

31 March 2026

**The average waiting time for a non-urgent outpatient appointment for cataract treatment in Belfast Health and Social Care Trust. This is reported on the Belfast Trust Website as an average of 108 weeks.**

**Recently spoke to a booking agent at the Trust regarding non-urgent cataract consulting appointments and subsequent treatment, they told me that the actual timeline was 8 years.**

**1. How the average waiting times for non-urgent cataract appointments and treatment are calculated?**

The wait time reported on the following website [Belfast HSC Trust - Outpatient - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#) is a mean wait time that includes patients added to the waiting list zero days, which reduces the overall average, mean wait time. The actual wait time within Belfast Health and Social Care Trust is calculated from the date the outpatient referral is received. Patients are appointed in chronological order in accordance with Integrated Elective Access Protocol from date added to the waiting list to ensure a consistent and fair approach to waiting list management. The surgical wait time is calculated in days from the date decided to admit, e.g. patient attends Regional Assessment Cataract Centre assessment, Consultant Ophthalmologist or Optometrist decides a surgical procedure is necessary.

**2. Evidence of the raw data sets used to calculate the average waiting times.**

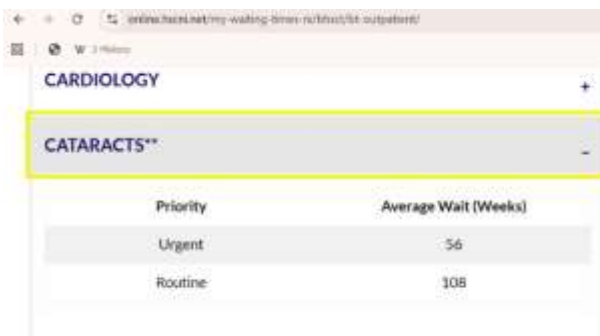
Belfast Health and Social Care Trust patient administration system, Encompass, automatically calculates the wait time from the date the patient is added to the waiting list – this is reported in days waiting. An excel formula can be applied to convert days waiting to Years/Weeks waiting to provide an accurate wait time, which is preferable to an average mean wait time as this provides the service user with a realistic timeframe from referral to assessment and or treatment.

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**3. Reason why there is such a large difference between averages reported and actual quoted timelines?**

The actual wait time quoted will be an exact timeframe in days from point of referral to date of contact with the Appointments or Waiting List Office. As stated in point 1 the reported timeframe on [Belfast Health and Social Care Trust - Outpatient - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#) is an average mean wait time, e.g. an average of all wait times divided by the total number of patients on the waiting list including those waiting zero days. This wait time is reported independently by the Department of Health's, Strategic Planning and Performance Group.

**4. How these timelines meet the Health and Social Care board Ophthalmology Cataract Rasc pathway targets for a specialized, efficient assessment & surgical treatment of cataracts (and associated economic healthcare value)?**



Priority	Average Wait (Weeks)
Urgent	56
Routine	108

The mean reported wait time published on [Belfast Health and Social Care Trust - Outpatient - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#) is an average and not the actual wait time. The Ophthalmology Service have established Regional Assessment Cataract Centres that operate daily and deliver high volume clinic throughput. The demand for Cataract services within Northern Ireland has increased due to an aging population. This demand exceeds current capacity; therefore, the Integrated Elective Access Protocol applied to appointment allocation ensures that patients are appointed in a fair and consistent manner.

Regional Assessment Cataract Centres are a cost effective model that reduce the need for multiple hospital visits. On average, a hospital visit costs the NHS approximately £250 per appointment - applying the Regional Assessment Cataract Centre model to deliver cataract care allows each patient to be assessed by a Consultant Ophthalmologist or Optometrist and complete a pre-assessment and associated tests in one visit, followed by surgery at a later date. This model represents a saving in consultant clinic time, Optometry, nursing and imaging. This high-volume model aligns with the Royal College of Ophthalmologists Cataract pathway promoting safer, faster and more accessible care.