

Quality summary report:

Orthoptics and Ophthalmology

CLCH Quality Report Jan – Dec 2011

Service exact name	Community Paediatric Eye Services(Orthoptics and Ophthalmology)
Address line 1	CLCH
Address line 2	Edgware Community Hospital
Town/city	Edgware
County	UK
Postcode	HA8 0AD
No. beds	n/a
Website	www.clch.nhs.uk
Main telephone	020 8447 3567
Completed by	<i>Vibha Vora</i>

Service Manager

Approval

CLCH Quality Report 2011

Summary report for Orthoptics and Ophthalmology

Directorate	Health and Well-being, Specialist
Service area	Community Paediatric Eye Services(Orthoptics and Ophthalmology)
Boroughs	Barnet <input checked="checked" type="checkbox"/> Kensington & Chelsea <input type="checkbox"/> Hammersmith & Fulham <input type="checkbox"/> Westminster <input type="checkbox"/>
CQC statement of purpose for this service	<p>The Orthoptist Service is provided jointly by Central London Community Healthcare (CLCH) and Royal Free NHS Trust (RFH) and operates in the Barnet locality of CLCH .The Service provides a high quality service for children in an equitable, effective, efficient, responsive and affordable manner that contributes to the health and well-being of the children in Barnet. The Paediatric eye service has been provided since 1970 to the children in borough of Barnet aged under 16 years of age and provides seamless and integrated paediatric eye service from prevention to treatment.</p> <p>The service aims to provide ;</p> <ul style="list-style-type: none">• A paediatric eye service including both screening and treatment within the community• Access in primary and community health services with shorter waiting times and flexible clinic times for patients.• A cost effective service and which avoids unnecessary visits by the patients to the acute sector.• Prevention of the occurrence of visually impairing disease through effective screening and treatment.• Reduction of the visual impact of established disease e.g. vision screening for vision impairment in 4 – 5 year old followed by appropriate treatment.• Treatment and advice to maximise the functions in individuals with permanent visual impairment e.g., advise on low vision aids – referred from special schools and paediatricians• Screening, diagnosis and treatment of eye problems within the

	<p>community settings for children in Barnet</p> <ul style="list-style-type: none"> • Primary vision screening service in schools • Secondary Vision Screening • Special Schools Vision Screening • Baseline Eye exam for all the special needs children needing eye report and statementing which are referred from paediatricians and schools e.g. dyslexia <p>Patients to the above service are referred from GP's, Health visitors, School Nurses, community paediatricians and vision screening failures from the school screening programme.</p> <p>2.1 Service Description</p> <p>The Community paediatric service in Barnet provides eye care to all children under the age of 16 years.</p> <p>The team employed by both Central London Community Healthcare and Royal Free NHS Trust consists of;</p> <ol style="list-style-type: none"> 1) 1 Ophthalmologist associate specialist (5 sessions per week) 2) 1 optometrist(1 session per week) 3) 1 WTE Admin staff 4) 6 Orthoptists (20 weekly sessions) 5) 0.4 WTE – nurse support
<p>Overall summary of quality performance and next steps</p>	<p>In 2011 the service began the screening of all the 3576 reception children in the 78 schools in Barnet .Out of the 60% already tested, 13% have been referred to the Paediatric Eye and Orthoptic Service.</p> <p>In addition to vision screening CLCH school nurses carry out surveillance screening to follow service protocols and screening with LogMAR charts. All the school nurses have annual training updates and competency checked by the Orthoptist Team.</p> <p>There are also 5 special school screened by a specialist Orthoptist.</p>

The Paediatric Eye and Orthoptist Service is the primary referral centre for all GP's, other health professional e.g. paediatricians requiring full eye exam of all special needs children in the Borough. Health Visitors who may be worried about a child's eyes or if there is a strong family history of squints and glasses will also refer to the clinics

The service has implemented new protocols to reflect the changing and challenging times the NHS is facing.

This includes new:

- discharge protocol
- DNA protocol
- Amblyopia treatment protocol

All our children referred from vision screening, GP's Special schools, Paediatricians and other professionals who are diagnosed to have eye problems are seen in the first instance by an Orthoptist and then referred to the community Ophthalmologist for full dilated fundus exam and refraction.

