Championing Eye Health:
Patient choice and preventing avoidable sight loss

Newmedica
Eye Health Clinics | Surgical Centres

Contents

Acknowledgements

Newmedica would like to thank John Lowe for sharing his story, helping to raise awareness that having access to eye care in the right place, at the right time, is imperative for saving sight. We are grateful to all at the Visionary and Macular Society for sharing thier experience of supporting people with a wide variety of sight conditions and the opportunity to raise awareness of the need for timely treatment among underserved communities. We appreciate the support, advice and comment from colleagues in public, independent and voluntary sectors who have contributed their expertise to this report.

Championing Eye Health

For people living with long-term eye conditions such as glaucoma, diabetic eye disease and age-related macular degeneration, timely follow-up care is not optional — it is essential to protecting sight. Yet too many are waiting for follow-up appointments with no clear idea when they will be seen.

Unlike NHS referral waiting lists, these follow-up backlogs are largely hidden from view. That lack of transparency makes it harder for patients to understand whether their care is delayed, harder for clinicians to prioritise those at greatest risk, and harder for commissioners to plan services effectively.

The risk is clear: avoidable sight loss.

This is not inevitable. There are solutions.

The consequences can be serious. Delayed reviews for chronic eye disease increase the risk of avoidable, irreversible sight loss. It doesn't need to be this way, particularly when solutions already exist.

This report sets out a practical route forward including greater transparency on follow-up waiting times to support more consistent commissioning and enable genuine patient choice, allowing people to choose and access high-quality care, in a timely way, wherever capacity exists.

Independent ophthalmology providers, working closely with community optometrists, are ready to be part of the solution by supporting more integrated pathways to diagnose and treat patients closer to home and relieve pressure on NHS hospital services.

Preventing avoidable sight loss is within our reach.

Parliamentarians and health service commissioners have a crucial role to play to meet this goal. By supporting policies that increase transparency, remove barriers to provider choice, and better utilise all available clinical capacity, we can help ensure patients are seen in a timely way and not left waiting in the dark.

***Lord Kamall**, Shadow Minister for Health and Social Care (Lords)*

Preventing avoidable sight loss

Patients currently face delayed follow-up appointments, diagnostic bottlenecks and poor coordination between primary and secondary care. Access for patients remains inconsistent and depends on where they live.

"Utilising private sector capacity is essential to provide timely care."

Wes Streeting, *former Health Secretary, speaking about using the private sector to help tackle NHS waiting lists*

"The independent sector plays a vital role in supporting the NHS. We recognise that Integrated Care Boards operate under severe financial pressure. By engaging meaningfully with independent providers, cost-effective and sustainable solutions to elective care could be delivered at scale."

Danielle Henry, *Director of Policy at Independent Health Providers Network (IHPN)*

Newmedica is a major provider of NHS ophthalmology services in England, delivering NHS-funded outpatient and surgical care for 28 Integrated Care Boards (ICBs). Newmedica treats NHS patients with macular disease, glaucoma, oculoplastic conditions and cataracts, delivering more than 340,000 appointments in 2025–26, including more than 56,000 for sight-threatening glaucoma and macular degeneration and more than 230,000 for cataract procedures [1].

"Newmedica's mission is to put an end to wait lists for treatment of the biggest causes of avoidable sight loss, working to eliminate preventable sight loss from glaucoma by 2030."

Nigel Kirkpatrick*, Newmedica Medical Director*

Newmedica is calling for the NHS providers in all nations to publish ophthalmology waiting list data by condition so commissioners can target resources effectively.

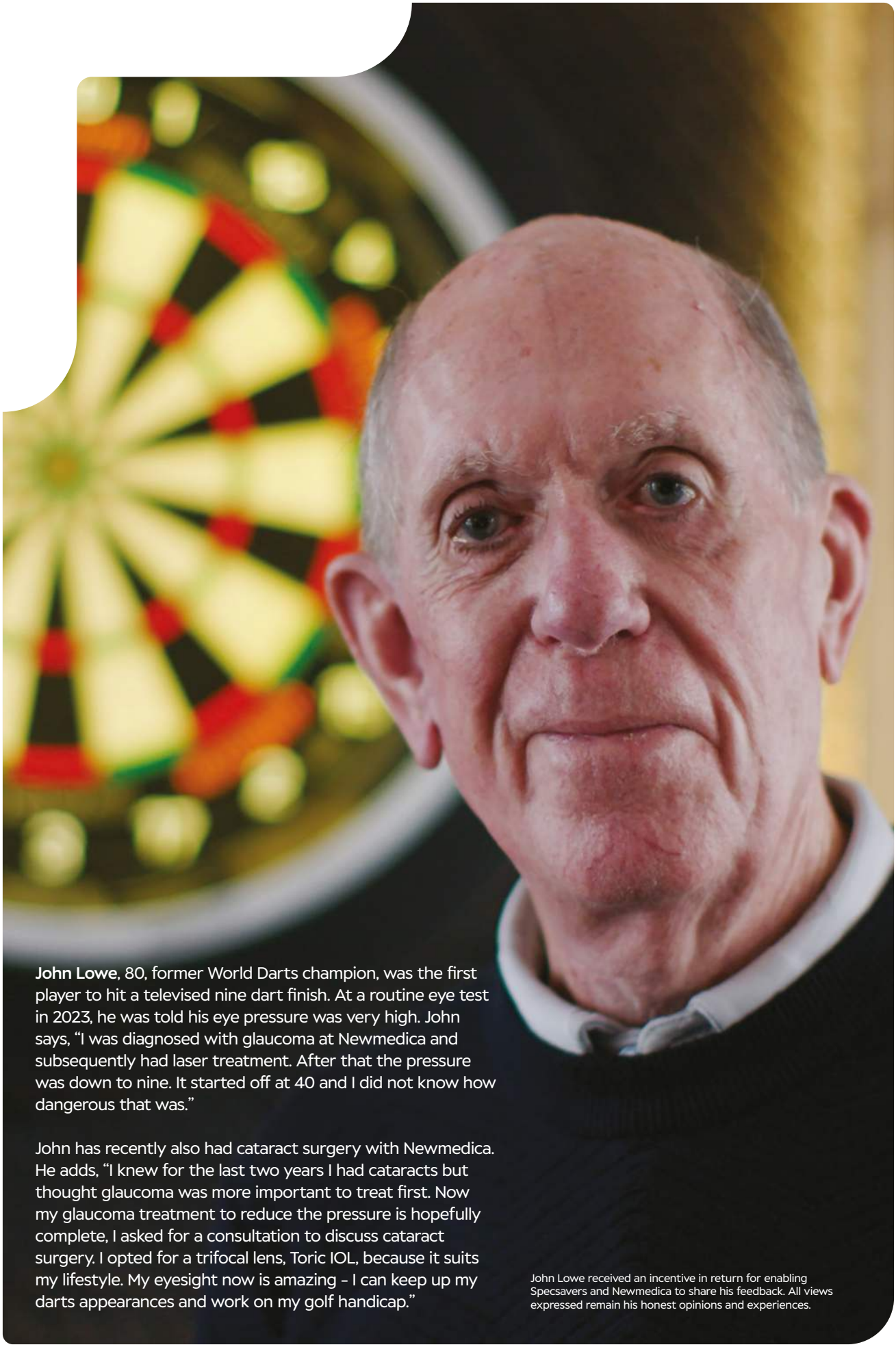
Greater transparency will reduce clinical risk, support efficient pathways and give patients informed choice.

