WM QRS West Midlands Quality Review Service

NHS

Eye Care Pathway

Dudley Health and Social Care Economy

Visit Date: 7th June 2017 Report Date: September 2017

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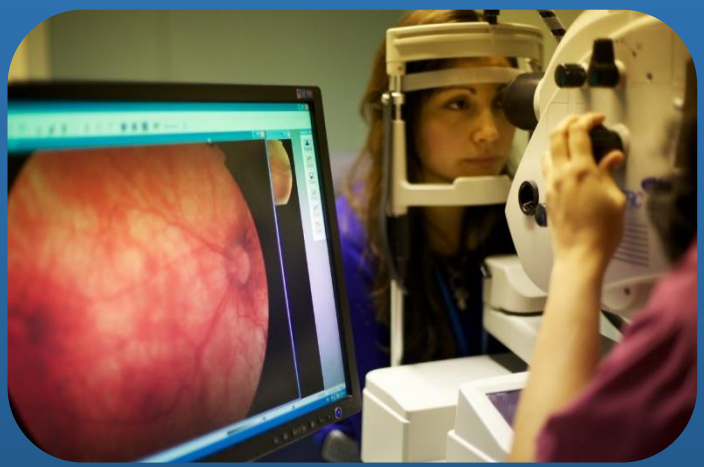

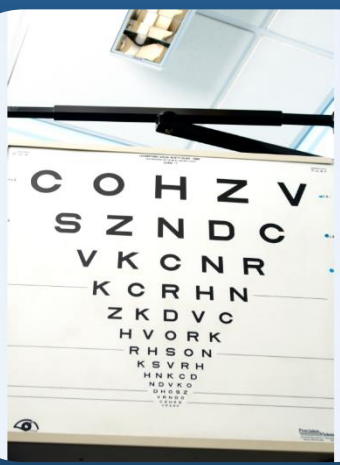

UKAS INSPECTION 8831

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INTRODUCTION

This report presents the findings of the review of the Dudley Eye Care Pathway that took place on 7th June 2017. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Eye Care Pathway (Version 1.1) May 2017

This was the first review of the eye care pathway across services within a local area. The experience was therefore new to several reviewers and to the staff whose service was being reviewed. WMQRS is grateful to Dudley for agreeing to pilot the use of the Quality Standards for this review, especially as Dudley had little preparation time before the review visit.

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care, which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned, and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team that reviewed the services in the Dudley health and social care economy. Appendix 2 contains the details of compliance with each of the standards, and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- The Dudley Group NHS Foundation Trust
- NHS Dudley Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation, liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS Dudley Clinical Commissioning Group.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture between NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews (often through peer review visits), producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of the Dudley health and social care economy for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

Eye Care Pathway

This was the first eye care pathway review covering all services in a local area, and aspects of the organisation of the review will be improved for future eye care pathway visits. In general, the review went well and reviewers are confident of the conclusions drawn. The review could, however, have been stronger if the following issues had been addressed:

- Little documentary evidence of compliance was available for those Quality Standards where documentary evidence is expected. It was sometimes difficult for reviewers to know if the standard was met. The only documentary evidence of compliance with the primary care and commissioning Quality Standards was the Vision Strategy for the Dudley borough. Reviewers did not meet representatives of local community optometrists.
- In the planning for the visit it was agreed that reviewers would not travel to visit the site where the low vision service was provided, as it was not operational on the day of the visit, so compliance with some Quality Standards is judged on the service's self-assessment. Also, reviewers did not meet members of the Dudley Metropolitan Borough Council's Sensory Loss Team. Additional conclusions relating to the low vision service may have been drawn if these sources of information had been included.
- The review team did not include a service user because of illness, and the relevant Quality Standards were reviewed by other members of the team.

Primary Care

General Comments and Achievements

Dudley runs a 'Healthy Living Optician' scheme, which involves community optometrists providing advice on healthy living.

Specialist Service and Low Vision Service

Compliance with Quality Standards is reported separately for the specialist (consultant-led) service and the low vision service (Appendix 2). These services, and child health screening for school age children, were managed together as a single service and so reviewers' comments are combined.

The service at Dudley Group NHS Foundation Trust was provided by nine consultants, two middle grade doctors, two clinical fellows, three junior doctors, one locum registrar, three nurse specialists, two optometrists, eight orthoptists, five ophthalmic technicians, one Eye Clinic Liaison Officer (ECLO) and one assistant ECLO. A dedicated ophthalmology out-patient department was available, with clinics running in the evenings on Mondays to Thursdays and all day on Saturdays. Planned activity for 2017/18 was 10,974 new out-patient attendances, 27,483 follow up attendances, 6,262 elective (day case) admissions, 1,530 optometry attendances and 15,680 orthoptic attendances. A day surgery service was also provided, which was supported by theatre and recovery staff. Three low vision service clinics were held each week at the Guest Outpatient Centre.

General Comments and Achievements

The service was provided by committed staff who were enthusiastic and trying to develop and improve the care provided. Several improvements had been made, including setting up a more streamlined system (which had improved rates of certification of visual impairment), reducing the backlog of follow up appointments and reducing the waiting list for the paediatric consultant. Several specialist clinics had been set up, with the aim of reducing waits for both new and review appointments. Competences of non-medical staff were being developed in order to provide these specialist clinics. Staff had good ideas for other developments, although some of the issues facing the service (see below) limited the feasibility of moving the service forward. Reviewers also commented that some of the expectations of the staff were very high, and it will be important to ensure that all

developments are sustainable. Teamwork was good, although see below for reviewers' suggestions about strengthening multi-disciplinary working.

The pathway of care for patients needing day surgery was very good, and included good pre-operative assessment. Ophthalmic day surgery was provided in a spacious, calm environment where the commitment to service improvement was highly visible. Staffing levels in this part of the service were good.

The service was undertaking school age child health screening for children in special and mainstream schools.

Good joint working with general paediatrics, neonatal and rheumatology services was evident.

Good Practice

1. Links between pre-operative assessment and social care were very good. Patients who would be unable to go home immediately after surgery were booked into short-term residential or nursing care through the pre-operative assessment arrangements.
2. Display boards were used very well. 'You said – We did' information was displayed on magnetic display boards, and patients were able to add comments to the displays.
3. Good competency folders for nurse practitioners were in use.
4. Care for people with learning disabilities was very well organised and included several examples of innovative practices, such as the provision of support to residential homes and the use of a treasure hunt game about patients' visits to hospital to help reassure them before they came in for surgery and about their visit to hospital. The day theatre arrangements were particularly focussed on the needs of people with learning disabilities, with such patients being placed first on the operating list.

Immediate Risks: No immediate risks were identified.

Concerns

1. **Management structure**

   Reviewers considered that the management structure for the ophthalmology specialist and low vision service was insufficient for the challenges facing the service, for a combination of reasons:

   a. At the time of the review visit the service manager was on long-term sick leave, although some interim support had been put in place. A lead nurse for the out-patient service had been identified three weeks before the review visit but no time had been allocated for this role, and the nominated nurse had eight clinics per week and no administrative support. Reviewers considered that it was not possible to carry out the lead nurse responsibilities effectively in this situation.

   b. The ophthalmology day surgery service ran separately from the out-patient service, and was managed through theatre management arrangements.[1] Staff from the day surgery service were not involved in the management or governance arrangements of the ophthalmology service, and the ophthalmology management team did not have oversight of the day surgery part of the patient pathway.

