

17TH INTERNATIONAL CONFERENCE OF THE
RESEARCH INSTITUTE OF OPHTHALMOLOGY

RIO 2025

*Anterior Segment Eye Diseases
Current Status & Future Directions*



Can AI improve cataract pathways

Sarah Maling



Why do we need to change?

Short of places, people and skills yet demand increasing.



Our exam question was why hasn't activity increased? We couldn't find much evidence for some of the potentially plausible explanations. There is no data to support the idea that patients are now sicker on average. Covid protocols that caused delays have been largely, though not completely, abandoned. Instead we ended up with a three-part explanation:

1. There is simply not enough physical capacity to support an increase in activity
2. Even though overall staffing has increased, many experienced doctors and nurses have left; and
3. The system is catastrophically undermanaged, both in terms of quantity of people and the operational constraints they face.



Health and care services are facing challenges on many fronts. Record numbers of people on waiting lists, stubbornly high staff vacancy rates, outdated buildings and equipment are all contributing to a system in crisis with too many people struggling to access the care they need. In this context, public satisfaction with the NHS has hit its lowest on record as measured by the [British Social Attitudes survey](#).

That same survey finds that [support remains strong](#) for the NHS model of a tax-funded, universally available, largely free at the point of use service. Despite this unwavering public support, some commentators and politicians now argue that the current situation means that the NHS model is [broken](#) and that the only solution is a radical alternative – although it should be said that the definition of radical is subjective and many of these ideas have been proposed – and rejected – for decades.

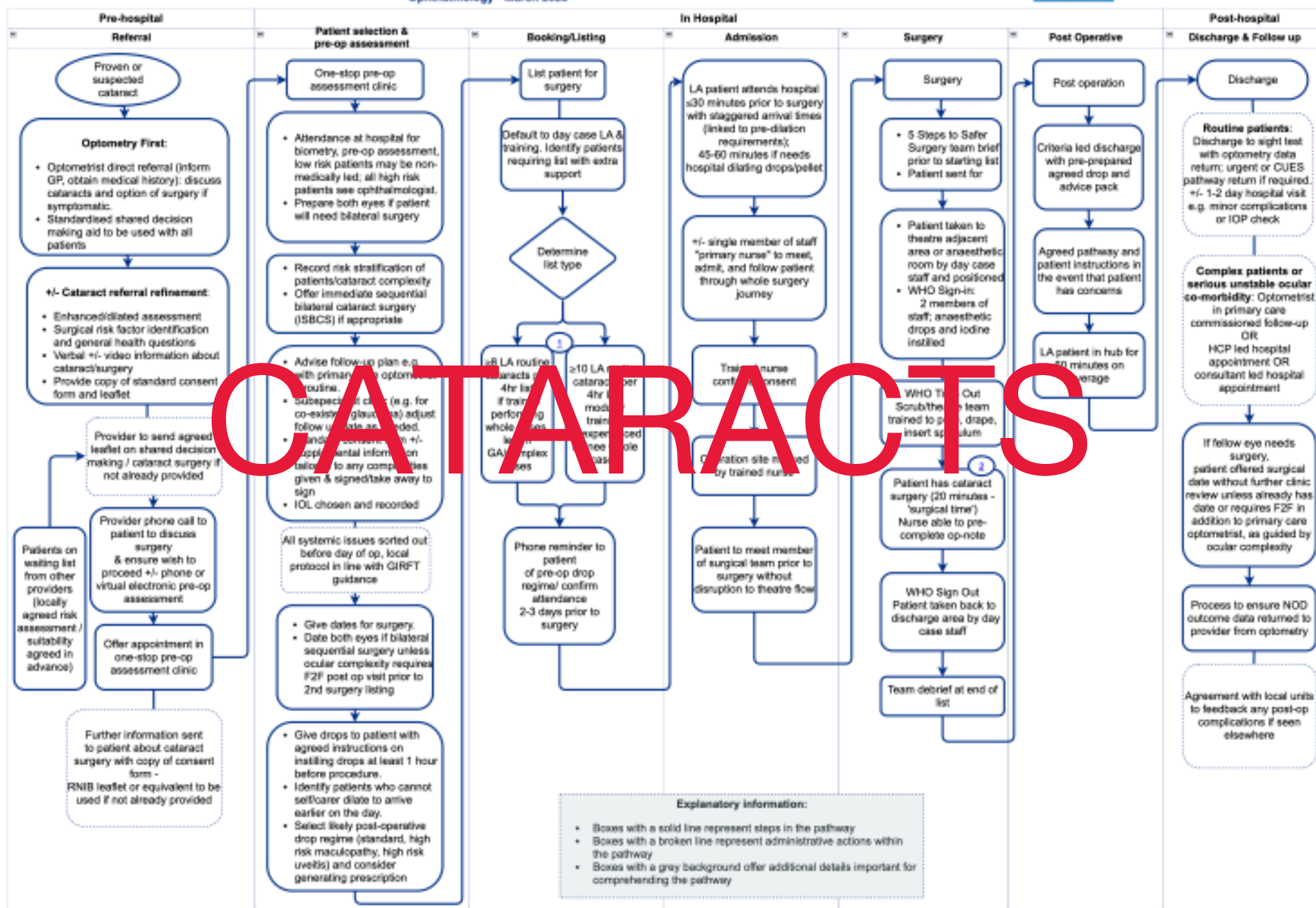
Health and care explained: virtual event, February 2025
Join us as our experts explore England's health and social care system, preparing us to navigate post-election changes and evaluate the new Government's agenda in these critical sectors.