"Newmedica's partnership model means each surgical centre is owned and led by consultant ophthalmologists, delivering high-quality care to local communities. Posterior capsule rupture (PCR), the most common serious cataract surgery complication, occurs in just 0.3% of Newmedica cases, compared with 1.1% national standard for consultants published in the most recent National Ophthalmology Database Audit."

Carmel Noonan*, Newmedica Clinical Director*

"In glaucoma care the greatest threat to sight after delayed diagnosis is missed follow-up. There has been no consistent national requirement to measure these delays. Where data is incomplete, accountability is blurred and inefficiency persists. This is not about individual performance – it is about system design."

Richard Stead, *Newmedica Clinical Director and Glaucoma Lead*



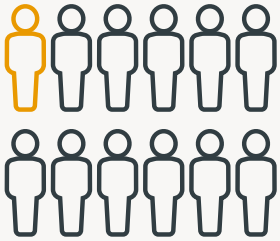
John Lowe, 80, former World Darts champion, was the first player to hit a televised nine dart finish. At a routine eye test in 2023, he was told his eye pressure was very high. John says, "I was diagnosed with glaucoma at Newmedica and subsequently had laser treatment. After that the pressure was down to nine. It started off at 40 and I did not know how dangerous that was."

John has recently also had cataract surgery with Newmedica. He adds, "I knew for the last two years I had cataracts but thought glaucoma was more important to treat first. Now my glaucoma treatment to reduce the pressure is hopefully complete, I asked for a consultation to discuss cataract surgery. I opted for a trifocal lens, Toric IOL, because it suits my lifestyle. My eyesight now is amazing - I can keep up my darts appearances and work on my golf handicap."

John Lowe received an incentive in return for enabling Specsavers and Newmedica to share his feedback. All views expressed remain his honest opinions and experiences.

"When the waiting lists have ballooned to 7.5 million, we will not let ideology or old ways of doing things stand in the way of getting people's lives back on track... it would be a dereliction of duty not to use every available resource to get patients the care they so desperately need."

The Rt Hon Sir Keir Starmer KCB KC MP announcing the NHS-independent sector agreement



In England, around one in 12 patients awaiting first appointments for specialist treatment are in ophthalmology [2], making it the second largest NHS backlog (after trauma and orthopaedics).

£63 billion

The annual cost of sight loss and blindness to the UK economy is estimated to be £63bn [3]. This includes direct NHS costs (hospital and community eye care, GP and pharmacy costs and patient falls attributable to sight loss). However, the most of these costs are indirect (informal care requirements and lost productivity) so costs to the wider public sector are far greater.

"Every day, around 300 people are diagnosed with macular disease, a condition which steals your sight, your independence and the ability to do the things you love. Timely access to treatment can prevent irreversible sight loss, yet too many people across the country still face delays to diagnosis, treatment and support. It is vital that everyone, wherever they live, can rely on timely access to care to avoid unnecessary and irreversible sight loss."

***Ed Holloway**, Macular Society Chief Executive*

2.6% to 14%

Variation in rate of AMD injections per 100,000 people across ICBs (expected rate 10%) [4].