The joint CLCH and RFH service has 4 departmental meetings a year to review and revise all the protocols or implement new protocols in reflection of the continued changes in the NHS.

The service has have devised patient leaflets and information for parents.

The provision of an ophthalmology service using computerised vision screening within the community settings is unique and has been hailed as the gold standard in the House of Commons.

Next steps

- Target the parents who do not contact the vision screening centre for partial bookings. Sabeen Saeed , Vision Screening Coordinator to start this February 2012
- Target the DNA in the all the clinics.- Sabeen Saeed , Vision Screening Coordinator to continue monitoring this process
- Reduce the follow ups by making changes to the new discharge policy

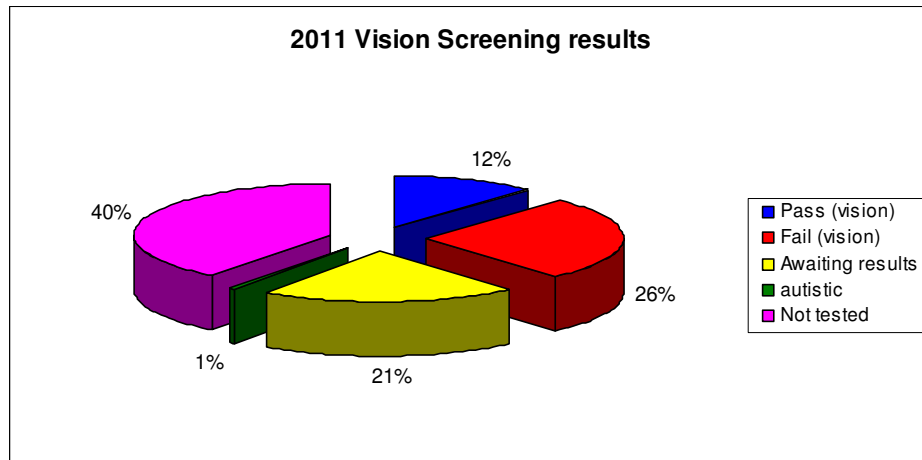
	and implement it to all the Barnet clinics by February 2012 – All orthoptic clinics to implement
--	--

Safety	
Overview	<p>We aim to make our service as safe as possible at all times. In order to achieve this we have put the following measures in place:</p> <ul style="list-style-type: none"> • Administrative protocols and procedures are in place. E.g. registration of children screened, updating registration, dealing with children moving in and out of the area, management of incoming and outgoing post, dealing with DNA's and with arranging appropriate appointments in clinics. • Continuous monitoring of consent and confidentiality procedures are followed at each level of our services. • All protocols are in place and followed and reviewed in regular meeting • All staff are up-to-date with all mandatory training • Appropriate training is given to the vision screeners carrying out primary vision screening and the school nurses carrying out surveillance screening. Competencies checked on regular basis and mandatory attendance to the training. • All incidents to be reported on Datix on line by all CLCH staff. • Capture all the vision screening failures in the 78 schools screened in Barnet. • All patients offered appointments at their chosen location • Patient information is produced to ensure parents are informed of the safety aspects of the procedure their children are attending.

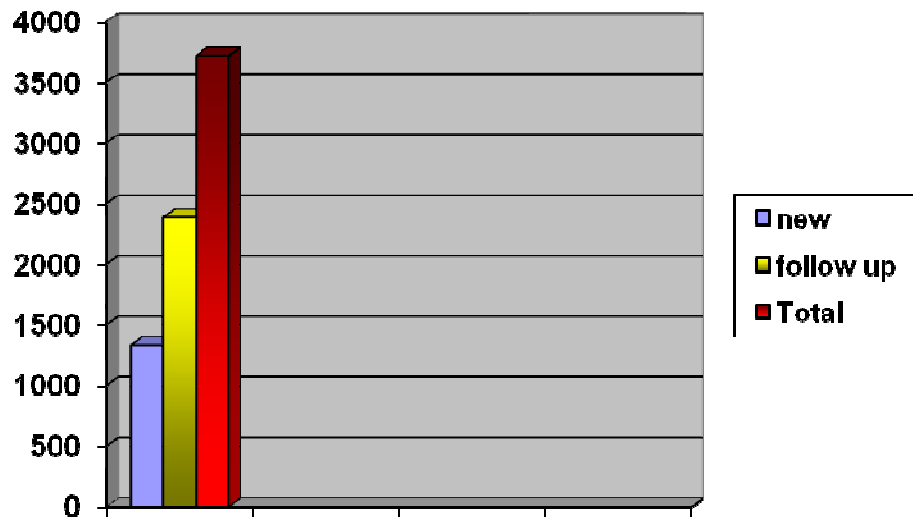
- Surveillance screening carried out on children where there is a parental/teacher concern or any children who have fallen through the screening net. This encompasses children who have moved in from other boroughs or countries.
- Interpreting services where required are provided to ensure instructions are followed up in child's best interest.
- IT protocol and disaster recovery is in place in case of emergencies.

