West Midlands Quality Review Service

West Midlands Local Eye Health Network

Quality Standards

Eye Care Pathway

Version 1.2 (14 pt font)

May 2017

West Midlands Quality Review Service (WMQRS)

NHS England, West Midlands - Local Eye Health Network (LEHN)

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Review by: December 2019 at the latest

Version No	Date	Change from previous version
V1	21.12.2016	N/A
V1.1	05.05.2017	Minor amendments made to CQC cross references. Appendix 2: additional guidance added and referenced.
V1.2	15.06.17	LEHN added to cover and minor amendments made.

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FOREWORD

I am delighted to welcome the development and publication of the first edition of these Eye Care Pathway Quality Standards. I believe they will be used by eye care professionals and managers across the West Midlands to improve the quality of services they deliver as well as by those who commission eye care services. I anticipate the effective use of these standards will improve the care we provide and maximise outcomes.

These standards focus on a range of inter-connected eye care services including primary care, enhanced primary care, specialised eye care services, low vision services, emergency department and child eye screening. We have, through a multi-disciplinary approach, brought together service users, voluntary organisations, health and care professionals from many different eye care disciplines including ophthalmology, optometry, orthoptics, ophthalmic nursing, low vision and eye clinic liaison officers (ECLO), and commissioners. The collaboration between so many different people has been extremely important in helping us to develop a shared perspective of a high quality 'patient journey'.

I believe this is an exciting time for eye care. I hope my colleagues agree that these standards offer a new approach to improving the quality of eye care services over the next two to five years and will help us achieve better outcomes for those who use our services.

Claire Roberts MBA, BSc (Hons), MCOptom

Chair, West Midlands Local Eye Health Network
NHS England - West Midlands

INTRODUCTION

The Quality Standards for the Eye Care Pathway have been developed as part of the West Midlands Quality Review Service's work to support NHS organisations in the West Midlands to improve the quality of services. They are based on relevant literature and have been developed in collaboration with a Steering Group (Appendix 1) comprising representatives of clinical staff from across the West Midlands. The draft Standards were circulated to relevant organisations in the West Midlands and comments received have been included. Service users and carers were involved in this process through a focus group and through participation in a regional workshop.

AIMS OF THE QUALITY STANDARDS

The Quality Standards aim to improve the quality of services for people with eye health and vision problems and to help to answer the question: "For each service, how will I know that national guidance and evidence of best practice have been implemented?" They describe what services should be aiming to provide: All services should be moving towards meeting all applicable Quality Standards within the next two to five years. Appendix 2 2 lists the references sources on which the Quality Standards are based.
Through use of the Quality Standards we hope that:

1. Service users and carers will know more about the services they can expect.
2. Commissioners will be supported in assessing and meeting the needs of their population, improving health and reducing health inequalities, and will have better service specifications.
3. Service providers and commissioners will work together to improve service quality.
4. Service providers and commissioners will have external assurance of the quality of local services.
5. Reviewers will learn from taking part in review visits.
6. Good practice will be shared.
7. Service providers and commissioners will have better information to give to the Care Quality Commission and NHS Improvement.

Quality Standards are also cross-referenced to British Standards Institute, Care Quality Commission and NHSLA Standards (Appendix 3). A glossary of terms and abbreviations is given in Appendix 4 and Appendix 5 has more detail of the presentation of evidence for peer review visits.

SCOPE OF THE QUALITY STANDARDS

The Quality Standards for the Eye Care Pathway should sit within organisations' overall clinical governance arrangements. The WMQRS Clinical Governance Quality Standards describe the clinical governance arrangements which should be in place. Compliance in NHS provider organisations will usually be assured through NHS Litigation Authority Standards. Non-NHS organisations may wish to use the WMQRS Clinical Governance Quality Standards to assure themselves of the robustness of their overall clinical governance arrangements.

The Quality Standards do not cover:

- General Ophthalmic Services and the standard of care that these services should provide for all patients.
- Care provided by specialised and highly specialised services, for example, for people with rare eye conditions such as cancer, genetic advice and ocular prosthetics.

The term 'rehabilitation' is used throughout the Standards to include both 'habilitation' and 'rehabilitation'. (Both terms are defined in Appendix 4.)

Latest versions of WMQRS Quality Standards are available on the WMQRS website www.wmqrs.nhs.uk.

EYE CARE PATHWAY

These Quality Standards are based on the following services:

Primary Care: The Standards cover links between primary care, including General Ophthalmic Services and other eye care services and pathways of care.

Enhanced Primary Eye Care Services: These are community-based services which provide a level of care over and above that expected by the General Ophthalmic Services contract, for example, triage of referrals to specialist eye services, review of patients with 'flashes and floaters', treatment of dry or red eyes, glaucoma pressure monitoring, preparation for cataract surgery or school entry eye

screening. Enhanced Primary Eye Care Services may or may not be provided in the local pathway.

Specialist Eye Services: These are consultant-led specialist eye services. These should be provided by a single specialist team. Some services will be provided in a hospital and some may be community-based.

Low Vision Service: The low vision service may be provided by social care, the NHS or the voluntary sector. It should, ideally, be a jointly commissioned service. It may be provided from a range of locations including domiciliary visits. Visual habilitation and rehabilitation should be an integral part of the service.

Emergency Department: These Standards apply to an Emergency Department or Specialist Receiving Facility for people with eye care problems requiring urgent attention. WMQRS Quality Standards for Urgent Care also apply to these services.

Child Health Screening: These Quality Standards can be used if child eye screening is commissioned as part of another service, for example, neonatal, health visiting, community children's or school nursing service.

Commissioning: These Quality Standards are the responsibility of Clinical Commissioning Groups, Local Authority commissioners of social care and public health, and NHS England commissioners of specialised services, working in collaboration.

LINKS WITH OTHER QUALITY STANDARDS

The Quality Standards for the Eye Care Pathway should sit within organisations' overall clinical governance arrangements. The WMQRS Clinical Governance Quality Standards describe the clinical governance arrangements which should be in place. Compliance with the Standards in NHS provider organisations will usually be assured through NHS Litigation Authority Standards. Non-NHS organisations may wish to use the WMQRS Clinical Governance Quality Standards to assure themselves of the robustness of their overall clinical governance arrangements.

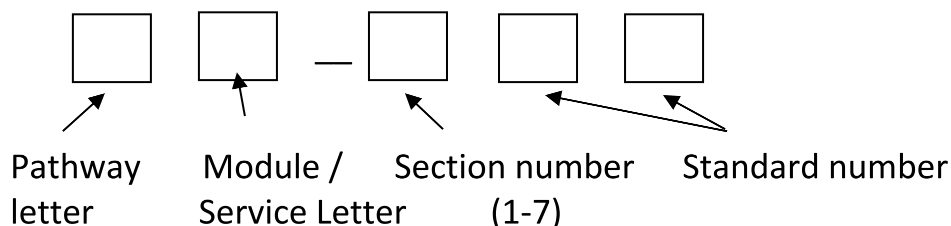
The Eye Care Pathway Quality Standards also links with WMQRS Quality Standards for:
* Care of people with long-term conditions
* Urgent care
* Care of people living with frailty
* Theatres and anaesthetic services

All WMQRS Quality Standards are available on the WMQRS website:
www.wmqrs.nhs.uk

STRUCTURE OF THE QUALITY STANDARDS

WMQRS QUALITY STANDARDS REFERENCE STRUCTURE

WMQRS Quality Standard reference numbers have the following structure:



Each Standard is structured as follows:

<table>
<tr><td>Reference Number (Ref)</td><td>This column contains the reference number for each Standard, which is unique to these Standards and is used for all cross-referencing. Each reference number is composed of two letters and three digits (see above and below for more detail).
The reference column also includes a guide to how the Standard will be reviewed:

<table>
<tr><td>BI</td><td>Background information</td></tr>
<tr><td>Visit</td><td>Visiting facilities</td></tr>
<tr><td>MP&S</td><td>Meeting service users (children, young people, adults) and staff</td></tr>
<tr><td>CNR</td><td>Case note review or clinical observation</td></tr>
<tr><td>Doc</td><td>Documentation should be available. Documentation may be written or be in the form of a website or other social media</td></tr>
</table>
The shaded area indicates the approach that will be used to reviewing the Quality Standard. Appendix 5 summarises the evidence needed for review visits.</td></tr>
<tr><td>Quality Standard (QS)</td><td>This describes the quality that services are expected to provide.</td></tr>
<tr><td>Notes</td><td>The notes give more detail about either the interpretation or the applicability of the Standard.</td></tr>
</table>

Pathway and Service Letters:

These generic Standards use the pathway letter 'V'. The Standards are in the following sections:

VA-	Eye Care Pathway	Primary Care
VM-	Eye Care Pathway	Enhanced Primary Care Service
VN-	Eye Care Pathway	Specialist Service
VP-	Eye Care Pathway	Low Vision Service
VE-	Eye Care Pathway	Emergency Department
VK-	Eye Care Pathway	Child Health Screening
VZ-	Eye Care Pathway	Commissioning

Topic Sections:

Each section covers the following topics:

-100	Information and Support for Patients and Carers
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

Within each section, each Standard has a unique two digit number. These are not always sequential, to ensure that similar standards in different pathways have the same two digit number.

The Quality Standards are cross-referenced to the Care Quality Commission and NHS Litigation Authority (NHSLA) Standards in Appendix 3.

COMMENTS ON THE QUALITY STANDARDS

The Quality Standards will be revised as new national guidance becomes available and as a result of experience of their use. Comments on the Quality Standards are welcomed and will be taken into account when they are updated. Comments should be sent to swb-tr.SWBH-GM-WMQRS@nhs.net

More information about WMQRS and its Quality Standards and reviews is available at www.wmqrs.nhs.uk or 0121 612 2146.

PRIMARY CARE

Ref	Standard
INFORMATION AND SUPPORT FOR PATIENTS AND CARERS	
VA-101 MP&S	**Primary Care Information and Support** Information and support for patients and, if appropriate, their carers should be available, covering at least: a. Health promotion, including smoking cessation, healthy eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being b. Services available in the local patient pathway, including self-referral to the low vision service c. Condition-specific information d. Eligibility for patient transport Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast. *Notes:* *1. Information should conform to latest UK Association for Accessible Formats guidance and the NHS England 'Accessible Information: Specification' (2015).* *2. Condition-specific information suitable for patients and carers is available on The College of Optometrists website:**www.college-optometrists.org** or the Association of Optometrists website: **www.aop.org.uk***

Ref	Standard
STAFFING	
VA-299 MP&S Doc	**Training and Development Programme** General practitioners, providers of General Ophthalmic Services and other health, social care and education practitioners working with groups of people with, or at risk of, vision impairment should participate in the local programme of training and development for primary care staff (QS VZ-602).

Ref	Standard
GUIDELINES AND PROTOCOLS	
VA-501 MP&S Doc	**Primary Care Guidelines** Guidelines on primary care management should be in use, covering at least the role of primary care in: a. Diagnosis, monitoring and management b. Management of acute exacerbations and acute complications c. Indications for urgent and routine referral to: i. Specialist (consultant-led) eye service ii. Enhanced primary care eye services (if available locally) d. Information to be sent with each referral, including Inclusion of photographs or other images of the eye e. Rapid referral pathways for: i. Suspected wet age-related macular degeneration ii. Retinal changes including suspected retinal detachment iii. Infections of the eye iv. Eye problems in children v. Post operative problems vi. Corneal graft problems f. Indications and arrangements for referral to the Low Vision Service *Notes:* *1. Primary care guidelines should be consistent with the commissioned local pathway and with guidelines in use in other local services.* *2. Clinical management guidelines appropriate for primary care are available on The College of Optometrists website:* ***www.college-optometrists.org*** *3. Rapid referral pathways should be accessible by opticians, optometrists and orthoptists working in primary care as well as by GPs.* *4. Locally agreed referral templates may help to ensure that appropriate information is sent with all referrals.* *5. Optometrists can have an nhs.net email account for secure (Caldicott-compliant) transmission of patient-identifiable data.*

Ref	Standard

VA-502
 	
MP&S Doc
	Domiciliary Service
	
	Guidelines for domiciliary service provision should be in use covering at least:
	a. Referral criteria
	b. Advice and patient education
	c. Eye tests including:
	  i. What tests should and should not be performed
	  ii. Options if recommended tests cannot be performed
	d. Portable equipment required
	e. Supply and fitting of spectacles
	f. Spectacles after-sales service
	g. Advice and supply of low vision aids
	h. Further tests if required
	i. Referral if indicated, including to the Low Vision Service
	
	Notes
	1. *Portable equipment should include at least:*
	  a. Amsler grid
	  b. Dispensing equipment and a range of spectacle frames
	  c. Full range of diagnostic drugs
	  d. Illuminated test chart
	  e. Means to examine the external eye
	  f. Near chart
	  g. Ophthalmoscope
	  h. Retinoscope
	  i. Some means of assessing visual fields other than confrontation
	  j. Tonometer, and
	  k. Trial case and trial frame
	2. The College of Optometrists guidance 'The domiciliary eye examination' gives additional detail in relation to domiciliary services.

