Improving the Delivery of Cataract Surgery in Scotland

Blueprint Toolkit

(1st edition, April 2023)

Centre for Sustainable Delivery

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Introduction

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- This pack has been developed as an additional resource to support implementation of the "Improving the Delivery of Cataract Surgery in Scotland A Blueprint for Success". It has been co-designed by a team of practitioners with knowledge, skills and expertise in developing and/or delivering high volume cataract services.
- The pack has been designed to be flexible, interactive and recognise that individual health boards will have different starting points and different challenges, and as such can tap into the Step or Steps most relevant to them.
- Clicking on each Step Action Card will link to a range of suggested actions that will help towards implementing each Step.
- In addition, each Step has links to a suite of resources that will provide more detail in relation to each Step. Many of these resources will be relevant to more than one Step.
- This is the 1st edition of a live document, and it will evolve and grow over time.

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Step 1

Ensure any change is clinically led

Appointing a Cataract Lead within the Ophthalmology department will ensure that there is someone with dedicated responsibility for the cataract service.

Suggested Actions	Complete
Appoint a Cataract Lead with allocated time and support given to allow this role to be fulfilled.	
Appoint a Senior Theatre Practitioner to support the Cataract Lead and give clinical oversight from a theatre/perioperative perspective.	
Identify a multidisciplinary project delivery team empowered to make decisions, monitor progress and resolve problems.	
Ensure clinical leads/champions/the team understand the concept of high volume cataract and are equipped to share this vision to engage, influence and manage resistance to change.	
Identify/co-opt others with the relevant expertise to lead on specific elements within the pathway, for example, nursing, theatres etc.	

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Step 1 Resources

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Resources

Getting it Right First Time (GIRFT), December 2019, *Ophthalmology GIRFT Programme National Specialty Report*, Getting it Right First Time (GIRFT), Accessed 17 March 2023, https://gettingitrightfirsttime.co.uk/wp-content/uploads/2019/12/OphthalmologyReportGIRFT19S.pdf

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Step 2

Understand the whole of the pathway

Redesigning one part of the pathway may inadvertently impact on another part of the pathway. Any pathway redesign needs to take account of the whole pathway.

Suggested Actions	Complete
Undertake a process mapping exercise to understand the current pathway, and identify where there are gaps and opportunities in the system for improvement. Approaches can include doing this as a one-off event or a series of interviews with individual staff in different roles. Also consider mapping the pathway for both staff and patients.	
Add data into the process map e.g. waiting times, delays, cancellations etc. to identify blocks in the system.	
Undertake an observational audit of each step of the pathway (observations should include the patients, the staff, the environment, the equipment and any visitors to the theatre).	
Identify what is working well and where there are barriers/challenges. Think through what are the underlying reasons for what is working well, and what is not working well. NHS Golden Jubilee undertook a clinical audit to identify where they could make improvements in relation to their surgical pause, documentation on Opera and their debrief.	
Consider what are the biggest problems to solve and whether solving these give the greatest improvements to your pathway (consider some quick wins too) i.e. if we solve this problem, will this allow us to do more cataracts (cause and effect)?	
Identify processes, procedures and protocols which can be standardised for maximum efficiency, for example, patient information leaflets, booking and consent forms etc.	
Ensure any changes you make in the process do not impact negatively on other parts of the system. Make changes that will have long-term benefits.	
Test any new pathway using quality improvement e.g. Plan, Do, Study, Act (PDSA) methodology (test of change), collate data etc. NHS Tayside is testing with positive results, a theatre practitioner entering the operating room first and preparing the iodine and drape before returning to complete the rest of the set-up thus allowing the surgeon to immediately begin iodine and prep tasks as soon as they enter the operating room.	

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Step 2 Resources

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Resources

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Step 3

Involve the whole hospital team

Forming partnerships from the start with peripheral teams that support and supply theatres such as estates, facilities, infection control and pharmacy is essential, as these teams will also need to change and adapt to meet any new demand.

Action	Complete
Identify all of the services involved in supporting cataract services locally, and who within these teams can take ownership and influence change. This will likely involve services such as the Booking Office (admin services), Clinical Governance, Diagnostics, Estates, Facilities, Infection Control, IT (e-Health), Laboratories, Optometry, Pharmacy, Transport etc. as well as the clinical teams that support the process from referral/triage to discharge. Don't forget the valuable insight you can get from service users who have experienced the process for themselves.	
Explain what you are trying to achieve and how important everyone's input is to ensure the current process is clearly understood, proposed process improvements are sought from everyone, and that there is no such thing as a bad suggestion.	
Consider organising an improvement event, bringing everyone together, focussed on the pathway and the future goal. It is a good way to generate enthusiasm for change, improvement ideas, evaluate them and then action plan. It can sometimes be useful to have a senior manager or executive attend at the end of the session to hear the `Report Out` of the day. They can be invaluable in leveraging necessary support and resolving bottlenecks especially if the action can be linked to wider organisational priorities. NHS Borders are taking a "What Matters to You?" approach based on the IHI's Joy in Work framework, in order to understand what can be done to promote a positive work environment.	
Consider linking in with your local improvement team to help facilitate an improvement event and the process.	
Establish regular meetings with these wider hospital teams with a mechanism for reporting action and progress. Remember to praise progress and, where applicable, share the team's success.	