Key achievements this year

The key priorities of the service are to ensure that all the reception class children in 78 Barnet school screened. Of those who have failed their eye test, their parents are to be contacted and a further appointment made. The concerns are for those children where parents do not respond



- Total Patients diagnosed/treated/monitored in the Community Paediatric Eye Services 2011



- All training and competencies for vision screening (primary screening and vision surveillance) up to date
- All protocols revised and amended accordingly
- All mandatory training up to date
- CPD portfolio updated on regular basis
- Highlighting the achievement of our services to other PCT's

Key results

Total incidents Jan-Dec 2011

- An incident occurred in September 2011 when 2 Orthoptist HPC registrations lapsed for 3 weeks.
 Contingency plans had to be place to ensure all the urgent patients requiring treatment were seen by colleagues and the rest of the patients were seen in extra clinics arranged in the next few weeks.
 To ensure this does not re occur the Orthoptists have been advised to re-register on line and reminders will be sent on regular basis.
- An incident reported on Datix was an appointment sent to wrong patient due to error in RIO number.

	<p>Level of reporting:</p> <p>In this service, incidents are recorded in most cases.</p> <p>Near misses are recorded in every case</p>		
Safety Improvement Actions for 2012	<i>Actions</i>	<i>Expected completion date</i>	<i>Named lead</i>
	Orthoptist registration to be monitored by Manager and Human Resources	January 2012	Vibha Vora
	All incidents to be reported on Datix	on-going	Pam Biggs

<h2>Effectiveness</h2>	
Overview	<p>We aim to achieve the best possible outcomes for patients.</p> <p>Vision screening failure children are offered partial booking appointments in 3 dedicated centres and treated within the community setting. We are monitoring our partial booking appointments to ensure that children who fail their vision screening are either followed up by the Service, the Hospital or Optician.</p> <p>Special schools screened and any concerns referred to the community clinics for further tests. The service identifies if training needs to be provided to certain referrals sources i.e. GP's or health visitors or to see if current training is effective enough. Using our audit, we can also evaluate if our current training is working for example; if most patients referred need treatment then our referral criteria that we have set are correct and effective.</p>
Key achievements this year	<ul style="list-style-type: none"> This year we extended our vision screening to 6 special schools with the screening is carried out by a specialist Orthoptist. This has been extremely successful and we have had excellent feedback from parents and teachers.

	<ul style="list-style-type: none"> • The Service screened all the reception class children in 78 schools in Barnet • 47% of the vision failures have already been seen and treatment carried out. • All children referred by the GP's and other health professional have had appointments, been diagnosed and appropriately treated in the community hence reducing the referrals to the acute sector. • All appropriate training and competencies has been achieved this year. • We have been invited for the second time to the House of Commons to present our programme and maybe use the "Barnet model" as a gold standard and implement it nationwide
<p>Key results</p>	<p><i>Patient Reported Outcome Measures (PROMs)</i></p> <p>This coming year we plan to carry out a specific survey to create a first insight into our patients perceived treatment outcomes when attending the Paediatric Eye and Orthoptic Service and ensure that both the children and their carers feel included in the treatment they receive. It is envisaged that the survey will identify areas for improvement as well as strengths of the service.</p> <p><i>Clinical Audit</i></p> <p style="text-align: center;">Participation in Trust-wide audits during 2011</p> <p>The Orthoptist service contributed to the CLCH trust-wide health records audit. The service operates out of the Barnet locality only. 10 sets of notes were audited in Barnet.</p> <p>The service achieved a mean compliance rating of 48.28%</p> <p>This year our clinical audit plan has focused on the following audits:</p> <ul style="list-style-type: none"> • DNA audit • Special school audit • New patient audit

- **Vision Screening referral audit**

All audits summarised

DNA Audit 2009 & 2010:

Aims: To audit the number of DNA's in all of the community clinics, and to investigate the reason for DNA, and to improve the attendance once analysing the data has been analysed.