[Find out more](#)

Are cataract pathways simple?

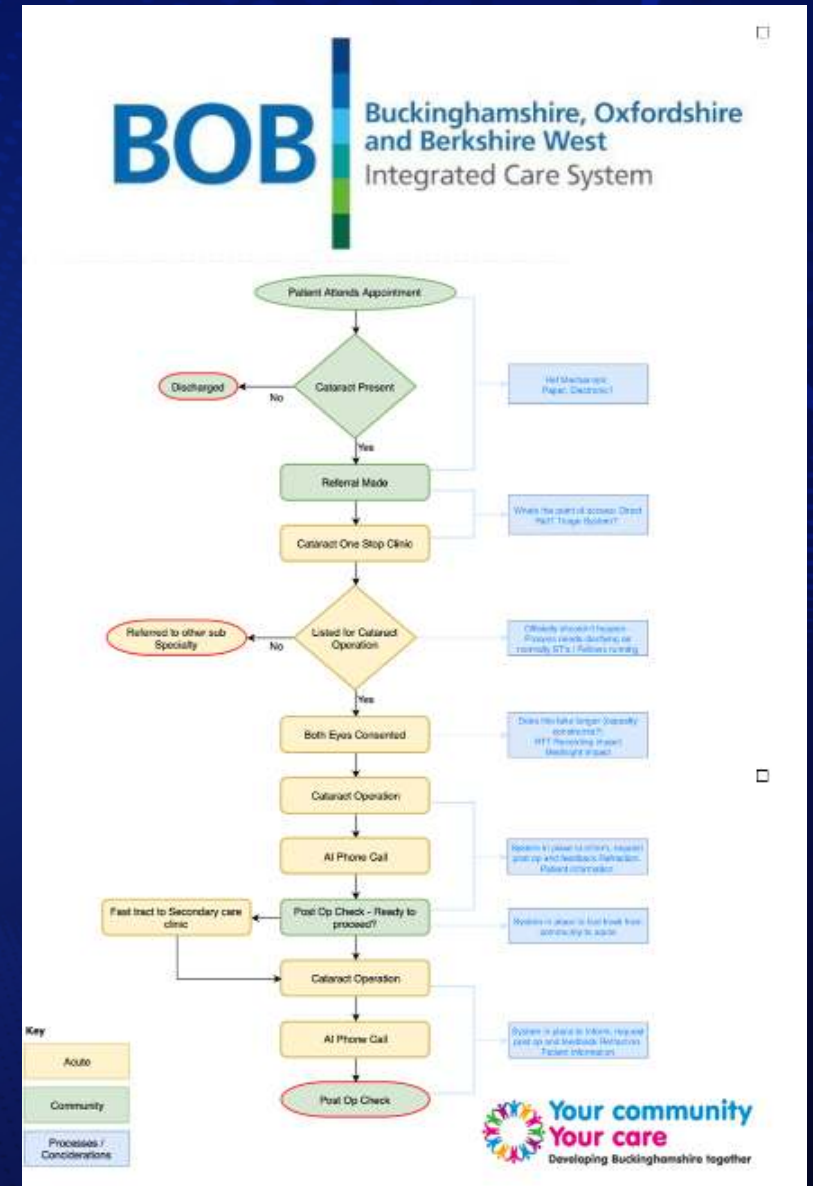
- 1 patient
- 2 eyes
- 2 lenses
- LA/sedation/ GA
- 1 or 2 post op visits
- Discharge to optometrist





