

Reference:	FOI.16719.25
Subject:	Cataract operations
Date of Request:	3 March 2025

Requested:

I am seeking to make a Freedom Of Information Request in respect of Hywel Dda University Health Board's policies, procedures, protocols, or any other directions or instructions, or any other written documents, relating to:

1. Prioritisation of cataract operations generally.
2. Prioritisation of Cataract operations in terms of:
 - a. age;
 - b. severity of eyesight loss;
 - c. impacts on health and wellbeing of the individual
 - d. impacts on a person's ability to live independently and not require residency at a Care Home due to blindness.
 - e. Decisions based on life expectancy
3. Deterioration of eye sight since the initial referral to the NHS and how this is formally reviewed and prioritised.
4. Health and/ or Financial Impact Assessments in respect of cost of care for Blindness and Social Care provision for elderly, frail and vulnerable persons following failure of the Health Board to undertake assessment, reappraisals (in light of new evidence and circumstances), and treatments in a timely manner.
5. For calendar years 2023 to 2024 and 2024 to 2025, please confirm how many cataract surgical operations were completed by Hywel Dda University Health Board.
6. Of the cataract operations completed for calendar years 2023 to 2024 and 2024 to 2025, please provide numbers in terms of age profile of persons who received the procedure who were –
 - a. aged 55 or under;
 - b. aged 55 to 65;
 - c. aged 65 to 75;
 - d. aged 75 to 85;
 - e. and aged 85 and over

Response:

1. Hywel Dda University Health Board (UHB) confirms that cataract referrals to secondary care are reviewed by a highly trained Optometrist team, to ensure the referrals meet the criteria for a cataract operation and to identify all the information needed for secondary care. If the referral is routine, the patient will be added directly to the waiting list and treated in turn. If the referral is urgent, this will be sent to an Ophthalmology Consultant to review, and the Consultant will decide a timescale for that patient depending on their medical history. These patients are treated based on the timescale identified.

2. The UHB confirms that age is not a factor when prioritising a cataract operation. There is also no formal process on life expectancy, and Ophthalmologists would prioritise palliative care patients to improve their quality of life. Additionally, the UHB provides within the table below, the prioritisation of cataract operations by the listed reasons.

Grade	Reason
Routine 1 – Very Urgent (Doctor to decide)	<ul style="list-style-type: none"> • If the patient is a driver and is below the legal driving standard. • If the patient is someone who is working and now unable to do their job due to the impact the cataract is having. • If the patient has a comorbidity that cannot be monitored and is at risk of permanent loss of vision if the operation cannot take place. • If the patient is a non-driver, where the cataract is impacting their well-being and ability to live independently. For example: administering medications, self care, cooking, etc.
Routine 2 – Urgent	<ul style="list-style-type: none"> • If the patient is a driver and has a 6/12 or worse in the worst eye. • If the patient is a driver, carer or is working and has a vision of 6/10 or worse if bilateral cataracts.
Routine 3 – Routine	<ul style="list-style-type: none"> • If the patient is a non-driver and has a vision of 6/12 or better. • If the patient has vision of 6/10 or better and unilateral • If the patient has vision of 6/7.5 or better

3. The UHB confirms that deterioration of eyesight would require a formal review in primary care and an updated referral to secondary care, to identify the progression of the cataract and the effect this is having on the patient’s wellbeing. This would be reviewed by an Ophthalmology Consultant and a decision would be based on the criteria outlined in question 2.

4. The UHB confirms that Health Impact Assessments are conducted if there has been a delay to treatment, the patient has been through the appropriate process to be reviewed in primary care and has not been appropriately expedited.

5. The UHB provides within the table below, the total number of cataract surgical operations completed, during the 2023 and 2024 calendar years.

Year	Total
2023	1,538
2024	1,533

6. Of those completed cataract surgical operations detailed in question 5, the UHB provides within the table below, the data split by age profile.

Age Group	2023	2024
Under 55	54	42
Age 55 – 64	130	126
Age 65 – 75	388	359
Age 75 – 85	668	722
Age 85 and over	298	284
Total	1,538	1,533