The Royal College of Ophthalmologists



**Quality Standards Development Group**

**Quality Standards for Oculoplastic Surgery 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 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](mailto:%20beth.barnes@rcophth.ac.uk?subject=Quality%20Standards%20Development%20Feedback), Head of Professional Standards.

1. **The unit has a designated lead for oculoplastic surgery with this specified in their job plan.**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Effectiveness

1. **Patients are seen within 20% of their intended follow up time.**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Effectiveness 50% Patient experience 50%

1. **Minor operations are undertaken by fully trained staff, or trainees under the supervision of fully trained staff, and appropriate guidelines are adhered to.**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Effectiveness 50% Safety 50%

*Fully trained staff may be nurse practitioners, oculoplastic nurses or doctors, for example.*

*Appropriate guidelines may include Royal College of Pathologists guidance on biopsy of periocular lesions.*

1. **Excisions of skin cancer are undertaken with margin control (such as frozen section, rapid paraffin section, or Mohs’ surgery.)**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Safety

*See NICE Guidance on treatment of skin cancer* [*http://www.nice.org.uk/nicemedia/live/10901/28906/28906.pdf*](http://www.nice.org.uk/nicemedia/live/10901/28906/28906.pdf)*. There may be occasions where surgical excision is not the most appropriate treatment, such as patient preference.*

1. **All patients with non-BCC skin cancer and those with incomplete excision or recurrence of a BCC are presented in the local skin cancer or head and neck MDT***.*

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Effectiveness 50% Safety 50%

*NICE Guidance – see* [*http://www.nice.org.uk/nicemedia/live/10901/28906/28906.pdf*](http://www.nice.org.uk/nicemedia/live/10901/28906/28906.pdf)

1. **The principles of the Amsterdam Declaration for the management of thyroid eye disease are utilised in developing services.**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

*The Amsterdam Declaration was launched at the International Symposium on Graves’ Orbitopathy in 2009. The British Oculoplastic Surgery Society is a co-signatory. The aim is to improve patient experience and quality of life for patients with the disease, by improving referral pathways, creating and developing centres of excellence and encouraging research. The declaration can be viewed via the BOPSS website – www.bopss.org.*

Effectiveness 50% Patient experience 50%

1. **Surgeons undertake personal audit of ptosis surgery utilising standards such as those obtained by the BOPSS national ptosis audit.**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Effectiveness

*British Oculoplastic Surgery Society (BOPSS) National Ptosis Survey. ScoppettuoloE, ChadhaV, Bunce C, Olver JM, Wright M; BOPSS. Br J Ophthalmol. 2008 Aug;92(8):1134-8.Epub 2008 Jun 20.*

1. **Patients have access to psychological support for conditions which cause disfigurement or involve a diagnosis of cancer.**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Patient experience

[*NICE Guidance on skin cancer*](http://www.nice.org.uk/nicemedia/live/10901/28906/28906.pdf)*.*

1. **Written information is available in the unit for a wide range of oculoplastic conditions and procedures.**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Patient experience

1. **Patient experience data is collected annually in the unit using a variety of tools.**

YES (score 1)  NO (score 0)  UNABLE TO ANSWER (score 0)

Patient experience

*Such as questionnaires and patient diaries. Tools can be accessed through Picker Institute Europe* [*www.pickereurope.org*](http://www.pickereurope.org)

Total score out of 10:

Balance of questions:

Patient experience 40%

Effectiveness 40%

Safety 20%

Author: Clare Inkster FRCOphth