



The Royal College of Ophthalmologists (RCOphth) response to the Scottish Government's Consultation on the New National Health and Social Care Standards

1. Introduction

- 1.1 The Royal College of Ophthalmologists welcomes the opportunity to respond to this consultation.
- 1.2 The Royal College of Ophthalmologists is the professional body for ophthalmologists and we champion excellence in the practice of ophthalmology on behalf of our members to optimise care for patients. We set the curriculum and examinations for trainee ophthalmologists, provide training in eye surgery, maintain standards in the practice of ophthalmology, and promote research and advance science in the specialty.
- 1.3 We work with leaders across the eye health sector to help shape eye services for the benefit of patients.
- 1.4 We have set out below our responses to the consultation questions of most relevance.

2. Consultation questions

Q1: To what extent do you think the Standards will be relevant and can be applied across all health, care and social work settings?

- 2.1 In general, we agree with the 7 standards and consider that the principles should be applied to all the health and care settings.
- 2.2 However, it is less clear how the standards apply to outpatient departments, especially those that are responsible for patients with long term conditions which require careful ongoing management. This group can experience dangerous delays between appointments or become lost to the system.
- 2.3 There have been repeated reports of preventable sight loss and blindness due to delayed or missed follow up appointments. Last year the British Ophthalmological Surveillance Unit (BOSU) published evidence that this remains an ongoing issue. <https://www.rcophth.ac.uk/standards-publications-research/the-british-ophthalmological-surveillance-unit-bosu/abstract-surveillance-of-sight-loss-due-to-delay-in-ophthalmic-review-in-the-uk/>
- 2.4 It is important for long term outpatients to be not only involved in and supported to make decisions about their own care, but they must be actively taught how to manage their condition between appointments, including treatment and care, and also how and when to access services when they need. Poor self-management and losing contact with the service can lead to

rapid deterioration. In the case of eye disease, NRLS reports have confirmed cases of avoidable sight loss in Glaucoma patients:

<http://www.nrls.npsa.nhs.uk/alerts/?entryid45=61908>

Q2: To what extent do these Standards reflect the experience of people experiencing care and support?

- 2.5 These standards reflect well. Dividing them into those 7 principles is helpful and makes it easier to for inspections to benchmark care provided.
- 2.6 Awareness of how and when to access services is essential for patient safety and wellbeing. Therefore, these standards should also reflect the importance for patients of being taught these skills and for patients to become responsible for their own health.
- 2.7 Given the Standards are based on delivering Human Rights, from the outset they should explicitly refer to vulnerable groups such as children and adults with learning difficulties, rather than including this underneath Standard 1 and 2. There is still lack of clarity apart from the use of advocacy as to how children and adults with learning difficulties will be helped to obtain the care needed in a way that reflects their needs.

Q3: (Standard 1: I experience high quality care and support that is right for me.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

- 2.8 It is unclear what the definition of high quality care is. Unless this is clearly specified, how to inspect and apply the standards can be difficult. Another issue is what funding is ultimately available as in particular, chronic illness and end of life care will be expensive.

Q4: (Standard 2: I am at the heart of decisions about my care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

- 2.9 We strongly agree.

Q5: (Standard 3: I am confident in the people who support and care for me.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

- 2.10 We agree. Part of the problem here is that people delivering care will come from a varied background of training and experience. There needs to be nationally agreed learning outcomes and assessments so that those who need care can expect the same level of competence from any registered

carers. These standards will also apply to non-paid carers and giving them support and training will be important.

Q6: (Standard 4: I am confident in the organisation providing my care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

2.11 Agree. Regular inspections of organisations is required to ensure quality and safety. The quality of the inspections themselves must be high. Good practice must be shared as well as learning outcomes where things have been poor or gone wrong.

Q7: (Standard 5: And if the organisation also provides the premises I use.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

2.12 Agree. However, definitions are not clear and it will be up to individuals interpret them. For example- 5.12 and 5.23. What will be considered 'near enough', and what is adequate open space?

2.13 Again, regular inspections will be required to ensure high quality premises are available.

Q8: (Standard 6: And where my liberty is restricted by law.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

2.14 Neither agree or disagree. This is a difficult area, to balance rights and liberties with the rehabilitation process. While restraint should only be used when necessary, the protection of fellow users and staff are equally important.

Q9: (Standard 7: And if I am a child or young person needing social work care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

2.15 We strongly agree.

Q10: To what extent do you agree these new Standards will help support improvement in care services?

2.16 This will depend on their implementation, level of funding and robustness of ensure standards are met by inspections.

Q11: Is there anything else that you think needs to be included in the Standards?

- 2.17 Greater and clearer emphasis on what is high quality and recognition of the additional needs of those Vulnerable groups.

Q12: Is there anything you think we need to be aware of in the implementation of the Standards that is not already covered?

- 2.18 The impact of the original standards of 2002, what the positive outcomes were, what the barriers to achieving those standards should be shared.

Q13. What should the new Standards be called?

- 2.19 National Care Standards (as before) or National Care and Health Standards.

Since these standards are not to replace standards relating to healthcare that have already been produced under Section 10H of the National Health Service (Scotland) Act 1978, they should not contain the words 'National Health' or 'Healthcare' so as to avoid confusion.

Q14. Any other comments, suggestions:

- 2.20 It is important to define "high quality care" and specify that this will be individualised for the person who requires it.
- 2.21 It is also essential that the needs of patients who attend outpatient departments requiring long term follow up are given as much importance as users who have long periods of close contact with services, or residential care.
- 2.22 Patients should be helped and taught how to take responsibility for their health in a safe and supported way. This way, they can learn when and how to access the care required and what to do if access is lacking.