

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

The Royal College of Ophthalmologists (RCOphth) champions excellence in care. In order to provide the best care for patients, it is important to be able to assess the quality of clinical services provided and consider where improvements can be made. In addition, these assessments can provide quality assurance for patients, regulators and commissioners.

This quality standard has been developed by the RCOphth paediatric subcommittee, in conjunction with the College's Quality and Safety Group, to provide a self-assessment tool which focuses on service provision not outcomes. This is not an attempt to assess every aspect of service but try to focus on a small number of key areas. It is not expected that every clinical services will deliver every aspect as described, and the results should be used in conjunction with other methods of quality assessment to support learning and improvement.

Children, adolescents and young people with ophthalmic disorders, and their families and carers, have specific needs, which differ from those of adults. Paediatric ophthalmic disorders and their management should be viewed in the broader context of general health and development.

Please send feedback to [Jonathan Baker](#), Quality Improvement Manager.

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

### 1. Consultant leadership

1a) At least one consultant or equivalent<sup>i</sup> in the team delivering care to children/young people has subspecialist paediatric ophthalmology training.

YES  NO

1b) There is a nominated lead for paediatric ophthalmology, with this role specified in their job plan / job description.

YES  NO

Evidence / comments:

2. The clinical environment is accessible and appropriate to the needs of children, young people and their families.

YES  NO

Evidence / comments:

3. Children and young people are seen within dedicated paediatric clinics (unless the nature of the condition warrants specific subspecialty management e.g. vitreoretinal).

YES  NO

Evidence / comments:

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

- 4.** All children and young people with suspected reduced vision undergo assessment using techniques appropriate to their age and development including orthoptic assessment, refraction and fundus examination after cycloplegia where indicated.

YES  NO

Evidence / comments:

- 5.** Paediatric ophthalmic disorders are managed by appropriately trained clinical staff, or trainees under the supervision of fully trained staff.

YES  NO

Evidence / comments:

- 6.** Staff providing ophthalmic care have received the relevant level of mandatory training in relation to working with children and young people e.g. life support, safeguarding level 3.

YES  NO

Evidence / comments:

- 7.** Where nonmedical staff see children and young people independently or in extended or advanced practice roles, appropriate governance arrangements are in place, including regular in-house training, extended role protocols and recorded competency standards.

YES  NO

Evidence / comments:

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

**8.** Urgent outpatient assessment by a consultant ophthalmologist or equivalent\* is available for all children and young people in whom serious visual disability or ophthalmic disease is suspected.

YES  NO

Evidence / comments:

**9.** Children requiring specialist ophthalmic management are referred appropriately or have shared management with an appropriate subspecialty team.

YES  NO

Evidence / comments:

**10.** Specialist investigations catering to the needs of children and young people are available locally or in an established and timely referral pathway.

Retinal photography YES  NO

Retinal and optic nerve OCT YES  NO

B scan ultrasonography YES  NO

Fundus fluorescein angiography YES  NO

Genetic testing and counselling YES  NO

MRI YES  NO

Electrodiagnostics (in most units via referral) YES  NO

Evidence / comments:

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

**11.** Children and young people undergoing surgery are:

a) Scheduled onto dedicated paediatric lists unless there is a specific clinical reason (e.g. urgent or subspecialty procedure).

YES  NO

b) Operated on by surgeons with appropriate training and experience.

YES  NO

c) Anaesthetised by anaesthetists with appropriate training and experience.

YES  NO

Evidence / comments:

**12.** Paediatric ophthalmic disorders are managed according to evidence based protocols and guidelines.

YES  NO

Evidence of protocols:

**13.** Parents and young people are routinely supplied with information in an accessible format on their diagnosis, treatment and medication.

YES  NO

List relevant available patient or parent information leaflets:

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

**14.** Copies of clinic letters are routinely provided to parents and young people unless there is a specific concern it may be harmful.