20%

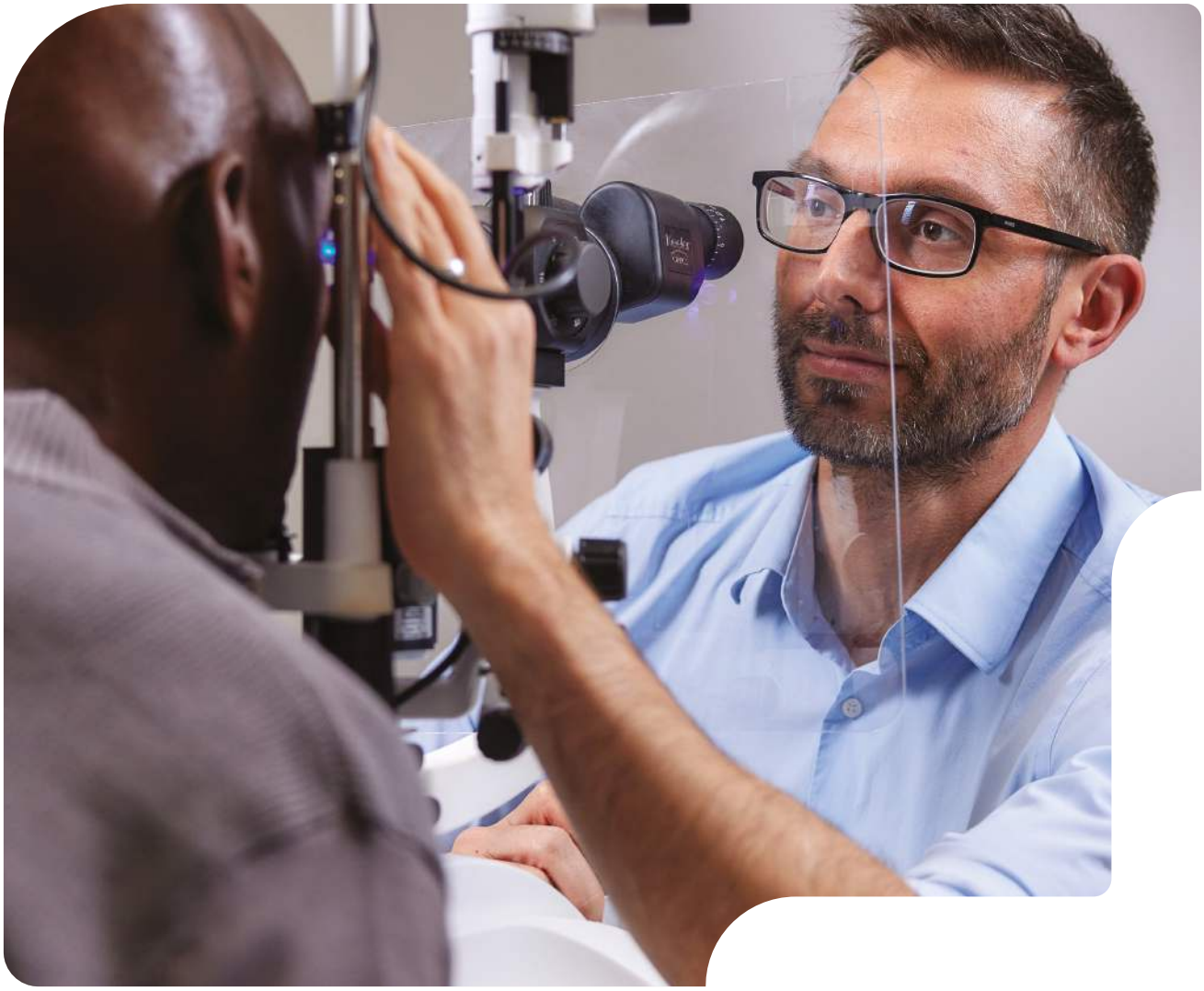
Glaucoma accounts for more than 20% of outpatient appointments in hospital eye care [5].

The 10-Year Health Plan for England

"The choice for the NHS is stark: reform or die. We can continue down our current path, making tweaks to an increasingly unsustainable model, or we can take a new course and reimagine the NHS through transformational change...

"We will reinvent the NHS through three radical shifts - hospital to community, analogue to digital and sickness to prevention."

Fit for the Future: 10-Year Health Plan for England, introduced by Department of Health and Social Care, Prime Minister's Office, 10 Downing Street, The Rt Hon Sir Kier Starmer KCB MP and The Rt Hon Wes Streeting MP.



Sickness to prevention

There are three big opportunities to deliver the shift from sickness to prevention in England through more consistent commissioning of treatment for conditions like AMD and glaucoma.

End the postcode lottery - offer all patients clear, fair and transparent choice at the point of referral

Patients referred for consultant-led elective care have a right to choose who provides this yet struggle with a postcode lottery of access to services. Commissioning is an essential but complex structural challenge in modern eye care. When it is aligned with the practical realities of delivering safer, patient-centred care pathways are less fragmented and more efficient.

NHS Lincolnshire Integrated Care Board

"As commissioners, our duty is to secure timely, equitable care that reflects the demands of our population. Contracting with Newmedica has supported Lincolnshire patients in exercising their right to choose their provider, accessing timely eye care and having access to a greater range of location." ***Karen Byfield,*** *NHS Lincolnshire ICB*

Wet AMD is an irreversible, sight-threatening condition requiring urgent care. Patients must be assessed and treated within 14 days, followed by regular injections [6]. Commissioners, like NHS Lincolnshire ICB, can choose to contract independent providers to provide wet AMD and glaucoma care, however many choose not to do so despite evidenced growing waiting lists. As a result, patients must rely on NHS Trusts, where waits often exceed clinically recommended times for new and follow up care.

"Offering genuine patient choice will improve timely access to care, reduce waiting times and help minimise health inequalities. As a critical lever for delivering high quality NHS services, the independent sector is ready to support government and ICBs to ensure patients in England can exercise their legal right to choose." ***Danielle Henry,*** *IHPN Director of Policy*

Uncover hidden waiting lists

Ninefold risk

Patients on ophthalmology follow-up waiting lists face a ninefold risk of avoidable sight loss compared to new patients [7].

£28m each year

Falls attributable to sight loss cost the NHS £28m each year [8].

11.4m awaiting follow-up care

More than 11.4 million people were awaiting follow-up care across all specialities. Yet there is no requirement to record and publish data on follow-up waiting times. This lack of transparency leads to patients being 'lost in the system' and facing deteriorating health due to long delays [9].

"Delayed follow-ups are increasing the risk of sight loss and causing harm for patients throughout the country. In Wales, all hospitals are required to record and manage all follow-up eye appointments within existing hospital systems.

In England, waiting time data is based on referral to first appointment. Wait times for follow-up appointments are not recorded. Newmedica is calling for all providers to be more transparent about their glaucoma and AMD waiting lists - for new and follow-up patients - to ensure people can make fully informed choices."

Nigel Kirkpatrick, *Medical Director*

More people are waiting for ophthalmology follow-up appointments than any other speciality [10].

Empower patients

"Newmedica champions patient choice, which includes giving patients information so that they can make informed choices based on what is most important to them. Our clinical teams work with community services to support patients to proactively manage their eye health."
***Carmel Noonan**, Newmedica Clinical Director*

"Visionary supports over 100 local member organisations throughout the UK, working with more than a quarter of a million people with a wide variety of sight conditions and vision loss. Our incredible community members spend more than £96 million each year, delivering life-changing services. ***In 2024/25, more than 15,000 people in England were certified with preventable sight loss due to age-related macular degeneration or glaucoma [11].*** *Nobody should lose their sight from a treatable condition at any time and definitely not while they are waiting to be seen for a problem, which has already been identified. This outcome is catastrophic. We must work together for a brighter future."*
***Fiona Sandford**, Chief Executive of Visionary*

Supporting patients with sight loss

Newmedica integrates wider support into its ophthalmology pathways through a 24-hour patient advice line and partnerships with local sight loss charities to embed Eye Clinic Liaison Officers (ECLOs) within clinics. ECLOs provide personalised, non-clinical support at key moments, helping patients understand their condition, manage the emotional impact of sight loss and make informed choices about their care.