[1] It is, of course, appropriate for theatres to be under theatre management arrangements. The ophthalmology day theatres were, however, a separate area with specific staff with eye care expertise. Reviewers considered, therefore, that liaison between ophthalmology and day theatre services was needed, in order to ensure a smooth patient pathway, to maximise opportunities for staff training and sharing expertise and to ensure appropriate governance.

c. Reviewers also commented that the grading of leadership roles within the ophthalmology service appeared low for the range of management responsibilities that the lead nurse and lead orthoptist were expected to undertake.[2]

2. **Facilities**

a. **Out-patient Department**

The out-patient department was too small for the number of patients and did not provide appropriate privacy and dignity for patients. Separation of child and adult patients was not possible. Two additional consulting rooms were being built, but there were no plans for increased space for diagnostics. The visual fields room was designed for one working machine but contained four, which meant that test outcomes were compromised because the lack of space made it impossible to maintain patient privacy. Visual assessments were undertaken without separation between patients. Blood pressure measurement and urine analysis also took place without appropriate separation from other patients.[3] Reviewers commented that it would be very difficult for patients attending either of the rooms to have a private discussion about any concerns, and that the facilities would be particularly difficult for people with hearing problems.

b. **Day Surgery**

Security in the eye day surgery area was inadequate, especially given the number of people moving through the area. Reviewers noted particularly:

i. There were no lockers or other arrangements for security of patients' belongings. Handbags and other valuables were easily accessible while patients were in theatre.

ii. Patients' notes were not in a lockable trolley.

iii. Eye drops were left out and easily accessible.

iv. Patients' names on a board were easily visible to all other patients.

3. **Governance**

Reviewers had several concerns about the governance of the ophthalmology service:

a. No local guidelines had been developed and the interpretation of national guidance was left to the discretion of individual consultants. Audit of the implementation of guidelines was therefore not possible and reviewers did not see evidence of a rolling programme of audit, which should have included evidence of post-audit action and 'completion of the audit cycle'. Follow up guidelines, which could support the service's work to reduce the number of outstanding review attendances, had not yet been developed.

b. Data on patient safety and incidents were not easily available to staff within the ophthalmology service, and staff did not have good awareness of incidents, trends and action taken as a result.

c. Robust service-level governance arrangements were not in place. Governance meetings took place at a divisional level but these were not supported by service-level discussion and dissemination.

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[2] WMQRS reviews do not normally comment on the grading of staff, although this is sometimes mentioned in the 'further consideration' section. This point is included within the concerns because of its relationship to the other issues identified in this section of the report. Reviewers were told that the head orthoptist role had previously been of a higher grade but had been reviewed after the previous post holder retired.

[3] Reviewers commented, however, that many services no longer carry out blood pressure measurement and urine analysis on all patients.

Ophthalmology service representatives did not always attend the divisional governance meetings and historically there was no ophthalmology nursing representation.

4. **Safeguarding**

The policy on safeguarding referrals for children who did not attend was not clear. Both the orthoptics department and the lead consultant for children had sought and been given advice on this issue. The advice each had received was different, and so different processes had been implemented.

5. **Staffing and Training**

a. There was no cover for absences for some specialist roles, including specialist nurses for glaucoma, cataract (pre- and post-operative), macular and injections, and the specialist technician for glaucoma assessment. The patient pathway and the quality of patient care were therefore likely to vary during absences.

b. The service did not have a clear training plan, and arrangements for funding training did not appear to be robust. Some staff were funding their own training, including training for specialist roles. Reviewers were told that charitable funding was used for training, but only two days' training had been funded by this route in the previous year. Robust arrangements for the updates needed to maintain specialist competences were not evident.

6. **Supply of Low Vision Equipment**

Low vision equipment was supplied by the low vision service if funding was available, rather than on the basis of need. The service was unable to supply spectacle mounted plus lenses, and access to more complicated equipment was reported to be difficult. This issue may be related to the commissioning of this service (see commissioning section of this report).

Further Consideration

1. **Screening of referrals**

Paper referrals were screened by a consultant, and for paediatric services referrals were reviewed by the lead orthoptist; if necessary, the urgency of the referral was then altered. Electronic referrals for which a clinic slot could not be booked were not subject to the same screening. Urgent referrals were given priority, but non-urgent referrals could wait up to 12 weeks before being allocated to a clinic. Only when the patient was given a clinic appointment was the patient information available for the consultant to review. Reviewers suggested that consideration should be given to aligning the screening process for paper and electronic referrals. A pilot of the use of a 'virtual' clinic for screening Appointment Slot Issue (ASI) electronic referrals may provide additional information on the value of the screening process. Reviewers suggested that this issue should be considered relatively soon to identify, in particular, the extent and type of electronic referrals sent through the non-urgent route that are subsequently found to be more urgent than initially expected.

2. **Plan of Care**

Some patients were not given copies of the GP letter which summarised their plan of care, including the planned review date, or a plan of care in another format. Optometrists also did not always receive information about the plan of care.

3. **Multi-Disciplinary Service Development and Improvement**

Reviewers saw little evidence of multi-disciplinary service development and improvement. Changes were happening when individual consultants were interested, but no culture of strong multi-disciplinary discussion and challenge was apparent. The extent to which non-medical staff were empowered to develop the service appeared low. For example, the injection nurse was required to complete 100 injections before being 'signed off' as competent, which seemed to reviewers to be a high number. Reviewers also commented that separate common rooms for different disciplines may not encourage multi-disciplinary working.

4. **Information for Patients and Carers**

   a. Patient information was stored in the ECLO's room and was given out at consultations with the consultant, specialist nurse or ECLO. Little information was available in the out-patient department or day surgery area, partly because of the limited space in the out-patient department. Reviewers suggested that making commonly used information more easily available in the main waiting areas, and directing patients and carers to local and national charities, sources of information and support would be helpful.

   b. Responsibility for giving advice about DVLA regulations and driving was not clear. Some staff commented that it was not their responsibility to provide this advice. Reviewers considered that staff should be providing advice on the DVLA regulations and the driving implications of patients' eye problems.

   c. Some staff who met the visiting team talked about 'registration' when 'certification' of visual impairment was the appropriate term. This could cause confusion for patients and carers.

5. **Patient and Carer Involvement**

   The service did not have mechanisms for involving patients and carers in decisions about the organisation of services. The low vision service had undertaken a survey, but the questions asked could not lead to suggested improvements. Good 'You said – We did' boards were available, but the service may wish to consider implementing additional mechanisms for involving patients, especially as their needs will differ from those of other patients at the Trust. This may be particularly helpful as part of the work to reduce the backlog of follow up appointments (see below).

6. **Reducing overdue follow up appointments**

   Reviewers were specifically asked for suggestions for further ways of reducing the number of overdue follow up appointments. Reviewers commended the work that had already been undertaken, including nurse-led post-operative assessment clinics, specialist nurse-led macular clinics, nurse injections, a revised paediatric pathway utilising orthoptics and optometrist screening, and plans for technician-led glaucoma assessment clinics. Reviewers suggested that consideration could be given to the following:

   a. Development of an Enhanced Primary Care Service with access to diagnostics, treatment for some conditions and follow up for low risk patients, with appropriate supervision, shared care and governance arrangements. Post-operative follow-up, especially following cataract surgery, could also be provided by this service. Co-location with the low vision service clinics could improve the support available for patients and carers. This would be in line with the Vision Strategy for the Dudley Borough and would free up capacity within the Russells Hall Hospital ophthalmology out-patient department. Privacy and dignity could be improved and Saturday clinics reduced. This may also provide the opportunity to streamline the patient journey through the out-patient department.

   b. Development and audit of follow up and discharge guidelines for common conditions. This should help to identify any differences in clinical practice that do not have clinical justification, and would ensure that the service was not seeing patients who could be managed in primary care.

   c. Stopping blood pressure measurement and urine analysis for all patients attending ophthalmology out-patient clinics, restricting these investigations to those patients with particular clinical indications, for example, patients with diabetes.

   d. The process of booking out-patient (new and review) follow up appointments appeared very complex. Reviewers were assured that the process worked in practice, and that new booking rules had been implemented in November 2016. Process mapping may identify further improvements that could be made.