Think again - our experience

- Right person - not enough
- Right time - not enough time
- Right treatment - variability
- Equity of access - disadvantaged wait longer
- Non-discriminatory - in UK ethnic minorities report poorer experience of using health services than their white counterparts.



Healthcare Pathways

- Right Person
- Right Time
- Right Treatment
- Equality of access
- Non discriminatory

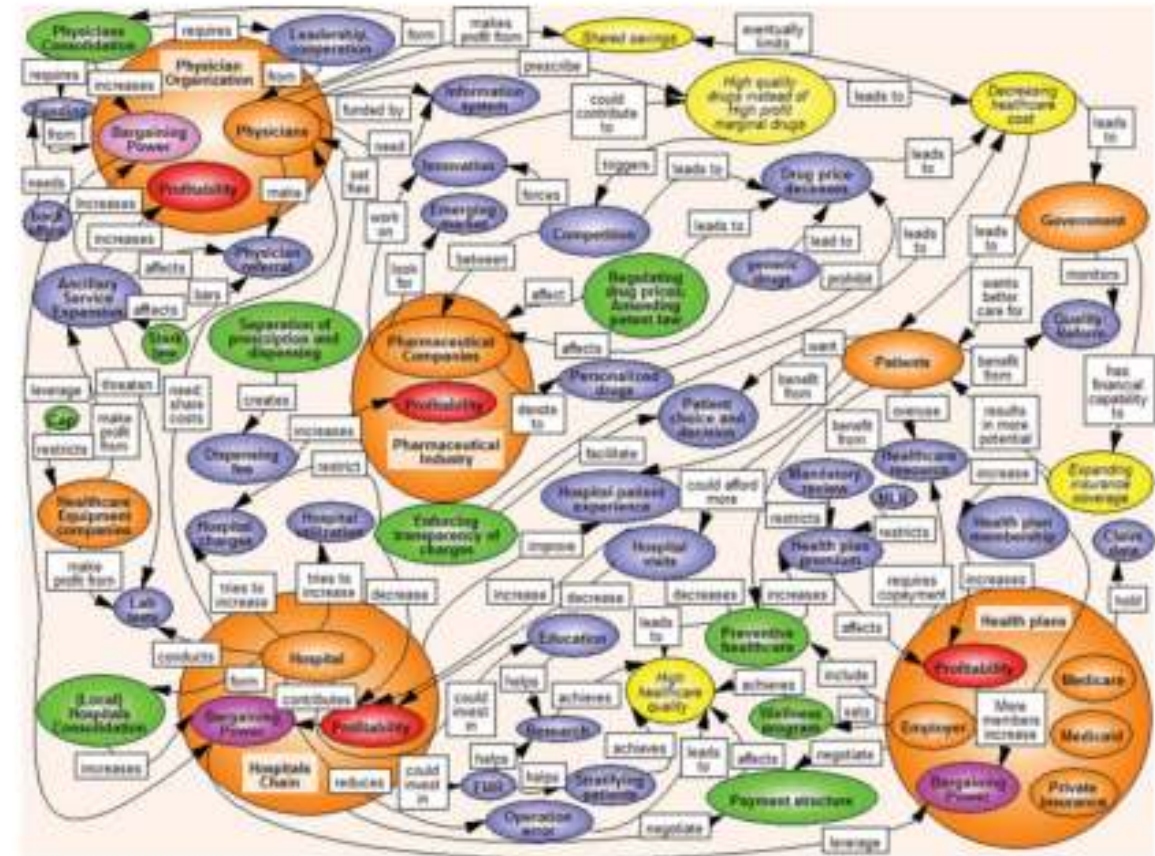
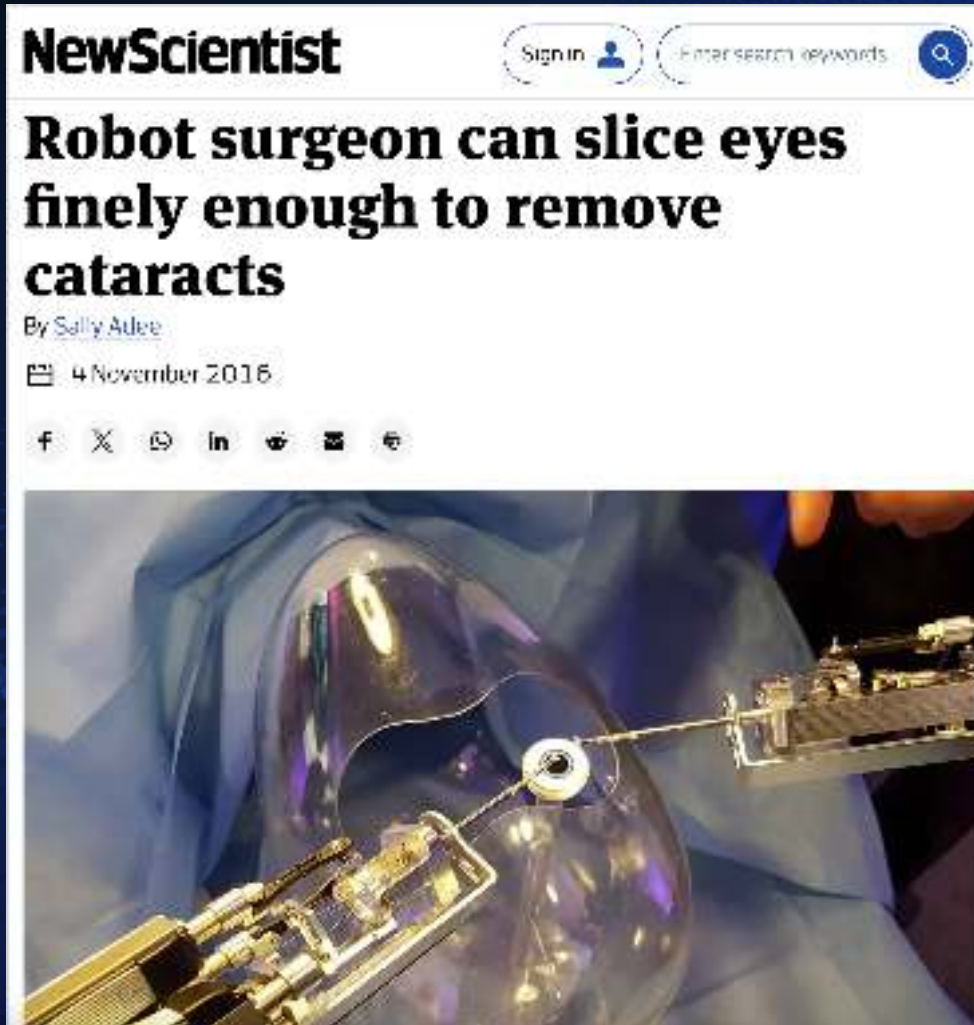