Enhanced Primary Care Service

Ref	Standard
Information and Support for Patients and Carers	
VM-101 Visit MP&S	**Service Information** Each service should offer patients and their carers information covering: a. Organisation of the service, such as opening hours, clinic times and transport arrangements b. Arrangements for patients who are housebound c. Staff and facilities available d. Preparation for attending including, if appropriate, advice on driving and pupil dilation e. How to contact the service for help and advice f. Eligibility for patient transport g. How to raise concerns about the service Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.

Ref	Standard
	Notes: *1. Information should conform to latest UK Association for Accessible Formats guidance, NHS England 'Accessible Information: Specification' (2015) and the local policy on offering accessible information (QS VM-601).* *2. Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the patients.* *3. Information may be in paper or electronic/e-learning formats. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual patient letters then examples will need to be seen by reviewers.* *4. Information may be combined with condition-specific information (QS NM-102) and should be clear about information carers can receive with and without the patient's permission.* *5. Throughout the Quality Standards, 'carer' refers to family and informal carers as well as to paid carers.*
VM-102 Visit MP&S CNR	**Condition-Specific Information** Services providing diagnosis, assessment or treatment for specific conditions should offer patients and their carers up to date, written information about their condition and its impact. Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with black writing with good contrast. *Notes:* *1. As QS VM-101 notes 1 and 2.* *2. Information may be in the form of national or locally produced booklets and combined with service information (QS VM-101).* *3. A note of the information given should be made available in the patient's clinical notes.*

Ref	Standard
VM-103 MP&S CNR	**Plan of Care** Each patient and, where appropriate, their carer should be offered a written record covering the plan of care agreed with them, covering at least: a. Agreed goals, including life-style goals b. Self-management c. Planned investigations, treatments or referral d. Arrangements for future care The patient should be offered a copy of their plan of care in at least 14 point font size with good contrast. The plan of care should be sent to the patient's GP and, with the patient's agreement their referring optometrist. *Notes:* *1. It is desirable that patients are offered a copy of their plan of care in their preferred format. They should also be offered the opportunity for a copy of their plan of care to be sent to their referring optometrist.* *2. If the patient will be reviewed by the Enhanced Primary Care Eye Service then the plan of care should include a review date.*

Ref	Standard
VM-199 Visit Doc	**Involving Patients and Carers** The service should have: a. Mechanisms for receiving regular feedback from patients and, if appropriate, their carers about treatment and care they receive b. Audits of patients' experiences of: i. Accessing the service ii. Availability of accessible information c. Mechanisms for involving patients and, if appropriate, their carers in decisions about the organisation of the service d. Examples of changes made as a result of feedback and involvement of patients and, if appropriate, their carers *Notes* *1. NICE Commissioning Guidance, CMG 49, Support for Commissioning (2013), suggests patient satisfaction surveys should cover accessibility of venues or domiciliary visits, availability of convenient appointment times especially for working age adults.* *2. Audits should normally be undertaken at least every two years.*
STAFFING	
VM-201 BI	**Lead Clinician** A nominated lead clinician should have responsibility for the effective delivery of the service, including staffing, training, guidelines and protocols, service organisation, governance and liaison with other services. The lead clinician should be a registered healthcare professional with appropriate competences in this role and should undertake regular clinical work within the service.

Ref	Standard
VM-202 BI MP&S	**Staffing Levels and Skill Mix** Sufficient staff with appropriate competences should be available for: a. The number of patients usually cared for by the service and the usual age and case mix of patients b. The service's role in the patient pathway and expected timescales c. The assessments and therapeutic interventions offered by the service d. Urgent review if clinically indicated Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.
VM-203 MP&S Doc `	**Service Competences and Training Plan** The competences expected for each role in the service should be identified, including: a. Clinical competences for the service provided b. Understanding the needs of children and adults with vision impairment and sight loss c. Communication with children and adults with vision impairment and sight loss d. Communication with people with hearing impairment e. Diversity specific to vision impairment and sight loss f. Interventions and procedures undertaken by non-consultant staff g. Use of equipment h. If provided, competences in: i. Triage of referrals ii. Eye screening in children i. Adverse events reporting A training and development plan for achieving and maintaining competences should be in place.

Ref	Standard
	Notes: *1. This QS is about the needs of the service and cannot be met solely by individual staff appraisals and personal development reviews (PDRs). Appraisals and PDRs are sufficient for maintenance of competence, and details of individual appraisals and PDRs are not required. Reviewers may, however, request information about specific aspects of relevance to the service, particularly where a therapeutic intervention or activity is undertaken rarely and/or where competence may not be maintained by the individual's usual clinical practice.* *2. For compliance with this QS the service should provide:* *a. A matrix of the roles within the service, competences expected and approach to maintaining competences* *b. A training and development plan showing how competences are being achieved and maintained.* *3. Training may be delivered through a variety of mechanisms, including e-learning.* *4. Commissioners may specify a requirement for specialist competences and, if so, these (or equivalent) should be achieved by provider*
VM-299 BI MP&S	**Administrative, Clerical and Data Collection Support** Administrative, clerical and data collection support should be available. *Notes:* *1. The amount of administrative, clerical and data collection support is not defined. Clinical staff should not, however, be spending unreasonable amounts of time that could be used for clinical work on administrative tasks.*

<table>
<tr><th>Ref</th><th>Standard</th></tr>
<tr><td colspan="2">SUPPORT SERVICES</td></tr>
<tr><td>VM-301

BI
MP&S</td><td>Services providing Support and Advice

Timely access to an appropriate range of support services should be available including:
a. Specialist Eye Service
b. Low Vision Service
c. Specialist Vision Impairment Teaching Service
d. Child and adult safeguarding services
e. Eye Clinic Liaison Officer
f. Child Development Centre (children only)

Notes:
1. Timely is not defined strictly but should ensure that patient pathways are not unreasonably delayed and that the service’s timescales for assessments and therapeutic interventions are not unreasonably delayed.</td></tr>
</table>

Ref	Standard
FACILITIES AND EQUIPMENT	
VM-401 Visit	**Facilities and Equipment** Facilities available should be appropriate for the assessment and therapeutic interventions offered by the service for the usual number and case mix of patients, including appropriate arrangements for: a. Infection prevention b. Management of sharps c. Storage for medications, contact lenses and other disposables, including refrigerated storage when required d. Waste disposal Facilities should: i. Be suitable for the care of people with visual, physical and hearing impairments ii. Have easy availability of low vision aids iii. Facilities for children and young people should be child-friendly and should ensure separation from adult patients iv. Have ability to change lighting levels and block out light *Notes:* *1. Required facilities and equipment are not strictly defined but should be appropriate for the usual number and case mix of patients cared for by the service.* *2. Consideration of suitability for people with vision impairments (i) should include signage, lighting, appropriate use of contrasting colours and arrangements for calling and guiding patients (if required).*
VM-402 BI	**Equipment** Equipment appropriate to the assessments and interventions provided should be available. Evidence of regular calibration of all equipment should be available. Images should be accessible from all locations where care is delivered and should be capable of being linked to the patient's medical record by their NHS number.

<table>
<tr><th>Ref</th><th>Standard</th></tr>
<tr><td>VM-499

Visit</td><td>IT System

IT systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation, including functionality for:
a. Storage of images of the eye
b. Timely retrieval of stored images
c. Viewing historic images
d. Producing large print letters and information in the patients' chosen format
e. Secure transmission of patient-identifiable data to other services involved in the patient's care
Monitors should be of adequate quality for diagnosis of patient images captured from retinal angiograms or retinal screening, and for viewing other digital examinations.

Notes:
1. IT and records systems should ideally be integrated to avoid duplicate entry of patient data.
2. nhs.net may be used for secure (Caldicott-compliant) transmission of patient-identifiable data.</td></tr>
<tr><td colspan="2">GUIDELINES AND PROTOCOLS</td></tr>
<tr><td>VM-501

MP&S
CNR
Doc</td><td>Clinical Guidelines

Up to date locally agreed clinical guidelines should be in use covering:
a. Diagnosis, assessments and interventions offered by the service
b. Monitoring and follow-up
c. Indications for contacting the Specialist Eye Service
d. Discharge from the service

Notes:
1. Local Map of Medicine pathways (QS NZ-501) provide access to local pathways, locally agreed guidelines and NICE guidance.</td></tr>
</table>

<table>
<tr><th>Ref</th><th>Standard</th></tr>
<tr><td>VM-502

MP&S
CNR
Doc</td><td>Triage Guidelines

If the service provides triage of referrals, guidelines should be in use covering:
a. Clinical guidelines covering the triage process
b. Arrangements for feedback to both the patient's GP and, with the patient's consent, their referring optometrist (or other practitioner)

Notes:
1. This QS is not applicable if the service does not provide triage of referrals.
2. Patients should be offered the opportunity for feedback of results to their referring optometrist.</td></tr>
<tr><td>VM-503

MP&S
CNR
Doc</td><td>School Entry Screening

Services providing eye and vision screening for children on school entry should have:
a. Guidelines on undertaking eye examinations of school entry children, including equipment required
b. Staff with competences in undertaking eye screening in children
c. Indications and arrangements for assessment by an optometrist before referral to a specialist eye service (unless contraindicated)
d. Indications for referral to a specialist eye service
e. Arrangements for communication with parents, school, Specialist Vision Impairment Teaching Service and GP about the possible problem and follow-up arrangements
f. Arrangements for multi-disciplinary discussion with Child Development Centre and community paediatric services
g. Collection and reporting of data on:
i. Coverage of school entry screening
ii. Number of children assessed by an optometrist and outcome of this assessment
iii. Number of children referred to a specialist eye service

Notes:
1. This QS duplicates QS duplicates QS VK-603 and applies only to services providing school entry screening.</td></tr>
</table>

Ref	Standard
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES	
VM-601 MP&S Doc	**Operational Policy** The service should have an operational policy describing the organisation of the service including at least: a. Local policy for offering accessible information b. Arrangements for care of people who are housebound or resident in a care home c. Arrangements for care of working age adults who are not easily able to access the service during normal working hours d. Arrangements for follow-up of patients who ‘do not attend’ e. Recording and reporting incidents f. Responsibilities and arrangements for reporting safeguarding concerns relating to children and adults *Notes:* *1. An ‘incident’ is an unexpected event that had an actual, or potential, adverse impact on the patient’s health or well-being and that a) requires investigation and / or b) could provide learning in order to avoid a recurrence within the service or elsewhere.* *2. The local policy for offering accessible information should cover the formats and media used, arrangements for ensuring this information is offered to patients and, if appropriate, their carers and responsibility for patient and / or carer information at each stage of the patient journey.*

Ref	Standard
Governance	
VM-701 BI Doc	**Data Collection** Regular collection and monitoring of data should be in place, including: a. Referrals to the service, including source and appropriateness of referrals b. Number of patients seen by the service c. Number of discharges from the service and type of care after discharge d. If providing triage of referrals: i. Number of referrals for triage ii. Waiting time for triage iii. Outcome of triage e. If providing school entry eye screening: i. Coverage of school entry screening ii. Number of children assessed by an optometrist and outcome of this assessment iii. Number of children referred to a specialist eye service f. Number of incidents reported g. Key performance indicators
VM-702 Doc	**Audit** The service should have a rolling programme of audit of compliance with: a. Evidence-based clinical guidelines (QS VM-501) b. If providing triage of referrals: Audit of the appropriateness of triage decisions *Notes:* *1. Audits of the appropriateness of triage decisions should cover false positives as well as false negatives. Patient experience outcomes should also be audited.*

Ref	Standard
VM-703 MP&S Doc	**Audit Information for Commissioners** The service should comply with commissioner requests for: a. Announced and unannounced visits b. Reasonable additional audit information *Notes:* *1. Commissioners may also require to see results of patient and carer feedback (QS VM-199).*
VM-798 MP&S Doc	**Review and Learning** The service should have arrangements for: a. Review of and implementation of learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Ongoing review and improvement of service quality, safety and efficiency
VM-799 Doc	**Document Control** All policies, procedures and guidelines should comply with reasonable document control standards. *Notes:* *1. Document control standards include date agreed, author, version numbers and review date.*

Specialist Service

Ref	Standard
Information and Support for Patients and Carers	
VN-101 Visit MP&S	**Service Information** Each service should offer patients and, if appropriate, their carers information covering: a. Organisation of the service, such as opening hours, clinic times and transport arrangements b. Staff and facilities available c. Preparation for attending including, if appropriate, advice on driving and pupil dilation d. Availability of low vision aids e. How to contact the service for help and advice, including out of hours f. Eligibility for patient transport g. How to raise concerns about the service Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.