7. **Other service improvements**

Reviewers made the following suggestions that may help to improve the service offered:

a. There appeared to be the potential to increase the amount of diagnostics undertaken locally, either through the employment of an imaging technician or through the use of local optometrists' facilities. Reviewers considered that patients were being referred to Birmingham for diagnostics that could be provided locally.

b. Theatre utilisation was only 75% and reviewers considered that it should be feasible to increase this.

c. Although an important aspect of a low vision service, refraction for adults was not provided by the low vision service, and the low vision practitioners were relying on a sight test undertaken by the General Ophthalmic Service with no formal means of liaison. Reviewers considered that refraction for adults should be considered as an essential component of the low vision service, especially for patients with complex refraction issues.

d. Reviewers were told that links between the specialist eye service and the Child Development Team were difficult because members of the Child Development Team visited families separately. Liaison with the team as a whole was therefore difficult. Also, the specialist eye service did not have face to face meetings with the Specialist Visual Impairment Teaching Service. A proactive approach to relationships with these services may help to improve liaison.

e. The reviewers were not certain if a multi-disciplinary team (MDT) approach was in place for the management of thyroid eye disease and periocular cancers. If not, a multi-disciplinary team approach for both conditions should be developed.

f. The orthoptic service was providing a service for patients with stroke, which had started as a pilot. Following the evaluation of the pilot project, plans were in progress for the service to be commissioned to provide a service to support assessment of people with stroke in both the in-patient and out-patient setting.

COMMISSIONING

General Comments and Achievements

Commissioners had led several improvements in the eye care pathway in Dudley, including development of the Health Living Optician scheme and the Vision Strategy for the Dudley Borough. Bimonthly meetings of relevant local eye care 'stakeholders' took place, and there were plans for the further development of this group to include service user and carer representatives.

Concerns

1. **Service specifications**

Service specifications were not made available to reviewers and so the exact services commissioned and the quality metrics by which these were monitored were not clear. Particular issues were identified in relation to commissioning of the low vision service, including supply of equipment, and child health screening. It was also not clear who had responsibility for monitoring the screening programme.

Further Consideration

1. **Implementation of Vision Strategy for the Dudley Borough**

Arrangements for implementation of the Vision Strategy for the Dudley Borough, including consideration of risk, finance, clinical governance and systems management, were not clear.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team		
Mary Bairstow	Optometrist National Development Manager	VISION 2020 UK
Shelagh Baynham	Head of Orthoptics & Acting Head of Optometry	The Royal Wolverhampton NHS Trust
Sarah McCay	Eye Ward Manager	Sandwell and West Birmingham Hospitals NHS Trust
Lauren O'Shea	Audit and Effectiveness Facilitator	Walsall Healthcare NHS Trust
Clare Roberts	Optometrist and Chairperson	West Midlands Local Eye Health Network.
Mr Soupramanien Sandramouli	Consultant Ophthalmologist	The Royal Wolverhampton NHS Trust
Rhona Woosey	Network & Commissioning Manager	NHS Birmingham South Central Clinical Commissioning Group
Laura Young	Directorate Lead Nurse	Sandwell and West Birmingham Hospitals NHS Trust

WMQRS Team		
Jane Eminson	Director	West Midlands Quality Review Service

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APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No, but', where there is real commitment to achieving a particular standard, than a 'Yes, but' where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 - Percentage of Quality Standards met

Details of compliance with individual Quality Standards can be found in a separate document.

Service	Number of Applicable QS	Number of QS Met	% met
Primary Care	4	1	**25**
Specialist Service	41	20	**49**
Low Vision Service	30	10	**33**
Emergency Department	1	1	**100**
Commissioning	6	1	**17**
Health Economy	**82**	**33**	**40**

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PRIMARY CARE

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VA-101	**Primary Care Information and Support** Information and support for patients and, if appropriate, their carers should be available, covering at least: a. Health promotion, including smoking cessation, healthy eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being b. Services available in the local patient pathway, including self-referral to the low vision service c. Condition-specific information d. Eligibility for patient transport Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.	Y	Information was available, including through the Healthy Living Optician Scheme, although it was unclear how well this was used in practice. Compliance judged on self-assessment and verbal information.
VA-299	**Training and Development Programme** General practitioners, providers of General Ophthalmic Services and other health, social care and education practitioners working with groups of people with, or at risk of, vision impairment should participate in the local programme of training and development for primary care staff (QS VZ-602).	N	Reviewers did not see evidence of a systematic training and development programme for primary care staff in relation to eye care. Some activities did take place.
VA-501	**Primary Care Guidelines** Guidelines on primary care management should be in use, covering at least the role of primary care in: a. Diagnosis, monitoring and management b. Management of acute exacerbations and acute complications c. Indications for urgent and routine referral to: i. Specialist (consultant-led) eye service ii. Enhanced primary care eye services (if available locally) d. Information to be sent with each referral, including Inclusion of photographs or other images of the eye e. Rapid referral pathways for: i. Suspected wet age-related macular degeneration ii. Retinal changes including suspected retinal detachment iii. Infections of the eye iv. Eye problems in children v. Post operative problems vi. Corneal graft problems f. Indications and arrangements for referral to the Low Vision Service	N	Reviewers did not see primary care guidelines, although the self-assessment was that 'a', 'b', 'c' and 'f' were in place. Clear referral criteria were not evident.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VA-502	**Domiciliary Service** Guidelines for domiciliary service provision should be in use covering at least: a. Referral criteria b. Advice and patient education c. Eye tests including: i. What tests should and should not be performed ii. Options if recommended tests cannot be performed d. Portable equipment required e. Supply and fitting of spectacles f. Spectacles after-sales service g. Advice and supply of low vision aids h. Further tests if required i. Referral if indicated, including to the Low Vision Service	N	Guidelines for domiciliary service provision were not available.