After this investigation it will be possible to assess if the eye service communication needs improving, or if any steps can be taken to lower the DNA rate further.

Methods: A Performa was created, which, once filled out held the identity number of the patient who did not attend, the clinic stats i.e. how many in total attended, cancelled or did not attend. Was this patient a new patient or a follow up, the reason for DNA, Referral source, and if we were able to contact the patient via phone to find out why the patient did not attend.

All the data above is then entered onto a data base and graphs will be created. Once the graphs have been created we can then evaluate the results to see if the DNA is area specific in terms of clinic, or is it due to our current communication system, and how if any can we improve our communication system.

Results: Data being processed.

Conclusion: To be evaluated once data is processed in February 2012

New patient referral audit 2009 (Vale drive):

Aims: To evaluate our referral sources, and identify if they require further training in referring into the community eye clinics.

How many referrals actually required treatment and were valid referrals.

Methods: A new patient database has been created.

Throughout the year Orthoptists are requested to fill this database out when they see a new patient. This database is then correlated with the monthly stats to see if the data entered in the new patient database is correct. If the total

number matches up then this is accepted, if it does not then we go onto RIO to find out which new patients are missing, We then manually get the notes and enter this data in.

Using this database we have created our own database with overall calculations such as total referred from each referral source, age of referral, reason for referral, and how many needed treatment.

From this graphs can be produced, and the effectiveness of referrals can be assessed. This will help identify if training needs to be provided to certain referrals sources i.e. GP's or health visitors or to see if current training is effective enough. We can also evaluate if our current training is working in terms of, if most patients referred need treatment then our referral criteria that we have set are correct and effective.

The same will take place for the data for 2010 and 2011.

Results: Data being processed, Database has been audited, graphs need to be produced.

Conclusion: will be evaluated after graphs produced.

Special School Screening Audit 09/10- 10/11:

Aims: To evaluate my service and the referrals into the community clinics. Are the referrals effective, and is treatment being provided beneficial to the quality of life of the child in question.

Does the extent of the learning difficulty/disability correlate with the extent of eye problem, if any?

Can the special school screening service be improved in any way?

Methods: After screening all the children in the 5 special educational needs school, we enter their assessment details on a database created by Rudrika Joshi

She then evaluates how many were referred in, how many are already under the care of an eye clinic, and their diagnoses of known (a lot of information such as current treatment and family history is collected via the consent form).

She is able to attain information such as specific learning difficulties from the school records. On a gross level the relationship between the level of learning difficulty and extent of eye problem can be assessed as each school supports a different level of disability, i.e. some schools are sever learning difficulty schools and some mild.

Children that are referred in, Rudrika receives an assessment letter from their

first visit to the clinic to state the outcome and if any treatment is required. She can then enter this information into the database and keep it updated.

She will then create graphs using different criterion as values to then evaluate certain questions such as :

Do severe learning difficulties have higher prevalence or more serious eye problems?

How many patients referred in actually needed treatment and was the vision improved with the treatment?

Is there a more effective way of screening/ referring in?

Results: Baseline results can be found in Rudrika's presentation. More detailed results are being processed.

Conclusion: Will be evaluated once results are complete in.

Vision Screening Continuous Audit

Aim: To audit the outcome of all children referred from the school vision screening service, in order to establish the specificity of the service, the number requiring treatment and the type of treatment required.

Method: A Performa was created in the form of an excel spreadsheet, to include the identity number of the patients referred and results of school screening. When a child is seen at one of the community eye clinics the results of the initial visual acuity, refraction and any treatment required is added to the spreadsheet. When the database is complete for one screening year the information is analysed to give the percentage of false positive and true positive referrals and the numbers and types of treatment required as well as the numbers not seen and the reasons for this.

Results: The data for 2011 vision screening schools is currently being processed. After the audit recommendations for improvement of the service will be discussed and implemented in order to increase the specificity of the service.

Conclusion: A presentation of the results and recommendations for improving the specificity and quality of service will be made.

