



National Ophthalmology Database Equality and Diversity Impact Assessment

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Introduction

This Equality and Diversity Impact Assessment examines whether the design, methodology and inclusion criteria of the National Ophthalmology Database (NOD) audits have any direct or indirect impact on different patient groups. The assessment covers both national audit streams: the Age-related Macular Degeneration (AMD) Treatment Audit and the Cataract Audit. These audits aim to benchmark clinical outcomes, identify variation and support improvements in the quality of care across the UK.

The assessment considers the potential for inequality in access, participation, data representation and interpretation of results, considering demographic and clinical factors that may influence outcomes. It reflects best practice in equality analysis and incorporates learning from patient representatives, clinicians and audit advisory groups.

Overview of the Audits

AMD Treatment Audit

The AMD dataset includes demographic information, clinical characteristics, comorbidities, time from referral to first treatment, visual acuity measures in both eyes, number of injections, follow-up intervals and treatment outcomes. These data are recorded routinely during clinical care in electronic medical records.

Cataract Audit

The Cataract dataset includes demographic information, ocular co-pathology, comorbidities, key clinical care processes and surgical outcomes including vision before and after surgery and intraoperative complications. All information is collected during routine clinical care in electronic medical records.

Both audits publish aggregated outcomes through the NOD website to allow fair comparison between providers and support informed choice for patients. Providers also receive detailed reports to support quality improvement.

Equality and Diversity Impact Assessment

1. Participation and Impact by Protected Characteristics

The following section considers whether the methodology affects participation or outcomes for any patient groups.

- Race
 - No direct exclusion occurs based on race. All adult patients undergoing eligible treatment are included if their provider participates.
 - Race and ethnicity data are extracted automatically from hospital administration systems, but completeness varies across sites. Some systems do not reliably distinguish between race and ethnicity. This may limit the ability to detect group-specific variations and is recognised as a data quality risk.

- Clinical evidence indicates that AMD phenotype varies between racial groups. The audit includes ethnicity for the purpose of exploring potential differences in presentation and response to treatment. Efforts will continue to improve completeness and accuracy of this information.
- Ethnic Origins (including Gypsy, Roma and Traveller communities)
 - No exclusion exists for these groups. As with race, inclusion depends on routine clinical care and data availability. Incomplete recording may reduce visibility of inequalities. Improving ethnicity recording remains a priority.
- Nationality
 - Patients of any nationality are eligible for inclusion. The audit does not discriminate based on national origin. No specific impacts have been identified.
- Gender (Biological Sex)
 - Eligibility is based solely on receiving treatment. Clinical and demographic data include gender to support analysis.
 - Gender-specific analyses will review variations in:
 - degree of visual impairment
 - rates of treatment for first and second eyes
 - post-operative outcomes
 - These analyses aim to identify any systematic differences in care pathways or outcomes.
- Culture
 - There is no exclusion relating to cultural background. No negative impacts have been identified. Cultural barriers to accessing care lie outside the scope of the audit but may contribute to variation reflected in the data.
- Religion or Belief
 - Eligibility is unaffected by religion or belief. The audit does not collect information about religious background.
- Sexual Orientation
 - Eligibility is unaffected by sexual orientation. No data is collected regarding sexual orientation in the NOD dataset.
- Age
 - Eligibility is based on adult treatment episodes. Older age groups make up the majority of AMD and cataract patients.
 - For both audits, analyses will examine variation in access and outcomes by age to identify any inequalities, including:
 - differences in surgery rates in older populations
 - age-related differences in outcomes
 - No discriminatory exclusion is present.
- Disability
 - All adult patients undergoing eligible treatment are included regardless of disability. Disability status is not routinely collected in EMR systems used for NOD. This limits the ability to analyse outcomes by disability status. No evidence of exclusion has been identified.
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2. Evidence of Differential Impact

- There is evidence that AMD prevalence and phenotype vary by gender and race. For example:
 - Women may be overrepresented due to longer life expectancy.

- Certain AMD subtypes appear more frequently in people of Asian and Black ethnic backgrounds.
- These differences arise from underlying clinical patterns rather than audit methodology. The audit aims to capture these differences to improve understanding and support equitable care.

3. Assessment of Discrimination

- No unlawful discrimination has been identified in the design or methodology of the audits. All variation identified is clinically driven or reflects broader societal factors such as demographic variation or health-seeking behaviour.
- Where demographic data is incomplete, this limits the ability to fully explore inequalities. Work with providers and EMR suppliers will focus on improving data quality.

4. Potential for Negative Impact

- Any apparent inequality in published outcomes is expected to reflect:
 - differing patient demographics
 - prevalence of comorbidities
 - variation in access to treatment
 - socio-economic differences
- The purpose of the audit is to identify and understand these variations so services can improve. Providers serving populations with more complex needs may initially appear to perform less well. However, case-mix adjustment and careful explanation help mitigate misinterpretation.

5. Avoidance or Mitigation of Negative Impact

- Although no discriminatory impact is identified, the following measures support fairness:
- Using case-mix adjustment to ensure fair comparisons.
- Providing guidance to providers on interpreting their results.
- Encouraging improved demographic data capture, particularly for ethnicity.
- Reviewing key findings with patient groups and stakeholders.

6. Alternatives Considered

No alternative audit approach would achieve the intended aims without compromising the quality, completeness or comparability of the data.

Broader Equality Considerations

Data Completeness

- Completeness of key demographic information, particularly ethnicity, varies between providers. Efforts will be made to work with suppliers and services to encourage more complete recording.

Accessibility of Outputs

- NOD aims to ensure:
 - reports are in plain English

- website content is accessible

Intersectionality

- Where data allows, analyses may explore how characteristics interact (e.g. deprivation and ethnicity) to influence outcomes.

Patient and Public Involvement

- The audit involves patient representatives from organisations such as RNIB and the Macular Society. These groups contribute advice on inclusivity and communication. Diversity within these groups will continue to be encouraged.

Conclusion

The Equality and Diversity Impact Assessment finds no evidence of unlawful discrimination in the design or operation of the National Ophthalmology Database audits. Some groups may experience different outcomes due to underlying clinical differences or demographic patterns. The audit aims to identify such variation to support improvement and reduce inequalities.

Actions will focus on improving data completeness, strengthening demographic analysis and ensuring that audit results are interpreted fairly and used to support equitable care across all services.

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