Ref	Standard
	Notes: 1. *Information should conform to latest UK Association for Accessible Formats guidance, NHS England 'Accessible Information: Specification' (2015)and the local policy on offering accessible information (QS VN-601).* 2. *Information should be in clear, plain English and should be available in formats and languages appropriate to the needs of the patients, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011).* 3. *Information may be in paper or electronic/e-learning formats. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual patient letters then examples will need to be seen by reviewers.* 4. *This may be general Trust-wide (or equivalent) information. If so, services or clinics which are specific to one condition should be clearly identified. If the information is provided only in individual patient letters then examples of these will need to be available to reviewers.* 5. *Information may be combined with condition-specific information (QS VN-102) and should be clear about information carers can receive with and without the patient's permission.* 6. *Throughout the Quality Standards, 'carer' refers to family and informal carers as well as to paid carers.*

Ref	Standard
VN-102 Visit MP&S	**Condition-Specific Information** Patients and, if appropriate, their carers should be offered information covering, at least: a. Brief description of their condition and its impact b. Possible complications and how to prevent these c. Therapeutic and rehabilitation interventions offered by the service, possible side-effects and likely outcomes d. Early warning signs of problems and action to take if these occur Information should be available for, at least, the following: i. Squints and other problems of vision development (children only) ii. Cataracts iii. Glaucoma iv. Eye trauma v. Corneal and conjunctival problems vi. Retinal problems including detachment, macular degeneration and retinopathy vii. Inflammatory eye conditions viii. Oculoplastics ix. Any other conditions commonly managed by the service Information should be available in a range of accessible formats, including digital and audio information. Written information should be in at least 14 point font size with good contrast. *Notes:* *1. As QS VN-101 notes 1, 2 and 3.* *2. Information may be combined with service information (QS VN-101).* *3. Condition-specific information suitable for patients and carers is available on The College of Optometrists website:* ***www.college-optometrists.org*** *or the Association of Optometrists website:* ***www.aop.org.uk.*** *The Royal National Institute for the Blind* ***www.rnib.org.uk,*** *the Royal College of Ophthalmologists and other national organisations also provide relevant information for patients and carers.*

Ref	Standard
VN-103 Visit MP&S	**Visual Impairment and Information** Patients and, if appropriate, their carers should be offered information covering, at least: a. Managing with vision impairment or sight loss, including: i. Accessible information ii. Contrast and lighting iii. Magnification and visual aids iv. Aids and equipment available v. Safety, mobility and independent living, including training available b. Low Vision Service and how to access it c. Specialist Vision Impairment Teaching Service and how to access it d. Peer support groups available locally e. Range of statutory and voluntary services available locally, including counselling and psychological support services f. Sources of further advice and information including national organisations g. Certification of vision impairment (if appropriate) h. Benefits and welfare advice i. DVLA regulations and driving advice (if applicable) j. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being Information should be available in a range of accessible formats, including digital and audio information. Written information should be in at least 14 point font size with good contrast. *Notes:* *1. As QS VN-101 notes 1, 2 and 3.* *2. Information may be combined with service information (QS VN-101).* *3. The requirements of this QS may be met at different times and do not all need to be covered at the start of the patient pathway.*

Ref	Standard
VN-104 MP&S CNR	**Plan of Care** Each patient and, where appropriate, their carer should discuss and agree a plan of care covering at least: a. Preferred information format b. Agreed goals, including life-style goals c. Self-management d. Planned assessments, therapeutic and/or rehabilitation interventions e. Early warning signs of problems, including acute exacerbations, and what to do if these occur f. Planned review date and how to access a review more quickly, if necessary g. Name of 'key worker' who they can contact with queries or for advice h. Whether referred to or in contact with the Low Vision Service *Notes:* *1. As QS1 The plan of care may be in the form of a clinic letter.* *2. The requirements of this QS may be met at different times and do not all need to be covered at the start of the patient pathway.* *3. It is desirable that patients are offered a copy of their plan of care in their preferred format. They should also be offered the opportunity for a copy of their plan of care to be sent to their referring optometrist.* *4. The nominated 'key worker' responsible for the coordination of their care and for liaison with the patient's GP and other agencies involved in their care.*

Ref	Standard
VN-105 MP&S CNR	**Contact for Queries and Advice** Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear and should be specified for: a. Urgent queries b. Post-surgery queries c. All other queries Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented. *Notes:* *1. The 'response within agreed timescales' means a response by, or following discussion with, a health or social care professional. It does not mean that a particular health or social care professional involved in the individual's care will respond by the end of the next working day.* *2. Suggested response times are: Urgent: One hour, Post-surgery: 24 hours, Other: Next working day*

Ref	Standard
VN-106 MP&S CNR	**Education Health Care Plan (Services caring for children and young people only)** A Education Health Care Plan should be agreed with each child or young person whose eye condition impacts on their interaction with education materials or the educational environment, their family and their school. This plan should cover at least: a. Eye condition b. School attended c. Preferred format for learning materials and arrangements for sourcing materials in this format d. Safety and mobility while at school e. Aids and adaptations to learning environments f. Psychological and emotional support g. Care required while at school including medication h. Responsibilities of Specialist Visual Impairment Teaching Service, carers and school staff i. Likely problems and what to do if these occur, including what to do in an emergency j. Arrangements for liaison with the school k. Review date and review arrangements *Notes:* *1. This QS is not applicable to services for adults.* *2. An education health care plan is not required for children wearing glasses only or those with a squint or other condition that has no impact on their interaction with:* *a. Educational materials* *b. The education environment.* *Other agencies may also be involved in agreeing the Education Health Care Plan.* *3. Consideration of preferred format for learning materials should include consideration of font size, braille and audio formats.* *4. 'School' refers to nursery, school or college and this QS is applicable to all children and young people in full-time education.*

<table>
<tr><th>Ref</th><th>Standard</th></tr>
<tr><td>VN-195

MP&S
CNR</td><td>Transition to Adult Services

Young people approaching the time when their care will transfer to adult services should be offered:
a. The opportunity to discuss the transfer of care with paediatric and adult services
b. A named coordinator for the transfer of care
c. A preparation period prior to transfer
d. Information in their preferred format about the transfer of care, including arrangements for monitoring during the time immediately afterwards

Notes:
1. This QS applies only to services where significant numbers of young people transfer from paediatric services or where the responsible clinical staff change when the young person becomes an adult. It is not applicable to services where the same clinical staff provide care for both children and adults.</td></tr>
<tr><td>VN-196

MP&S
CNR</td><td>Discharge Information

On discharge from the service patients and, if appropriate, their carers should be offered information in their preferred format covering at least:
a. Care after discharge
b. Safety, mobility and independent living
c. Ongoing self-management of their condition
d. Possible complications and what to do if these occur
e. Who to contact with queries or concerns
This information should be communicated to the patient's GP and, with the patient's agreement, their referring optometrist.</td></tr>
</table>

Ref	Standard
VN-197 Visit MP&S	**General Support for Patients and Carers** Patients and, if appropriate, their carers should have easy access to the following services and information about these services should be easily available: a. Interpreter services b. Independent advocacy services c. Complaints procedures d. Social workers e. Benefits advice f. Spiritual support g. *HealthWatch* or equivalent organisation *Notes:* *1. As QS VN-101 note 1.* *2. This QS is about signposting to relevant services. The actual services available may be different in different areas.* *3. Availability of support services should be appropriate to the case mix and needs of patients and, if appropriate, their carers.* *4. Information should explain patients' rights under the NHS Constitution.*
VN-198 MP&S	**Carers' Needs** Carers should be offered information on: a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support *Notes:* *1. Support for carers may include carer's breaks, emergency response, support for children in the family and cognitive and behavioural therapy, usually accessed through primary care-based psychological therapy services.*

Ref	Standard
VN-199 MP&S Doc	**Involving Patients and Carers** The service should have: a. Mechanisms for receiving regular feedback from patients and, if appropriate, their carers about treatment and care they receive b. Audits of patients' experiences of: i. Accessing the service ii. Availability of accessible information c. Mechanisms for involving patients and, if appropriate, their carers in decisions about the organisation of the service d. Examples of changes made as a result of feedback and involvement of patients and, if appropriate, their carers *Notes:* *1. The arrangements for receiving feedback from patients and, if appropriate, their carers may involve surveys, including the national patient survey, focus groups and /or other arrangements. They may involve Trust-wide arrangements so long as issues relating to the specific service can be identified.* *2. Audits should normally be undertaken at least every two years.*
STAFFING	
VN-201 BI	**Lead Consultant and Lead Nurse** A nominated lead consultant and lead nurse should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead consultant and lead nurse should be registered healthcare professionals with appropriate specialist competences in this role and should undertake regular clinical work within the service. *Notes:* *1. The lead nurse responsibilities may be taken by another registered healthcare professional.*

Ref	Standard
VN-202 BI MP&S	**Staffing Levels and Skill Mix** Sufficient staff with appropriate competences should be available for the: a. Number of patients usually cared for by the service and the usual age and case mix of patients b. Service's role in the patient pathway and expected timescales c. Assessments and interventions offered by the service d. Use of equipment required for these assessments and interventions e. Urgent review within agreed timescales An appropriate skill mix of staff should be available including: i. Ophthalmologists ii. Specialist nurses iii. Optometrists iv. Orthoptists v. Eye Clinic Liaison Officer vi. Other relevant allied healthcare professionals Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.

Ref	Standard
	Notes: *1. A clear methodology should, ideally, be used to determine appropriate staffing levels and skill mix. Staff should have time allocated for their role in the service but roles may be part-time and staff may be shared with other services.* *2. Any specialist nurses should have completed an appropriate post-registration (LBR) education programme.* *3. Healthcare support workers should normally have, or be working towards, relevant NVQ level 2 or 3 qualifications. Skills for Health competence frameworks may be helpful in defining appropriate competences: www.skillsforhealth.org.uk* *4. Reviewers should be concerned about the availability of staff with appropriate competences rather than management arrangements.* *5. In acute settings, expected timescales for the patient pathway should be similar throughout the week, including weekends.* *6. Theatre staffing levels are covered in QS VN-303. Where theatre staff are part of the ophthalmic service, QS VN-202, and VN-203 may be reviewed together.* *7. Other relevant allied healthcare professionals may include, for example, technicians or photographers.*

Ref	Standard
VN-203 MP&S Doc	**Service Competences and Training Plan** The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place. Competences included should cover at least: a. Understanding the needs of children and adults with vision impairment and sight loss b. Communication with children and adults with vision impairment and sight loss c. Communication with people with hearing impairment d. Diversity specific to vision impairment and sight loss e. Interventions and procedures undertaken by non-consultant staff f. Use of equipment including biometry, OCT, microscope, flourescein, lasers *Notes:* *1. This QS is about the needs of the service and cannot be met solely by individual staff appraisals and personal development reviews (PDRs). Appraisals and PDRs are sufficient for maintenance of competence. Details of individual appraisals and PDRs are not required. Reviewers may, however, request information about specific aspects of relevance to the service, in particular, where a therapeutic intervention or activity is undertaken rarely and/or where competence may not be maintained by the individual's usual clinical practice.* *2. For compliance with this QS the service should provide:* *a. A matrix of the roles within the service, competences expected and approach to maintaining competences* *b. A training and development plan showing how competences are being achieved and maintained.* *3. Training may be delivered through a variety of mechanisms, including e-learning, Trust-wide training and departmental training.* *4. The RCN Ophthalmic Nursing Forum guidance 'The Nature, Scope and Value of Ophthalmic Nursing' (2009) or subsequent versions may help services in developing their competence framework.*

