The Royal College of Ophthalmologists (RCOphth) response to the

Accessible Information Standard Review: Survey for health and social care professionals, and organisations commissioning or providing NHS or adult social care services

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 do not fit into the categories for respondents listed in question 25 but we support the aim of the Accessible Information Standard to ensure that patients have access to information that they understand and communication support they might need.

1.5 We have set out below our responses to the relevant consultation questions.

2. RCOphth responses

1. **What impact do you think the Accessible Information Standard has had**

Neither good or bad.

2. **Please explain your answer to question one.**

Reports from our members, who are eye surgeons, suggest that following the Accessible Information Standard is not a priority in most NHS Trusts and that it is not widely known.

For many years the majority of eye units have sent out appointment letters in large font and offered alternative means of communication.

3. **How do you / your organisation currently find out about patients', service users' or customers' information or communication support needs?**

We would point out that "self-check in" has been introduced in some out-patient clinics which may bring cost savings and efficiencies but reducing / removing receptionists also reduces / removes the ability to capture information that could help identify a patient's needs.

4.**Do you / your organisation currently record information about your patients,' service users' or customers' information or communication support needs?**

Electronic Referral System (Choose and Book systems) have a section to record communication requirements at the time of referral.

5. **How do you identify, record, flag and share data about patients', service users' or customers information and communication needs?**

Many trusts have a "flag" system but the flag can mean any one of 50+ different issues.

Stamping the front cover of notes with a symbol has been withdrawn by certain trusts because of the confidentiality issues it raises as notes are carried around clinical areas.

Clinicians in non-ophthalmology specialities may not be aware of the significance of a vision related flag.

9 Were there any specific or additional costs – including staff time – associated with initial implementation of the Standard? For example, any additional systems or processes which have been set up specifically for this Standard.

We are not aware that the Standard has been widely implemented. We would point out that producing letters in large font does result in marginally increased administrative cost as the letters tend to go onto more pages.

17. The Standard established four subsets with associated data items in SNOMED CT, READ v2 and CTV3. Please let us know of any additional terminology, codes or definitions you think would support your organisation in following the Standard.

Current SNOMED and READ codes map to the relevant ICD and OPCS codes that would be of interest to eye health care in Trusts. There are enough terminology

systems in existence, the issue is maintaining and updating them with the ultimate challenge being implementation through Electronic Medical Records (EMRs).

20. At present, there is no national reporting mechanism or dataset associated with the Standard (i.e. organisations are not required to routinely send data to NHS England). What do you think about this? Please select all that apply.

We have not conducted a detailed survey with our members but the anecdotal evidence is that the most appropriate answer is

- ☐ A dataset would create a significant additional burden on my organisation

The proposal to create a template was described by one member as “a distraction”.

The Royal College of Ophthalmologists has called for other forms of data to be regarded as a priority, such as data on patients with chronic conditions (e.g. glaucoma) who are not followed up on a timely basis. This is a very important issue which requires NHS attention.

The barriers to getting just one item added to the current reporting systems are huge. In our opinion the cost of time, effort and resource needed to create a dataset would far exceed the benefit to patients.

23 Do you have any comments on the Implementation Guidance for the Standard or support for organisations?

We note that an Eye Clinic Liaison Officer (ECLO) can be a valuable non-medical addition to eye clinics and help patients get the support they need.

We refer you to “Sight Loss in Older People – the essential guide for general practice”
http://www.ukvisionstrategy.org.uk/sites/default/files/APDF2_Low_Vision_Guide_for_GPs.pdf