The Royal College of Ophthalmologists

**Quality Standards Development Group**

***20/20 QIPP* Quality Assurance Self Test for AMD Services**

**Introduction**

There are a number of reasons for wanting to know how well a clinical service is working. A commissioning organisation or a regulatory body may want evidence of quality to inform a commissioning decision or as part of an inspection. A department may wish to know how well it is doing in comparison with another department or whether it is improving, standing still, or deteriorating over a period of time. There are many possible ways of measuring quality ranging from opinions of service users and staff to hard measures of outcome such as mortality. However, good measures of quality may be defined as ones which ask questions which discriminate accurately between a service which is serving its patients well and one which is failing its patients.

The College's Quality Standards Development Group has produced a suite of simple self-assessment tools in draft form for the following clinical services: cataract, glaucoma, diabetic retinopathy, children and young adults, oculoplastics, age-related macular degeneration (AMD) and vitreoretinal surgery. The tools do not attempt to assess every aspect of each service, but focus on areas where problems are likely to show if the service is under stress. Very few clinical services will achieve a perfect score, so the questionnaires can be used as quality improvement tools as well as snapshot audit tools.

In order to improve and develop the self assessment questionnaires, we will be very grateful if you could complete the attached [feedback form](http://www.rcophth.ac.uk/core/core_picker/download.asp?id=1013&filetitle=Quality+Standards+Development+Tools+Feedback+Form) after you have completed the questionnaire.

Please send feedback to Beth Barnes, Head of Professional Standards

**SUMMARY**

Age-related macular degeneration (AMD) is an area of high volume practice and where NICE and College guidance is already robustly agreed and is relevant to both clinicians and NHS organisations. Despite this consensus there is evidence that optimal care for AMD patients is not always occurring in some health economies.

A self assessment tool of **20 questions** is proposed as an **Indicator for Quality Improvement (IQI)** to examine care for patients with AMD in provider organisations. This follows the current quest for **quality**, service **improvement/innovation**, **productivity** and **prevention** (**QIPP**) in NHS provision. This is also in response for a desire for development of indicators for quality improvement and re-validation metrics in this area of ophthalmic practice. Each question explores in a binary fashion a key measure of ‘Quality’ for AMD patient care. This proposal to quality assure AMD care chimes with the evolving NHS landscape and current policy agenda and where there is appetite for Quality Metrics, Quality Accounts, and payments for commissioning quality (CQUIN). The tool is simple. The concept is lean.

 The time expense/investment and data capture requirements to complete this 20/20 QIPP tool locally is minimal.

The benefits to patient care and service improvement at participating organisations are potentially significant.

**Directions**

**Please consider each of the Questions below in relation to your AMD service for NHS commissioned patient care.**

**Following each Question there is an Answer line presented in red font.**

**Please indicate the Answer most appropriate to your service under consideration. Only one reply per Question is possible.**

**START HERE**

**QUALITY**

1. **Has the facility providing/commissioning the AMD Service developed a local rapid referral proforma for suspected wet AMD patients for optometrists and or general practitioners as per joint College of Optometrists and RCOphth guidance?** Paper based or web based referral proformas are possible.

**Answer; YES** **[ ]  NO** **[ ]  NO RESPONSE** **[ ]**

1. **Does the facility providing the AMD Service monitor its clinical/surgical complication rate, including infection rate, for anti VEGF injection treatment?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Does the Ophthalmic Department at the facility providing the AMD Service have regular meetings (at least twice yearly) with local Social Services and or relevant 3rd sector organisations?** Suggested meeting purpose(s) includes discussion of the quality of services and any necessary improvement initiatives. Examples of relevant 3rd sector organisations include local visual impairment or age support charities such as RNIB, local societies of the blind, Macular Society, Age Concern etc.

