The ROYAL COLLEGE of OPHTHALMOLOGISTS

Process Guide

Guide to The Royal College of Ophthalmologists 'Review Service

March 2024

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1. Background to the RCOphth review service

1.1 Healthcare Organisations strive to make sure that health care is safe, effective, patient-centred, timely, efficient and equitable. Organisations regularly benchmark their services based on patient outcomes, clinical incidents, RTT status and patient experience. All units have quality improvement processes to help improve their service.

1.2 The review service offered by The Royal College of Ophthalmologists (the RCOphth) aims to support and promote the highest standards in ophthalmic care. With an in-depth knowledge of standards and service models, we can support healthcare organisations to deliver more sustainable services, improved outcomes for patients and more effective working practices.

1.3 This document serves as a guide to what support the RCOphth review service and how an organisation can benefit from the advice we are able to provide.

1.4 We accept requests from healthcare organisations providing ophthalmology services such as Foundation Trusts, NHS Trusts, Health Boards, independent sector ophthalmology centres and other service providers. It may also accept referrals from commissioners where the terms of their contracts allow for this.

1.5 We cover the whole of the UK, including devolved nations and the crown dependencies.

1.6 This document should be read in conjunction with the Academy of Medical Royal College's https://www.aomrc.org.uk/wp-content/uploads/2022/03/invited_reviews_290322.pdf . The RCOphth agrees with the principals outlined in the Academy framework and that the primary aim of the review service is to ensure patient safety and improve patient care.

2. Our role and other organisations

2.1 There are a number of other organisations who oversee governance and performance concerns in healthcare organisations. Consideration should be given as to whether a concern would be better dealt with by these organisations and we will be able to advise if this is the case:

- The Care Quality Commission (CQC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW) and Regulation and Quality Improvement Authority (RQIA) registers, regulates and inspects healthcare services to ensure quality and safety of care in the UK.
- NHS Resolution provides the Practitioner Performance Advice (PPA) service which assesses and advises provider organisations on an individual medical practitioners performance, behaviour and aims to support a practitioner's return to safe practice

- The General Medical Council (GMC) is the independent regulator for doctors in the UK and sets professional standards (Good Medical Practice) for doctors to protect patients and improve medical practice.

2.2 The RCOphth review service can provide specific expertise in assessing the quality of ophthalmic care and services. It is important to understand that **RCOphth reviews have no formal statutory or regulatory role, status or function** and the RCOphth has no formal power to compel the healthcare organisation concerned to act on their advice.

Requests for a review may relate to:

- An organisation/department feeling that their service would benefit from an independent review or wishes to seek independent advice to optimise performance
- An ophthalmology department seeking guidance at to where to focus their quality improvement activities
- Issues arising from a regulator inspection
- Issues arising from an NHS Resolution assessment of an ophthalmologist
- Concerns regarding the performance of an ophthalmology department/service
- Concerns regarding the performance of an individual practitioner
- Case notes review
- When there are disagreements between the hospital management/commissioners and the ophthalmology department/service (manpower, performance, workload, resources, safety and governance)
- Quality and safety concerns such as a cluster of cases of post-operative endophthalmitis, an unexpectedly high rate of postoperative complications or poor outcomes, a run of patient safety incidents or never events.

2.3 The RCOphth review service can provide an independent review of the structure, organisation, departmental practices, governance and outcomes in ophthalmology to ensure high quality and safe care is provided efficiently. We provide expert, informed and objective advice based on standards such as:

- Publications by the GMC, the CQC and other national regulators
- The requirements of clinical governance
- The requirements for revalidation
- Published RCOphth, NICE and similar standards and clinical guidelines.

2.4 The RCOphth review service operates within an ethos of openness and encourages client organisations to share the findings of a review whenever appropriate and helpful e.g. with staff, regulators, commissioners. However, the sensitive nature of some reviews means that the data and information specific to the review should be treated as strictly confidential by all parties involved in order to promote participation by all in an open, equal and fair way. Any sharing of the information and results of the review outside of the participants should be agreed by the RCOphth, the ophthalmology department and the client organisation first, unless there is a clear and serious risk to patient safety which requires immediate escalation. There will be an expectation that,

if required, the relevant regulatory body (CQC, GMC etc) will be informed by the client organisation if any findings from a review highlight areas where patients have come to harm or will potentially be harmed. If the review team experiences any concerns in relation to serious and urgent aspects of patient care that are not being addressed, the RCOphth reserves the right to raise concerns directly with external regulatory agencies.

