Quality Standard Self-Assessment Tool

Adnexal (Orbital, Lid and Lacrimal) Disease

The Royal College of Ophthalmologists champions excellence in care. In order to provide the best care for patients, and to generate improvements in care, it is important to be able to measure the quality of clinical services provided. In addition, measuring quality provides quality assurance data for patients, regulators and commissioners. There are many possible ways of measuring service quality including clinical audit, outcome measures and patient surveys.

The College's Quality and Safety Group provides a set of simple self-assessment tools for a number of clinical services: cataract, glaucoma, adnexal, medical retina (including age-related macular degeneration [AMD]), diabetic retinopathy, vitreoretinal surgery, neuro-ophthalmology, children and young adults and adults with learning difficulties. The tools focus on service provision not outcomes and do not attempt to assess every aspect of service but try to focus on a small number of key areas. It is not expected that most clinical services will answer 'Yes' to all of the question, and the results should be used in conjunction with other methods of quality assessment to support learning and improvement.

Please send feedback on the form and how you have used it to assess and change your services to Beth Barnes, Head of Professional Support beth.barnes@rcophth.ac.uk.

Disorders of the adnexae of the eye are very common (preseptal cellulitis, ectropion and entropion, mild thyroid eye disease eye, etc.) and, if not severe, are largely dealt with in primary care, primary care ophthalmology, and general ophthalmic services.

Adnexal disease standards in this document apply to care of the common conditions at the severe end of the spectrum and of more serious or unusual conditions such as orbital and eye lid tumours, lacrimal surgery and major eyelid surgery which are more appropriately managed in a dedicated adnexal disease service.

1. Consultant leadership:
   There is at least one consultant with subspecialist adenxal disease training:

   YES ☐ NO ☐

   There is a nominated lead consultant for adnexal with this role specified in their job plan / job description (desirable):

   YES ☐ NO ☐

   Evidence / comments:

2. Patients affected by significant or serious adnexal eye disorders (defined above) are seen within a dedicated adnexal service:

   YES ☐ NO ☐

   Evidence / comments:

3. Patients with adnexal disease are routinely supplied with information in an accessible format on their diagnosis, treatment and medication:

   YES ☐ NO ☐

   List available adnexal disease leaflets:

   Evidence / comments:

4. Minor operations are undertaken by fully trained clinical staff, or trainees under the supervision of fully trained staff, and appropriate guidelines are adhered to:

   YES ☐ NO ☐

   Evidence / comments:

5. Specialist investigations are available:

   External high quality photography YES ☐ NO ☐

   Scintilligraphy and dacryocystogram YES ☐ NO ☐

   Evidence / comments:

6. High risk tumours of the eyelids (recurrent or incompletely excised BCC and non BCC cancer):

- are managed in a dedicated lid tumour clinic YES ☐ NO ☐
- are presented in the local skin cancer or head and neck MDT YES ☐ NO ☐
- have access to sentinel node biopsy YES ☐ NO ☐

Evidence / comments:

7. Excisions of skin cancer are undertaken with margin control (such as frozen section, rapid paraffin section, or Mohs' surgery:

YES ☐ NO ☐

Evidence / comments:

8. Orbital tumours are managed by an orbital surgeon working with a multidisciplinary team with access to an ophthalmic pathologist, neuroradiologist, oncologist, radiotherapist, neurosurgeon, plastic surgeon, craniofacial surgeon, adnexal nurse practitioner and ocularist and clinical psychologist as required.

YES ☐ NO ☐

Evidence / comments:

9. Thyroid eye disease.
Thyroid eye disease is managed in a service which is compliant with modern guidelines such as those of BOPSS and the Amsterdam Declaration:

YES ☐ NO ☐

Patients are managed in a multidisciplinary team including access to:

- orthoptists YES ☐ NO ☐
- strabismus surgeons YES ☐ NO ☐
- ENT surgeons YES ☐ NO ☐
- endocrinologists YES ☐ NO ☐
- physicians experienced in the use of biologics & immunosuppression YES ☐ NO ☐
- if necessary oncologist for orbital radiotherapy YES ☐ NO ☐

All patient with thyroid eye disease are advised to stop smoking and directed to available smoking cessation services:

YES ☐ NO ☐

Evidence / comments:

10. Care and outcomes are audited, using recognised standards (e.g. the BOPSS national ptosis audit), and used for quality assurance and to improve services. Outcome audits should be case mix adjusted:

- Success/failure of ptosis surgery YES ☐ NO ☐
- Complications of surgery such as infection YES ☐ NO ☐
- Reoperation rates YES ☐ NO ☐
- Individual surgeon audit data is used for appraisal/performance management YES ☐ NO ☐

Evidence / comments:

11. Patients have access to psychological support for conditions which cause disfigurement or involve a diagnosis of cancer:

YES ☐ NO ☐

Action Plan

Issue identified	Action to be taken	Who will lead action	Date for completion