Ref	Standard
VN-204 BI MP&S	**Competences – All Health and Social Care Professionals** All health and social care professionals working in the service should have competences appropriate to their role in: a. Safeguarding children and/or vulnerable adults b. Dealing with challenging behaviour, violence and aggression c. Consent, Mental Capacity Act and Deprivation of Liberty Safeguards d. Resuscitation e. Information governance
VN-205 BI	**Pathway Leads** A lead clinician for each of the following should be identified: a. Children's eye care, squints and other disorders of vision development b. Care of people with learning disabilities c. Cataracts d. Glaucoma e. Eye trauma f. Corneal and conjunctival problems g. Retinal problems including detachment, macular degeneration and retinopathy h. Inflammatory eye conditions i. Oculoplastics *Notes:* *1. Additional pathway leads may be identified, for example, some services will have separate leads for medical and surgical retinal care. Larger units should have a lead for each pathway where more than one consultant provides sub-specialty care.* *2. Children and people with learning disabilities may have many different conditions. Pathway leads for these groups should take an overview of their care.* *3. The lead clinician may be the lead for one or more pathways. A pathway lead is not required if the service does not provide that pathway of care although a lead to link with the service to which patients are referred is desirable.*

Ref	Standard
VN-206 MP&S	**Supervision** Arrangements should be in place for clinical supervision of non-consultant healthcare professionals providing specialist care. *Notes:* *1. Supervision of optometrists providing care for people with glaucomashould be in line with the guidance issued by The College of Optometrists and The Royal College of Ophthalmologists: Joint Supplementary College Guidance on Supervision in relation to Glaucoma-related Care by Optometrists (Dec 2010)*
VN-299 BI MP&S	**Administrative, Clerical and Data Collection Support** Administrative, clerical and data collection support should be available. Notes: *1. The amount of administrative, clerical and data collection support is not defined. Clinical staff should not, however, be spending unreasonable amounts of time which could be used for clinical work on administrative tasks.* *2. It is desirable that a specific methodology (see QS VN-202) is used to determine the amount of administrative, clerical and data collection support required.*

Ref	Standard
SUPPORT SERVICES	
VN-301 BI MP&S	**Support Services** Timely access to an appropriate range of support services should be available including: a. Low Vision Service b. Psychological support c. Smoking cessation service d. Dietary advice e. Specialist pathology service f. Genetic counselling g. Pharmacy h. Falls Prevention Service or staff with specialist expertise in falls prevention i. Occupational therapy Services caring for children and young people should also have access to: j. Paediatrician with a specialist interest in the care of children and young people with eye problems k. Child development team l. Specialist Visual Impairment Teaching Service

Ref	Standard
	Notes: 1. *Timely is not strictly defined but should ensure that patient pathways are not unreasonably delayed and the service's timescales for assessments and therapeutic and/or rehabilitation interventions are not unreasonably delayed. Specific indications for referral to, and timescales for response by, support services may be agreed. Support services include imaging, pathology, pharmacy and other services relevant to the particular patient pathway. Ancillary services such as porters, security and cleaning should be included where they are specifically relevant to the service provided or the case mix of patients.* 2. *For compliance with this QS, services should provide a list of essential support services, indications for urgent and routine referral and agreed response times (urgent and routine). An audit of compliance with referral indications and response times is desirable.* 3. *Paediatricians may be community paediatricians or general paediatrician/s specialising in neurodevelopmental disorders or eye problems.*
VN-302 MP&S	**Supra-Specialist Eye Services** Timely access to an appropriate range of support services should be available: a. Specialist imaging of the eye i. Electro-diagnostic services ii. Ultrasound biomicroscopy iii. Corneal topography b. Ocular oncology c. Artificial eye service d. Specialist contact lens fitting e. Ocular complications of transplantsLow Vision Service *Notes:* 1. *Elements of this QS apply only if not provided by the specialist eye service itself.*

Ref	Standard
VN-303 Visit	**Imaging Services** Timely access to the following should be available: a. External photography b. Plain x-ray, ultrasound, CT and MRI
VN-304 Visit	**Other Specialist Services** Timely access to the following services should be available: a. Skin cancer multi-disciplinary team b. Endocrinology c. Rheumatology d. Neurology and neuro-surgery e. Vascular surgery f. Stroke service *Notes:* *1. 'e' is not applicable if temporal artery biopsy is undertaken by ophthalmologists.*
VN-305 MP&S	**Theatres and Anaesthetic Service** Timely access to appropriate theatres and anaesthetic services should be available, including: a. Lead anaesthetist with overall responsibility for ophthalmic anaesthesia and critical care pathways b. Theatres with staff with eye surgery competences

Ref	Standard
FACILITIES AND EQUIPMENT	
VN-401 Visit	**Facilities and Equipment** Facilities and equipment should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients, including: **All facilities:** a. Suitable for the care of people with vision, physical and hearing impairments b. Easy availability of low vision aids c. Facilities for children and young people should be child-friendly and should ensure separation from adult patients d. Appropriate storage for medications, contact lenses and other disposables **Out-patient clinics**: e. Ability to change lighting levels and block out light f. Dedicated room for intravitreal injections g. Dedicated 'clean' procedure room **In-patient wards**: h. Isolation beds for patients with eye infections

Ref	Standard
	Notes: *1. Required facilities and equipment are not strictly defined but should be appropriate for the usual number and case mix of patients cared for by the service. For further detail see: Royal College of Ophthalmologists, Services Guidance - Ophthalmic Day-care and Inpatient Facilities and Ophthalmic Services Guidance - Ophthalmic Outpatient Department.* ***http://www.rcophth.ac.uk*** *2. Facilities for Intravitreal injections should comply with The Royal College of Ophthalmologists, Guidelines for Intravitreal Injections Procedure.* ***http://www.rcophth.ac.uk*** *3. All facilities should comply with the requirements of the latest NHS Building Notices (HBN) for the Design and Organisation of Ophthalmology Departments and RNIB 'Building Sight'* *4. Consideration of suitability for people with vision impairments (i) should include signage, lighting, appropriate use of contrasting colours and arrangements for calling and guiding patients (if required).*

Ref	Standard
VN-402 Visit	**Imaging Facilities and Equipment** The following imaging should be available within the eye unit or very close to where the service is delivered: a. Anterior and posterior segment photography b. Optic disc imaging c. Optical coherence tomography d. A & B scan ultrasound e. Angiography available within two days (where clinically indicated) Evidence of regular calibration of all equipment should be available. Images should be accessible from all locations where care is delivered and should be capable of being linked to the patient's medical record by their NHS number. *Notes:* *1. Optical coherence tomography must be immediately available to patients on a macular diseease 'pathway'.* *2. Other imaging modalities, for example, external photography and stereo-disc photography may also be available.* *3. Urgent angiography should be available within two days if clinically indicated. This will not be required for all patients.*
VN-403 Visit	**Lasers** Facilities where lasers are used should have appropriate radiation protection service certification of compliance with safety guidelines for laser treatments.

Ref	Standard
VN-499 Visit	**IT System** IT systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation, including functionality for: a. Storage of images of the eye b. Timely retrieval of stored images c. Viewing historic images d. Viewing images taken in other services e. Producing large print letters and information in the patients' chosen format f. Secure transmission of patient-identifiable data to other services involved in the patient's care Monitors should be of the quality required for diagnosis of patient images captured from retinal angiograms or retinal screening, and for viewing other digital examinations. *Notes:* *1. IT and records systems should be integrated to avoid duplicate entry of patient data.* *2. IT systems should have appropriate governance, including fail-safe systems, back up and data protection arrangements. More detail of these requirements is given in the WMQRS Clinical Governance Quality Standards available on the WMQRS website: www.wmqrs.nhs.uk* *3. 3 nhs.net may be used for secure (Caldicott-compliant) transmission of patient-identifiable data.*

Ref	Standard
GUIDELINES AND PROTOCOLS	
VN-501 MP&S Doc	**Referral Triage** If referral pathways (QS VA-501) include triage of referrals the following arrangements should be in place: a. Patients and, if appropriate, their carers should be given information about the triage process, including clear timescales by which they will be informed of the outcome b. Staff with appropriate competences should be available to perform triage c. Appropriate facilities and equipment for triage of referrals should be available d. Clinical guidelines covering the triage process should be in use e. Timescales from referral to triage and from triage to appointment should be specified and monitored f. Data on the number of referrals for triage and the outcome of triage should be collected g. Arrangements for feedback to both the patient's GP and, with the patient's agreement, their referring optometrist h. Audit of implementation of clinical guidelines ('d') and appropriateness of triage decisions *Notes:* *1. This QS applies only to services which are commissioned to provide triage of referrals.* *2. Audits of the appropriateness of triage decisions should cover false positives as well as false negatives. Patient experience outcomes should also be audited.* *3. Data on time from triage to appointment should be collected separately for urgent, 'soon' and routine referrals.*

Ref	Standard
VN-502 MP&S CNR Doc	**Clinical Guidelines** Guidelines on diagnosis, assessment, management and discharge should be in use covering the usual case mix of patients referred to the service including: a. Squints and other disorders of vision development b. Cataracts c. Glaucoma d. Eye trauma e. Corneal and conjunctival problems f. Retinal problems including, at least, detachment, macular degeneration and retinopathy g. Inflammatory eye conditions h. Oculoplastics Guidelines should be specific on: i. Assessment of children and young people using techniques and methods appropriate to their age and development including, where appropriate, refraction and fundus examination after cycloplegia ii. Assessment of people with learning disabilities using appropriate techniques and methods, including orthoptic and functional visual assessment iii. Care during pregnancy and breast feeding, where applicable iv. Monitoring and follow up, including frequency of follow up, depending on the condition and stage on the patient pathway. Monitoring and follow up may be through shared care arrangements with General Ophthalmic Services. v. Arrangements for emotional support after discharge vi. Discharge of people who did not attend appointments

Ref	Standard
	Notes: *1. Guidelines should be based on national guidance, including NICE guidance, and the commissioned local pathway and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS.* *2. The College of Optometrists website includes a range of relevant clinical guidelines including guidance on shared care [**www.college-optometrists.org**]* *3. Guidelines should be based on criteria for acceptance by and discharge from the service agreed with commissioners (QS VZ-602)*
VN-503 MP&S CNR Doc	**Ophthalmic Anaesthesia and Interventions** Guidelines should be in use covering: a. Patients needing a medical assessment prior to the intervention b. Management of minor operations in out-patients, including use of the WHO 'Safer Surgery' or other appropriate checklist c. Pre-operative assessment d. Choice of anaesthetic technique, including indications for sedation and contra-indications to local anaesthesia e. Pre-, intra-and post-intervention checklists f. Risk and posturing during vitreoretinal surgery for patients with intraocular gas tamponade g. Arrangements for emergency surgery outside normal working hours Guidelines should be specific about care of children, where applicable. *Notes:* *1. Guidelines may be combined with those in QS VN-502.* *2. Emergency surgery should be undertaken during normal working hours unless there are compelling reasons for surgery to take place before the next working day.* *3. WMQRS Quality Standards 'Out-Patient Procedures' provide an appropriate checklist for use in out-patient procedures.*

Ref	Standard
VN-504 MP&S CNR Doc	**Local Referral Guidelines** Guidelines on referral to the following services should be in use: a. Low Vision Service b. Specialist Vision Impairment Teaching Service c. Eye Clinic Liaison Officer *Notes:* *1. Guidelines for referral to the Eye Clinic Liaison Officer are not required if the ECLO is part of the specialist eye service team (QS VN-202)*
VN-505 MP&S CNR Doc	**Onward Referral Guidelines** Guidelines should be in use covering referral of patients needing care not provided by the service or for which the service undertakes low volumes of activity, including at least: a. Specialist imaging of the eye i. Electro-diagnostic services ii. Ultrasound biomicroscopy iii. Corneal topography b. Ocular oncology c. Artificial eye service d. Specialist contact lens fitting e. Ocular complications of transplants f. Any other eye care services not provided locally *Notes:* *1. This QS includes referral to specialist commissioned services.* *2. This QS is not applicable if the service provides these services.*