3. Types of review we offer

3.1 An RCOphth review is an overarching term which includes responding to a request by a healthcare organisation to provide advice regarding any of the following:

- quality improvement activities
- an individual's clinical practice
- one or more incidents requiring a clinical investigation
- patient safety concerns including safeguarding, staffing, workload, skill-mix and job planning issues
- aspects of delivery of a pathway or whole service
- potential service or network redesign/reconfiguration.

3.2 We offer three types of reviews which provide recommendations into how the service can be improved to maintain patient safety and clinical effectivity. These include:

- **Individual reviews**: an assessment of the performance of an individual and recommended remedial actions which can help to improve the performance of the practitioner
- **Service reviews**: an assessment on the clinical effectiveness of a service which can include service design, facilities, patient experience, audit data etc.
- **Clinical record reviews**: a review of clinical records which can spot patterns of poor performance and highlight thematic learning points for the service to integrate and improve the care they offer.

3.3 We will be able to advise any client organisation on the most suitable type of review to meet the organisation's goals.

4. Requesting a review

4.1 When an organisation is considering a review, the Medical Director, Chief Executive or a nominated representative of the client organisation should in the first instance contact the RCOphth to briefly discuss the request. RCOphth staff will then arrange a preliminary conversation with the the Chair of the RCOphth Review Service to explore the request in more detail.

4.2 During the conversation, we will be able to discuss the background to the request, advise how we can assist the client organisation, advise on the most suitable review

type to allow the client organisation to reach the outcome they desire and provide a cost estimate for the advised review.

4.3 If the assistance the RCOphth is able to provide is suitable, the Medical Director or nominated representative (e.g. Clinical Lead for ophthalmology) should:

- Complete the RCOphth's review request form (Appendix 1) to:
  - Clearly define in writing the reason for the request
  - Indicate:

    (a) whether a referral has been made to NHS Resolution, the GMC or any other organisation

    (b) whether employment tribunals or other related legal processes are completed, in progress or are expected to begin during the review
- Inform the ophthalmology department that an RCOphth review has been requested

4.4 RCOphth staff will work with the client organisation to:

- Agree the Terms of Reference and methodology of the review with the RCOphth
- Agree a final quote for the review
- Organise indemnification of the review team and the RCOphth
- Agree the proceedings of the review and all related documentation will be treated as confidential by the trust and its employees
- Identify a single point of contact within the provider organisation, this should be a senior clinician or manager
- Identify a RCOphth staff member who will act as the point of contact for queries relating to the arrangements for the review.

5. The review team

5.1 Responsibility for establishing the membership and lead of the review team will reside with the Chair of the RCOphth Review Service. The review team will usually comprise clinical reviewers (ophthlamologists, ophthalmic nurses, orthoptists and optometrists) including any required subspecialty interest, lay reviewers, and may include trainees, managers or other professionals where required. Any conflicts of interest will be identified prior to appointment to the review team.

5.2 The proposed review team members will be agreed with the provider organisation prior to initiation of the review. Any objections to the review team proposed by the RCOphth must be received within **10 working days** of receipt of the review team members names by the employing organisation.

5.3 The review team, with support from RCOphth staff, will be responsible for:

- Liaising with the provider organisation to define the process of the review
- Formulating constructive informal feedback at the end of a review visit
- Producing the review report in accordance with RCOphth policy

6. Arrangements for reviews involving visits

6.1 The client organisation must liaise directly with RCOphth staff to make the necessary administrative arrangements for the review. Being appropriately prepared for a visit is essential for both the client organisation and the review team. The RCOphth will therefore only be able to arrange site visits a minimum of **3 months** after receipt of the completed RCOphth review request form.

6.2 Documentation required for the review will be outlined by the review team. In addition, the review team may also examine publicly available information about the provider and its ophthalmic services such as publications on the organisations website, regulator websites, Hospital Eye Service (HES) data and media publications where relevant. Any information provided to the review team should not contain data which identifies individual patients unless this is unavoidable. If it is not possible to anonymise information the client organisation should ensure that:

- Patient confidentiality is maintained and/or any necessary specific patient consent has been obtained
- Any obligations as data controller (in any applicable case) under UK GDPR have been taken into account

6.3 The client organisation should ensure that original versions of documentation to be considered as part of the review are retained on its premises and not sent to the review team or to the RCOphth in advance of the review.

6.4 The client organisation should ensure that as much as possible of the requested documentation is sent to the review team in advance of their visit, no later than **one month** before the visit date. If information is received after this time the review team may not be able to consider this for the review unless there are good reasons why it could not be submitted in advance. Client organisations should ensure their Caldicott Guardian or equivalent data controller is aware of the review and that information shared is appropriately anonymised except where detail is pertinent. Where confidential or personal data is being sent this should be by a secure means.