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SPECIALIST SERVICE

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-101	**Service Information** Each service should offer patients and, if appropriate, their carers information covering: a. Organisation of the service, such as opening hours, clinic times and transport arrangements b. Staff and facilities available c. Preparation for attending including, if appropriate, advice on driving and pupil dilation d. Availability of low vision aids e. How to contact the service for help and advice, including out of hours f. Eligibility for patient transport g. How to raise concerns about the service Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.	N	Many aspects of the QS were met. Further work was planned on signage in the out-patient department and follow up patient letters in order to achieve full compliance.
VN-102	**Condition-Specific Information** Patients and, if appropriate, their carers should be offered information covering, at least: a. Brief description of their condition and its impact b. Possible complications and how to prevent these c. Therapeutic and rehabilitation interventions offered by the service, possible side-effects and likely outcomes d. Early warning signs of problems and action to take if these occur Information should be available for, at least, the following: i. Squints and other problems of vision development (children only) ii. Cataracts iii. Glaucoma iv. Eye trauma v. Corneal and conjunctival problems vi. Retinal problems including detachment, macular degeneration and retinopathy vii. Inflammatory eye conditions viii. Oculoplastics ix. Any other conditions commonly managed by the service Information should be available in a range of accessible formats, including digital and audio information. Written information should be in at least 14 point font size with good contrast.	Y	Leaflets were available. These were stored in the ECLO's room and given out during consultations. Reviewers suggested that commonly used information could be made more easily available to patients and carers.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-103	**Visual Impairment and Information** Patients and, if appropriate, their carers should be offered information covering, at least: a. Managing with vision impairment or sight loss, including: i. Accessible information ii. Contrast and lighting iii. Magnification and visual aids iv. Aids and equipment available v. Safety, mobility and independent living, including training available b. Low Vision Service and how to access it c. Specialist Vision Impairment Teaching Service and how to access it d. Peer support groups available locally e. Range of statutory and voluntary services available locally, including counselling and psychological support services f. Sources of further advice and information including national organisations g. Certification of vision impairment (if appropriate) h. Benefits and welfare advice i. DVLA regulations and driving advice (if applicable) j. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being Information should be available in a range of accessible formats, including digital and audio information. Written information should be in at least 14 point font size with good contrast.	Y	As QS VN-102.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-104	**Plan of Care** Each patient and, where appropriate, their carer should discuss and agree a plan of care covering at least: a. Preferred information format b. Agreed goals, including life-style goals c. Self-management d. Planned assessments, therapeutic and/or rehabilitation interventions e. Early warning signs of problems, including acute exacerbations, and what to do if these occur f. Planned review date and how to access a review more quickly, if necessary g. Name of 'key worker' who they can contact with queries or for advice h. Whether referred to or in contact with the Low Vision Service	N	A plan of care was discussed with each patient and recorded in their case notes with a planned review date. Some patients did not receive copies of the GP letter which summarised the plan of care.
VN-105	**Contact for Queries and Advice** Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear and should be specified for: a. Urgent queries b. Post-surgery queries c. All other queries Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.	Y	The Day Surgery Unit took telephone calls until 11pm and so provided good support for people following surgery.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-106	**Education Health Care Plan (Services caring for children and young people only)** A Education Health Care Plan should be agreed with each child or young person whose eye condition impacts on their interaction with education materials or the educational environment, their family and their school. This plan should cover at least: a. Eye condition b. School attended c. Preferred format for learning materials and arrangements for sourcing materials in this format d. Safety and mobility while at school e. Aids and adaptations to learning environments f. Psychological and emotional support g. Care required while at school including medication h. Responsibilities of Specialist Visual Impairment Teaching Service, carers and school staff i. Likely problems and what to do if these occur, including what to do in an emergency j. Arrangements for liaison with the school k. Review date and review arrangements	Y	Education Health Care Plans were completed for young people, and the ophthalmic consultant contributed to these as much as possible. Good links with general paediatrics were in place.
VN-195	**Transition to Adult Services** Young people approaching the time when their care will transfer to adult services should be offered: a. The opportunity to discuss the transfer of care with paediatric and adult services b. A named coordinator for the transfer of care c. A preparation period prior to transfer d. Information in their preferred format about the transfer of care, including arrangements for monitoring during the time immediately afterwards	N/A	Children transitioning to adult care stayed with the same consultant. This provided good continuity of care. Capacity for care of all children into adulthood may become a problem in the future.
VN-196	**Discharge Information** On discharge from the service patients and, if appropriate, their carers should be offered information in their preferred format covering at least: a. Care after discharge b. Safety, mobility and independent living c. Ongoing self-management of their condition d. Possible complications and what to do if these occur e. Who to contact with queries or concerns This information should be communicated to the patient's GP and, with the patient's agreement, their referring optometrist.	N	Not all patients were given a copy of their discharge letter. For some patients a duplicate of the GP letter was sent to the referring optometrist or given to the patient to give to an optometrist of their choice. All patient information leaflets included information about care after discharge.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-197	**General Support for Patients and Carers** Patients and, if appropriate, their carers should have easy access to the following services and information about these services should be easily available: a. Interpreter services b. Independent advocacy services c. Complaints procedures d. Social workers e. Benefits advice f. Spiritual support g. *HealthWatch* or equivalent organisation	Y	
VN-198	**Carers' Needs** Carers should be offered information on: a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support	Y	This information, including contact numbers, was included on patient information leaflets.
VN-199	**Involving Patients and Carers** The service should have: a. Mechanisms for receiving regular feedback from patients and, if appropriate, their carers about treatment and care they receive b. Audits of patients' experiences of: i. Accessing the service ii. Availability of accessible information c. Mechanisms for involving patients and, if appropriate, their carers in decisions about the organisation of the service d. Examples of changes made as a result of feedback and involvement of patients and, if appropriate, their carers	N	Excellent display boards in both day surgery and out-patients provided good opportunities for patient feedback, including opportunities for patients to add and respond to issues. 'You said – We did' information was also included. Mechanisms for involving patients and carers in decisions about the organisation of the service were not clear.
VN-201	**Lead Consultant and Lead Nurse** A nominated lead consultant and lead nurse should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead consultant and lead nurse should be registered healthcare professionals with appropriate specialist competences in this role and should undertake regular clinical work within the service.	N	A lead consultant was in place and a lead nurse for day surgery. A lead nurse for out-patients had been put in place three weeks before the review visit but had no time allocated for the role. The out-patient lead nurse had eight clinics per week and no administrative support, and reviewers considered that it was therefore not possible to fulfil the lead nurse role effectively.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-202	**Staffing Levels and Skill Mix** Sufficient staff with appropriate competences should be available for the: a. Number of patients usually cared for by the service and the usual age and case mix of patients b. Service's role in the patient pathway and expected timescales c. Assessments and interventions offered by the service d. Use of equipment required for these assessments and interventions e. Urgent review within agreed timescales An appropriate skill mix of staff should be available including: i. Ophthalmologists ii. Specialist nurses iii. Optometrists iv. Orthoptists v. Eye Clinic Liaison Officer vi. Other relevant allied healthcare professionals Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.	N	Appropriate medical, day surgery, optometrist, orthoptist and ECLO staffing was in place, including an ECLO assistant to provide cover. Some specialist roles, including specialist nurses for glaucoma, cataract (pre- and post-operative), macular and injections, and the specialist technician for glaucoma assessment, had no cover for absences.
