



The Royal College of Ophthalmologists' response to NHSE's consultation on Transformation of urgent and emergency care

February 21

Introduction

The RCOphth is the professional body for ophthalmologists and trainees in the UK. We work to ensure quality of patient care through the maintenance of high standards in ophthalmology and the wider eye service. We work closely with health policy and clinical leaders across the sector to help shape eye services for the benefit of patients.

Emergency eye care services have seen large increases in demand over the last 10 years, with over 500,000 cases recorded in England in 2018-2019. We published research in 2017 looking at how increasing demand is impacting emergency eye care¹.

In February 2020, we published [guidance on commissioning emergency eye care in England](#), developed in partnership with the British Emergency Eye Care Society in which we recommended using a range of evidence-based measures for ensuring quality and safety in eye care.

The RCOphth welcomes the opportunity to respond to this consultation to ensure increasing demand for emergency care is effectively managed in the wake of the pandemic.

Overall comments

Overall, we welcome the principles of the service redesign and proposal to introduce new clinically-relevant measures. We strongly support a more nuanced approach that takes into account the nature and severity of the patient's condition, the clinical care needed and the range of service delivery models used.

Throughout the pandemic we have advocated for a patient safety-centred approach to triaging and prioritising patients. We believe this should be the way forward and that performance measures need to reflect and support this aim.

We would challenge some of the wording in the third principle, which says that critical time standards' aim to improve the quality of care for life-threatening conditions, with the aim of saving more lives and reducing avoidable morbidity. We agree this is essential, but argue that this also applies to serious time-critical, sight-threatening conditions which can leave patients blind.

¹ <https://www.rcophth.ac.uk/wp-content/uploads/2015/10/RCOphth-The-Way-Forward-Emergency-Eye-Care-300117.pdf>

Questions

1. Are you aware of the existing Accident and Emergency four-hour standard?

Yes

2. If yes, what do you understand the existing four-hour standard to mean?

A clinically inappropriate target to keep patients moving via A&E.

3. Which would help you understand how well urgent or emergency care is doing:

A single measure or a wider range of measures across your urgent or emergency care journey?

A wider range of measures. We do not think one measure can capture the nuances accurately.

4. Please rate how important you think each of the measures are based on a scale of 1-5, where 1 is not important and 5 is extremely important? Please explain your answers.

Response times for ambulances	3
Reducing avoidable trips (conveyance rates) to Emergency Departments by 999 ambulances	2
Proportion of contacts via NHS 111 that receive clinical input	2
Percentage of Ambulance Handovers within 15 minutes	2
Time to Initial Assessment – percentage within 15 minutes	4
Average (mean) time in Department – non-admitted patients	5
Average (mean) time in Department – admitted patients	4
Clinically Ready to Proceed	5
Percentage of patients spending more than 12 hours in A&E	
Critical Time Standards	5

5. Are there any additional measures that should be included within the bundle?

It depends on what the critical time standards are. We would like to see good consultation on what these are. We would also like to ensure that emergency care in specialties such as ophthalmology can be captured.

6. To what extent do you agree with the recommendation to replace the current measure with the proposed new bundle of measures?

Strongly agree.

7. To what extent do you agree that measuring the average time for all patients is a more appropriate or meaningful performance measure than the percentage of patients treated within a pre-determined timeframe?

It is important to capture what proportion are there too long which might be lost in an average. That is, as well as an average, those who have remained in the department for far too long need to be picked up.

For more information please contact us at policy@rcophth.ac.uk