Elective Care High Impact Interventions – Ophthalmology

Guidance for providers – Measuring follow up timeliness

This guidance has been developed by The Royal College of Ophthalmologists, supported by NHS England Elective Care Transformation Programme and High Impact Intervention Programme and NHS Digital.

Hospital eye services are experiencing unprecedented demand and eye clinic patients can experience delays in receiving their follow-up appointments. For some patients, especially those with chronic eye conditions, delay can result in adverse outcomes including visual loss and blindness.

The NHS England Elective Care Transformation Programme Ophthalmology Failsafe Prioritisation draft guidance requires action from trusts and commissioners to address this problem. Action one requires **trusts responsible for Hospital Eye Services (HES) to develop failsafe prioritisation processes and policies to manage risk of harm to ophthalmology patients**.

As part of this action, trusts should ensure that their Hospital Eye Services develop and/or review local guidelines, policies and procedures to ensure that patients receive follow up review and treatment from the right person, in the right place, **within 25%** of their **individual intended schedule for follow up**. This requires the trust to actively monitor and take action on the following key outcome measure:

Portfolio Indicator - 11	Minimum Standard	Achievable standard	Reporting frequency	Data source Data collection	Evidence/ policy base	Purpose/ application	Domain and Population Group	Indicator Definition
% Hospital appointments that occur within 25% of their intended follow up period, including rescheduling of hospital initiated cancellations and non-attendance	85%	95%	Quarterly	**Data source:** Local trust or service provider **Data collection:** Local Hospital Eye Service departmental audit and review	• NPSA alert for glaucoma (2009) • Unchanged from portfolio of indicators (2015)	• Would monitor delays in continuity of management and losses to follow up, arising from capacity issues (clinical and administrative) – especially for chronic diseases (Glaucoma, AMD, Diabetic Eye Disease) • This could be included in service/pathway contract specifications for review through clinical audit • An in-depth review is triggered for all appointments falling outside the standard • Applicable in devolved nations with nation-specific amendments	Safety Effectiveness Experience All ages	Booking interval applied to any changes to planned appointments i.e. if planned follow up interval cannot be accommodated, or for re-booking DNA (did not attend. Trust or Patient cancellation

To achieve this, trusts will need to work with their staff and their patient administration system (PAS) and clinical system suppliers. This document outlines how this should be approached. It is acknowledged that ophthalmology services are delivered and administered differently within providers and also that a number of different electronic patient record and

patient administrative systems are in use across the country. For these reasons, it is not possible to give definitive “how to” instructions but, instead, we provide here a set of guiding principles that will allow for local variations in role and system.

Which patients does this apply to?
At this time, not all trusts are able to identify, consistently classify, and record within electronic systems the diagnosis, the subspecialty and the level of risk for individual eye clinic patients. In addition, patients may move from low to high risk and back within their care journey. Therefore this advice currently applies to **all ophthalmology outpatients requiring a follow–up visit**.

What data needs to be collected? Identifying the target date
Following a consultation in clinic, if a patient requires a return visit, the clinician will use their knowledge of the patient, the patient’s diagnosis, and the patient’s individual clinical state and clinical risk, and understanding of national guidelines such as those from NICE and RCOphth, to make a decision about the desired clinically appropriate timing for that visit to occur. This should be recorded in the health records.

How should the data be inputted?
The **Earliest Clinically Appropriate Date** field on the PAS system should be completed with the clinically-desired timescale, to generate the **target date** for follow up for each patient. This field can be found in the outpatient’s data set (as defined in the NHS Data Dictionary).
(https://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/e/earliest_clinically_appropriate_date_de.asp?shownav=0)

This is a seldom used field and for ophthalmology patients should now be used for the purpose of outpatient follow up monitoring.

Ensuring the data is inputted.
Trusts will vary in terms of clinical and administrative systems as to how the clinically desired timescale can be conveyed from clinician to the Earliest Clinically Appropriate Date on the PAS system. This may be possible to do directly, or via an administrator, and may involve data transfer by electronic means or, in some trusts, by paper.

However, whether direct or indirect and whether by clinician or administrator, this data needs to be entered as soon as possible into PAS for all patients needing a return visit, even if the appointment is not actually scheduled or provided to the patient at that time.

Who needs to do what?
In general, four separate functions will need to be delivered:

1. A clinical decision about the desired timescale for a follow-up clinic appointment will need to be made and recorded.

2. The target follow-up date will need to be recorded within the patient administration system.

3. The system administration teams will need to support clinical and administrative colleagues in identifying where the data items will appear within their local systems and how the date should be entered.

4. Administrative and information teams will need to calculate the key outcome metric by comparing the desired date with the actual date AND the system can also be used by staff to identify individual patients with a delay and ensure failsafe processes are set into motion to action where a patient may be high risk.