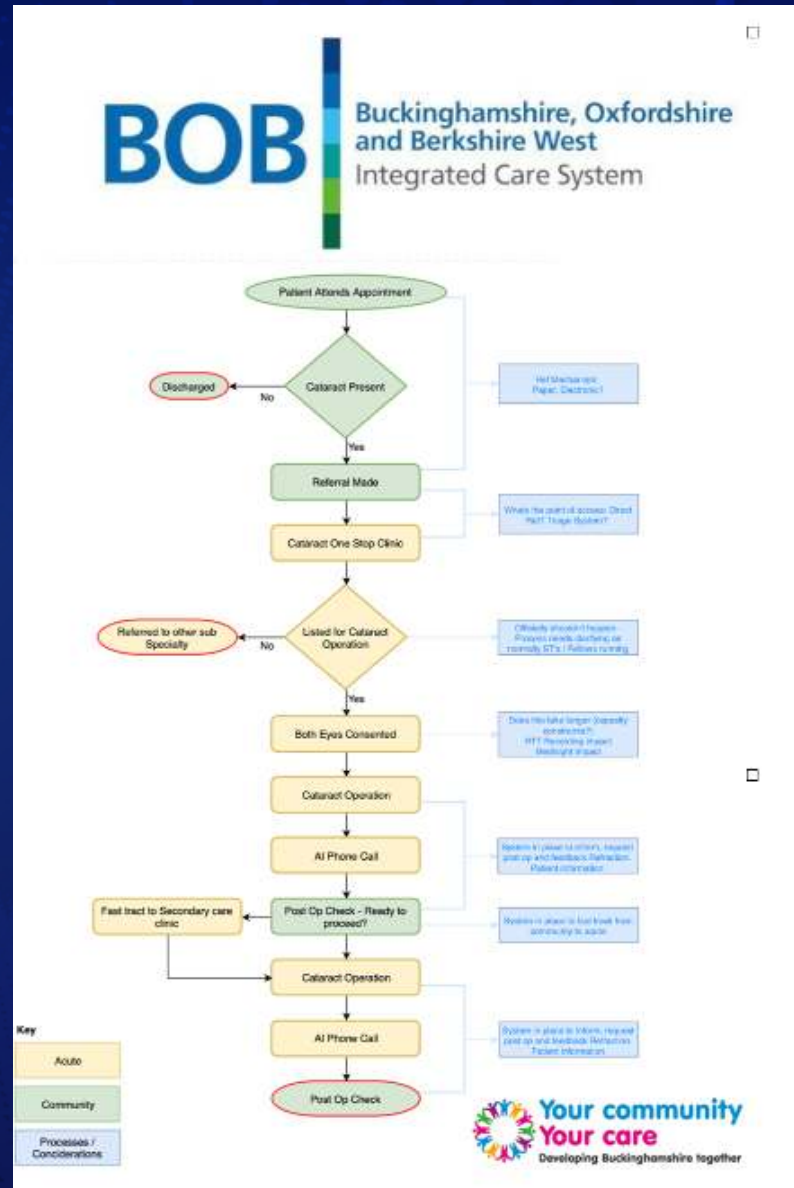
Figure 1. Healthcare systemigram.