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Have most (defined as over 60%) clinical staff dealing with AMD patients at the AMD Service received training on the psychological/mental health implications, including the Charles Bonnet syndrome,** **and social aspects of loss of vision in the elderly?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Is there an agreed ‘did not attend’ (DNA) and clinic cancellation or rescheduling policy at the AMD Service and that takes account of patients’ visual disability?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Is accessible patient information for visually impaired individuals, i.e. audio and or large print material available from the AMD Service?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

**INNOVATION**

1. **Has the AMD Service got spectral domain optical coherence tomography equipment in place to monitor its AMD patients?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Does the AMD service have rapid access to fluorescein angiography for the diagnosis of AMD?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Does the AMD Service have ready access (i.e. within 3 weeks) to indocyanine green** (ICG) angiography where clinically indicated**?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Is LogMar visual acuity testing in routine use (defined as over 75% of the time) for AMD patients at the facility providing the AMD Service?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Is there an Information Technology infrastructure in place for viewing of all relevant ophthalmic clinical images on workstations in all relevant ophthalmic clinical areas within the facilities of the organisation providing the AMD Service?** Relevant ophthalmic clinical area(s) are defined as clinical location(s) where wet AMD patients are examined/treated by ophthalmic clinical staff and within the same provider organisation. Relevant clinical images are FFA and OCT images, etc.

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

**PRODUCTIVITY**

1. **Is the AMD Service consistently seeing/reviewing/accessing post anti VEGF injection patients regularly as per College and NICE Guidelines?** This is defined as >75% of follow up visits are occurring at less than 5 weeks after the previous visit. Patients in clinical trials or protocols with alternative follow up intervals (such as ‘treat and extend’) can be excluded from this calculation if such trails have received appropriate research governance/ethical approval.

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Does the AMD Service consistently (defined as >75%) have an Eye Clinic Liaison Officer or patient support officer or AMD Co-0rdinator or other similar person in the AMD Clinic?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Is there a Clinical Lead** (defined as an ophthalmic or other eye care practitioner with a Management role within his/her Job Plan) **for AMD?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Is the aggregated mean + Standard Deviation of visual acuity change from baseline at 1 year of treatment consistently (defined as >75%) available for patients treated with anti VEGF injections and who were available for follow up at 1 year? (**In practice this may require EPR use**.)**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Are quarterly Multi Disciplinary Team (MDT) clinical governance or patient safety or reflective practice or case based discussion meetings occurring at the facility providing the AMD Service for most (>60%) relevant clinical staff?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Does the facility providing AMD Services consistently (defined as >75%) provide access to LVA services within the 18 weeks referral to treatment time target?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

**PREVENTION**

1. **Does the facility providing the AMD Service have a policy/strategy for providing smoking cessation advice and or signposting to such cessation services for AMD patients who are smokers and receptive to such advice?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Does the facility providing the AMD Service have a policy/strategy for providing information or advice on diet and or micronutrient supplementation to non-smoking AREDS class 3-4 patients?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

1. **Has the facility providing AMD Services agreed commissioning levels and service provision (including policies and practices within this document, where relevant) with local commissioners and relevant NICE guidance?**

**Answer; YES [ ]  NO [ ]  NO RESPONSE [ ]**

**END OF QUESTIONS**

**----------------------------------------------------------------------------------------------------------------**

**SCORE**

**TOTAL YES SCORE =**

**It is proposed that the *‘20/20 QIPP’* score sheet will be signed off by the relevant Consultant Ophthalmologist and then counter signed by the Trust’s Medical Director or CEO and then submitted to the College. Please send to Beth Barnes, Head of Professional Standards,** **beth.barnes@rcophth.ac.uk**

**Proposed Scoring**

It is envisaged that high level (over 75%) positive compliance with the *20/20 QIPP* process is needed to declare good or excellent quality standard for AMD patient care.

It is proposed that only those providers who are *20/20 QIPP* positive (i.e. meet the 76% target by scoring positive on 16 or more questions) would receive a green light traffic status. Departments on 50-75% score (10-15 score) would receive an orange light status and are of an acceptable/borderline standard. Departments on scores under 50% (less than 10) (including non responders) would receive a red light score and indicating poor/unacceptable status. An unacceptable status is a service that fails to meet expectations in most areas and improvements are required urgently.

ABOVE STANDARD

* + **Excellent** - Consistently high and achieving expectations across all aspects of element measured. Metric score 20 positive. Traffic light status= **Green**
	+ **Good** - Almost always meets expectations. Metric score 16 or more positive replies. Traffic light status = **Green**.

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MEETS STANDARD

* + **Acceptable** - Usually meets expectations though there is room for improvement in some areas. Metric score 10-15 positive.

Traffic light status = **Orange.**

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BELOW STANDARD

* + **Poor** - Regularly fails to meet expectations and there is significant room for improvement. Metric score 6-9 positive.

Traffic light status = **Red.**

* + **Unacceptable** - Fails to meet expectations in most areas and improvements are required urgently. Metric score 0-5 positive.

Traffic light status = **Red.**

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