Newmedica Northampton works with Sight Support for Northamptonshire to provide support within glaucoma clinics. An ECLO attends twice a month, enabling patients to ask questions, understand their diagnosis and access local services soon after their appointments.

At Newmedica Nuneaton, specialist ECLOs from Warwickshire Vision Support are there for patients undergoing ongoing monitoring and treatment for AMD, offering practical advice, emotional reassurance and direct connections to community services to help people adjust to changes in vision.

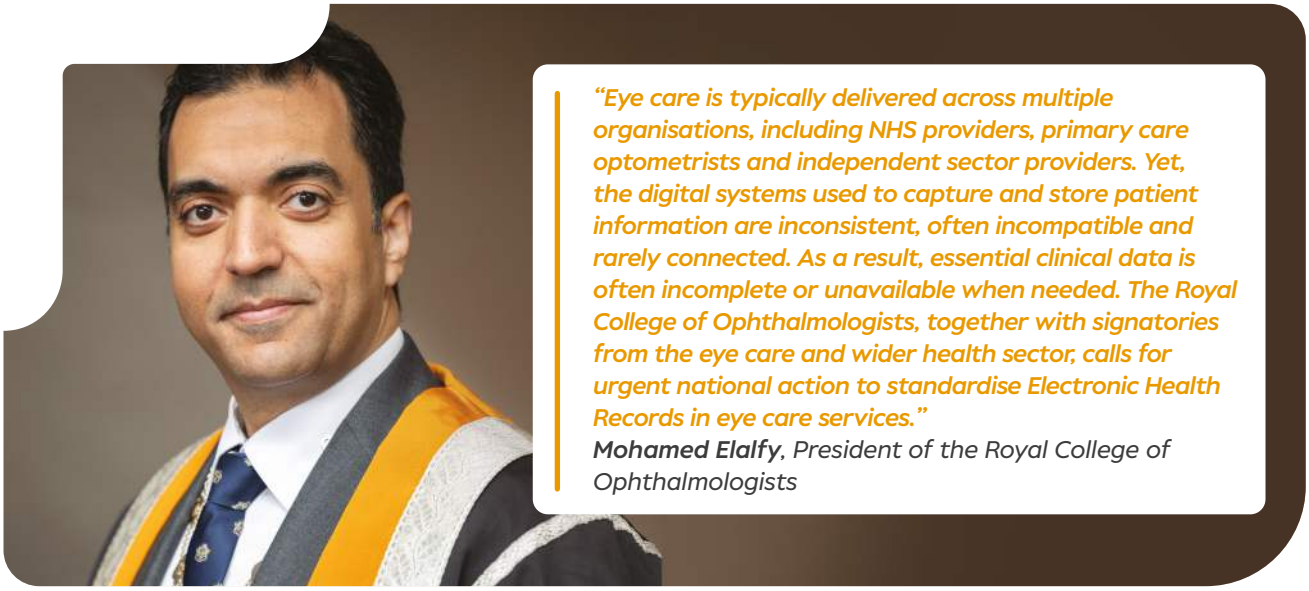
Del Hobden, Warwickshire Vision Support ECLO with Claire Vyse, Newmedica Nuneaton

Hospital to community

Effective co-ordination

In a joint position statement, The Royal College of Ophthalmologists, The College of Optometrists and other organisations, including Newmedica, highlight growing concerns around inconsistent and incompatible digital systems in primary, secondary, NHS and independent care settings. They warn that without a coordinated approach, efforts to deliver integrated and efficient eye care will continue to face significant barriers.

College presidents share their views (quoted with permission from the joint position statement on the standardisation of electronic health records in eye care [12]).



"Eye care is typically delivered across multiple organisations, including NHS providers, primary care optometrists and independent sector providers. Yet, the digital systems used to capture and store patient information are inconsistent, often incompatible and rarely connected. As a result, essential clinical data is often incomplete or unavailable when needed. The Royal College of Ophthalmologists, together with signatories from the eye care and wider health sector, calls for urgent national action to standardise Electronic Health Records in eye care services."
***Mohamed Elalfy**, President of the Royal College of Ophthalmologists*

"With primary care optometrists playing an important and growing role in the delivery of commissioned services and multidisciplinary shared care schemes, having access to standardised electronic health records is key to improving patient care and enabling effective referrals, data sharing and communication. We look forward to collaborating with commissioners, developers and eye care professionals to ensure these recommendations are implemented."
***Dr Gillian Rudduck MCOptom**, President of The College of Optometrists*

Care transformation

For patients with glaucoma and AMD

Glaucoma and AMD are leading causes of irreversible sight loss in the UK. Glaucoma affects more than one million people, with nearly half undiagnosed due to its symptomless progression [13]. Many patients experience delays in secondary care follow-up as demand outstrips hospital eye service capacity. This risks avoidable vision loss. Transformation is needed to expand care capacity for glaucoma and AMD.

To address rising demand and capacity pressures in secondary care, Primary Eyecare Services – a clinically led, not-for-profit provider – pioneered a community-based Glaucoma Monitoring Service. Community optometrists monitor people with low risk glaucoma, with rapid access back to hospital care when needed, including virtual reviews. Pilots demonstrated effective collaboration between primary and secondary care, with a 97.8% agreement rate on management decisions. Outcomes from 515 patient episodes showed 86.6% remained safely in community monitoring. Patient satisfaction was very high, with 98.3% recommending the service [14].