6.5 The client organisation should make it clear to the review team whether the documentation should be returned or destroyed at the end of the review. If no instruction is received by the RCOphth, all documents received from the trust will be securely destroyed when the final report is issued.

6.6 The review team should receive a guided tour of the facilities and other areas as deemed relevant or necessary. They should be allowed, where possible, to examine equipment and areas where appropriate and, in agreement with the client organisation and with patient consent, they may observe care and staff-patient interactions if appropriate to the review. The review team may also take photographs of the environment and equipment for the report where necessary.

6.7 As part of the review, the review team may request interviews or informal discussions with practitioners, patients, clinical user groups, staff and representative(s) of management. The review team and the client organisation will ensure, as far as practical, that those who will be directly involved in the review fully understand the aims and objectives of the review. Prior to interviews, it will be made clear to interviewees (by the review team) that they are not obliged to provide information

and that although comments will not be attributed, the review team cannot assure them of confidentiality within the organisation. Any interviewee concerned about their evidence being used will be given the opportunity to review the transcript of their evidence in draft form to ensure its accuracy. The review team may, at their discretion, agree to include evidence in the report in a form that is not attributable to an individual, though this is likely to reduce its impact. Verbatim comments will only be included where they are important and relevant to a clear understanding of the issues under review, and only where the interviewee has given permission for them to be included.

6.8 The client organisation should ensure that any interviews take place in a comfortable environment. Room layouts should be such that the interviews are non-threatening to participants.

6.9 The majority of site visits will last for one or two days. Sufficient time will need to be factored into the timetable for review of documentation that cannot be removed from the premises, interviews, inspection of facilities and any other required activities. The timetable should be agreed by the provider organisation and the review team in advance. It is the responsibility of the provider organisation to make the detailed arrangements.

6.10 It is imperative that when confidential information is disclosed to the review team that disclosure is authorised by the relevant people including the Caldicott Guardian or equivalent data controller. The review team will anonymise confidential information wherever possible. The provider organisation must address this in advance of the review to avoid the possibility of confidential information being disclosed to the review team without consent.

7. Performing a review without a site visit

7.1 In some cases, the RCOphth will be able to undertake a review without a site visit, although this may lead to a site visit being requested at a later stage. Documents which require review are most commonly patient clinical records, but sometimes also documents such as patient safety incident reports, protocols and guidelines, audit reports and other safety and quality related information. It is the RCOphth's experience that reviews without a site visit are not as efficient as due to:

- the large amount of time required to extract records from an organisation's systems
- limitations on the information that is able to be sent due to its sensitive nature
- a lack of access to Electronic Management Record systems and other electronic record systems at the provider organisation
- the inability to interview key members of staff.

7.2 In some cases, the lead reviewer may request confidential independent or expert second opinion in a particular area of the review for support or objectivity which the RCOphth will facilitate with the agreement of the client organisation.

7.3 As for a visit, a request form will require completion and the review team will decide what information is required and, if this goes beyond clinical records, will provide a list of required documentation to the client organisation. If clinical records are involved, a

decision will be required between the unit and the review team on how to select records (e.g. the records of those where there are safety concerns, a random selection, a selection relating to certain professionals or certain subspecialties).

7.4 For clinical record reviews, there needs to be a practical approach to how many clinical records are requested to be reviewed in terms of a reasonable time commitment of reviewers. Most commonly, a RCOphth review would expect to be asked to look at no more than 60 records however requests for reviews of more records will be considered on an individual basis.

7.5 On occasion, other 'remote 'review processes may be possible or appropriate, such as telephone discussions, and the suitability of these can be discussed with the RCOphth.

8. The review report and our recommendations

8.1 In reviews with site visits, the review team will be able to provide informal feedback and early recommendations to the provider organisation at the end of a site visit.

8.2 The review report will usually be structured as per the RCOphth's template format however the exact format details are at the discretion of the lead reviewer, dependent on the exact nature of the visit, the concerns and the findings.

8.3 Usually **8 weeks** after the site visit, the draft text of the report will be sent to the referring organisation for factual checking.

8.3 Once the factual checking has taken place by the provider, the report will be send to a member of the Professional Standards Committee (usually the Chair of the RCOphth Review Service or the PSC Chair unless they were part of the review team) for a quality assurance check. This check considers:

- Is the report readable with a clear flow and logical order?
- Does the report follow the recommended RCOphth format or where it deviates, this is appropriate?
- Is there sufficient background to understand the context under which the review was established?
- Are the terms of reference easy to find and clear?
- Are the terms of reference clearly addressed?
- Are judgements and conclusions based on the gathered evidence?
- Does the review sufficiently identify relevant standards e.g. RCOphth, Nice?
- Is the information gathered and presented clearly against the standards?
- Are there clear judgements links to standards or RCOphth positions or recognised benchmarks?
- Do the recommendations flow from the narrative?
- Are the recommendations achievable and realistic?
- Is the timescale for improvement clear?