Ref	Standard
VN-595 MP&S Doc	**Transition** Guidelines on transition of young people from paediatric to adult services should be in use covering, at least: a. Involvement of the young person and, where appropriate, their carer in planning the transfer of care b. Involvement of the young person’s general practitioner in planning the transfer c. Joint meeting between paediatric and adult services in order to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer f. Arrangements for monitoring during the time immediately after transfer g. Informing the young person's GP and, with their agreement, other services involved in their care *Notes:* *1. This QS applies only to services where significant numbers of young people transfer from paediatric services or where the responsible clinical staff change when the young person becomes an adult. It is not applicable to services where the same clinical staff provide care for both children and adults.* *2. The QS applies to both paediatric and adult services and transition guidelines should be agreed between relevant paediatric and adult services.* *3. Guidelines should specifically cover arrangements for students studying away from their local service.* *4. Joint meetings between paediatric and adult services may be in the form of a phone or video-conference, so long as the young person is involved.* *5. For young people with several conditions, transition should ideally be to an adult specialist eye service which is co-located with the services providing care for their other conditions.*

Ref	Standard
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES	
VN-601 MP&S Doc	**Operational Policy** The service should have an operational policy describing the organisation of the service including, at least: a. Expected timescales for the patient pathway, including initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales b. Local policy for offering accessible information c. Identifying how patients prefer to move around the department and ensuring their wishes are followed whenever possible d. Arrangements for follow up of patients who ‘do not attend’ e. Arrangements for supply of: i. Optical correction ii. Medication, including first prescription iii. Education in use of ophthalmic medication iv. Spectacle vouchers f. Notification of visually impaired children and young people to the Specialist Visual Impairment Teaching Service g. Arrangements and responsibilities for certification of vision impairment h. Arrangements for collection, labelling and transfer of pathology samples i. Arrangements for care of patients requiring follow up from diabetic retinopathy screening, including separation of new, surveillance and follow-up patients j. Arrangements for management of patients that require timely follow-up due to their condition

Ref	Standard
	Notes: *1. This QS links with QS VN-502 in relation to follow up of people who 'do not attend'.* *2. Preferences for moving around the department should include the option to be accompanied.* *3. The local policy for offering accessible information should cover the formats and media used, arrangements for ensuring this information is offered to patients and, if appropriate, their carers and responsibility for patient and / or carer information at each stage of the patient journey.*
VN-602 MP&S CNR	**Rapid Referral Pathways** The following rapid referral pathways should be in place: a. Suspected wet age-related macular degeneration b. Retinal changes including suspected retinal detachment c. Infections of the eye d. Eye problems in children e. Post operative problems f. Corneal graft problems

Ref	Standard
VN-603 MP&S CNR Doc	**Multi-Disciplinary Discussion** Arrangements for multi-disciplinary discussion of relevant patients should be in place, including: a. Children and young people: Multi-disciplinary assessment and discussion with the child development team, relevant paediatricians and the Specialist Visual Impairment Teaching Service and any other relevant services b. People with learning disabilities: Multi-disciplinary discussion with learning disability services c. People with diabetes: Multi-disciplinary discussion with the specialist diabetes team d. Other multi-disciplinary discussion appropriate to the case mix of the unit *Notes:* *1. Relevant paediatricians may be community paediatricians, a general paediatrician specialising in neurodevelopmental disorders or the young person's own paediatrician.*

Ref	Standard
VN-604 MP&S Doc	**Liaison with Other Services** Review meetings should be held at least annually with key services to consider liaison arrangements and address any problems identified, in particular with: **All services:** a. Low Vision Service b. Diabetes Service c. Service for people with learning disabilities d. Emergency Department **Services caring for children and young people:** e. Child Development Team f. Paediatrician with a specialist interest in the care of children and young people with eye problems g. Specialist Visual Impairment Teaching Service *Notes:* *1. This QS relates to those services with which liaison is particularly important to ensure an efficient, high quality patient journey. These services should be listed in QS VN-301 but annual review meetings with all services required in QS VN-301 may not be necessary.* *2. This QS is in addition to day to day liaison arrangements and should involve staff with management responsibility for the service.* *3. Review meetings with services for children and young people may usefully be held together rather than as separate meetings.*
VN-605 BI MP&S	**Specialist Clinics** The following specialist clinics should be available: a. Patients with glaucoma b. Patients with diabetes and eye problems c. Biomicroscopy for patients with diabetes and ungradeable images d. Laser treatmentappropriate to the case mix of the unit *Notes:* *1. A specialist clinic is one specifically for the care of patients with a particular condition where care is provided by staff with a sub-specialty interest in this condition.*

Ref	Standard
VN-606 MP&S Doc	**Local Eye Health Network** Links with the Local Eye Health Network should be in place so that information about the work of the network is communicated to relevant staff and issues of concern to the service can be raised with the Local Eye Health Network. *Notes:* *1. Responsibility for arranging meetings of the Local Eye Health Network is covered in QS VZ-606.*

Ref	Standard
GOVERNANCE	
VN-701 BI Doc	**Data Collection** Regular collection and monitoring of data should be in place, including: a. Referrals to the service, including source and appropriateness of referrals b. Number or assessments, urgent reviews and therapeutic and /or rehabilitation interventions undertaken by the service c. Outcome of assessments and therapeutic and /or rehabilitation interventions d. Number of discharges from the service and type of care after discharge e. Key performance indicators f. Types of anaesthesia used, including topical anaesthesia g. Patients referred to the Low Vision Service h. Children and young people referred to the Specialist Visual Impairment Teaching Service i. Patients certified as visually impaired j. Patients receiving ongoing care from the service k. Referrals for triage and the outcome of triage (if triage provided) l. Out-patient follow up to new ratio for each sub-specialty *Notes:* *1. 'k' is not applicable if the service is not commissioned to provide triage of referrals.* *2. Subspecialties are listed in QS VN-102.*

Ref	Standard
VN-702 Doc	**Audit** The services should have a rolling programme of audit covering: a. Evidence-based clinical guidelines (QS VN-500s) for each sub-specialty b. Standards of record keeping c. Timescales for key milestones on the patient pathway d. Any active Royal College of Ophthalmologists national audits e. Certification of vision impairment *Notes:* *1. Audit of cataract surgery should cover pre-and post-cataract visual acuity, intended and actual post-operative refractive status and posterior capsule rupture* *2. Audit of vitreo-retinal surgery should cover retinal attachment rates for primary rhematogenous surgery; closure rate for primary macular hole surgery and major surgical complications* *3. Audit of diabetic retinopathy care should cover accuracy of grading of diabetic retinopathy and patients undergoing vitrextomy.*
VN-703 MP&S Doc	**Key Performance Indicators** Key performance indicators (QS VN-701) should be reviewed regularly with Trust (or equivalent) management and with commissioners.
VN-798 MP&S Doc	**Multi-Disciplinary Review and Learning** The service should have multi-disciplinary arrangements for a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Review of and implementing learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency

Ref	Standard
VN-799 Doc	**Document Control** All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures. *Notes:* *1. Specific documentary evidence of compliance is not required. This QS will be determined from the other documentary information provided. Copies of Trust document control policies are not required.*

Low Vision Service

Ref	Standard
Information and Support for Patients and Carers	
VP-101 Visit MP&S	**Service Information** Information on the Low Vision Service should be widely available covering: a. How to contact the service for help and advice b. Arrangements for patients who are housebound c. How to access the service d. Opening hours e. Range of services, staff, facilities, equipment and technology available f. Eligibility for free or subsidised transport to the service and how to arrange this g. How to raise concerns about the service Information should be available in local optometrists' premises, diabetic retinopathy screening locations and in the local specialist eye service. Information should be in a range of accessible formats. Written information should be in at least 14 point font size with good contrast.

Ref	Standard
	Notes: *1. Information should conform to latest UK Association for Accessible Formats guidance, NHS England 'Accessible Information: Specification' (2015) andthe local policy on offering accessible information (QS VP-601).* *2. Information should be in clear, plain English and should be available in formats and languages appropriate to the needs of the service users, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011).* *3. Information may be in paper or electronic/e-learning formats. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual service user letters then examples will need to be seen by reviewers.*

Ref	Standard
VP-102 Visit MP&S	**Condition-Specific Information** Service users and, if appropriate, their carers should be offered information covering, at least: a. Common eye conditions b. Possible complications and how to prevent these c. Early warning signs of problems and action to take if these occur Information should be available in a range of accessible formats including digital and audio information. Written information should be in at least 14 point font size with good contrast. *Notes:* *1. As QS VP-101 notes 1, 2 and 3.* *2. Information may be combined with service information (QS VP-101).* *3. Condition-specific information suitable for service users and carers is available on The College of Optometrists website:* ***www.college-optometrists.org*** *or the Association of Optometrists website:* ***www.aop.org.uk****. The Royal National Institute for the Blind* ***www.rnib.org.uk****, the Royal College of Ophthalmologists and other national organisations also provide relevant information for patients and carers.* *4. Throughout the Quality Standards, 'carer' refers to family and informal carers as well as to paid carers.*

Ref	Standard
VP-103 Visit MP&S	**Visual Impairment Information** Service users and, if appropriate, their carers should be offered information covering, at least: a. Managing with visual impairment or sight loss, including: i. Accessible information ii. Contrast and lighting iii. Magnification and visual aids iv. Aids and equipment available v. Safety, mobility and independent living, including training available b. Specialist Vision Impairment Teaching Service and how to access it c. Peer support groups available locally d. Range of statutory and voluntary services available locally, including counselling and psychological support services e. Sources of further advice and information including national organisations f. Certification of vision impairment (if appropriate) g. Benefits and welfare advice h. DVLA regulations and driving advice (if applicable) i. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being Information should be available in a range of accessible formats. Written information should be in at least 14 point font size with good contrast. *Notes:* *1. As QS VP-101 notes 1, 2 and 3.* *2. Information may be combined with service information (QS VP-101).*

Ref	Standard
VP-104 MP&S CNR	**Personalised Plan** Each service user and, where appropriate, their carer should discuss and agree their personalised plan of care, and should be offered a written record covering at least: a. Preferred information format b. Summary of assessment of visual function and eye health c. Agreed goals, including life-style goals d. Self-management e. Planned interventions and associated costs including, if applicable: i. Preventing further sight loss ii. Safety, mobility and independent living training iii. Provision of optical and non-optical equipment and technology, including any associated costs iv. Social care provision v. Counselling and emotional support vi. Specialist Vision Impairment Teaching Service support vii. Employment advice and support f. Welfare and benefits advice g. Certification of vision impairment (if appropriate) h. Early warning signs of problems, including acute exacerbations, and what to do if these occur i. Planned review date and how to access a review more quickly, if necessary j. Who to contact with queries or for advice The service user should be offered a copy of their personalised plan of care in their preferred format. The plan of care should be communicated to the patient's GP and, with the patient's agreement, to other services involved in their care.

Ref	Standard
VP-105 MP&S CNR	**Contact for Queries and Advice** Each service user and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented. *Notes:* *1. A contact card, or similar, may be a useful way of disseminating this information.*
VP-106 MP&S CNR	**Education Health Care Plan (Services caring for children and young people only)** An Education Health Care Plan should be agreed with each child or young person whose eye condition impacts on their interaction with education materials or the educational environment, their family and their school. This plan should cover at least: a. Eye condition and other medical conditions (if applicable) b. School attended c. Preferred format for learning materials and arrangements for sourcing materials in this format d. Safety and mobility while at school e. Aids and adaptations to learning environments f. Psychological and emotional support g. Care required while at school including medication h. Responsibilities of Specialist Visual Impairment Teaching Service, carers and school staff i. Likely problems and what to do if these occur, including what to do in an emergency j. Arrangements for liaison with the school k. Review date and review arrangements

Ref	Standard
	Notes: *1. This QS is not applicable to services for adults.* *2. An education health care plan is not required for children wearing glasses only or those with a squint or other condition that has no impact on their interaction with* *a. Educational materials* *b. The education environment.* *Other agencies may also be involved in agreeing the Education Health Care Plan.* *3. Consideration of preferred format for learning materials should include consideration of font size, braille and audio formats.* *4. 'School' refers to nursery, school or college and this QS is applicable to all children and young people in full-time education.* *5. Agreement of the Education Health Care Plan is not the responsibility of the Low Vision Service but the service should have access to, and contribute to, these plans.*
VP-196 MP&S CNR	**Discharge Information** On discharge, service users and, if appropriate, their carers should be offered information covering at least: a. Maintaining agreed goals, including ongoing self-management b. Possible problems and what to do if these occur c. How to re-access the service d. Who to contact with queries or concerns This information should be communicated to the service user's GP and, with the service user's agreement, to other services involved in their care.

