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NEW ZEALAND BRANCH

RANZCO Position Paper on Cataract Surgery in New Zealand

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We acknowledge the Rangatiratanga of Māori as Tangata Whenua and Treaty of Waitangi partners in Aotearoa New Zealand. In recognition that we are a bi-national College, we also acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the Lands collectively known as Australia.

Cataracts are the leading cause of vision impairment and blindness in the world.[1] In developed countries, cataract surgery is one of the most commonly performed elective surgical procedures.[2] Cataract surgery is associated with improvements in visual acuity, decreased risk of falls and improved quality of life.[3–5] These benefits, coupled with an ageing population at high risk of cataract related visual impairment, have increased the demand for cataract surgery worldwide.

With improvements in surgical capacity, recovery time, decreased complication rates and improved visual outcomes, the surgical intervention rate (SIR) for cataract surgery in most of The Organisation for Economic Co-operation and Development (OECD) countries has increased dramatically over the past two decades.[2] Government spending on cataract surgery typically produces a large return on investment,[6] and the cost per quality-adjusted life year gained is one of the highest of any operation or medical intervention.[5,6] The overall New Zealand SIR for cataract surgery (~ 800/100,000 population/year) falls well behind most other OECD countries (which are above 1000/100,000) including Australia. Without additional public funding, vulnerable populations and those who do not have the means to pay for surgery can be left living with significant visual disability.

In New Zealand surgical treatment of cataract is highly effective and safe, restoring vision through extraction of cataract and implantation of an intraocular lens. Demand for cataract surgery is projected to increase with New Zealand's ageing and growing population. Yet, despite the significant benefits of cataract surgery, healthcare resources are finite and prioritisation for surgery is an important strategy to ensure that those with the greatest need are prioritised highest for surgery. The regional variation in CPAC thresholds create significant geographic disparity for patients in New Zealand who have cataracts to access public-funded surgery.[7] After controlling for DHB population size, age and ethnicity, the number of approved cataract surgery prioritisations varies between DHBs by up to a factor of four.[7] In addition, New Zealand Māori and Pasifika patients prioritised for public-funded cataract surgery are typically younger and have significantly worse vision than other ethnic

groups.[7,8,9] This shows the very real benefit that younger, often working-age Maori and Pasifika can gain from timely cataract surgery. Ensuring equitable outcomes will require improved access of cataract surgery for groups that will benefit most from it.

The RANZCO New Zealand Branch has actively advocated for an expansion of the vocational training program at the level of individual District Health Boards and has seen a 50% increase in trainee positions over the past decade. Nevertheless, an excess of positions remains unfunded by Health Workforce New Zealand and, with most DHBs running at deficits, it is difficult for RANZCO to continue expanding the training program without committed support from central funding bodies.

Given the well-established return on investment and dramatic improvement in quality of life associated with cataract surgery, the RANZCO New Zealand Branch recommends that the government invests in public cataract services as a key health policy priority to reduce avoidable vision impairment and increase equitable service provision by:

- increasing the cataract SIR to match other OECD rates;
- ensuring high quality training program support for ophthalmologists;
- streamlining pathways to access cataract surgery, including the introduction of a single national CPAC threshold to reduce geographic inequity; and
- improving access for NZ Māori and Pasifika.

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