VN-203	**Service Competences and Training Plan** The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place. Competences included should cover at least: a. Understanding the needs of children and adults with vision impairment and sight loss b. Communication with children and adults with vision impairment and sight loss c. Communication with people with hearing impairment d. Diversity specific to vision impairment and sight loss e. Interventions and procedures undertaken by non-consultant staff f. Use of equipment including biometry, OCT, microscope, flourescein, lasers	N	Nurse practitioners had very good competency folders but the service did not have a clear training plan. Several staff had funded their own training, including training for roles which were part of the service's action plan in relation to delayed follow up atttendances. Reviewers were told that charitable funding was used for training, but only two days' training had been funded by this route in the previous year.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-204	**Competences – All Health and Social Care Professionals** All health and social care professionals working in the service should have competences appropriate to their role in: a. Safeguarding children and/or vulnerable adults b. Dealing with challenging behaviour, violence and aggression c. Consent, Mental Capacity Act and Deprivation of Liberty Safeguards d. Resuscitation e. Information governance	N	Out-patient staff had only 80% compliance with mandatory training.
VN-205	**Pathway Leads** A lead clinician for each of the following should be identified: a. Children's eye care, squints and other disorders of vision development b. Care of people with learning disabilities c. Cataracts d. Glaucoma e. Eye trauma f. Corneal and conjunctival problems g. Retinal problems including detachment, macular degeneration and retinopathy h. Inflammatory eye conditions i. Oculoplastics	Y	
VN-206	**Supervision** Arrangements should be in place for clinical supervision of non-consultant healthcare professionals providing specialist care.	Y	
VN-299	**Administrative, Clerical and Data Collection Support** Administrative, clerical and data collection support should be available.	N	Advanced nurse practitioners had no administrative support for letters to patients and to optometrists. Support was available for letters to GPs. Appointments were being made to two additional band 2 posts to assist secretarial staff.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-301	**Support Services** Timely access to an appropriate range of support services should be available including: a. Low Vision Service b. Psychological support c. Smoking cessation service d. Dietary advice e. Specialist pathology service f. Genetic counselling g. Pharmacy h. Falls Prevention Service or staff with specialist expertise in falls prevention i. Occupational therapy Services caring for children and young people should also have access to: j. Paediatrician with a specialist interest in the care of children and young people with eye problems k. Child development team l. Specialist Visual Impairment Teaching Service	Y	Reviewers were assured that support services were available, but little evidence of referral routes or referral criteria was available.
VN-302	**Supra-Specialist Eye Services** Timely access to an appropriate range of support services should be available: a. Specialist imaging of the eye i. Electro-diagnostic services ii. Ultrasound biomicroscopy iii. Corneal topography b. Ocular oncology c. Artificial eye service d. Specialist contact lens fitting e. Ocular complications of transplantsLow Vision Service	Y	
VN-303	**Imaging Services** Timely access to the following should be available: a. External photography b. Plain x-ray, ultrasound, CT and MRI	Y	
VN-304	**Other Specialist Services** Timely access to the following services should be available: a. Skin cancer multi-disciplinary team b. Endocrinology c. Rheumatology d. Neurology and neuro-surgery e. Vascular surgery f. Stroke service	N	'c' to 'f' were in place. Effective access to 'a' and 'b' was not evident.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-305	**Theatres and Anaesthetic Service** Timely access to appropriate theatres and anaesthetic services should be available, including: a. Lead anaesthetist with overall responsibility for ophthalmic anaesthesia and critical care pathways b. Theatres with staff with eye surgery competences	Y	
VN-401	**Facilities and Equipment** Facilities and equipment should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients, including: **All facilities:** a. Suitable for the care of people with vision, physical and hearing impairments b. Easy availability of low vision aids c. Facilities for children and young people should be child-friendly and should ensure separation from adult patients d. Appropriate storage for medications, contact lenses and other disposables **Out-patient clinics**: e. Ability to change lighting levels and block out light f. Dedicated room for intravitreal injections g. Dedicated 'clean' procedure room **In-patient wards**: h. Isolation beds for patients with eye infections	N	See main report.
VN-402	**Imaging Facilities and Equipment** The following imaging should be available within the eye unit or very close to where the service is delivered: a. Anterior and posterior segment photography b. Optic disc imaging c. Optical coherence tomography d. A & B scan ultrasound e. Angiography available within two days (where clinically indicated) Evidence of regular calibration of all equipment should be available. Images should be accessible from all locations where care is delivered and should be capable of being linked to the patient's medical record by their NHS number.	Y	
VN-403	**Lasers** Facilities where lasers are used should have appropriate radiation protection service certification of compliance with safety guidelines for laser treatments.	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-499	**IT System** IT systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation, including functionality for: a. Storage of images of the eye b. Timely retrieval of stored images c. Viewing historic images d. Viewing images taken in other services e. Producing large print letters and information in the patients' chosen format f. Secure transmission of patient-identifiable data to other services involved in the patient's care Monitors should be of the quality required for diagnosis of patient images captured from retinal angiograms or retinal screening, and for viewing other digital examinations.	Y	
VN-501	**Referral Triage** If referral pathways (QS VA-501) include triage of referrals the following arrangements should be in place: a. Patients and, if appropriate, their carers should be given information about the triage process, including clear timescales by which they will be informed of the outcome b. Staff with appropriate competences should be available to perform triage c. Appropriate facilities and equipment for triage of referrals should be available d. Clinical guidelines covering the triage process should be in use e. Timescales from referral to triage and from triage to appointment should be specified and monitored f. Data on the number of referrals for triage and the outcome of triage should be collected g. Arrangements for feedback to both the patient's GP and, with the patient's agreement, their referring optometrist h. Audit of implementation of clinical guidelines ('d') and appropriateness of triage decisions	N/A	Separate arrangements for triage of referrals were not commissioned. Referrals were triaged by consultants, with the exception of non-urgent electronic referrals for which a clinic 'slot' was not available at the time of booking.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-502	**Clinical Guidelines** Guidelines on diagnosis, assessment, management and discharge should be in use covering the usual case mix of patients referred to the service including: a. Squints and other disorders of vision development b. Cataracts c. Glaucoma d. Eye trauma e. Corneal and conjunctival problems f. Retinal problems including, at least, detachment, macular degeneration and retinopathy g. Inflammatory eye conditions h. Oculoplastics Guidelines should be specific on: i. Assessment of children and young people using techniques and methods appropriate to their age and development including, where appropriate, refraction and fundus examination after cycloplegia ii. Assessment of people with learning disabilities using appropriate techniques and methods, including orthoptic and functional visual assessment iii. Care during pregnancy and breast feeding, where applicable iv. Monitoring and follow up, including frequency of follow up, depending on the condition and stage on the patient pathway. Monitoring and follow up may be through shared care arrangements with General Ophthalmic Services. v. Arrangements for emotional support after discharge vi. Discharge of people who did not attend appointments	N	Local guidelines were not yet in place for squint and other disorders of vision development, eye trauma, inflammatory eye conditions and oculoplastics. (See also main report in relation to local guidelines.)