AI will not replace you but someone that knows how to use it will.



Where did we start

- Automated telephone conversations
- Pre hospital
- Post hospital



Ufonia uses regulated AI to automate clinical conversations...



40 no concerns

3 need review

'Dora'



&



This allows clinicians to work at the *‘top of their licence’*...



Unlimited
Scale

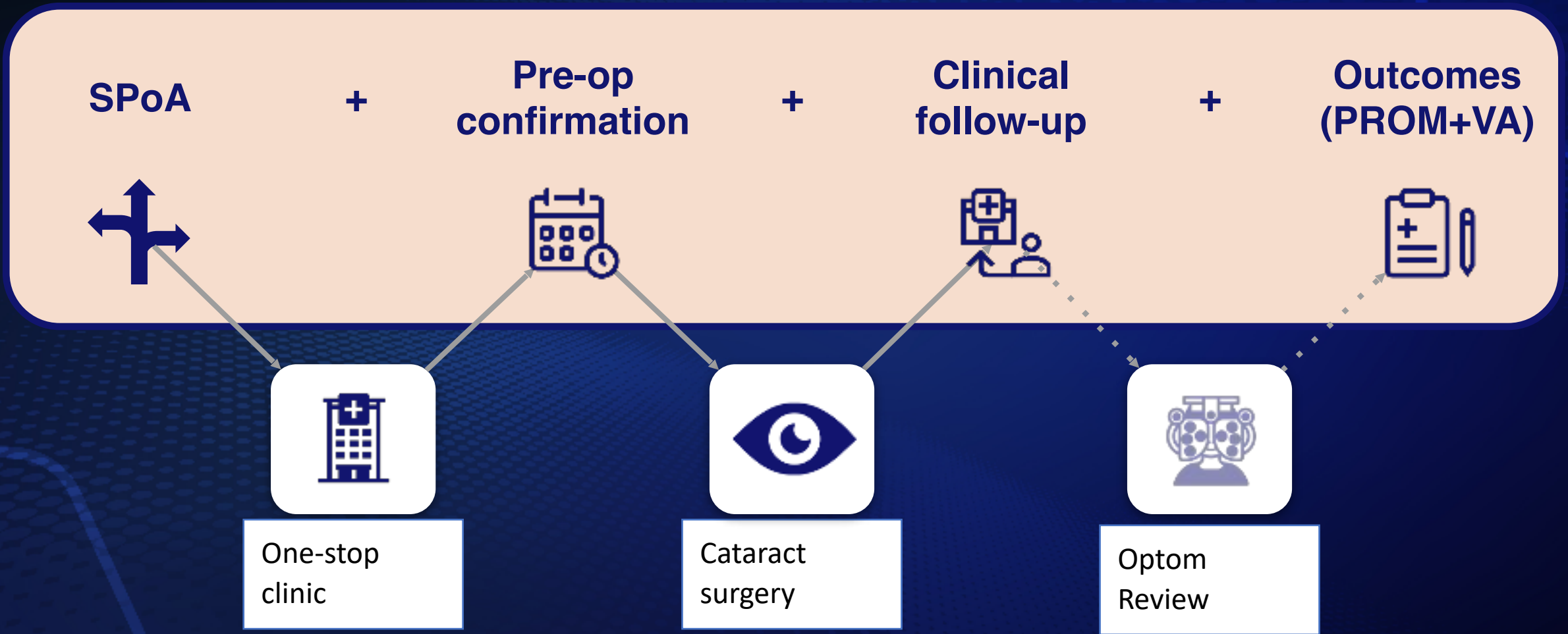


Clinically
Validated

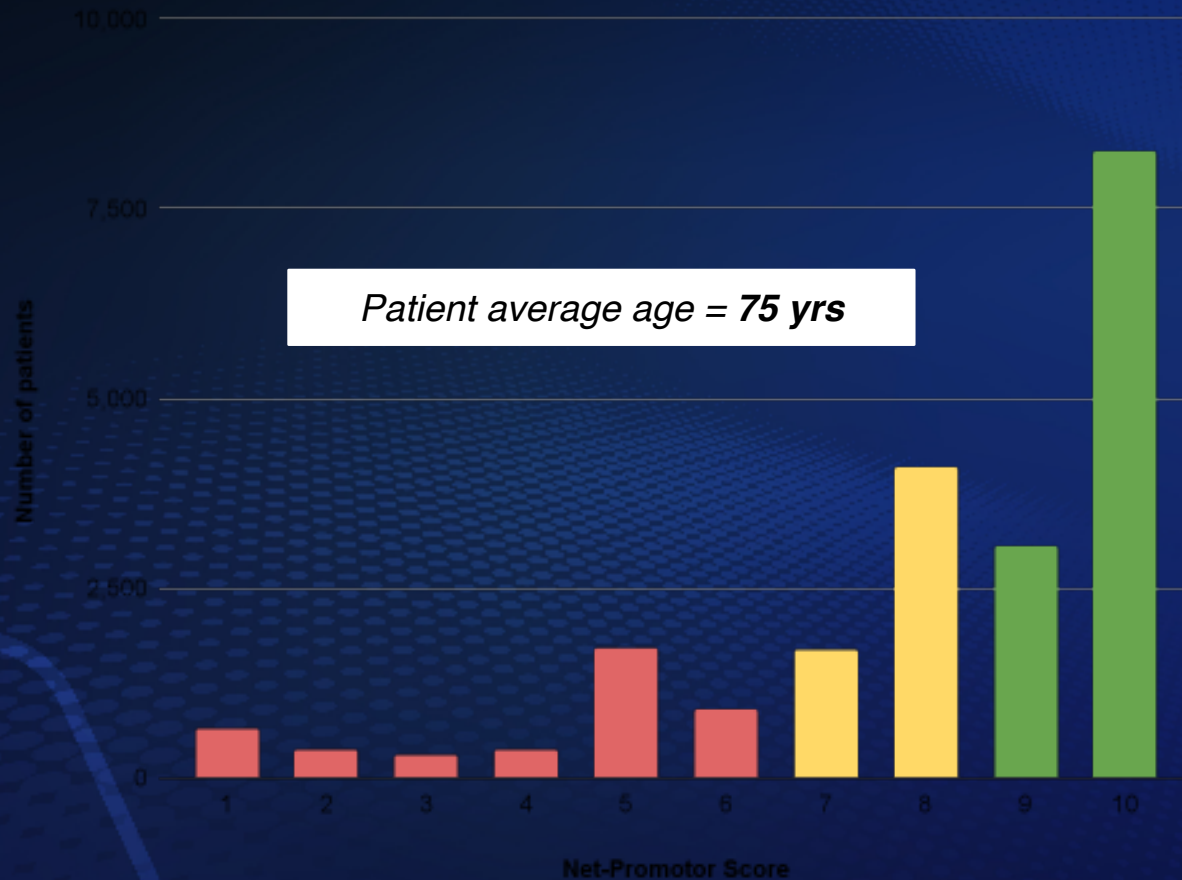


Highly
Accessible

Dora enables a 'Single Point of Cataract Care (SPoCC)



Most importantly, patients give excellent feedback...



“Very very good service, crystal clear and easy to understand.”

“It makes it very easy and **saves a visit to the hospital.**”

“It's just very convenient and **you are very intelligent**”

“Everything works **perfectly well**, you've got time to answer the questions and it's nice and straightforward.”

Where have we got to

Already done

We now have conversations at multiple touch points across the cataract pathway...



Automated cataract pathway

Triage
(Pre-assessment)