Newmedica's vision is for truly integrated pathways where consultant oversight and community diagnostics work seamlessly. Our commitment to 100% Electronic Patient Records (EPR) already allows for superior data transfer, enabling us to highlight advanced cases and utilise digital risk stratification effectively. With commissioning that supports, higher qualifications and equipment for primary care optometrists and full IT interoperability, we could scale these safe, efficient services to meet national demand."
***Richard Stead**, Newmedica Clinical Director*

For patients with cataract

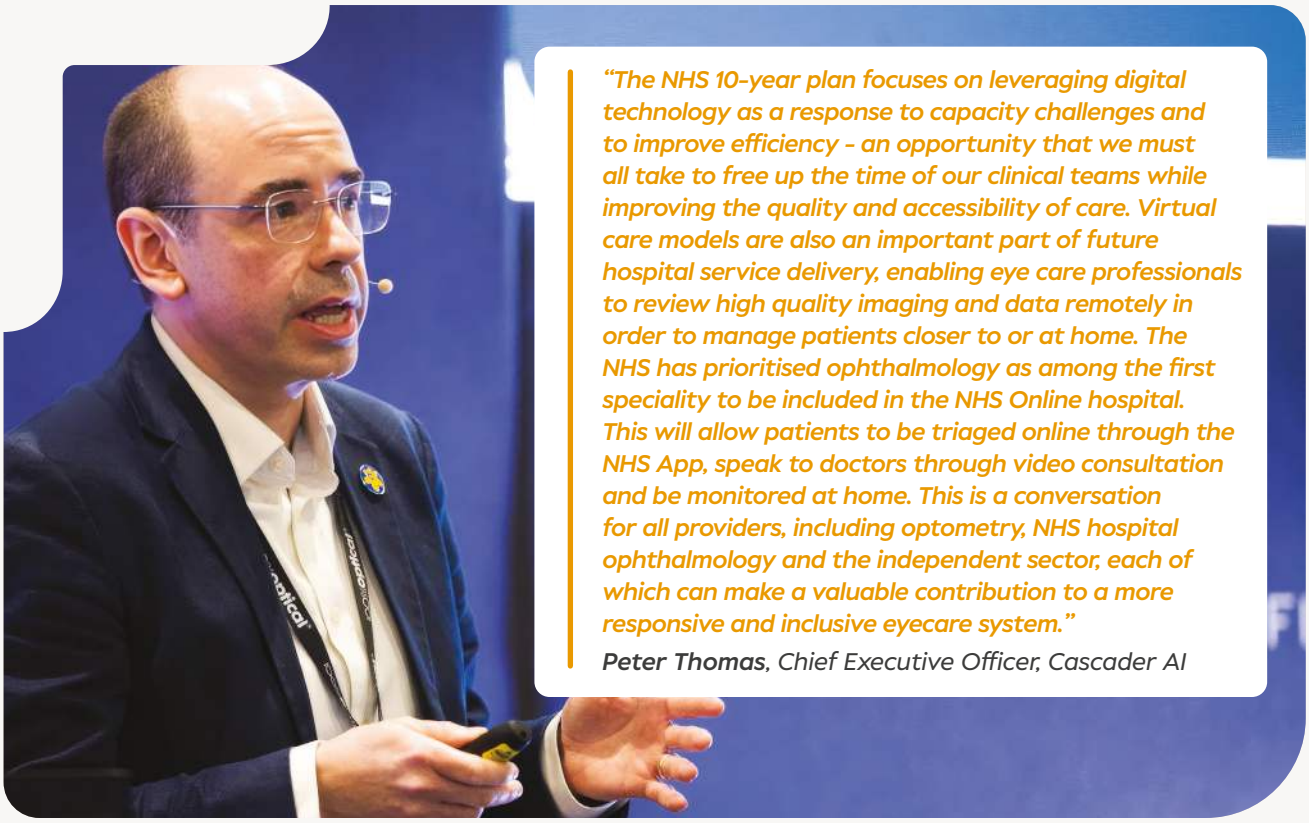
England's cataract surgery rate falls behind several similar countries, such as France, Germany and the Netherlands [15]. This is consistent with a global study from 2016 on cataract surgery rates [16] and suggests that England lags behind in commissioning of cataract capacity. NICE guidelines [17] state that the decision to perform cataract surgery should be based on patients' symptoms, clinical situation, effects on activities, quality of life and risks of surgery.

Patients undergoing cataract surgery have a wide choice of lenses. An audit of Newmedica keratometry data, measuring the curvature of the cornea, which included 2,500 consecutive patients, showed that astigmatism is a significant issue. Rather than defaulting to a Monofocal lens, a Toric intraocular lens (IOL) would be recommended in at least 70% of cases if cost was not an issue.

"Personalised refractive outcomes are patient-centred care. Meaningful patient choice means giving people clear information, explaining options and making sure the care they receive reflects their goals and lifestyles. Along with other independent providers, Newmedica advocates for models of post-cataract care for managing patients closer to home and a nationally commissioned post-operative cataract scheme."
***Nigel Kirkpatrick**, Newmedica Medical Director*

Analogue to digital

Ophthalmology is changing fast, driven by new technology and new models of care. AI is well suited to eye care, where large volumes of image-based data are already routine.



"The NHS 10-year plan focuses on leveraging digital technology as a response to capacity challenges and to improve efficiency - an opportunity that we must all take to free up the time of our clinical teams while improving the quality and accessibility of care. Virtual care models are also an important part of future hospital service delivery, enabling eye care professionals to review high quality imaging and data remotely in order to manage patients closer to or at home. The NHS has prioritised ophthalmology as among the first speciality to be included in the NHS Online hospital. This will allow patients to be triaged online through the NHS App, speak to doctors through video consultation and be monitored at home. This is a conversation for all providers, including optometry, NHS hospital ophthalmology and the independent sector, each of which can make a valuable contribution to a more responsive and inclusive eyecare system."

***Peter Thomas**, Chief Executive Officer, Cascader AI*

"AI could help clinicians track change over time and better interpret OCT scans, visual fields and optic nerve images. Its earliest impact is likely in large-scale screening, particularly through AI-supported optic nerve photo analysis. Digital developments can provide platforms for patients to exercise their right to choose. Independent sector providers look forward to working with NHS Online as the pathways are determined with patient choice as a design principle.

At Newmedica we have expanded the care we provide to patients by introducing digital improvements to streamline patient journeys, including bringing together biometry data for easier clinical review. We're also using automation and new technology to enhance communication with patients and referrers and we're piloting digital tools for self-booking and capturing patient experience and outcome measures."

