



The ROYAL COLLEGE of  
OPHTHALMOLOGISTS

# Quality Standard Self-Assessment Tool

## Corneal and External Eye Disease Services

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](mailto:beth.barnes@rcophth.ac.uk), Head of Professional Support [beth.barnes@rcophth.ac.uk](mailto:beth.barnes@rcophth.ac.uk).

Disorders of the external eye are very common (blepharitis, conjunctivitis, dry eye, etc.) and if not severe are largely dealt with in primary care, primary care ophthalmology, and general ophthalmic services.

Corneal and external disease standards in this document is apply to care of the common conditions at the severe end of the spectrum and of more serious or unusual conditions such as corneal dystrophies, conditions requiring transplantation, vernal keratoconjunctivitis and cicatrising disorders which are more appropriately managed in a dedicated corneal and external eye disease service.

1. Consultant leadership.

a. There is at least one consultant with subspecialist corneal and external disease training:

YES  NO

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

YES  NO

Evidence / comments:

2. Subspecialist care availability:

a. Patients affected by significant or serious corneal and external eye disorders are seen within a dedicated corneal and external service.

YES  NO

b. There is access to consultant corneal subspecialist expertise throughout the week for advice and management decisions.

YES  NO

Evidence / comments:

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

YES  NO

List available cornea/external disease leaflets:

Evidence / comments:

4. Corneal imaging and diagnostic instruments are available for use on site or within the network when appropriate:

- Anterior segment photography
- Corneal topography
- Pachymetry
- Anterior segment OCT is desirable
- Endothelial cell specular microscopy is desirable

ALL (including desirable options)

ALL excluding desirable options

NONE or only photography

Evidence / comments:

5. Specialist investigations are available

- Corneal scrape for microscopy and culture, including acanthamoeba, fungi and other unusual organisms YES  NO
- PCR YES  NO
- Conjunctival and corneal biopsy, including conjunctival immunofluorescence YES  NO

Evidence / comments:

6. Specialist surgery:

a. Specialist corneal and external eye surgery is available in-house, or within an established referral network, for procedures and treatments provided under Specialised Services:

YES  NO

b. Endothelial keratoplasty is offered routinely for conditions which are primarily endothelial e.g. Fuch's corneal dystrophy and pseudophakic bullous keratopathy:

YES  NO

Evidence / comments:

c. Contact lenses

Contact lens fitting, including for specialist lenses, is available in-house, or within an established referral network:

YES  NO

Contact lens fitting, including for specialist lenses, is available during the corneal clinics (desirable).

YES  NO

Evidence / comments:

8. Outcomes for corneal surgery are audited, using recognised standards, and used for quality assurance and to improve services. Outcome audits should be case mix adjusted:

a. Data is submitted for patients undergoing grafting to the national corneal audit via NHS Blood and Transfusion NHSBT “yellow form” system:

Follow up form return rate is\*:

GOOD ≥80%       MODERATE 60-90%       LOW < 60%       NONE

b. Outcomes for corneal are audited or data from the national graft audit are analysed and used for quality assurance and to improve services:

Graft survival/failure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rejection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Complications	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Visual outcomes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Refractive outcomes	YES <input type="checkbox"/>	NO <input type="checkbox"/>

c. Individual surgeon audit data is used for appraisal / performance management:

YES       NO

Evidence / comments:

## Action Plan

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

\*UKTS national corneal audit has an overall return rate for follow up forms or around 80% (one, two and five-year follow-up forms are 87%, 85% and 81%); and considers a return rate of less than 60% as of concern and potentially too low for meaningful analysis.