Ref	Standard
VP-197 Visit MP&S	**General Support for Service Users and Carers** Service users and, if appropriate, their carers should have easy access to the following services: a. Interpreter services b. Independent advocacy services c. Complaints procedures d. Spiritual support e. HealthWatch or equivalent organisation *Notes:* *1. This QS is about signposting to relevant services. The actual services available may be different in different areas.* *2. Availability of support services should be appropriate to the case mix and needs of service users and, if appropriate, their carers.*
VP-198 MP&S	**Carers' Needs** Carers should be offered information on: a. How to access an assessment of their own needs b. What to do in an emergency c. Services available to provide support d. Services specific to visual impairment including sight awareness training *Notes:* *1. Support for carers may include carer's breaks, emergency response, support for children in the family and cognitive and behavioural therapy, usually accessed through primary care-based psychological therapy services.*

Ref	Standard
VP-198 MP&S	**Involving Service Users and Carers** The service should have: a. Mechanisms for receiving regular feedback from service users and, if appropriate, their carers about treatment and care they receive b. Audits of service users' experiences of: i. Accessing the service ii. Availability of accessible information c. Mechanisms for involving service users and, if appropriate, their carers in decisions about the organisation of the service d. Examples of changes made as a result of feedback and involvement of service users and, if appropriate, carers *Notes:* *1. The arrangements for receiving feedback from service users and, if appropriate, their carers may involve surveys, including the national service user survey, focus groups and /or other arrangements.* *2. Audits should normally be undertaken at least every two years.*
STAFFING	
VP-201 BI	**Lead Professional** A nominated lead professional should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead professional should be a health or social care professional with appropriate specialist competences for this role and should undertake regular work within the service. *Notes:* *1. Rehabllitation officers or Eye Clinic Liaison Officers may act as the lead professional even though they are not a registered health or social care professional.*

Ref	Standard
VP-202 BI MP&S	**Staffing Levels and Skill Mix** Sufficient staff with appropriate competences should be available for the: a. Number of users of the service b. Service's role in the local pathway and expected timescales c. Assessments and interventions offered by the service d. Equipment, technology and training provided by the service An appropriate skill mix of staff should be available including: i. Optometry / orthoptics ii. Social work iii. Occupational therapy iv. Psychological support v. Mobility, orientation and daily living skills vi. Eye Clinic Liaison Officer Cover for absences should be available so that service provision is not unreasonably delayed, and outcomes and experience are not adversely affected, when individual members of staff are away. *Notes:* *1. The skill mix expected by this QS may not be achievable in two to five years. If the expected skill mix is not achieved, QS VP-301 is still applicable and should be achieved.* *2. A clear methodology should, ideally, be used to determine appropriate staffing levels and skill mix. Staff should have time allocated for their role in the service but roles may be part-time and staff may be shared with other services.* *3. Any specialist nurses should have completed an appropriate post-registration (LBR) education programme.* *4. Healthcare support workers should normally have, or be working towards, relevant NVQ level 2 or 3 qualifications. Skills for Health competence frameworks may be helpful in defining appropriate competences: www.skillsforhealth.org.uk* *5. Reviewers should be concerned about the availability of staff with appropriate competences rather than management arrangements.*

Ref	Standard
VP-203 MP&S Doc	**Service Competences and Training Plan** The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place. Competences included should cover at least: a. Safeguarding children and/or vulnerable adults b. Understanding the needs of children and adults with vision impairment and sight loss c. Communication with children and adults with visual impairment and sight loss d. Communication with people with hearing impairment e. Diversity specific to vision impairment and sight loss f. Providing emotional support g. Dealing with challenging behaviour, violence and aggression *Notes:* *1. This QS is about the needs of the service and cannot be met solely by individual staff appraisals and personal development reviews (PDRs). Appraisals and PDRs are sufficient for maintenance of competence. Details of individual appraisals and PDRs are not required. Reviewers may, however, request information about specific aspects of relevance to the service, in particular, where a therapeutic intervention or activity is undertaken rarely and/or where competence may not be maintained by the individual's usual practice.* *2. For compliance with this QS the service should provide:* *a. A matrix of the roles within the service, competences expected and approach to maintaining competences* *b. A training and development plan showing how competences are being achieved and maintained.* *3. Training may be delivered through a variety of mechanisms, including e-learning and departmental training.*

Ref	Standard
VP-299 BI MP&S	**Administrative, Clerical and Data Collection Support** Administrative, clerical and data collection support should be available. *Notes:* *1. The amount of administrative, clerical and data collection support is not defined. Professional staff should not, however, be spending unreasonable amounts of time which could be used for professional work on administrative tasks.*
SUPPORT SERVICES	
VP-301 BI MP&S	**Services providing Support and Advice** If these are not part of the Low Vision Service multi-disciplinary team (QS VP-202), timely access to the following services should be available a. Optometry b. Social work c. Occupational therapy d. Psychological support e. Mobility, orientation and daily living skills f. Eye Clinic Liaison Officer g. Falls Prevention Service or staff with specialist expertise in falls prevention h. Specialist Vision Impairment Teaching Service *Notes:* *1. This QS is not applicable if all disciplines are part of the Low Vision Service multi-disciplinary team (QS VN-202).* *2. These services should link as closely as possible with the Low Vision Service multi-disciplinary team (QS VN-202) through, for example, 'virtual' team meetings and multi-disciplinary discussion.*

Ref	Standard
FACILITIES AND EQUIPMENT	
VP-401 Visit	**Facilities** Facilities available should be appropriate for the assessments and interventions offered and designed or adapted for the needs of people with visual, physical and hearing impairments. *Notes:* *1. Required facilities and equipment are not strictly defined but should be appropriate for the usual number and case mix of people cared for by the service.* *2. Consideration of suitability for people with vision impairments (i) should include signage, lighting, appropriate use of contrasting colours and arrangements for calling and guiding patients (if required).*
VP-402 Visit	**Low Vision Assessment** Appropriate equipment for eye examinations should be available and appropriately maintained. *Notes:* 1. *As QS VP-401.*

<table>
<tr><th>Ref</th><th>Standard</th></tr>
<tr><td>VP-403

Visit</td><td>Equipment Supplied

At least the following equipment should be available, including for demonstration and loan:
a. Hand and stand magnifiers
b. Table mounted stand magnifiers
c. Spectacle mounted plus lenses
d. Hand held monocular / binoculars
e. Contrast enhancing tints and glare protection shields
f. Other low vision and independent living aids
g. Special optical solutions for people with stroke
Information should be available on how to access equipment and technology not supplied locally.
Facilities available should be appropriate for the assessments and interventions offered and designed or adapted for the needs of people with visual, physical and hearing impairments.

Notes:
1. The range of equipment for demonstration and load should reflect the best currently-available solutions for people with vision impairment.</td></tr>
<tr><td>VP-499

Visit</td><td>IT System

IT systems for storage, retrieval and transmission of service user information should be in use for administration, clinical records, outcome information and other data to support service improvement, audit and revalidation.

Notes:
1. IT and records systems should ideally be integrated to avoid duplicate entry of data.
2. nhs.net may be used for secure (Caldicott-compliant) transmission of service user-identifiable data.</td></tr>
</table>

Ref	Standard
GUIDELINES AND PROTOCOLS	
VP-501 MP&S CNR Doc	**Assessment Guidelines** Guidelines on assessment should be in use covering at least: a. Eye examination (unless the service has evidence of a recent examination or referral for examination) b. Functional visual assessment c. Holistic needs assessment, including screening for depression d. Falls risk assessment *Notes:* *1. Eye examinations should cover the Nine Plus parameters recommended by the European Blind Union (2014).* *2. Holistic needs assessment should cover social, psychological, educational and emotional needs.* *3. Screening for depression should be undertaken using a validated assessment tool.* *4. Guidelines should be based on national guidance, including NICE guidance, and the commissioned local pathway and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS.*

Ref	Standard
VP-502 MP&S CNR Doc	**Guidelines** Guidelines should be in use covering, at least: a. Provision or prescription of optical and non-optical low vision aids b. Training to enable vision aids to be used effectively, for example, eccentric viewing or rehabilitation training c. Provision of or referral to: i. Home assessment and mobility rehabilitation services ii. Counselling iii. Education and employment services iv. Benefits advice v. Peer support groups d. Monitoring and follow up *Notes:* 1. *As QS VP-501.*
VP-503 MP&S Doc	**Referral for Equipment and Technology** Guidelines on referral for specialist equipment and technology not supplied by the service should be in use covering, at least, referral for: a. Spectacle mounted telescopes b. Biopic telescopes c. Reverse telescopes d. Hemianopia prisms e. Other equipment and technology not supplied by the service

Ref	Standard
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES	
VP-601 MP&S Doc	**Operational Policy** The service should have an operational policy describing the organisation of the service including, at least: a. Expected timescales for the local pathway and arrangements for achieving and monitoring these timescales, including ensuring contact is made within 10 days of referral, urgent assessments are completed within two weeks of referral and all assessments are completed within 18 weeks of referral b. Local policy for offering accessible information c. Arrangements for follow up of service users who 'do not attend' d. Arrangements for multi-disciplinary discussion of appropriate service users e. Arrangements for liaison with specialist eye services f. Arrangements for liaison with Specialist Visual Impairment Teaching Services g. Arrangements and responsibilities for certification of vision impairment *Notes:* *1. The local policy for offering accessible information should cover the formats and media used, arrangements for ensuring this information is offered to patients and, if appropriate, their carers and responsibility for patient and / or carer information at each stage of the patient journey.*

Ref	Standard
VP-602 MP&S Doc	**Liaison with Other Services** Review meetings should be held at least annually with key support services to consider liaison arrangements and address any problems identified, in particular with: a. Specialist eye care services for the local area b. Specialist Visual Impairment Teaching Services for the local area c. Other relevant voluntary sector services available locally *Notes:* *1. This QS relates to those services with which liaison is particularly important to ensure an efficient, high quality service user journey.* *2. This QS is in addition to day to day liaison arrangements and should involve staff with management responsibility for the service.* *3. If more than one specialist eye care or Specialist Visual Impairment Teaching Service covers the local area then review meetings should be held with all relevant services.*
VP-606 MP&S Doc	**Local Eye Health Network** Links with the Local Eye Health Network should be in place so that information about the work of the network is communicated to relevant staff and issues of concern to the service can be raised with the Local Eye Health Network. *Notes:* *1. Responsibility for arranging meetings of the Local Eye Health Network is covered in QS VZ-606.*

Ref	Standard
GOVERNANCE	
VP-701 BI Doc	**Data Collection** Regular collection and monitoring of data should be in place, including: a. Referrals to the service, including source and appropriateness of referrals b. Number or assessments and interventions undertaken by the service c. Outcome of assessments and interventions d. Number of discharges from the service e. Key performance indicators including: i. Number of first contacts within 10 days of referral ii. Completion of urgent assessments within two weeks of referral iii. Completion of all assessments within 18 weeks of referral *Notes:* *1. A list of equipment supplied is not an adequate measure of outcomes of assessments and interventions.*
VP-702 Doc	**Audit** The services should have a rolling programme of audit of compliance with: a. Evidence-based clinical guidelines (QS VP-500s) b. Standards of record keeping c. Timescales for key milestones on the local pathway *Notes:* *1. Audit of service users' satisfaction is covered in QS VP-199.*
VP-703 MP&S Doc	**Key Performance Indicators** Key performance indicators (QS VP-701) should be reviewed regularly with service managers and commissioners.