- Are there any high-risk sections where opinion may be controversial?

8.4 Comments from the provider organisation and quality assurance review will be sent to the review team for their consideration. Once these comments have been addressed, the final report will be formed and issued to the provider organisation.

N.B. The RCOphth will not forward the final report to the provider organisation unless payment for the review has been received.

8.5 The RCOphth will contact the provider organisation six months after the final report has been issued and request a progress report and seek general feedback on the review process. It is a condition of the review that the organisation provides feedback to the RCOphth. Follow up visits may be arranged at request. Such visits will be subject to additional charges.

9. Learning from reviews

9.1 The RCOphth will learn from experience in performing reviews. Feedback will be routinely sought from reviewed provider organisations and RCOphth reviewers on the methodology, the experience, any issues, any suggestions for improvement and these will be regularly collated and used to improve the review service.

9.2 Anonymised themes and issues from reviews will be examined and, where appropriate, externally triangulated with other national quality and safety evidence to provide an overarching quality and safety in ophthalmology review.

10. Contacting the RCOphth

All enquiries regarding RCOphth reviews should be directed to the Professional Support Department at the RCOphth.

Professional Support Department

The Royal College of Ophthalmologists

18 Stephenson Way

London

NW1 2HD

Telephone: 020 3770 5331

Email: jonathan.baker@rcophth.ac.uk

Appendix 1: Application form for RCOphth Review

For completion by the Chief Executive/Medical Director/nominated representative of requesting provider organisation		
Name of your organisation		
What type of review would you like to request?	Clinical records review ☐ Service review ☐ Individual review ☐	
Please provide two sets of dates for any site visit	Date 1:	Date 2:
Name and contact details of the clinical lead for ophthalmology		
What subspecialties would you like us to review? Please select from the list as relevant, more than one option can be chosen:	☐ Cataract ☐ Medical retina ☐ Vitreoretinal ☐ Adnexal (lid, orbital, lacrimal) ☐ Glaucoma ☐ Paediatrics and/or strabismus	☐ Cornea/external disease ☐ Refractive ☐ Whole service ☐ Other (please state below):
What has triggered the request for a review? Please select from the list as relevant, more than one option can be chosen	☐ Concerns raised by staff ☐ Serious incident(s) ☐ Patient complaint(s) ☐ Internal review ☐ External review ☐ Service improvement project	☐ Commissioner or regulator concern ☐ Audits/outcome data ☐ Unexpected changes to service delivery ☐ Planned changes to service delivery
What areas would you like us to review? Please select from the list as relevant, more than one option can be chosen	☐ Service delivery, productivity or efficiency ☐ Workforce issues ☐ Interpersonal behaviours ☐ Multidisciplinary clinical team working ☐ Clinical workload ☐ Protocols and patient pathways	☐ Clinical leadership ☐ Trainees ☐ Clinical governance/safety ☐ Interaction with patients ☐ Facilities and resources ☐ Clinician/management relationship ☐ Clinical performance
Please provide a short description of your reasons for the review		

What steps have already been taken? Please select from the list as relevant, more than one option can be chosen	☐ Discussions with staff ☐ Clinical record reviews ☐ Internal audit ☐ Internal investigation	☐ Restrictions on practice ☐ Contact with regulator ☐ External peer review ☐ Pathway or protocol redesign
Please give brief details of the steps already taken		

Name and contact details for the designated contact for your organisation	
Name	
Post	
Telephone number	
Email	

Name and contact details for a designated contact within your finance department	
Name	
Telephone number	
Email	
Position	
Declaration: I have read and agree to the review conditions set out in the 'Guide to The Royal College of Ophthalmologists' Review Service' (February 2024)	
Name and designation (Chief Executive/ Medical Director/nominated representative)	
Signed	
Date	

Please send to: Professional Support Department, The Royal College of Ophthalmologists, 18 Stephenson Way, London, NW1 2HD

jonathan.baker@rcophth.ac.uk

Appendix 2: Fees for RCOphth Reviews

Review service fees cover administrative costs, reviewer fees, quality assurance and production of the report.

Type of Review	Charge (plus V.A.T)
Individual Review	£18,000
Service Review	£18,000
Clinical record review – with site visit*	£2500 admin fee plus £250 per record
Clinical record review – without site visit*	£1500 admin fee plus £250 per record

* Requests for clinical record reviews of more than 60 records will be decided on a case by case basis and will be costed independently. Any clinical record review that identifies a need for a site visit the above site visit charge will apply in addition to the document review charge.