***Nigel Kirkpatrick**, Newmedica Medical Director*

Developments in Wales and Scotland

In Wales and Scotland, shared care glaucoma services have been commissioned across every health board, supported by investment in up-skilling primary care optometrists.

In Wales the Health and Social Care Committee's Inquiry highlights real progress, including the introduction of a system-wide approach to eyecare. The introduction of subspecialty waiting list reporting, including data on follow-up appointments can support eyecare planning and delivery. The intention is to give this information to patients to help them to make informed choices about their care.

'Optometry Contract Reform in Wales has expanded the role of primary care optometry, enabling practices to support hospital eyecare services with appropriate patients deflected from secondary care waiting lists into Glaucoma and Medical Retina filtering and monitoring services. By managing suitable patients in community, these services help reduce pressure on secondary care and improve access for patients.'
***Judy Misra**, Chief Executive Office, Optometry Wales*

In Scotland the launch of the new GOS Specialist Supplementary Service (GOSSS), which currently supports the management of ten complex acute and chronic eye conditions within community optometry. As a result, appropriately qualified optometrists are able to assess, treat and monitor a wider range of patients closer to home, helping to improve access to care and reduce demand on hospital eye services.

"The introduction of enhanced pathways for complex acute and chronic eye conditions builds on Scotland's established community eye care model and demonstrates how highly trained optometrists can support earlier intervention, improve patient access and reduce pressure on hospital services."
***Eilidh Thomson**, Chair, Optometry Scotland*

Tackling the Ticking Timebomb

Compared with 2019 the independent ophthalmology sector is delivering at least 160 per cent more activity. In the year 2024/25 the sector provided care for more than 300,000 NHS patients, with waiting times an average of just six weeks [18].

Crucially, the sector has maintained the highest safety standards. The National Ophthalmology Database audit showed that risk-adjusted PCR and visual loss complication rates are approximately 50 per cent lower at independent providers than in NHS hospitals [19].

***Dr Toli Onon**, Chief Inspector of Hospitals, CQC*, speaking in her keynote address at the IHPN and CQC Patient Safety conference in May 2025, commended the independent health sector for its excellent safety, stating: *"The NHS should be asking what they can learn from independent providers."*

"Effective strategic commissioning requires an understanding of population health. Transparent intelligence on chronic eye care demand and waiting times, including follow-up care, is essential to allocate resources across NHS and independent sector ophthalmology providers in a way that maximises patient outcomes."
***Neil Walker,** Associate Director – New Care Models, NHS Birmingham, Black Country and Solihull ICB*

Selective Laser Trabeculoplasty (SLT) is a laser treatment recommended by NICE [20] for early glaucoma, with the expectation that SLT should be routinely offered as a first line treatment for chronic open angle glaucoma and ocular hypertension, alongside drops. It uses short pulses of light to improve the eye's fluid drainage, lowering pressure safely and effectively. Many patients can avoid or reduce the need for daily eye drops, hence SLT treatment can reduce long-term prescribing and follow-up costs for the NHS. Throughout the independent sector, SLT is now embedded within modern glaucoma pathways.

During 2025/26 Newmedica has:

Delivered more than
340,000
appointments.

Provided more than
56,000
appointments for patients with sight-threatening glaucoma and macular degeneration, including treating 1,625 patients with SLT.

Completed more than
230,000
cataract patient interactions.

Achieved exceptional patient outcomes

(PCR rate of 0.3% against a national benchmark of 1.1%).

99.6% of patients said they would recommend Newmedica to family and friends.

1,625 patients were treated with SLT between March 2025 and February 2026 throughout Newmedica's network.

At Newmedica all procedures are delivered by trained specialists within consultant-led governance frameworks, and all equipment, training and workforce investment is funded entirely by Newmedica - removing infrastructure barriers for commissioners.

"The numbers above show just how well-equipped Newmedica is to play a huge part in the solution to the eye care problems we face now and will do in the future, from routine cataract operations to urgent retinal and macula treatment. Independent ophthalmology providers are a fundamental part of the eye health network and can do so much more to help. Coupled with communication networks and shared care models, this can be leveraged at scale to provide more capacity for care of chronic conditions. Much of the investment has already been made and there are great examples of scalable infrastructure that would make this a reality."

***Carmel Noonan**, Newmedica Clinical Director*

"Patient choice is about more than where care is delivered – it's about ensuring people are offered the right treatment, at the right time, in line with the best available evidence. While the decision to proceed with SLT is clinically led, it ultimately remains the patient's choice."

***Richard Stead**, Newmedica Clinical Director*

The Nation's Blind Spots

> *"People are stuck on waiting lists for years on end."*
>
> ***The Rt Hon Kier Starmer** KCB KC MP introducing the 10-Year Health Plan.*

Against a backdrop of patients struggling to access eyecare and a system overwhelmed by rising demand, Newmedica commissioned CEPA (Cambridge Economics Policy Associates) to investigate eyecare waiting lists and relative ICB level 'gaps' between age-adjusted prevalence of serious eye conditions and treatment delivered. Five eye care metrics for wet AMD, glaucoma, cataract, overall outpatient activity and overall eye care burden were developed. Analysis used publicly available data including prevalence estimates from the UK Eye Care Data Hub and was undertaken using ICB boundaries before April 2026 [21].

Pressure on waiting lists show 10–30% growth across many ICBs.

Using NHS Referral to Treatment data, pressures on waiting lists for eye care - as measured by additional referrals relative to completes pathways - have risen for most of ICBs during 2025. This measure is used as headline waiting list totals may mask pressures if patients are removed via re coding. It indicates that demand for care is outstripping the availability of treatment.

ICBs with the largest increase in ophthalmology waiting list pressures during 2025

- NHS Devon
- NHS Bedfordshire, Luton and Milton Keynes
- NHS Northamptonshire
- NHS North Central London
- NHS Hertfordshire and West Essex
- NHS Mid and South Essex
- NHS Buckinghamshire, Oxfordshire and Berkshire West
- NHS Lancashire and South Cumbria
- NHS Surrey Heartlands
- NHS Coventry and Warwickshire

Many of the nation's biggest treatment gaps cluster around London and the South East

When the five metrics are combined, many of the ICBs with the greatest gap between prevalence estimates and treatment rates cluster around London and the South East. There are ten ICBs ranked in the bottom half of ICBs in at least four out of five metrics. Three ICBs are ranked in the bottom half of ICBs for all five metrics: Surrey Heartlands; Buckinghamshire, Oxfordshire and Berkshire West; and Mid and South Essex.