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-503	**Ophthalmic Anaesthesia and Interventions** Guidelines should be in use covering: a. Patients needing a medical assessment prior to the intervention b. Management of minor operations in out-patients, including use of the WHO 'Safer Surgery' or other appropriate checklist c. Pre-operative assessment d. Choice of anaesthetic technique, including indications for sedation and contra-indications to local anaesthesia e. Pre-, intra-and post-intervention checklists f. Risk and posturing during vitreoretinal surgery for patients with intraocular gas tamponade g. Arrangements for emergency surgery outside normal working hours Guidelines should be specific about care of children, where applicable.	Y	Guidelines were in place. A member of staff with PILS (paediatric intermediate life support) training was always available in the recovery area following operations on children.
VN-504	**Local Referral Guidelines** Guidelines on referral to the following services should be in use: a. Low Vision Service b. Specialist Vision Impairment Teaching Service c. Eye Clinic Liaison Officer	N	Patients could be referred to these services but referral criteria were not clearly defined.
VN-505	**Onward Referral Guidelines** Guidelines should be in use covering referral of patients needing care not provided by the service or for which the service undertakes low volumes of activity, including at least: a. Specialist imaging of the eye i. Electro-diagnostic services ii. Ultrasound biomicroscopy iii. Corneal topography b. Ocular oncology c. Artificial eye service d. Specialist contact lens fitting e. Ocular complications of transplants f. Any other eye care services not provided locally	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-595	**Transition** Guidelines on transition of young people from paediatric to adult services should be in use covering, at least: a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Involvement of the young person's general practitioner in planning the transfer c. Joint meeting between paediatric and adult services in order to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer f. Arrangements for monitoring during the time immediately after transfer g. Informing the young person's GP and, with their agreement, other services involved in their care	N/A	As QS VN-195.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-601	**Operational Policy** The service should have an operational policy describing the organisation of the service including, at least: a. Expected timescales for the patient pathway, including initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales b. Local policy for offering accessible information c. Identifying how patients prefer to move around the department and ensuring their wishes are followed whenever possible d. Arrangements for follow up of patients who 'do not attend' e. Arrangements for supply of: i. Optical correction ii. Medication, including first prescription iii. Education in use of ophthalmic medication iv. Spectacle vouchers f. Notification of visually impaired children and young people to the Specialist Visual Impairment Teaching Service g. Arrangements and responsibilities for certification of vision impairment h. Arrangements for collection, labelling and transfer of pathology samples i. Arrangements for care of patients requiring follow up from diabetic retinopathy screening, including separation of new, surveillance and follow-up patients j. Arrangements for management of patients that require timely follow-up due to their condition	N	An operational policy covering the requirements of the QS was not yet in place. Some policies were available.
VN-602	**Rapid Referral Pathways** The following rapid referral pathways should be in place: a. Suspected wet age-related macular degeneration b. Retinal changes including suspected retinal detachment c. Infections of the eye d. Eye problems in children e. Post operative problems f. Corneal graft problems	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-603	**Multi-Disciplinary Discussion** Arrangements for multi-disciplinary discussion of relevant patients should be in place, including: a. Children and young people: Multi-disciplinary assessment and discussion with the child development team, relevant paediatricians and the Specialist Visual Impairment Teaching Service and any other relevant services b. People with learning disabilities: Multi-disciplinary discussion with learning disability services c. People with diabetes: Multi-disciplinary discussion with the specialist diabetes team d. Other multi-disciplinary discussion appropriate to the case mix of the unit	Y	'a', 'b' and 'd' were met, but there were no arrangements for multi-disciplinary discussion with the specialist diabetes team ('c').
VN-604	**Liaison with Other Services** Review meetings should be held at least annually with key services to consider liaison arrangements and address any problems identified, in particular with: **All services:** a. Low Vision Service b. Diabetes Service c. Service for people with learning disabilities d. Emergency Department **Services caring for children and young people:** e. Child Development Team f. Paediatrician with a specialist interest in the care of children and young people with eye problems g. Specialist Visual Impairment Teaching Service	N	'a' to 'd', and 'f', were met. Good liaison with the lead paediatrician was evident. Email contact with 'e' and 'g' took place, but not face to face meetings.
VN-605	**Specialist Clinics** The following specialist clinics should be available: a. Patients with glaucoma b. Patients with diabetes and eye problems c. Biomicroscopy for patients with diabetes and ungradeable images d. Laser treatmentappropriate to the case mix of the unit	Y	
VN-606	**Local Eye Health Network** Links with the Local Eye Health Network should be in place so that information about the work of the network is communicated to relevant staff and issues of concern to the service can be raised with the Local Eye Health Network.	N	However, local meetings with the CCG, the Local Ophthalmic Committee and public health staff took place every two months.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-701	**Data Collection** Regular collection and monitoring of data should be in place, including: a. Referrals to the service, including source and appropriateness of referrals b. Number or assessments, urgent reviews and therapeutic and /or rehabilitation interventions undertaken by the service c. Outcome of assessments and therapeutic and /or rehabilitation interventions d. Number of discharges from the service and type of care after discharge e. Key performance indicators f. Types of anaesthesia used, including topical anaesthesia g. Patients referred to the Low Vision Service h. Children and young people referred to the Specialist Visual Impairment Teaching Service i. Patients certified as visually impaired j. Patients receiving ongoing care from the service k. Referrals for triage and the outcome of triage (if triage provided) l. Out-patient follow up to new ratio for each sub-specialty	N	Reviewers did not see evidence of data collection covering the requirements of this QS.
VN-702	**Audit** The services should have a rolling programme of audit covering: a. Evidence-based clinical guidelines (QS VN-500s) for each sub-specialty b. Standards of record keeping c. Timescales for key milestones on the patient pathway d. Any active Royal College of Ophthalmologists national audits e. Certification of vision impairment	N	Reviewers did not see evidence of compliance with this QS. Six-weekly audit meetings took place and the service was planning to participate in the national cataract audit. Medical staff said that other disciplines were able to attend the audit meetings, but other staff who met the visiting team thought that the meetings were only for medical staff. Two nursing audits were seen but reviewers did not see evidence of actions after audits or of shared learning.
VN-703	**Key Performance Indicators** Key performance indicators (QS VN-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.	N	Reviewers were told that monthly divisional meetings discussed key performance indicators but did not see any evidence of these meetings.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VN-798	**Multi-Disciplinary Review and Learning** The service should have multi-disciplinary arrangements for a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Review of and implementing learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency	N	Governance meetings took place for the Specialist Surgery division but there was no evidence of multi-disciplinary review and learning within the ophthalmology service. Day surgery staff did not appear to be involved in or get feedback from meetings about ophthalmology.
VN-799	**Document Control** All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.	N	The documents seen by reviewers were not version controlled.