Ref	Standard
VP-798 MP&S Doc	**Multi-Disciplinary Review and Learning** The service should have multi-disciplinary arrangements for: a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Review of and implementing learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency
VP-799 Doc	**Document Control** All policies, procedures and guidelines should comply with local document control procedures. *Notes:* *1. Specific documentary evidence of compliance is not required. This QS will be determined from the other documentary information provided. Copies of document control policies are not required.*

EMERGENCY DEPARTMENT

Ref	Standard
GUIDELINES AND PROTOCOLS	
VE-501 MP&S Doc	**Emergency Eye Care** Guidelines should be in use covering: a. Triage of patients with eye problems b. Types of eye problems accepted by the service c. Age of patients with eye problems accepted by the service d. Hospitals to which patients not accepted by the service (age and type of problem) should be referred For patients with eye problems accepted by the service: e. A dedicated room with appropriate equipment and drugs available f. Availability of staff with competences in the care of people with eye problems g. Arrangements for supervision of junior medical staff h. Access to consultant ophthalmologist advice (24/7) i. Arrangements for patients to be seen by a specialist eye service (24/7) j. Arrangements for local follow up of patients seen by non-local specialist eye services

CHILD HEALTH SCREENING

Ref	Standard
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES	
VK-601 MP&S Doc	**Newborn Screening** Services providing eye and vision screening for newborn babies should have: a. Guidelines on undertaking eye examinations of newborn babies b. Staff with competences in undertaking newborn eye screening c. Indications and arrangements for onward referral of babies with possible eye problems d. Arrangements for communication with parents and GP about the possible problem and follow-up arrangements e. Collection of data on: i. Coverage of newborn screening ii. Number of babies referred for further investigation or assessment iii. Number of babies referred to a specialist eye service *Notes:* *1. This QS will usually be applicable to maternity services.*

Ref	Standard
VK-602 MP&S Doc	**Six to Eight Week Screening** Services providing eye and vision screening for babies aged six to eight weeks should have: a. Guidelines on undertaking eye examinations of babies, including equipment required b. Staff with competences in undertaking eye screening in babies c. Indications and arrangements for onward referral of babies with possible eye problems d. Arrangements for communication with parents and GP about the possible problem and follow-up arrangements e. Collection of data on: i. Coverage of six to eight week screening ii. Number of babies referred for further investigation or assessment iii. Number of babies referred to a specialist eye service *Notes:* *1. This QS is applicable to any service commissioned to provide six to eight week screening.*

Ref	Standard
VK-603 MP&S Doc	**School Entry Screening** Services providing eye and vision screening for children on school entry should have: a. Guidelines on undertaking eye examinations of school entry children, including equipment required b. Staff with competences in undertaking eye screening in children c. Indications and arrangements for assessment by an optometrist before referral to a specialist eye service (unless contraindicated) d. Indications for referral to a specialist eye service e. Arrangements for communication with parents, school, Specialist Vision Impairment Teaching Service and GP about the possible problem and follow-up arrangements f. Arrangements for multi-disciplinary discussion with Child Development Centre and community paediatric services g. Collection and reporting of data on: i. Coverage of school entry screening ii. Number of children assessed by an optometrist and outcome of this assessment iii. Number of children referred to a specialist eye service *Notes:* *1. It is desirable that assessment by an optometrist prior to referral to a specialist eye service is provided by the same service as that providing school entry screening, in order to simplify the pathway of care.*

COMMISSIONING

Ref	Standard
SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES	
VZ-601 MP&S Doc	**Needs Assessment and Strategy** For the eye health pathway, commissioners should have an agreed: a. Needs assessment b. Strategy for the development of services to meet local needs across the patient pathway The local strategy should cover, when appropriate, prevention (primary and secondary), assessments, therapeutic interventions, rehabilitation and re-ablement. *Notes:* *1. Needs assessment and strategy development should be undertaken in collaboration with local public health departments.*

Ref	Standard
VZ-602 MP&S Doc	**Commissioning of Services** Services for the eye health pathway should be commissioned including: a. Prevention and awareness raising programmes b. Training and awareness programme for primary care and other health, social and education practitioners working with groups with, or at risk of, vision impairment. c. Shingles vaccination for people aged over 70 d. Child health screening for eye and vision problems at birth, age six to eight weeks and school entry e. Triage of referrals (optional) f. Enhanced primary care eye service (optional) g. Specialist (consultant-led) eye service h. Low Vision Service For each service, commissioners should specify: i. Range of assessments, therapeutic and/or rehabilitation interventions offered ii. Criteria for referral to and discharge from the service including, for the Low Vision Service, self-referral and referral from any health and social care professional iii. Whether the service cares for children, adults or both iv. Locations from which patient care is to be provided v. Key performance indicators

Ref	Standard
	Notes: *1. Services may be jointly commissioned with local authority commissioners.* *2. Triage of referrals may be commissioned from an enhanced primary care service or from a specialist service or may not be commissioned.* *3. School-entry eye screening may be commissioned from a range of providers. The QSs for enhanced primary care services include standards for school entry eye screening but this may also be commissioned from school nursing, community children's or other services.* *4. Consultant-led specialist eye services should be provided by a single multi-disciplinary team. Some services will be provided in a hospital and some may be community-based.*
VZ-603 MP&S Doc	**Public Awareness** A programme of public awareness of eye health, eye care and preventing eye problems should be run locally. *Notes:* *1. This work should normally be undertaken in conjunction with local public health department, NHS England and the Local Eye Health Network.*
VZ-606 MP&S Doc	**Local Eye Health Network** The commissioner should ensure that meetings of the Local Eye Health Network, involving patients and, if appropriate, their carers, representatives of services in the local pathway and commissioners, are held at least annually.

Ref	Standard
GOVERNANCE	
VZ-701 MP&S Doc	**Quality Monitoring** At least annually, commissioners should monitor for each service commissioned: a. Key performance indicators b. Aggregate data on activity and outcomes *Notes:* *1. Clinical Quality Review Meetings are sufficient for compliance with this QS only if there is evidence of discussion of the specific service.*
VZ-702 MP&S Doc	**Quality Monitoring - Screening** At least annually, commissioners should monitor: a. Coverage of each screening programme b. Referrals for further investigation or assessment c. Referrals to specialist eye service of children with screening-detected problems *Notes:* *1. Clinical Quality Review Meetings are sufficient for compliance with this QS only if there is evidence of discussion of the specific service.* *2. Some aspects of this QS may be undertaken by public health departments and others by Clinical Commissioning Groups or other commissioners.*

APPENDIX 1 STEERING GROUP MEMBERSHIP

Name	Role/s
Irfan Aziz	Optometrist, Member of West Midlands Local Eye Health Network.
Peter Bainbridge	Optometrist and Chair, Heart of West Midlands Regional Optical Committee
Mary Bairstow	Optometrist, Low Vision and VISION 2020 UK
Shelagh Baynham	Orthoptist, The Royal Wolverhampton NHS Trust
David Brown	National Optometry Contracting Lead
Talia Dewhurst	Eye Clinic Liaison Officer, Birmingham Vision
Mr Samer El-Sherbiny	Consultant Ophthalmologist, Sandwell and West Birmingham Hospitals NHS Trust
Jane Eminson	Director, West Midlands Quality Review Service
Mr Tim Matthews	Consultant Ophthalmologist, University Hospitals Birmingham NHS Foundation Trust and Regional Adviser West Midlands Deanery
Andrew Miller	Optometrist, Low Vision Clinic Manager, Focus Birmingham
Mr Amit Patel	Consultant Ophthalmologist, Heart of England NHS Foundation Trust
Kate Pedwell	Senior Ophthalmic Nurse, Worcestershire Acute Hospitals NHS Trust
Clare Roberts	Optometrist and Chair, West Midlands Local Eye Health Network.
Mr Soupramanien Sandramouli	Consultant Ophthalmologist, Royal Wolverhampton NHS Trust and Regional Representative Royal College of Ophthalmologists
Wasim Sarwar	Optometrist, Member of West Midlands Local Eye Health Network.
Ruth Wickens	Orthoptist, Birmingham Community Healthcare NHS Trust

APPENDIX 2 REFERENCE SOURCES

Year	Publisher	Title	Number
2017	The Royal College of Ophthalmologists	The Way Forward Resources https://www.rcophth.ac.uk/standards-publications-research/the-way-forward/	63
2016	Royal National Institute for the Blind	RNIB Information for Patients – accessed via http://www.rnib.org.uk/?gclid=CInq-PLBgNECFWEo0wodfEQB4Q	48
2016	Thomas Pocklington Trust	Guides, various accessed via http://www.pocklington-trust.org.uk/health-and-well-being/	47
2016	NHS England	Eye Health Policy Book	50
2016	NHS England	Standard Contract for Complex Disability Equipment: Communication Aids (Specialised AAC Services)	51
2016	The College of Optometrists and The Royal College of Ophthalmologists	Commissioning Guide: Glaucoma – Full Report	52
2016	The Royal College of Ophthalmologists	Ophthalmic Services Guidance – Ophthalmic Imaging	53
2016	Public Health England	Key Performance Indicators – NHS Screening Programmes	54
2016	Public Health England	NHS Newborn and Infant Physical Examination Screening Programme Standards 2016/17	55

Year	Publisher	Title	Number
2016	NHS England and Public Health England	NHS Public Health Functions Agreement 2015-17 – NHS Diabetic Eye Screening Programme	56
2016	LOCSU Community Services	Glaucoma Repeat Readings & OHT Monitoring Community Services Pathway	57
2015	The Royal College of Ophthalmologists	Commissioning Guide: Cataract Surgery	58
2015	The Royal College of Ophthalmologists	Ophthalmic Services Guidance – Eye Care for Adults with Learning Disabilities	59
2015	Public Health England	Newborn and Infant Physical Examination Care Pathway: Process Map	60
2015	NHS England	SCCI1605: Accessible Information Specification	49
2015	The College of Optometrists	The Domiciliary Eye Examination	44
2015	European Blind Union (EBU)	Minimum Standards for Low Vision Services in Europe	61
2014	National Institute for Health and Care Excellence	NICE Pathway - Glaucoma	62
2014	The Royal College of Ophthalmologists	Quality Standards for Services for Patients with Learning Disabilities	15
2014	NHS England	Procedure for the Assurance of General Ophthalmic Services Contracts	
2013	Commissioning Guide for Eye Care and Sight Loss Services: UK Vision Strategy	Eye Health and Sight Loss: Statistics and Information for Developing a Joint Strategic Needs Assessment	

Year	Publisher	Title	Number
2013	The College of Optometrists and The Royal College of Ophthalmologists	Commissioning Better Eye Care: Age-related Macular Degeneration	32
2013	The College of Optometrists and The Royal College of Ophthalmologists	Commissioning Better **E**ye Care: Adults with Low Vision, Version 1	41
2013	Department of Health and NHS England	Service Specification: NHS Diabetic Eye Screening Programme	
2013	UK National Screening Committee	Vision Screening in Children aged 4-5 years Consultation Document	
2013	The Royal College of Ophthalmologists	20/20 QIPP Quality Assurance Self Test for AMD Services	21
2013	The Royal College of Ophthalmologists	Quality Standards for Glaucoma Services	19
2013	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - Theatres	6
2013	The Royal College of Ophthalmologists	Quality Standards & Quality Indicators for Ophthalmic Care and Services for Children and Young People	14
2013	The Royal College of Ophthalmologists	Quality Standards for Oculoplastic Surgery Services	16
2013	The Royal College of Ophthalmologists	Quality Standards for Cataract Services	17
2013	The Royal College of Ophthalmologists	Quality Standards for Vitreoretinal Surgery	
2013	The Royal College of Ophthalmologists	Quality Standards for Diabetic Retinopathy Services in NHS Scotland	20
2013	The Royal College of Ophthalmologists	Maximising Capacity in AMD Services	

Year	Publisher	Title	Number
2013	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - Primary Care Ophthalmology Care	1
2013	The Royal College of Ophthalmologists	College Statement on Intra-ocular Injections by Non-medical Health Care Professionals (HCPs)	
2013	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - Emergency Eye Care	5
2013	Department of Health	Certificate of Vision Impairment Explanatory Notes	
2013	UK Vision Strategy Advisory Group	Setting the Direction for Eye Health and Sight Loss Services	37
2013	Eye Health Steering Group	Local Professional Network Terms of Reference	
2013	NHS England	2013/14 Standard Contract For Ophthalmic Pathology Service (All Ages): Appendix 2	
2013	NHS England	Standard Contract for Osteo-Odonto-Keratoprosthesis Service for Corneal Blindness (Adults)	
2013	NHS England	Standard Contract for Ocular Oncology Service (Adults and Adolescents)	
2013	NHS England	Standard Contract for Specialised Ophthalmology (Paediatrics)	
2013	NHS England	Standard Contract for National Artificial Eye Service (All Ages)	
2013	NHS England	Standard Contract for Specialised Ophthalmology (Adult)	
2013	UK Vision Strategy	Vision Strategy 2013: Adult UK Sight Loss Pathway: Appendix C	
2012	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - Ophthalmic Services for Children	45

