

Reference: FOI.ICB-2324/237

Subject: Eye Care Spending

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
	<p>To progress this research further, we would like to expand our analysis from the expenditure and activity on just cataract surgeries, to a wider bundle of Ophthalmology services and treatments to see how patterns of delivery in Cataracts map to other eye-care treatments such as for Glaucoma or Macular Degeneration.</p> <p>Therefore, we would like to request spending and activity data on ophthalmology services broken down by different conditions/treatments. Note that breaking this down further into NHS spending/activity and Independent Sector spending/activity is not necessary for this request.</p> <p>While we appreciate that such a precise breakdown of spending and activity across a broad range of treatment functions is complex, we hope it would be helpful in analysing and exporting the data to use the tariff codes in use by NHSE as a search and filtering criteria.</p> <p>By our understanding, 'Admitted patient care, elective and outpatient procedures' are covered by Healthcare Resource Group Code (HRG Codes) and the Ophthalmology Services fall under the codes beginning BZ***, in the 93 rows 121-213 of the "1 APC & OPROC" tab in the National Tariff Workbook 2022/23 (https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2020%2F11%2F22-23NT_AnnexA-National-tariff-workbook-Nov22-1.xlsx&data=05%7C01%7Cbnssg.foi%40nhs.net%7C544a40f1dcad45c0e6b108dbb90ce5d3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638307237293872878%7CUnknown%7CTWFpbGZsb3d8eyJWljoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikh1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=szGszkiFIP3P7qtJ6gHRVC1JrN6rsSRvVkdnW31K1tQ%3D&reserved=0). </p>

Furthermore, there is additional data on first and follow-up ‘outpatient attendances’ falling under the Treatment Function Codes ‘130 Ophthalmology Service’ and for completion the “216 Paediatric Ophthalmology Service” on the “2 Outpatients” tab.

Although we do not have a firm understanding of the accounting and finance software in use by the ICB, we are hoping that an export of spending and activity broken down by HRG Code and Treatment Function Code would be possible, and not overly burdensome for the ICB. However, we do understand that systems and processes differ and the ICB may have its own internal categorisation which could provide a similar dataset.

We have requested annual data between 2017/18 to 2022/23, but understand that in some cases the merger of CCGs into the ICB makes some financial data difficult to recover. And where tariff income was replaced by COVID block funding we would ask that these figures be provided for the relevant years.

So overall, while we have requested what would be our ideal dataset, if gathering this data proves challenging or impossible then it seems likely there would be an alternative dataset which is more readily available to the ICB and would satisfy our research, so I’d be happy to discuss it.

With that context, could we please request the following:

<p>1. Annual total ICB spending on Ophthalmology services, as defined above, for the years 2017/18 to 2022/23 --- This should preferably be broken down by HRG Code and Treatment Function Code</p>	<p>Please see attached sheet for tables. We have selected all data within the Ophthalmology specialty/treatment function code, broken down by HRG. Costs are based on PbR as the block contract data on specific costs is not available</p>
<p>2. Annual ICB Commissioned Activity on Ophthalmology services, as defined above, for the years 2017/18 to 2022/23 ---This should preferably be broken down by HRG Code and Treatment Function Code</p>	<p>Please see attached sheet for tables. We have selected all data within the Ophthalmology specialty/treatment function code, broken down by HRG. Costs are based on PbR as the block contract data on specific costs is not available</p>
<p>3. Commissioning and procurement strategy Could you please provide a digest or summary of information, preferably with attached policy documents, which</p>	<p>The ICB does not have a current commissioning strategy for Ophthalmology.</p>

<p>outline the ICB's current commissioning strategy with regard to Ophthalmology services.</p> <p>--- Here I would expect some ICBs to have conducted or inherited an assessment of the local demand for eye care treatments and strategies to meet this demand.</p> <p>--- In 'determining whether this information is held' I would just expect a brief conversation with the responsible officer in case anything came to mind (which it may not) rather than an exhaustive search of the organisation.</p>																			
<p>4. Independent Provider Information</p> <p>For each of the five largest Independent Sector Providers, could you provide information for the most recent complete financial year 2022/23:</p> <p>A. Total Cataract Surgery Activity during the year</p> <p>B. Total Cataract Surgery payments during the year</p>	<table border="1"> <thead> <tr> <th>IS Provider Name</th> <th>Activity</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>NEW MEDICAL SYSTEMS LIMITED</td> <td>4300</td> <td>£3,832,716</td> </tr> <tr> <td>PRACTICE PLUS GROUP HOSPITAL - EMERSONS GREEN</td> <td>1620</td> <td>£1,449,395</td> </tr> <tr> <td>SPAMEDICA BRISTOL</td> <td>2695</td> <td>£2,512,096</td> </tr> <tr> <td>SOMERSET SURGICAL SERVICES</td> <td>524</td> <td>£324,556</td> </tr> <tr> <td>SPIRE BRISTOL HOSPITAL</td> <td>0</td> <td>£0</td> </tr> </tbody> </table>	IS Provider Name	Activity	Cost	NEW MEDICAL SYSTEMS LIMITED	4300	£3,832,716	PRACTICE PLUS GROUP HOSPITAL - EMERSONS GREEN	1620	£1,449,395	SPAMEDICA BRISTOL	2695	£2,512,096	SOMERSET SURGICAL SERVICES	524	£324,556	SPIRE BRISTOL HOSPITAL	0	£0
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The information provided in this response is accurate as of 16 October 2023 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

