for lens
 - C754 Insertion of prosthetic replacement for lens using suture fixation
 - C758 Other specified prosthesis of lens
 - C759 Unspecified prosthesis of lens
 - C772 Couching of lens.
15. You need to identify all the staff involved in the whole pathway, including the pre-assessment visit and the clinic assessment. For example, the preoperative

assessment clinic is usually led by either nursing staff or allied health professionals, including optometrists and ophthalmic technicians.

16. The inpatient and day-case elective surgery activity is reported on the admitted patient care (APC) patient-level feed 1a, the ward stay feed (feed 4) and the theatres feed (feed 13).
17. You need to identify all the staff involved in theatres for ophthalmic surgery, including all anaesthesia (medical and allied health professional), ophthalmic (medical) and theatre nursing staff.
18. As not all patients will require a general anaesthetic, you need to be able to identify those who did to allocate anaesthetist costs appropriately. In many units, anaesthesia staff deliver the local anaesthetic for cataract surgery and this cost should be included.
19. Table CA6.1 is an excerpt¹ from Spreadsheet CP3.3 showing the resource and activity links to use for cataract procedures.
20. For each resource and activity combination there is a two-step prescribed allocation method in Spreadsheet CP3.3.

Identifying the costs

21. Talk to your finance colleagues to identify all costs directly associated with the procedure. These costs fall into the following main areas:

Medical staffing

22. Use Acute standard CM1: Medical staffing to allocate medical staffing costs to cataract procedures.
23. The surgical team is likely to perform a preoperative clinical assessment for day cases, which includes checking notes, marking and examining the eye before surgery. You should set up a statistic allocation table with relative weight values, so the cost of this time can be allocated to the patient using the ward round prescribed activity.

¹ Please note all excerpts in this standard are for illustrative purposes only. Use Spreadsheet CP3.3 to ensure you are using all the correct resource and activity links.

Table CA6.1: Excerpt from Spreadsheet CP3.3 showing the resource and activity links for cataract procedure costs

Resource	Activity									
	Insertion or fitting of prosthesis, implant or device	Theatre care - general	Theatre – surgical care	Theatre – anaesthetic care	Theatre – recovery care	Ward care	Ward round	Dispense patient-level medicine scripts	Supporting contact 1:1 inpt unit	OCT Scan
Medical and surgical consumables		£X		£X		£X				£X
Prostheses, implants and devices	£X									
Specialist nurse		£X							£X	
Consultant			£X				£X			£X
Non-consultant medical staff			£X							£X
Consultant – anaesthetist				£X	£X					
Medicines								£X		

24. At discharge the consultant is likely to give the patient a final check. The time this takes needs to be included in the ward round relative weight values for this procedure.

Theatres

25. Use Standard CM5: Theatres and special procedure suites to allocate theatre costs.
26. You need to identify the costs of the medical equipment used during surgery, including any lease, maintenance and depreciation costs, and allocate these only to those patients on whom this equipment was used. Also, you need to identify and include the costs of sterile services.
27. The cost of the lens inserted during cataract surgery should be included on the prostheses and high-cost devices feed (feed 15). If it is not, you need to set up relative weight values/other information sources to assign a lens cost to the cataract surgery.
28. For patients with cataracts in both eyes, surgery is likely to be performed on one eye at a time, with the first eye allowed to heal before the second eye is operated on.

Specialist nursing

29. If your organisation has specialist nursing teams for ophthalmology, you need to identify their costs relating to cataract surgery and allocate these to cataract patients using the appropriate prescribed activity.

Diagnostics

30. Diagnostics in relation to cataract surgery should be included in the diagnostic imaging feed (feed 12).
31. Diagnostics may include refraction tests, 'A' scan biometry, corneal topography and optical coherence tomography (OCT) scan.
32. Use the following activities for these tests:
 - activity ID: MDA070; A scan biometry
 - activity ID: MDA071; Corneal topography

- activity ID: MDA072; Optical coherence tomography (OCT) scan.
33. Occasionally other tests are requested, such as an ultrasound scan of the eye, blood tests, neuroimaging such as CT/MRI, and electrodiagnostic tests.
 34. Use the relative weight value development templates in Appendices 1 and 2 in Standard CP3: Allocating costs to activities to ensure pathology tests and diagnostic imaging are costed appropriately.

Medicines

35. The medicines dispensed feed (feed 10) should contain the information relating to the medicines used.
37. Eye drops are likely to be the medicine most commonly used.

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