



The Royal College of Ophthalmologists' response to the CQC's strategy consultation

March 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 shape eye services for the benefit of patients.

We deliver an external review service to provide feedback and recommendations to help ophthalmology services improve the quality and safety of eye care.

We welcome the opportunity to respond to this consultation to ensure that the regulatory model supports clinicians and service leads to proactively develop and improve their services in the face of growing demand and increasingly complex patient needs.

Overall comments

The strategy proposes a significant shift from focusing on individual services to the system, and on improving the patient experience throughout their health and care journey.

We welcome this approach as a way of supporting the integration of services and delivery of joined up, patient-centred care. However, implementation must be a collaborative process with clinicians that does not unduly burden already overstretched services.

Smarter regulation

We support these ambitions.

The proposal for greater reliance on data and a more targeted approach to site visits could potentially be less onerous on services if they are able to provide the data. Data availability varies between Trusts who each have their own systems. Additionally, ophthalmology has developed its own specific electronic record systems. Therefore the implementation process will be critical, and needs to be clearly communicated and developed in partnership with clinicians.

It is also important not to duplicate data collection activities, which should be coordinated with data provision to NHS England.

Accelerating improvement

This support this ambitions.

The focus on supporting improvement set out in the strategy is an important and positive step, especially during this time of significant change, recovery and reconfiguration within the healthcare service. However, it is unclear how the CQC intends to assess improvement, follow up concerns and provide practical support. Further detail on this would be very welcome, as would support from the CQC to better understand how services are coping, reconfiguring and implementing new models of care.

The strategy includes encouraging innovation and investing in research to understand quality improvement, which is welcome. However, it does not refer to providers carrying out research as a core part of service delivery and innovation, as the CQC committed to in 2019. We would like to see in the strategy reference to the new questions in the CQC well-led framework on research. The RCOphth and AoMRC Academic Committees suggest metrics on two key aspects:

1. Supporting and empowering clinicians to carry out research – such as through allocating time within their job plans
2. Measuring the number of patients asked to participate in research

Assessing how well health and care services work as a local system

We support this. However, the scope of 'local systems' and how the CQC will support and assess integration with primary care is unclear within the strategy. An important part of the eye health and care system is primary and community care, particularly diabetic eye screening and sight testing. Primary care optometry is increasingly playing a role in the delivery of ophthalmology, and is a central part of the National Outpatient Transformation Programme. Detail on how this will be assessed would be very welcome.

Tackling inequalities

We welcome the specific ambition to tackle inequalities in the strategy. The pandemic showed us the importance of widening participation and ensuring the needs of minority groups are considered. However, the strategy lacks detail on how CQC proposes to ensure services reach marginalised groups as part of improvement. More detail is needed on this.

The strategy quite rightly recognises the ageing population and its increasingly complex needs, but it does not discuss the needs of children and younger people. The strategy needs to recognise the importance and impact that education and social care has on health outcomes later in life.

To achieve the equality ambitions, the framework needs to be more explicit on children and young people, and integrating social and education services, in particular ensuring good transitions from children's to adult services.

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