Quality Standard Self-Assessment Tool

The Royal College of Ophthalmologists

Glaucoma 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, Head of Professional Support beth.barnes@rcophth.ac.uk.

Glaucoma and ocular hypertension, glaucoma suspects, and those with risk factors for glaucoma are very common and, if stable or low risk, may be dealt with in primary care, primary care ophthalmology, and general ophthalmic services.

Glaucoma disease standards in this document apply to secondary care services for established glaucoma and ocular hypertension.

1. Consultant leadership.
   There is at least one consultant with subspecialist glaucoma training delivering / overseeing glaucoma care:

   YES ☐ NO ☐

   There is a nominated lead for glaucoma with this role specified in their job plan / job description (not essential):

   YES ☐ NO ☐

   Evidence / comments:

2. At least 80% of patients affected by glaucoma are seen within a dedicated glaucoma service with appropriate triage of cases between specialist and general clinics:

   YES ☐ NO ☐

   Evidence / comments:

3. Glaucoma and OHT are managed by appropriately trained clinical staff, or trainees under the supervision of fully trained staff, with care based on appropriate national or international guidelines:

   YES ☐ NO ☐

   Where nonmedical staff see glaucoma patients appropriate governance arrangements should be in place including regular in-house training, extended role protocols and recorded competency standards:

   YES ☐ NO ☐

   Evidence / comments:

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

   YES ☐ NO ☐

   Patients with glaucoma disease needing treatment are routinely given instruction or literature on eye drop instillation technique**:**

   YES ☐ NO ☐

List available glaucoma disease leaflets:

Evidence / comments:

5. Patients with open angle and normal tension glaucoma are regularly questioned to ascertain compliance and adherence to treatment**:**

YES ☐ NO ☐

Evidence / comments:

6. Appropriate investigations are available:
   - Goldmann tonometers which are calibrated at least monthly YES ☐ NO ☐
   - Automated visual field testing YES ☐ NO ☐
   - Pachymetry YES ☐ NO ☐
   - Imaging of disc YES ☐ NO ☐
     - Retinal photography YES ☐ NO ☐
     - Stereo photography YES ☐ NO ☐
     - OCT YES ☐ NO ☐
     - Tomography YES ☐ NO ☐
     - Laser polarimetry YES ☐ NO ☐

   Evidence / comments:

7. New patient visits: Patients attending with glaucoma or OHT or as suspected glaucoma have baseline IOP, gonioscopy, pachymetry, visual field assessment and optic disc imaging performed:

   YES ☐ NO ☐

   Evidence / comments:

8. Facilities for day time IOP phasing (multiple IOP readings throughout the day) are available:

   YES ☐ NO ☐

9. Clinics are appropriately booked (that is, not routinely overbooked):

   YES ☐ NO ☐

Evidence / comments:

10. Follow up visits.

    Patients have baseline information of IOP, fields and disc imaging available at their follow up appointments:

    YES ☐ NO ☐

    The service consistently reviews patients regularly in line with College and NICE guidelines on glaucoma and adheres to clinician requested timing of appointments based on clinical risk or progression:

    YES ☐ NO ☐

    The service provides enough availability for automated perimetry that patients who require more frequent testing, such as 2-3 times yearly, can be accommodated:

    YES ☐ NO ☐

    The service regularly monitors adherence to clinician requested timing and has no significant "follow up backlog" or delay:

    YES ☐ NO ☐

    There are no serious incidents of visual harm due to delayed follow up reported in the last 6 months:

    YES ☐ NO ☐

    Evidence / comments:

11. There is an agreed policy covering do not attend (DNA) patients, cancellations and rescheduling that takes into account visual disability, the needs of vulnerable adults, communication with patients and primary care physicians and also ensures clinician input into decisions on timing of rebooking or discharge:

    YES ☐ NO ☐

    Evidence / comments:

12. There is easy access to an Eye Clinic Liaison Officer or patient support officer who has close links to social services and relevant third sector organisations (e.g. International Glaucoma Association, RNIB) and has received training in psychological/mental health implications, including the Charles Bonnet syndrome, and social aspects of loss of vision in the elderly?

    YES ☐ NO ☐

    Evidence / comments:

13. There is access to low vision aid (LVA) services within the 18 weeks referral to treatment time:

YES ☐ NO ☐

Evidence / comments:

14. Specialist glaucoma surgery and laser is available in-house, or within an established referral network:

- Laser for narrow angles YES ☐ NO ☐
- Laser to trabecular meshwork YES ☐ NO ☐
- Trabeculectomy surgery YES ☐ NO ☐
- Complex surgery including revision surgery and drainage implants YES ☐ NO ☐
- Cycloablation (e.g. cyclodiode) YES ☐ NO ☐

Evidence / comments:

15. Audit. Care and outcomes are audited, using recognised standards, and used for quality assurance and to improve services. Outcome audits should be case mix adjusted.

Adherence to protocols and guidelines including NICE guidelines: YES ☐ NO ☐

Success/failure of drainage surgery: YES ☐ NO ☐

Complications of surgery including hypotony, endophthalmitis rates, other complications YES ☐ NO ☐

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