"In wet AMD, timely first injections often meet two week targets, giving the impression of good care, but missed or delayed follow-up injections are common, unreported and carry substantial clinical risk. In glaucoma, our analysis relies on prescribing data for eye drops as a proxy for treatment because precise data on NICE recommended SLT laser is unavailable in aggregate; this does not show whether patients are being reviewed or deteriorating. Across ICBs, the largest treatment gaps for both conditions are driven mainly by lower than expected treatment rates rather than higher prevalence, meaning under treatment and missed follow-ups represent a major, largely invisible safety risk. Waiting times for first appointments are growing everywhere and the reality is even worse as patients languish on hidden waiting lists. SLT interventions for glaucoma and wet AMD injection follow-up compliance need to be fully visible. Commissioners allocating resources for their population simply do not have the data to do their job effectively. This data must be reported to save sight and enable commissioners to deliver value for money."

Nigel Kirkpatrick, *Newmedica Medical Director*

10 ICBs ranked in the bottom half of ICBs in at least four out of five metrics

- NHS Surrey Heartlands
- NHS Buckinghamshire, Oxfordshire and Berkshire West
- NHS Mid and South Essex
- NHS Bedfordshire, Luton and Milton Keynes
- NHS Hertfordshire and West Essex
- NHS Hampshire and Isle of Wight
- NHS Derby and Derbyshire
- NHS North Central London
- NHS South West London
- NHS Bath and North East Somerset, Swindon and Wiltshire

Several ICB boundary changes took place in April 2026. As official boundaries had not been published at the time of our research, we estimated the post April 2026 boundaries using Lower Layer Super Output Area (LSOA) data from the Office for National Statistics (ONS).

This map shows the ICBs with the largest estimated gaps for combined metrics. Thick black lines represent the new (estimated) ICB boundaries post-April 2026. Thin white lines show the ICB boundaries before Apri 2026.

"This new research shines the spotlight on communities, where eye care demand is highest and where people are less likely to receive a diagnosis or treatment. Independent sector support could be commissioned as part of the solution. This clinical capacity is currently underutilised. Ophthalmology provision by the independent sector has been a success story in post-pandemic recovery. The NHS should be embracing the independent sector, learning from it and working with it to help shape the future of NHS eye care and to understand how productivity gains can be replicated access the rest of the health system."

Danielle Henry*, IHPN Director of Policy*

Glaucoma

ICBs with the largest estimated treatment gaps for glaucoma

- NHS Surrey Heartlands Integrated Care Board
- NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board
- NHS Gloucestershire Integrated Care Board
- NHS Derby and Derbyshire Integrated Care Board
- NHS North West London Integrated Care Board
- NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board
- NHS West Yorkshire Integrated Care Board
- NHS South West London Integrated Care Board
- North East and North Cumbria Integrated Care Board
- Frimley Integrated Care Board

AMD

ICBs with the largest estimated treatment gaps for wet AMD

- NHS Surrey Heartlands Integrated Care Board
- NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
- NHS Cheshire and Merseyside Integrated Care Board
- NHS Mid and South Essex Integrated Care Board
- NHS Hertfordshire and West Essex Integrated Care Board
- NHS Dorset Integrated Care Board
- NHS Lancashire and South Cumbria Integrated Care Board
- NHS South West London Integrated Care Board
- NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board
- NHS Leicester, Leicestershire and Rutland Integrated Care Board

Cataract

ICBs with the with the largest treatment gaps for cataract surgery

- NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board
- NHS Cornwall and the Isles of Scilly Integrated Care Board
- NHS Kent and Medway Integrated Care Board
- NHS Norfolk and Waveney Integrated Care Board
- NHS Hertfordshire and West Essex Integrated Care Board
- NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board
- NHS Somerset Integrated Care Board
- NHS Sussex Integrated Care Board
- NHS Surrey Heartlands Integrated Care Board
- NHS Mid and South Essex Integrated Care Board

ICBS with the fewest age-standardised ophthalmology outpatient appointments per 1,000 people FY 2023

- NHS Buckinghamshire, Oxfordshire and Berkshire West
- NHS Mid and South Essex
- NHS Kent and Medway
- NHS Herefordshire and Worcestershire
- NHS North East and North Cumbria
- NHS Cambridgeshire and Peterborough
- NHS Surrey Heartlands
- NHS Cornwall and the Isles of Scilly
- NHS Hampshire and Isle of Wight
- NHS Dorset

Outpatient data includes all ophthalmology activity, including minor operations and ophthalmic procedures. Follow-up appointments will be heavily skewed by cataract follow-up redesign, which distorts the metric.