Pre-surgery
Cat-PROM



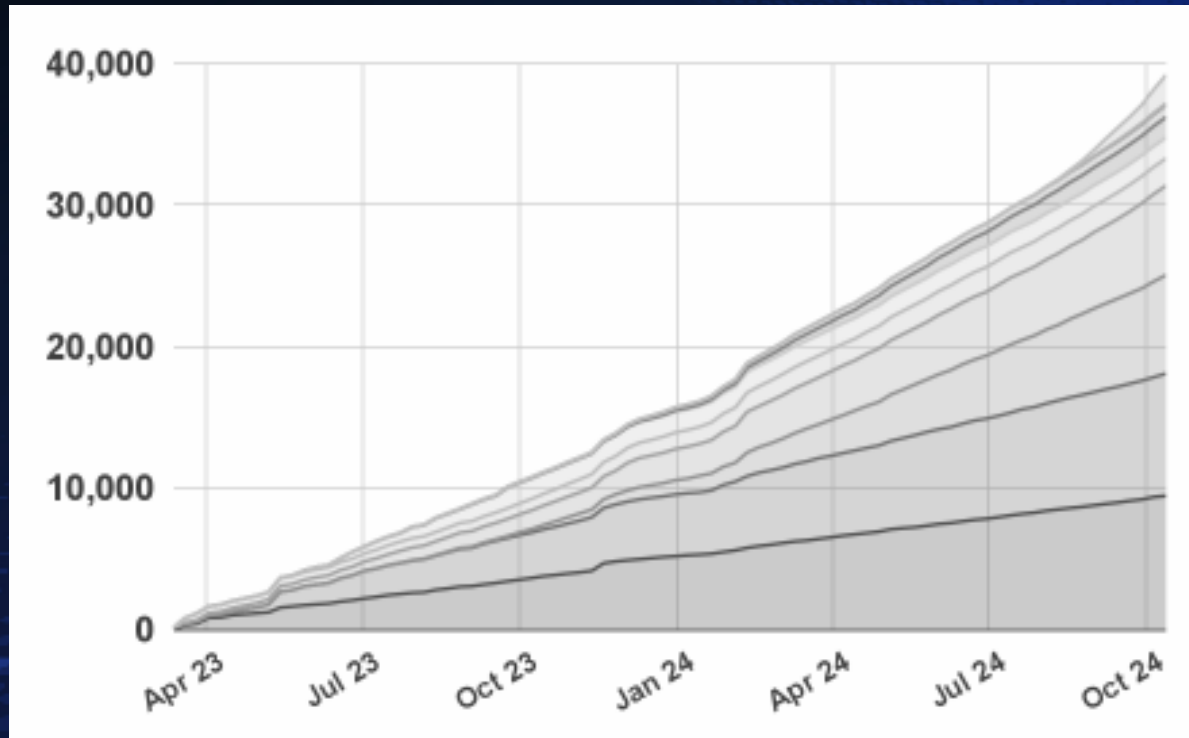
Follow-up



3-month
Cat-PROM



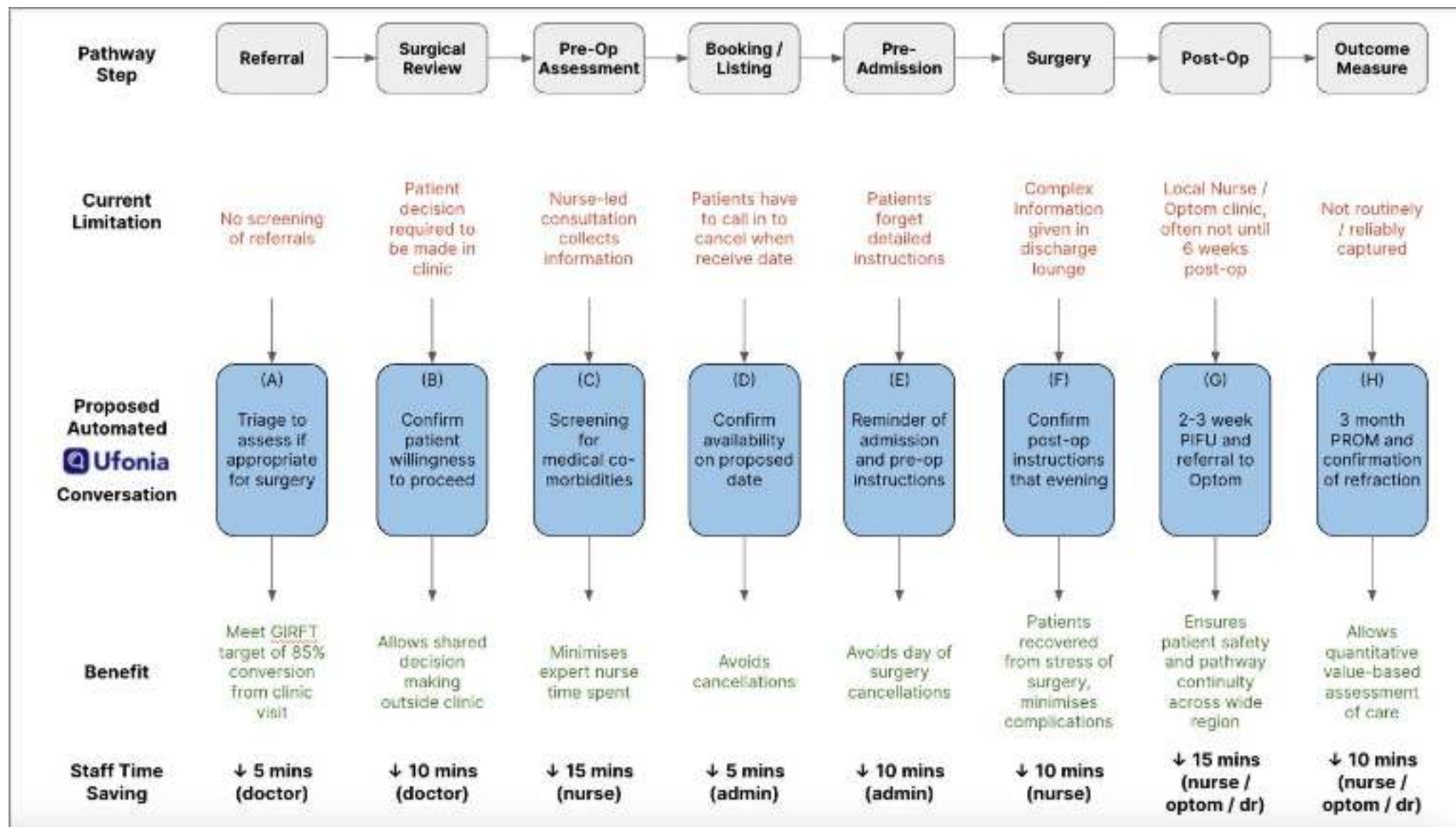
AI has increased capacity and standardisation...



>40,000 patient calls (to date)



The Future



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Thank you

