



## Comment on: 'The Royal College of Ophthalmologists' National Ophthalmology Database study of cataract surgery: report 4, equity of access to cataract surgery'

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### To the Editor:

I read with interest the Royal College of Ophthalmologists' National Ophthalmology Database Study of cataract surgery: report 4, equity of access to cataract surgery [1], co-authored by the late Rob Johnson, who is sadly missed. This paper shows a relatively even percentage of patients from each national decile of social deprivation with a suggestion of higher levels of access among less deprived individuals. They also found patients presenting with more advanced cataracts and having poorer results from surgery in areas of social deprivation. This finding is mirrored in a review of the Medisoft (Medisoft, Leeds, UK) records of 24,378 cataract cases performed at a group of independent treatment centres in the North of England by Silvester, Scott et al. Here, patients from areas of social deprivation also presented with poorer vision and more severe cataracts, with worse visual outcomes than patients from less deprived areas. Disease co-morbidities and education were thought to play a part in this difference [2].

In the Health Equity Review of England, Michael Marmot found marked regional differences in healthy life expectancy, with people in more deprived areas spending more of their shorter lives in ill-health than those in less deprived areas [3]. From this, the percentage of patients from socially deprived areas would be expected to have a greater requirement for cataract surgery than those in less deprived areas rather than a lower requirement, as shown in the paper. The superficially equitable spread of cataract provision

across the national deciles of social deprivation may mask significant inequality of access to care for those in more socially deprived areas. The NHS in England is committed to equity of access to healthcare and to achieve this aim, future provision of cataract services should be planned to serve the main areas of intense deprivation in the North, Midlands and southern coastal towns. Potentially, new high-volume specialist cataract units, like the Northern General Eye Centre in Sheffield, could help fill this care gap.

### Compliance with ethical standards

**Conflict of interest** The author declares no conflict of interest.

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