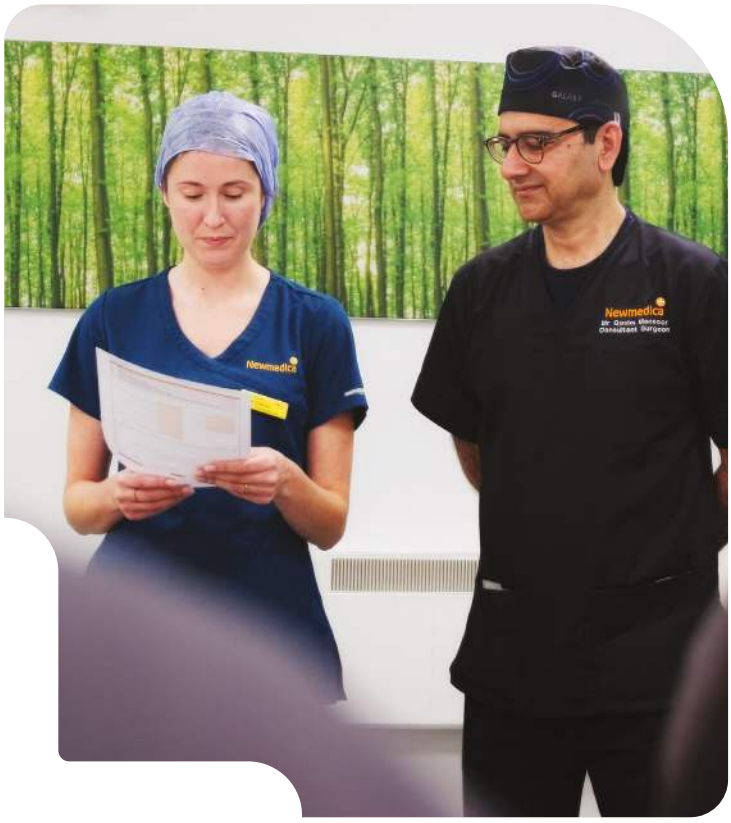
Training the Future Workforce

Supporting the next generation of ophthalmologists

Dr Oonagh Crothers, a fifth year ophthalmology resident doctor, has gained practical experience through placements at all the hospitals in the North East offering cataract surgery. “You need to spend time honing your surgical skills and having experience within each subspeciality within ophthalmology. I initially started training at Newmedica Teesside in 2023. I like that you get to do some surgery and have a lot of clinical exposure. You see a range of patients, young and old. A key benefit has been learning within high volume cataract lists, critical for building confidence and proficiency. Whereas before I’d been working on lists with five or six patients on them, I’m now doing lists with ten to 12 patients. It’s great to see how Newmedica manages a high flow operating surgical list. Patient safety is always put first.” Dr Crothers will return to Teesside’s RVI NHS Trust to complete subspeciality cornea training before further experience in other subspecialities.

Newmedica offers structured placements throughout its centres nationwide, providing ophthalmologists in training with valuable clinical and surgical experience.

Mr Qasim Mansoor, a consultant ophthalmic surgeon at Newmedica Teesside and James Cook University Hospital, emphasises safe, effective patient care. “Our programme, launched in 2020, incorporates the Royal College of Ophthalmologists’ curriculum. It follows a 360-degree approach, from pre-operative assessment and lens biometry to progressively more complex cataract surgery. Over six months, participants gain teaching, research and non-technical skills, preparing them to be competent surgeons as well as effective communicators and educators. These communication skills, set by the Royal College of Surgeons of Edinburgh, are vital in reducing complication rates.”



Investing in multi-disciplinary teams

"Newmedica invests in multi-disciplinary teams, including training placements for trainee optometrists, advanced qualifications for community glaucoma care and development roles for nurses and theatre technicians, alongside apprenticeship programmes. This builds workforce capability and helps ease sector-wide capacity bottlenecks. Teams are designed around local population needs, enabling surgeons to work efficiently. By optimising clinic workflows, using the latest diagnostic and surgical technology and focusing on specialised care pathways, more patients can be treated safely and effectively. When clinicians are empowered to redesign care pathways and streamline processes, we can reduce waiting times without compromising quality as demand for eye care rises."

Nigel Kirkpatrick, Newmedica Medical Director

"It's encouraging to see trainee numbers recover, reflecting joint efforts across the NHS, the Royal College of Ophthalmologists and independent sector partners. At Newmedica, our consultants and multidisciplinary teams are proud to support trainees, with training central to our work. We are committed to a strong NHS and all our surgical centres provide placements for resident doctors to develop the skills needed to become future surgeons. There is no requirement for trainees to return to us and many continue their careers within the NHS. The Royal College has called for greater collaboration to sustain placement opportunities in the independent sector. However, changes to ICB commissioning risk reducing high-volume surgical training, potentially delaying skill development. We will continue working with the Royal College, ICBs, partners and deaneries to maximise training opportunities."

***Professor Bernie Chang**, Clinical Director and National Lead for Newmedica's trainee programme*

In the last 12 months Newmedia has:

Hosted
20
doctors in training in 15 services.

And
100
in total since 2021.

Published surgical outcome data from training in BMJ Open Ophthalmology.

Hosted student placements
for under-graduates and post-graduates in nursing, optometry, medicine and T-levels.

Delivered
153
consultant-led professional development events attended by 3,605 clinicians.

Supported
100
optometrists through their Independent Prescribing placement.

Delivered apprenticeships
in administration, management, leadership and clinical programmes with 12 colleagues currently enrolled.

Provided funding
for our optometrists to achieve College of Optometrist higher professional qualifications.

The Royal College of Ophthalmologists has named Newmedica as one of the leading independent sector providers of cataract training in the UK.

Agenda for Change

Too many people are still losing their sight unnecessarily and it doesn't have to be this way. Eye health is one of the clearest opportunities for NHS reform, where practical changes could deliver immediate impact for patients.

One of the most urgent priorities is follow-up care for chronic conditions, like glaucoma and wet AMD. Gaps here represent a serious - and often hidden - patient safety risk because these conditions can cause irreversible sight loss. This can be prevented by acting earlier, using existing capacity more effectively to enable genuine patient choice. In turn, this means delivering more care in community settings, improving data transparency, embracing digital innovation and making full use of the independent sector.

We are calling upon all politicians and policymakers to make patient choice a reality by equipping commissioners with the data, flexibility and incentives to commission high quality care wherever it exists.

The changes needed:

- Mandatory publication of ophthalmology waiting times by condition, including follow-up care
- Consistent commissioning of NICE recommended treatments using all available clinical capacity
- Expansion of integrated pathways, led by consultants and supported by community-based optometrists.
- Full IT integration across all providers.

Preventing avoidable sight loss is achievable. For the millions of people who rely on eye health services - and the constituents every elected representative serves - the cost of inaction is profound.

The responsibility to act sits with those who shape the system. Now is the time to deliver.

Doug Perkins CBE, Chairman of Newmedica

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Championing Eye Health

We call upon all politicians and policymakers to make patient choice a reality by equipping commissioners with the data, flexibility and incentives to commission high-quality care wherever it exists, supporting integrated consultant-led pathways and ending the postcode lottery for sight-saving treatment.

The changes we need to see

- Mandatory publication of ophthalmology waiting times by condition, including follow-up care
- Consistent commissioning of NICE recommended treatments using all available clinical capacity
- Expansion of integrated pathways, led by consultants and supported by community-based optometrists
- Full IT integration across all providers.

This report is available to download from Newmedica.co.uk/championing-eye-health

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