Guidance for clinicians

As the assessing clinician, you should record a timescale for a clinically appropriate and safe follow-up appointment. This should be based on a clinical opinion of the most suitable time period, taking into account the diagnosis, the individual patient's clinical situation and the individual patient's risk, and be compliant with key national guidance such as NICE and RCOphth where available.

If you use clinical information systems directly yourself then:

- Liaise with the system administration team within your hospital and ask them where you can enter data into the Earliest Clinically Appropriate Date field.

- Ensure that when you have seen a patient who requires a return visit you are noting a date for follow-up that is appropriate to the presenting condition and symptoms in the Earliest Clinically Appropriate Date field.

If you are supported by a clinical administration team who enter information to a system on your behalf then:

- Liaise with that team to ensure that they know how you will communicate the desired timescale for review.

- Ensure with your ophthalmology clinical lead that the admin team are being supported by the trust to record the target date into the PAS system.

Guidance for system administration teams

In order to be able to identify patients who have been lost to follow-up we will need clinical teams to be able to identify and record the target follow-up timescale. To achieve this without the need for changes to clinical systems, we are using an existing field from the national dataset. Our analysis shows that these data items are seldom used but should be available within clinical systems.

The field is called the Earliest Clinically Appropriate Date (https://www.datadictionary.nhs.uk/data_dictionary/data_field_notes/e/earliest_clinically_appropriate_date_de.asp?shownav=0)

In order to support this initiative, we ask that you do the following:

- Identify where in your clinical systems the above data items can be accessed. They should be part of the outpatient appointment module of functionality. It may be necessary to configure existing screens to include these data items.
  If necessary, liaise with your system suppliers to achieve this.

- Once identified or included, please append additional guidance notes and screenshots to this set of guidelines so that your colleagues know where and how to access the data items.

Guidance for clinical administration teams
If you support a clinical team by entering information within a patient administration system electronic patient record then:

- Please familiarise yourself with the purpose of this initiative

- Please liaise with your system administration team to find out where to record the target review date in the Earliest Clinically Appropriate Date field

- Liaise with your clinical team to agree the method by which they will transfer the information to you.

Timetable
The actions necessary as part of the Ophthalmology High Impact Intervention need to be completed during 2018/19 and the recording of target date into the Earliest Clinically Appropriate Date field is critical to the key outcome measure. The sooner that we can start to identify patients who are at risk due to delay, the sooner we can start to make changes that will lead to sight being saved. The likely constraint for this initiative will be the flexibility and set up of patient administration and electronic patient record systems.

If at your Trust the local system can be easily modified using already included provision for recording the target review date into the Earliest Clinically Appropriate Date for outpatient appointments then there is no reason not to start using this immediately.

Otherwise, it will be a case of working with your colleagues in the system administration team in order to get the system configured so that you can enter the required data items. NHD Digital intend to start analysing the national data in the autumn with a view to formally publishing numbers in the New Year.

Performing the calculation
The key outcome measure is: What % of all ophthalmology follow up patients are seen within 25% of the expected timescale?

This requires for <u>each patient</u> (based on declared appointment dates and clinically appropriate dates declared within respective providers' PAS and system providers):

1. What is the time period between the last appointment and the target date (as recorded on Earliest Clinically Appropriate Date) eg target = 160 days (***Data from PAS***)
2. What is the date of the actual follow up appointment booked/undertaken or, if no date booked, the date the calculation is done eg actual = 190 days (***Data from PAS***)
3. Where there is a delay, what is the delay: actual – target = 30 days (***Derived metric***)
4. Does this delay exceed 25% of the planned timescale: actual – target / target ie 30/160 x 100% (***Derived metric***)

This then requires for the <u>population of patients</u>:
1. Identification of number of all patients requiring follow up care = all follow up patients (***Accumulated via PAS sources, validated using HES***)
2. Identification of number of patients with 25% or more delay (***Derived as defined above***)
3. Number of delay patients/ number of all follow-up patients = % delayed (***Derived metric***).

By using HES data, the above calculations can be cross-referenced as a means of validating the key measures around population of patients. This can be done using a combination of service provider, appointment dates and, depending on granularity of detail required, diagnosis codes related to each hospital episode.

In order to ensure consistency across providers on derived metrics, it is essential that data collected from Patient Administration Systems has been recorded in a consistent and equitable manner.

If it is also possible to collect diagnosis related coding data in conjunction with PAS data, this would allow for more detailed validation/verification against HES data.
Agreed checkpoints would be recommended in early stages of this process to ensure that:

- Effective data collection is taking place
- Indicated outcome measures can be sense checked
- “Teething trouble” such as discrepancies between PAS/suppliers can be identified.

RCOphth Professional Standards Committee
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