Year	Publisher	Title	Number
2012	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - Ophthalmic Day-care and Inpatient Facilities	8
2012	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - Ophthalmic Outpatient Department	9
2012	LOCSU Community Services	Community Eye Care for Adults & Young People with Learning Disabilities Pathway	28
2012	National Institute for Health and Care Excellence	Commissioning Guides: Services for People at Risk of Developing Glaucoma	
2012	The Royal College of Ophthalmologists	Local Anaesthesia for Ophthalmic Surgery 2012	7
2012	Optical Confederation	Guidance on Safeguarding Children and Vulnerable Adults	
2012	UK Association for Accessible Formats	Minimum Standards: Clear and Large Print	
2011	NHS Diabetes	Commissioning for Diabetes and Eye Services	
2011	The Royal College of Ophthalmologists	Statement on Visual Screening in Children and Young People	
2011	Public Health England	NHS Newborn and Infant Physical Examination Screening Programme - Failsafe Procedures	
2011	LOCSU Community Services	Adult Community Optical Low Vision Community Service Pathway	
2011	National Institute for Health and Care Excellence	Laser Correction of Refractive Error following Non-refractive Ophthalmic Surgery. Interventional Procedure Guidance [IPG385]	42

Year	Publisher	Title	Number
2011	National Institute for Health and Care Excellence	Glaucoma in Adults Quality Standard [QS7]	
2011	The Adult UK Sight Loss Pathway - Final	Seeing it My Way	
2011	The Adult UK Sight Loss Pathway - Final	Process Map for the Seeing it My Way	
2010	Royal National Institute for the Blind	Low Vision Services Assessment Framework - A tool from RNIB Group for Service Providers	36
2010	The College of Optometrists and The Royal College of Ophthalmologists	Joint Supplementary College Guidance on Supervision in relation to Glaucoma-Related Care by Optometrists	26
2010	The College of Optometrists and The Royal College of Ophthalmologists	Guidance on the referral of Glaucoma Suspects by Community Optometrists	27
2010	Optometry Scotland	General Ophthalmic Services (Scotland) Effective and Equitable Community Eye Care Services	
2010	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - Management of Acute Retinal Detachment	
2009	National Occupational Standards	Skills for Care and Development - Support the needs of children and young people with additional requirements (SCDLDSS320)	
2009	NHS East of England, NHS Primary Care Contracting and the Department of Health	Primary Care & Community Services: Improving eye health services	

Year	Publisher	Title	Number
2009	National Institute for Health and Care Excellence	Glaucoma -Diagnosis and management of chronic open angle glaucoma and ocular hypertension. NICE clinical guideline [CG85]	
2009	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - The Delivery of Diabetic Eye Care	13
2009	The Royal College of Ophthalmologists	Guidelines for Intravitreal Injections Procedure	
2008	National Occupational Standards	Skills for Care and Development - Undertake Habilitation / Rehabilitation Interventions to Meet the Needs of People who are Vision Impaired (SCDSS9)	38
2008	National Occupational Standards	Skills for Care and Development - Support the Independent Living Skills of Deaf Blind People (SCDSS11)	39
2008	LOCSU Community Services	Primary Eye care Assessment and Referral Service (PEARS) Pathway	29
2008	LOCSU Community Services	Pre- and Post-Operative Cataract Community Service Pathway	30
2008	LOCSU Community Services	Children's Vision Community Service Pathway	34
2008	Royal College of Ophthalmologists and Royal College of Paediatrics and Child Health	UK Retinopathy of Prematurity Guideline	
2008	PHG Foundation	A Needs Assessment & Review of Specialist Services for Genetic Eye Disorders	

Year	Publisher	Title	Number
2007	NHS - Primary Care Contracting	Step-by-Step Guide to Commissioning Community Eye Care Services	
2007	The Royal College of Ophthalmologists	Commissioning Contemporary AMD Services	
2007	NHS - Eyecare Pathways	Recommended Standards for Low Vision Services	2
2007	Department of Health (Archived)	General Ophthalmic Services Review	
2007	Department of Health (Archived)	Commissioning Toolkit for Community Based Eye Care Services	
2007	NHS - Eyecare Pathways	Evaluation of the Chronic Eye Care Services Programme: Final Report	
2006	Scottish Executive	Review of Community Eyecare Services in Scotland - Final Report	
2005	The Royal College of Ophthalmologists and The Guide Dogs for the Blind Association	Low Vision - The Essential Guide for Ophthalmologists	
2005	The Royal College of Ophthalmologists	Ophthalmic Services Guidance - The Ophthalmic Workforce	
2002	Association of Directors of Social Services	Progress in Sight - National Care Standards of Social Care for Visually Impaired Adults	
2001	Department of Health	National Service Framework for Diabetes: Standards	
1999	Low Vision Services Consensus Group and RNIB	Low Vision Services – Recommendations for Future Service Delivery in the UK	4
1996	Department of Health and NHS Estates	Ophthalmology Health Building Note 12 Supplement 4	46

Year	Publisher	Title	Number
1995	Royal National Institute for the Blind	Building Sight: A Handbook of Building and Interior Design Solutions to Include the Needs of Visually Impaired People, Barker Peter et al.	63

The table below shows links between the Quality Standards and key guidance documents. Quality Standards without a reference source are based on other guidance documents listed above, other WMQRS Quality Standards or on the consensus of the Steering Group which developed the Standards.

QS reference	Key Guidance No.	QS reference	Key Guidance No.	QS reference	Guidance documents
VA-101	2,4,48,49,63	VN-202	5,6,10,21,52	VP-105	2,31,40,49
VA-299	4,63	VN-203	7,21,22,29,38, 39,42,43	VP-106	40,51,59,61
VA-501	1,25,27,32,59 ,63	VN-203	54,59	VP-196	40
VA-502	28,44,59	VN-204	5,6,7,59	VP-197	2,31,40
VM-101	48,49,58,59	VN-205	14,15,16,19,20, 21,22,52,58,62	VP-198	40
VM-102	48,49,59,63	VN-206	26,52,62	VP-199	2,36,40
VM-103	48,49,52,59,6 3	VN-299	5,22,52,58,62	VP-201	52
VM-199		VN-301	8,10,14,16,21,22, 53	VP-202	2,36,38,39,40,52, 61
VM-201	63	VN-202	63	VP-104	2,31,36,37,38, 39,40,47,59,61
VM-202	63	VN-302	10,14,53	VP-203	38,39,59,61
VM-203	54,59	VN-303	10,14,53	VP-299	
VM-299		VN-304		VP-301	52
VM-301	52,59	VN-305	5,6,7	VP-401	50,51,61

QS reference	Key Guidance No.	QS reference	Key Guidance No.	QS reference	Guidance documents
VM-401	50, 51,57,59,63	VN-401	5,6,8,9,10,12, 13,21,22,46,51,59	VP-402	61
VM-402	57	VN-402	10,14,53	VP-403	36,51,61
VM-499	57	VN-403	13	VP-499	
VM-501	57,59,63	VN-499		VP-501	2,36,37,38,59,61
VM-502	1,29,33	VN-501	1,29,33,52	VP-502	2,59,61
VM-503	34,45,46,54,55,59	VN-502	12,14,15,17,18, 25,29 30,32,33,52,58,59,62,63	VP-503	36,61
VM-601	50,59	VN-503	6,7,17	VP-601	2,41,59,61
VM-701	54	VN-504	15,52	VP-602	2,63
VM-702	52	VN-505	52,53	VP-606	2,4,63
VM-703		VN-595	14,59	VP-701	2,63
VM-798	63	VN-601	5,14,21,22,50,59	VP-702	
VM-799		VN-602	14	VP-703	
VN-101	4,9,14,48,49, 59	VN-603	14,15,22,63	VP-798	63
VN-102	4,5,14,35,48, 49, 52,59,62,63	VN-604	54,56,59,64	VP-799	
VN-103	4,5,14,35,57, 48,49, 51,59	VN-605	9,13,19,52,54,56, 62	VE-501	63
VN-104	4,14,15,48,52,59,63	VN-606	2	VK-601	34,45,46,54,55,60
VN-105	14,49,63	VN-701	1,7,63	VK-602	34,45,46,54,55,60
VN-106	40,51,59	VN-702	16,17,18,19,20,52,54,56 58	VK-603	34,45,46,54,55

QS reference	Key Guidance No.	QS reference	Key Guidance No.	QS reference	Guidance documents
VN-195	4,59	VN-703	63	VZ-601	50,63
VN-196	63	VN-798	63	VZ-602	1,2,4,32,50,52,54,56,63
VN-197		VN-799		VZ-603	54,55,59
VN-198		VP-101	2,31,35,37,38,39, 40,49, 59,61	VZ-606	2
VN-199	4,14	VP-102	2,4,31,35,36,37, 38,39,40,49,59	VZ-701	50,52
VN-201	63	VP-103	2,4,31,35,36,37, 38,39,40,51,59,61	VZ-702	50,54,56

Appendix 3 Cross-References to BSI PAS16:16, Care Quality Commission and NHS Litigation Authority Standards

A larger font version of this Appendix is available on request from WMQRS: www.wmqrs.nhs.uk or 0121 612 2146.

APPENDIX 4 GLOSSARY OF TERMS AND ABBREVIATIONS

Term or abbreviation	Explanation
Advocacy	Advocacy means to speak up for someone. It is about making things change because people's voices are heard and listened to. It's about making sure that people can make their own choices in life and have the chance to be as independent as they want to be.
BI	Background information to review team.
BSI	British Standards Institute
Caldicott Compliance	Meeting the principles for sharing patient information laid out in the Caldicott Report.
Carer	Throughout the Quality Standards the term 'carer' applies to both family carers and paid carers or support workers.
CCG	Clinical Commissioning Group.
Commissioner	A commissioner decides how NHS and / or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing patient experience.
CNR	Case note review or clinical observation.
CQC	The Care Quality Commission is the independent regulator of health and social care in England.
CT	Computerised Tomography.
DH	Department of Health.
Doc	Documentation should be available. Documentation may be in the form of a website or other social media.
DVLA	Driver and Vehicle Licensing Agency.
ECLO	Eye Clinic Liaison Officer
GP	A GP is a medical doctor, sometimes called a family doctor. They are usually the first person patients see for their health care, and they help patients to access other services.
Habilitation	Helping a person acquire, keep or improve skills related to communication and activities of daily living.
HBN	Health Building Notes give best practice guidelines on the design and planning of new healthcare buildings and on the adaptation of existing facilities.

Term or abbreviation	Explanation
HealthWatch	The 'consumer champion' for both health and adult social care and should be the independent, influential and effective local voice of the public on health issues.
LBR	Learning beyond registration.
MP&S	Meeting patients, carers and staff.
MRI	Magnetic Resonance Imaging.
NICE	National Institute for Health and Care Excellence.
NHSLA	NHS Litigation Authority.
NVQ	National Vocational Qualification.
PDR	Performance Development Review.
Provider	A health or social care organisation which provides services to patients.
PDR	Personal development review.
QS	Quality Standard.
Rehabilitation	Helping a person to keep, restore or improve skills related to communication and activities of daily living that have been lost through injury, illness or disability. Rehabilitation is used throughout the Standards to include both habilitation and rehabilitation. Rehabilitation will not be applicable to some service users.
RNIB	The Royal National Institute of Blind People is a charity working for the needs of people with sight loss.
Service provider	See 'Provider'.
Service commissioner	See 'Commissioner'.
Trust	A NHS Trust, NHS Foundation Trust or other organisation with management responsibility for the service.
UKAAF	UK Association for Accessible Formats.
WHO	World Health Organisation.
WMQRS	West Midlands Quality Review Service

APPENDIX 5 PRESENTATION OF EVIDENCE FOR PEER REVIEW VISITS

A larger font version of this Appendix is available on request from WMQRS: www.wmqrs.nhs.uk or 0121 612 2146.