

Ophthalmic Services Guidance Chapters – Advice for Commissioners and Service Providers

The Royal College of Ophthalmologists is the guardian of excellence in ophthalmology. It aims to set standards in all aspects of the delivery of ophthalmic care in the interests of patients and the public. Guidance is provided under various topics and is reviewed regularly. The guidance is intended to inform both ophthalmologists and those managing eye services. Standards of practice are clearly identified. The maintenance of these standards may only be achieved through adequate staffing levels, proper facilities and appropriate managerial support. Ophthalmic care for patients must continuously improve through regular robust audit, professional development and innovation, and training. A summary of the information contained in the Ophthalmic Services Guidance Chapters that should be considered by commissioners and providers of ophthalmology services is listed below. The full range of Ophthalmic Services Guidance Chapters is available via <http://www.rcophth.ac.uk/page.asp?section=293§ionTitle=Ophthalmic+Services+Guidance>

The College also produces formal clinical [guidelines](#) which are authoritative recommendations for clinical practice which are drawn up using a standard methodology including a rigorous review of published evidence and broad expert consensus. For other sources of information please refer to the College website section on [Commissioning and Value for Money](#).

Title & Link	Resources	Quality	Efficiency	Information & Trends	Standards
Ophthalmic Outpatient Departments	1. Information on equipment required for outpatients departments 2. Advice on premises 7 location optimisation 3. indications of adequate staffing levels 4. Length of time of time allocated for each patient, length of clinics 5. Patient pathway 6. Information for patients inc. larger typeface on written communication	Clinical Governance information	Suggestions for increasing clinic numbers and productivity	Ophthalmology clinics account for c. 10% of all outpatient visits	

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Ophthalmic Daycare & Inpatient facilities	1. Dedicated wards for ophthalmic inpatient facilities 2. Patient Care pathway: consent, transport after daycase surgery, complication follow up 3. Physical buildings & room design 4. Equipment required 5. Advice on premises e.g. considerations for the space 6. Advice on appropriate staffing			1. Increase trend in day case surgery in ophthalmology compared to inpatients 2. Increase in demands for ophthalmic services e.g. demographics, new techniques etc.	Ward nurses fully trained in ophthalmic care
Ophthalmic Services for Children	1. Requirements for paediatric eye clinics 2. Links to social services 3. Requirements for inpatients and day case surgery 4. Anaesthetics and services from ophthalmologists who are not primarily paediatric ophthalmologists 5. Concentration of children into separate surgical lists 6. Parent/patient information and support		1. Prevention measures – screening 2. Impact on child development 3. involvement of child & parents in treatment to increase effectiveness/avoid readmission 4. Communication 5. Multi-professional & disciplinary approach	1. Definition of 'children' & of visual impairment/blindness 2. Prevalence of serious visual loss in children	1. Links to College quality standards & the National Service Framework for Children, Young People and Maternity services

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Emergency Eye Care	1. Who should provide this service 2. Examination facilities & equipment e.g. dedicated room with equipment for full ophthalmic 3. Stock of medications if no pharmacy service immediately available 4. Vitreo retinal emergency services 5. Paediatric emergencies 6. Admissions & emergency operations 7. Onward referral 8. General A&E - training				
Management of Retinal Detachment	1. Organisation of services	1. Balance risk & urgency of need for treatment with requirement for equipment & trained, experienced theatre team	1. Importance of early diagnosis	1. Annual incidence of retinal detachment figures - patients at risk 2. Symptoms on presentation	1. Examples of when surgery must be undertaken within 24 hrs.
Ophthalmic Services for Patients with Diabetes	1. Advice on clinic organisation & specific diabetic screening training 2. Equipment and treatment facilities	1. Quality assurance criteria of specific relevance to hospital eye clinics which require on-going data collection 2. Recommends clinical lead for diabetic retinopathy			1. Discharge and follow up appointments advice

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Patient Safety in Ophthalmology			1. Factors contributing to patient safety incidents (or lack of/how to minimise)	1. Data from 2010 on no of adverse incidents reported in relation to ophthalmology and as a total 2. Role of the College	1. Ophthalmologists should complete a local clinical incident report for all such patient safety incidents. Device/medication failures & adverse drug reactions should be reported to the MHRA and via the Yellow Card scheme respectively. 2. List of patient safety incidents regarded as critical by the College
Managing an Outbreak of Postoperative Endophthalmitis		1. Checklist for management of an outbreak 2. Audit	1. Possible causes and prevention measures	1. Prevalence of this complication 2. What is an outbreak & suggested alert status	
Ophthalmic Primary Care	1. Who provides ophthalmic primary care 2. Examples of how OPC services could be set up - what to consider				
Management of Patients in Ophthalmology with Learning Disability	1. Training to confidently assess adults with LD & examples of local initiatives 2. Suggestion of joint paediatric & ophthalmic clinics (& perhaps genetic clinics as well)	1. Checklist of key challenges to improve services to this population	1. Importance of team work and communication 2. Did not attend policies advice 3. Information on support services for people with LD and low vision	1. prevalence of visual problems in people with learning disabilities	1. People with learning disabilities should have a sight test at least every 2 years 2. Annual health check for people with LD which should include suggestion from GP that patient has eye test if not had one recently or concern about vision

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Pre-Operative Assessment	1. Assessment process and required facilities & staff 2. Required Equipment				
Theatres	1. Theatre equipment inc. instruments 2. Staffing 3. Drugs and Therapeutic agents 4. Theatre design	1. No. of cases per session		1. c.7% of NHS surgery is ophthalmic	
Ophthalmic Imaging	1. recommended minimum equipment levels in DGH and tertiary centre departments				
Ophthalmic Pathology Services					1. What specimens should the Ophthalmologist send 2. Specimen transport and packaging/labelling/froze/fresh
Audit and Clinical Effectiveness	1. List of resources for standards on which to base audits				1. Cataract National Data Set information 2. National Ophthalmology Database Information 3. Role of audit in service delivery
Informatics	1. Suggestions on electronic transfer/sharing of records with optometrists (or how lack of this is an obstacle) 2. Highlights problems with choose and book				

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Ophthalmic Instrument Decontamination	1. Re-usable vs single-use instruments 2. Cleaning & sterilization of reusable instruments inc. packaging & transportation 3. Inspection of devices following cleaning e.g. to id damage 4. Checklist before use 5. CJD risk 6. Surgical and clinic devices		1. Infection risks and avoidance guidance		
Visual Standards for Driving	1. Methods of testing visual fields	1. CVI information			

Professional Standards Committee
 The Royal College of Ophthalmologists
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