Quality Standard Self-Assessment Tool

Neuro-ophthalmology 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.

Neuro-ophthalmic disorders are very common (giant cell arteritis, stroke related visual field loss, vascular cranial nerve palsies etc.) and, if mild or long standing, may be dealt with in primary care, primary care ophthalmology, screening services and general ophthalmic services.

Neuro-ophthalmic disease standards in this document apply to care of the common conditions at the severe or acute end of the spectrum, those requiring invasive procedures and more serious or unusual conditions such as posterior uveitis or unusual retinal vasculopathies, which are more appropriately managed in a dedicated neuro MR service. Some conditions are appropriately managed within the neuro-ophthalmic eye clinics such as ocular motility disorders, eyelid disorders, chronic optic neuropathies including selected genetic disorders, posterior uveitis or retinal vasculopathies. Others require targeted co-management with neurology, neurosurgery, diagnostic and interventional radiology, clinical neurophysiology, and neuro-rehabilitation: these services are located within a Clinical Neurosciences Centre where ready access and consultant-led cross –specialty liaison is required.

Any hospital based dedicated neuro-ophthalmic service, and neuro-ophthalmology within neuroscience centres and neuro-rehab services are currently defined as specialised services.

1. Consultant leadership.
   There is at least one consultant with subspecialist neuro-ophthalmic training delivering care:

   YES ☐ NO ☐

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

   YES ☐ NO ☐

   Evidence / comments:

2. Patients affected by significant or serious neuro-ophthalmic disorders are seen within a dedicated neuro-ophthalmology clinic:

   YES ☐ NO ☐

   Evidence / comments:

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

   YES ☐ NO ☐

   List available relevant leaflets:

   Evidence / comments:

4. Appropriate investigations are available with rapid access if required:

   - CT YES ☐ NO ☐
   - MRI YES ☐ NO ☐
   - Retinal photography YES ☐ NO ☐
   - Ocular ultrasound YES ☐ NO ☐
   - OCT YES ☐ NO ☐
   - Electrodiagnostics and neurophysiology YES ☐ NO ☐
   - Clinical neurophysiology YES ☐ NO ☐
   - Electrodiagnostic testing adheres to International Society for Clinical Electrophysiology of Vision (ISCEV) standards YES ☐ NO ☐

   Evidence / comments:

5. Multidisciplinary care is available and utilised where appropriate:

- Neurology YES ☐ NO ☐
- Neurosurgery YES ☐ NO ☐
- Specialist neuroradiology YES ☐ NO ☐
- Radiotherapy and oncology YES ☐ NO ☐
- Neurorehabilitation YES ☐ NO ☐
- Orthoptists YES ☐ NO ☐
- Strabismus surgery YES ☐ NO ☐

Evidence / comments:

6. 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. Macular Society, 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?
7.

YES ☐ NO ☐

Evidence / comments:

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

YES ☐ NO ☐

Evidence / comments:

9. The service undertakes regular audits using recognised standards. Data is analysed and used for quality assurance and to improve services and for appraisal / performance management.

YES ☐ NO ☐

Evidence / comments:

Action Plan

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