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LOW VISION SERVICE

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-101	**Service Information** Information on the Low Vision Service should be widely available covering: a. How to contact the service for help and advice b. Arrangements for patients who are housebound c. How to access the service d. Opening hours e. Range of services, staff, facilities, equipment and technology available f. Eligibility for free or subsidised transport to the service and how to arrange this g. How to raise concerns about the service Information should be available in local optometrists' premises, diabetic retinopathy screening locations and in the local specialist eye service. Information should be in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.	Y	The ECLO had a lot of good information, although this did not cover domiciliary service provision. Much of the material was from external sources and the source was not always clear. See also main report in relation to making information more easily available to patients and carers.
VP-102	**Condition-Specific Information** Service users and, if appropriate, their carers should be offered information covering, at least: a. Common eye conditions b. Possible complications and how to prevent these c. Early warning signs of problems and action to take if these occur Information should be available in a range of accessible formats including digital and audio information. Written information should be in at least 14 point font size with good contrast.	Y	Leaflets were available and given out during consultations. Reviewers suggested that commonly used information could be made more easily available to patients and carers.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-103	**Visual Impairment Information** Service users and, if appropriate, their carers should be offered information covering, at least: a. Managing with visual impairment or sight loss, including: i. Accessible information ii. Contrast and lighting iii. Magnification and visual aids iv. Aids and equipment available v. Safety, mobility and independent living, including training available b. Specialist Vision Impairment Teaching Service and how to access it c. Peer support groups available locally d. Range of statutory and voluntary services available locally, including counselling and psychological support services e. Sources of further advice and information including national organisations f. Certification of vision impairment (if appropriate) g. Benefits and welfare advice h. DVLA regulations and driving advice (if applicable) i. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.	N	As QS VP-102. Information about DVLA regulations and driving advice was not evident.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-104	**Personalised Plan** Each service user and, where appropriate, their carer should discuss and agree their personalised plan of care, and should be offered a written record covering at least: a. Preferred information format b. Summary of assessment of visual function and eye health c. Agreed goals, including life-style goals d. Self-management e. Planned interventions and associated costs including, if applicable: i. Preventing further sight loss ii. Safety, mobility and independent living training iii. Provision of optical and non-optical equipment and technology, including any associated costs iv. Social care provision v. Counselling and emotional support vi. Specialist Vision Impairment Teaching Service support vii. Employment advice and support f. Welfare and benefits advice g. Certification of vision impairment (if appropriate) h. Early warning signs of problems, including acute exacerbations, and what to do if these occur i. Planned review date and how to access a review more quickly, if necessary j. Who to contact with queries or for advice The service user should be offered a copy of their personalised plan of care in their preferred format. The plan of care should be communicated to the patient's GP and, with the patient's agreement, to other services involved in their care.	N	Patients did not all receive a copy of their GP letter and there was no other plan of care format. Responsibility for agreeing the plan of care with the patient was not clear. Patients were given telephone numbers for the ECLO and the low vision service.
VP-105	**Contact for Queries and Advice** Each service user and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.	N	Names and contact details for the ECLO and orthoptist were given to patients. However, the cards did not include contacts for advice and response times.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-106	**Education Health Care Plan (Services caring for children and young people only)** An Education Health Care Plan should be agreed with each child or young person whose eye condition impacts on their interaction with education materials or the educational environment, their family and their school. This plan should cover at least: a. Eye condition and other medical conditions (if applicable) b. School attended c. Preferred format for learning materials and arrangements for sourcing materials in this format d. Safety and mobility while at school e. Aids and adaptations to learning environments f. Psychological and emotional support g. Care required while at school including medication h. Responsibilities of Specialist Visual Impairment Teaching Service, carers and school staff i. Likely problems and what to do if these occur, including what to do in an emergency j. Arrangements for liaison with the school k. Review date and review arrangements	Y	Education Health Care Plans were completed for young people, and the ophthalmic consultant contributed to these as much as possible. Good links with general paediatrics were in place.
VP-196	**Discharge Information** On discharge, service users and, if appropriate, their carers should be offered information covering at least: a. Maintaining agreed goals, including ongoing self-management b. Possible problems and what to do if these occur c. How to re-access the service d. Who to contact with queries or concerns This information should be communicated to the service user's GP and, with the service user's agreement, to other services involved in their care.	N	Reviewers did not see evidence of discharge letters or other communications with the patient.
VP-197	**General Support for Service Users and Carers** Service users and, if appropriate, their carers should have easy access to the following services: a. Interpreter services b. Independent advocacy services c. Complaints procedures d. Spiritual support e. HealthWatch or equivalent organisation	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-198	**Carers' Needs** Carers should be offered information on: a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support d. Services specific to visual impairment including sight awareness training	Y	This information, including contact numbers, was included on patient information leaflets.
VP-199	**Involving Service Users and Carers** The service should have: a. Mechanisms for receiving regular feedback from service users and, if appropriate, their carers about treatment and care they receive b. Audits of service users' experiences of: i. Accessing the service ii. Availability of accessible information c. Mechanisms for involving service users and, if appropriate, their carers in decisions about the organisation of the service d. Examples of changes made as a result of feedback and involvement of service users and, if appropriate, carers	N	A survey had been undertaken but the actions taken as a result were not clear. (See also main report, 'further consideration' section.) Mechanisms for involving users and carers in discussions about the organisation of the service were not yet in place.
VP-201	**Lead Professional** A nominated lead professional should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead professional should be a health or social care professional with appropriate specialist competences for this role and should undertake regular work within the service.	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-202	**Staffing Levels and Skill Mix** Sufficient staff with appropriate competences should be available for the: a. Number of users of the service b. Service's role in the local pathway and expected timescales c. Assessments and interventions offered by the service d. Equipment, technology and training provided by the service An appropriate skill mix of staff should be available including: i. Optometry / orthoptics ii. Social work iii. Occupational therapy iv. Psychological support v. Mobility, orientation and daily living skills vi. Eye Clinic Liaison Officer Cover for absences should be available so that service provision is not unreasonably delayed, and outcomes and experience are not adversely affected, when individual members of staff are away.	N	Staff with social work competences were not available as part of the low vision service although referrals could be made. Refraction for adults was not provided by the service, although this appeared to be mainly due to limited facilities (rather than staffing). Staff had some competences in the care of people with learning disabilities or dementia but additional competences for work with these groups may be helpful.
VP-203	**Service Competences and Training Plan** The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place. Competences included should cover at least: a. Safeguarding children and/or vulnerable adults b. Understanding the needs of children and adults with vision impairment and sight loss c. Communication with children and adults with visual impairment and sight loss d. Communication with people with hearing impairment e. Diversity specific to vision impairment and sight loss f. Providing emotional support g. Dealing with challenging behaviour, violence and aggression	N	Nurse practitioners had very good competency folders, but the service did not have a clear training plan. Several staff had funded their own training, including training for roles which were part of the service's action plan in relation to delayed follow up attendances. Reviewers were told that charitable funding was used for training, but only two days' training had been funded by this route in the previous year.
VP-299	**Administrative, Clerical and Data Collection Support** Administrative, clerical and data collection support should be available.	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-301	**Services providing Support and Advice** If these are not part of the Low Vision Service multi-disciplinary team (QS VP-202), timely access to the following services should be available a. Optometry b. Social work c. Occupational therapy d. Psychological support e. Mobility, orientation and daily living skills f. Eye Clinic Liaison Officer g. Falls Prevention Service or staff with specialist expertise in falls prevention h. Specialist Vision Impairment Teaching Service	Y	
VP-401	**Facilities** Facilities available should be appropriate for the assessments and interventions offered and designed or adapted for the needs of people with visual, physical and hearing impairments.	Y	Compliance judged on self-assessment as reviewers did not visit the site where low vision services were provided.
VP-402	**Low Vision Assessment** Appropriate equipment for eye examinations should be available and appropriately maintained.	Y	As QS VP-401.
VP-403	**Equipment Supplied** At least the following equipment should be available, including for demonstration and loan: a. Hand and stand magnifiers b. Table mounted stand magnifiers c. Spectacle mounted plus lenses d. Hand held monocular / binoculars e. Contrast enhancing tints and glare protection shields f. Other low vision and independent living aids g. Special optical solutions for people with stroke Information should be available on how to access equipment and technology not supplied locally. Facilities available should be appropriate for the assessments and interventions offered and designed or adapted for the needs of people with visual, physical and hearing impairments.	N	See main report.
VP-499	**IT System** IT systems for storage, retrieval and transmission of service user information should be in use for administration, clinical records, outcome information and other data to support service improvement, audit and revalidation.	N	Compliance judged on self-assessment. Systems were available for viewing diagnostics but not for other aspects of the low vision service.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-501	**Assessment Guidelines** Guidelines on assessment should be in use covering at least: a. Eye examination (unless the service has evidence of a recent examination or referral for examination) b. Functional visual assessment c. Holistic needs assessment, including screening for depression d. Falls risk assessment	N	Local guidelines were not available (see also main report). Staff said that they followed BIOS extended roles clinical guidelines. Case notes seen by reviewers were not 'outcomes-based' and it was not clear from the notes that assessment guidelines were in use.
VP-502	**Guidelines** Guidelines should be in use covering, at least: a. Provision or prescription of optical and non-optical low vision aids b. Training to enable vision aids to be used effectively, for example, eccentric viewing or rehabilitation training c. Provision of or referral to: i. Home assessment and mobility rehabilitation services ii. Counselling iii. Education and employment services iv. Benefits advice v. Peer support groups d. Monitoring and follow up	N	Local guidelines were not yet available.
VP-503	**Referral for Equipment and Technology** Guidelines on referral for specialist equipment and technology not supplied by the service should be in use covering, at least, referral for: a. Spectacle mounted telescopes b. Biopic telescopes c. Reverse telescopes d. Hemianopia prisms e. Other equipment and technology not supplied by the service	N	Service users were referred to the Beacon Centre, but referral criteria were not clear.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-601	**Operational Policy** The service should have an operational policy describing the organisation of the service including, at least: a. Expected timescales for the local pathway and arrangements for achieving and monitoring these timescales, including ensuring contact is made within 10 days of referral, urgent assessments are completed within two weeks of referral and all assessments are completed within 18 weeks of referral b. Local policy for offering accessible information c. Arrangements for follow up of service users who 'do not attend' d. Arrangements for multi-disciplinary discussion of appropriate service users e. Arrangements for liaison with specialist eye services f. Arrangements for liaison with Specialist Visual Impairment Teaching Services g. Arrangements and responsibilities for certification of vision impairment	N	An operational policy covering the requirements of the QS was not yet in place. Some policies were available.
VP-602	**Liaison with Other Services** Review meetings should be held at least annually with key support services to consider liaison arrangements and address any problems identified, in particular with: a. Specialist eye care services for the local area b. Specialist Visual Impairment Teaching Services for the local area c. Other relevant voluntary sector services available locally	N	'a' was not applicable as the services were part of the same management structure. Links with the Specialist Visual-Impairment Teaching Service existed, but through email rather than face to face meetings. 'c' was met.
VP-606	**Local Eye Health Network** Links with the Local Eye Health Network should be in place so that information about the work of the network is communicated to relevant staff and issues of concern to the service can be raised with the Local Eye Health Network.	N	However, local meetings with the CCG, the Local Ophthalmic Committee and public health staff took place every two months.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VP-701	**Data Collection** Regular collection and monitoring of data should be in place, including: a. Referrals to the service, including source and appropriateness of referrals b. Number or assessments and interventions undertaken by the service c. Outcome of assessments and interventions d. Number of discharges from the service e. Key performance indicators including: i. Number of first contacts within 10 days of referral ii. Completion of urgent assessments within two weeks of referral iii. Completion of all assessments within 18 weeks of referral	N	Some data on the low vision service were collected, but these did not cover all the requirements of the QS.
VP-702	**Audit** The services should have a rolling programme of audit of compliance with: a. Evidence-based clinical guidelines (QS VP-500s) b. Standards of record keeping c. Timescales for key milestones on the local pathway	N	Guidelines were not yet in place and so their implementation could not be audited. Reviewers were told that regular audits of documentation were undertaken, but they did not see evidence of this.
VP-703	**Key Performance Indicators** Key performance indicators (QS VP-701) should be reviewed regularly with service managers and commissioners.	N	Reviewers were told that monthly divisional meetings discussed key performance indicators, but they did not see any evidence of these meetings.
VP-798	**Multi-Disciplinary Review and Learning** The service should have multi-disciplinary arrangements for: a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Review of and implementing learning from published scientific research and guidance Ongoing review and improvement of service quality, safety and efficiency	N	Governance meetings took place for the Specialist Surgery division but there was no evidence of multi-disciplinary review and learning within the ophthalmology service.
VP-799	**Document Control** All policies, procedures and guidelines should comply with local document control procedures.	N	The documents seen by reviewers were not version controlled.