<p>What the patients say about the outcomes of their care and treatment</p>	<p>Letter from Reading recovery teacher at Queenswell Infant and Nursery school “I would like to thank you for the valuable work that you have undertaken at our school. Specifically the eye-sight screening programme for children in their fourth year of full time schooling. I was concerned about one of our pupil’s eye sight and felt it was seriously affecting her progress. Her family were not aware of a problem. Once the issue was raised with you, all was excellently co-ordinated. The screening had revealed that the child should be referred to the eye specialist. You initiated all of this and the child was fast tracked for the first available appointment. She began wearing glasses to compensate for severely reduced vision in one of her eyes At Queenswell we are fortunate to have such dedicated health professional as part of pour team. We hope that your screening work will continue and help to identify needs”</p> <p>Second a video taken of mother’s statement after her daughter was picked up with severely reduced visual acuity during school screening. “My daughter was lucky to be picked up at school and the treatment commenced immediately. At our visit to the Orthoptic clinic I was recommended my younger daughter should be referred due to string family history. She was found to have similar problems but because she was picked up at younger age she needed glasses but not patching treatment. The service is efficient, fantastic and I highly recommend it to everyone else.”</p>		
<p>Clinical Effectiveness improvement actions</p>	<p><i>Actions</i></p>	<p><i>Expected completion date</i></p>	<p><i>Named lead</i></p>
	<p>To increase the number of responses to the offer of an appointment when a child has failed their vision screening in school</p>	<p>July 2012</p>	<p>Sabeen Saeed</p>
	<p>Reduction in the DNA rate to ensure that the maximum number of children are treated</p>	<p>July 2012</p>	<p>Sabeen Saeed</p>

Experience

Overview

We care about treating everybody with kindness, dignity and respect at all times and are trying to collect patient feedback on the service and act on it.

Key achievements this year

We identified the following patient experience improvement actions in our 2010 Quality Report. This section outlines the progress we have made on each of them:

Throughout the 2011, the Orthoptics service has designed and embarked upon a PREM in order to collect the views of our patients.

Patient survey results

Patient surveys (known as Patient Reported Experience Measures – PREMs)

Summary of results for core patient experience measures (Aug-Dec 2011)

Question	Result for this service	Trust-wide average
% patients/carers rating overall experience good or excellent	91%	93%
% patients saying they were definitely involved in planning their treatment	19%	56%
% patients saying they were always treated with dignity & respect	91%	92%
% patients saying they definitely understood explanation	71%	88%
% patients satisfied with waiting time	91%	74%

Interpretation of PREM results

The Clinic PREM gave parents and carers the opportunity to comment on their experience of attending the Paediatric Eye and Orthoptic clinic. The majority of the comments were positive however a large number of suggestions were made

as to possible improvements which included having a member of staff available in the clinic waiting area to check in and acknowledge the arrival of the patients.

PREM methodology

The following table summarises the number of patients that responded to a PREM this year, and shows this as a percentage of all referrals during the survey period (August – December 2011). Our aim was to achieve a representative view of patient feedback, so we set out to survey *[insert survey approach – eg all patients attending the service for one week each month; or all patients; or a random sample of patients every three months etc]*.

PREM volume targets	Total (Aug-Dec 2011)
Number of patients who responded to a PREM	107
Total new referrals	700
% of new referrals who responded to a PREM	15%
Target % of respondents	15%
Target achieved?	Yes

Compliments and Complaints

Compliments and Complaints

- Number of compliments Jan 2011 – Dec 2011: [4]
- Number of complaints Jan 2011 – Dec 2011: [3]

There were no themes around the complaints

Patient user groups and focus groups

None

Other qualitative feedback

None

What the patients say	<p><i>"I RARELY GIVE A TOP MARK IN A SURVEY - SO BY DEFINITION THE CARE AND ATTENTION I HAVE RECEIVED HAS BEEN EXCEPTIONAL BY ANY STANDARD"</i></p> <p><i>"THIS IS AN EXCELLENT SERVICE DELIVERED BY GREAT PEOPLE IN A CLEAN AND WELCOMING ENVIRONMENT"</i></p>		
Patient experience Improvement Actions	<i>Action</i>	<i>Expected completion date</i>	<i>Named lead</i>
	To ensure that the patients are acknowledged on arrival and any delays in waiting time to be passed on to them.	May 2012	Pam Biggs