YES  NO

Evidence / comments:

**15.** There is an agreed process for transition of ophthalmic care to adolescent or adult services within MDT transition arrangements relevant to the condition.

YES  NO

Evidence / comments:

**16.** Written information about care is routinely sent to other key professionals involved in management eg copies of clinic letters/discharge summaries to paediatricians, visual impairment teachers.

YES  NO

Evidence / comments:

**17.** Children/young people are referred to general and specialist child health services (eg to paediatricians, psychologists) for assessment and advice, as required.

YES  NO

Evidence / comments:

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

**18.** There is easy access to assessment and support from a professional who has received training in psychological/mental health issues in children and young people?

YES  NO

Evidence / comments:

**19.** All visually impaired children and young people are referred to their local Consultant Paediatrician (Community or Neurodisability) for multidisciplinary assessment by a child development team and/or a visual impairment team.

YES  NO

Evidence / comments:

**20.** There is easy access to an Eye Clinic Liaison Officer, Key Worker service or patient support officer who has close links to the Specialist Teaching Service, social services and relevant third sector organisations.

YES  NO

Evidence / comments:

**21.** There is access to low vision assessment (LVA) services suitable for children and young people within the 18 weeks referral to treatment time.

YES  NO

Evidence / comments:

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

**22.** All eligible children and young people are offered certification as sight impaired or severely sight impaired.

YES  NO

**23.** All visually impaired children and young people are notified to the Specialist Visual Impairment Teaching Service/Team.

YES  NO

Evidence / comments:

**24.** Clinicians contribute to multiagency plans (such as Education Health Care plans in England) completed by external agencies and these are available and inform clinical care.

YES  NO

Evidence / comments:

**25.** Follow up

a) The service consistently sees paediatric patients regularly in line with RCOphth, NICE and other national Guidelines.

YES  NO

b) The service regularly monitors adherence to clinician requested timing for follow ups.

YES  NO

c) The service has no significant “follow up backlog” or delay<sup>ii</sup>.

YES  NO



# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

d) There are no serious incidents of harm due to delayed follow up of children and young people reported in the last 6 months.

YES  NO

Evidence / comments:

**26.** There is an agreed policy covering patients who do not attend /were not brought (“DNA”) or whose appointment was cancelled by the provider regarding rescheduling that takes into account visual disability, the needs of children and young people, other disabilities and vulnerabilities, communication with patients, families, other involved professionals and primary care physicians.

YES  NO

**27.** Clinicians input into the decisions on timing of rebooking or discharge of patients who do not attend/are not brought or who are cancelled by the provider.

YES  NO

Evidence / comments:

### **28.** Audit

a) Care and outcomes are audited, using recognised standards, and used to quality assurance and improve services.

YES  NO

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

b) Adherence to protocols and guidelines including NICE, RCOphth, CQC and NSF or other national guidance.

YES  NO

c) Adherence to local clinical assessment and care protocols.

YES  NO

d) Outcomes after amblyopia treatment

YES  NO

e) Outcomes of strabismus surgery

YES  NO

f) Audit data are used for appraisal / performance management of ophthalmologists.

YES  NO

Evidence / comments:

**29.** Children and/or family patient experience is measured, using validated tools where possible.

YES  NO

Evidence / comments:

**30.** Retinopathy of Prematurity (ROP) screening. – answer only if this service relevant

a) There is an ROP screening service led by an experienced consultant or SAS doctor

YES  NO

# Quality Standard Self-Assessment Tool



## CARE AND SERVICES FOR CHILDREN AND YOUNG PEOPLE

b) The ROP screeners have regular CPD in ROP

YES  NO

c) There are non-trainee cover arrangements when ROP screeners are on leave.

YES  NO

d) ROP screening audit is done regularly and fed into national neonatal audit programme

YES  NO

### Action Plan

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

<sup>i</sup> autonomously practising senior SAS ophthalmologist

<sup>ii</sup> NHS High Impact intervention: 85% of follow ups are seen within 25% of planned follow up interval