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EMERGENCY DEPARTMENT

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VE-501	**Emergency Eye Care** Guidelines should be in use covering: a. Triage of patients with eye problems b. Types of eye problems accepted by the service c. Age of patients with eye problems accepted by the service d. Hospitals to which patients not accepted by the service (age and type of problem) should be referred For patients with eye problems accepted by the service: e. A dedicated room with appropriate equipment and drugs available f. Availability of staff with competences in the care of people with eye problems g. Arrangements for supervision of junior medical staff h. Access to consultant ophthalmologist advice (24/7) i. Arrangements for patients to be seen by a specialist eye service (24/7) Arrangements for local follow up of patients seen by non-local specialist eye services	Y	A service was provided Monday to Friday from 8.30am to 4.30pm. An 'Urgent Referral' proforma had been agreed for use with the CCG.

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COMMISSIONING

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VZ-601	**Needs Assessment and Strategy** For the eye health pathway, commissioners should have an agreed: a. Needs assessment b. Strategy for the development of services to meet local needs across the patient pathway The local strategy should cover, when appropriate, prevention (primary and secondary), assessments, therapeutic interventions, rehabilitation and re-ablement.	N	A Vision Strategy for the Dudley Borough was in place and provided an overview of the planned approach to the development of services for people with visual problems and sight loss. The specialist service had not been involved in the development of this strategy. The arrangements and timescales for implementation were not clearly defined. A needs assessment had not yet been undertaken.
VZ-602	**Commissioning of Services** Services for the eye health pathway should be commissioned including: a. Prevention and awareness raising programmes b. Training and awareness programme for primary care and other health, social and education practitioners working with groups with, or at risk of, vision impairment. c. Shingles vaccination for people aged over 70 d. Child health screening for eye and vision problems at birth, age six to eight weeks and school entry e. Triage of referrals (optional) f. Enhanced primary care eye service (optional) g. Specialist (consultant-led) eye service h. Low Vision Service For each service, commissioners should specify: i. Range of assessments, therapeutic and/or rehabilitation interventions offered ii. Criteria for referral to and discharge from the service including, for the Low Vision Service, self-referral and referral from any health and social care professional iii. Whether the service cares for children, adults or both iv. Locations from which patient care is to be provided v. Key performance indicators	N	'a': A Healthy Living Optician scheme was commissioned. 'b': Not yet met. 'c': Met. 'd': See main report. 'e': Not applicable as a separate triage service was not commissioned. 'f': Not applicable. An enhanced primary care service was not commissioned. 'g': Service was commissioned although a service specification was not available. 'h': This was being provided by Dudley Group NHS Foundation Trust although there was no service specification and arrangements for joint work with the Dudley MBC Sensory Loss Team were not clear.
VZ-603	**Public Awareness** A programme of public awareness of eye health, eye care and preventing eye problems should be run locally.	Y	A Healthy Living Optician scheme was commissioned.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
VZ-606	**Local Eye Health Network** The commissioner should ensure that meetings of the Local Eye Health Network, involving patients and, if appropriate, their carers, representatives of services in the local pathway and commissioners, are held at least annually.	N	Local meetings with the CCG, the Local Ophthalmic Committee and public health staff took place every two months. Dudley HealthWatch were invited to attend these meetings. Service users and carers were not yet part of the arrangements but there were plans to invite them. Involvement of the Dudley MBC Sensory Loss Team was not clear.
VZ-701	**Quality Monitoring** At least annually, commissioners should monitor for each service commissioned: a. Key performance indicators b. Aggregate data on activity and outcomes	N	Reviewers did not see evidence of compliance with this QS. 'Referral to treatment' times were monitored but commissioners did not appear to be actively monitoring delayed follow ups or other eye care specific quality indicators.
VZ-702	**Quality Monitoring - Screening** At least annually, commissioners should monitor: a. Coverage of each screening programme b. Referrals for further investigation or assessment c. Referrals to specialist eye service of children with screening- detected problems	N	

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