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Step 3 Resources

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Resources

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Step 4

Optimise the environment

Reviewing the theatre environment and how it is being used could potentially free up space which could be used for something else such as a patient waiting area.

Suggested Actions	Complete
Review the theatre environment and consider any opportunities for repurposing. NHS Golden Jubilee has recruited a stores person and allocated one of their store rooms to be their lens bank; lenses are organised per size, dioptre and alphabetically for pre-ordered Toric lenses.	
Prepare the theatre environment and surgical equipment the evening before surgery. NHS Golden Jubilee holds a 24-hour supply of instrumentation/supplementaries.	
Consider space required for any additional instrument sets and supplementaries/consumables.	
Consider standardising equipment, supplementaries and consumables. NHS Golden Jubilee has standardised and labelled their equipment and storage units in their prep rooms areas, their theatres and in their clinics areas, including biometry/vision, nursing assessment, optometry and consultant rooms and ensured that all staff are familiar with this.	
Aim to create a smoother flow for the patient throughout their journey. NHS Golden Jubilee has created more space for patients to be admitted by pre-operative staff by instilling drops in jump seats outside of each theatre.	

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Step 4 Resources

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Resources

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Step 5 (1)

Shrink the non-surgical time

Operating time averages 10-15 mins per case and is therefore not a rate-limiting step. Having better insight into the processes around the actual operating time (turnaround times) and looking for chances to standardise practice will capitalise the theatre flow. Do as much preparation in advance.

Suggested Actions	Complete
Where patients will benefit from surgery on both eyes, patients should be listed for both eyes to be done, either separately or by Immediate Sequential Bilateral Cataract Surgery (ISBCS).	
Stagger start times for patients and consider arranging patients to arrive in batches e.g. NHS Tayside arranges for patients to arrive at set times throughout the day in batches of 6.	
Make arrangements for patients to already be in the theatre department thereby reducing the time waiting for patients to arrive in the department e.g. NHS Tayside uses "jump seats" – this approach has patients already prepped for their surgery ready to go into the operating room as the previous patient leaves.	
Pre-populate standardised and cataract specific care plans in advance or consider appointing a scribe to complete care plans to reduce time spent by the surgeon completing these post-operatively.	
Unless clinically indicated e.g. the patient becomes acutely unwell, do not repeat on-the-day measurements such as blood pressure (BP) and/or blood sugar measurement (BM).	
Establish a combined theatre/ward daily team brief e.g. NHS Tayside undertakes their daily brief on the ward with the ward staff.	

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Step 5 (2)

Shrink the non-surgical time

Operating time averages 10-15 mins per case and is therefore not a rate-limiting step. Having better insight into the processes around the actual operating time (turnaround times) and looking for chances to standardise practice will capitalise the theatre flow. Do as much preparation in advance.

Suggested Actions	Complete
Incorporate time into job plans to allow the operating surgeon to check the list order, review patient documentation, confirm the choice of lens and address any issues ahead of the day of surgery.	
Reduce the number of unnecessary face-to-face clinic/assessment appointments, for example, collecting information in advance. NHS Ayrshire and Arran has adopted a one-stop clinic approach with the patient being seen for the first time in hospital on the day of surgery, which also includes biometry, examination and consent.	
Ensure there are sufficient and standardised instrument sets, supplementaries and consumables to ensure lists are not delayed for sterilisation (whilst also being mindful of the waste impact of single-use equipment).	
Introduce a layout room where all of the trolleys and trays can be laid out and prepped in advance (including all counts). NHS Tayside reduced turnaround times from 7 mins to 5 mins by adopting this process.	
Taylor a bespoke WHO brief/pause clearly designed to align with local high volume cataract surgery processes.	

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Step 5 Resources

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Resources

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Step 6

Know how many staff you will need

Finding one surgeon is much easier that finding a team of theatre staff to support one surgeon. Map out how many staff are needed to deliver a high volume list, what role they will need to fulfil and ring-fence this resource.

Suggested Actions	Complete
Determine exactly how many staff will be needed to maintain delivery of a high volume list without delays – there should be a minimum of 2 scrub practitioners and 1 floor/circulating practitioner as well as enough staff to accompany patients throughout their theatre visit.	
Consider ring-fencing staff who have the skills and competencies to practice efficiently and effectively in high volume cataract surgery, inclusive of being able to anticipate the needs of the surgeon and the patient should any complications arise.	
Explore the adoption of alternative staffing models i.e. a staffing model that allows practitioners to provide cross-cover across local eye services. NHS Borders are developing a hybrid ophthalmology post rotating between outpatients and theatres.	

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Step 6 Resources

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Resources

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Step 7

Create a high performing team

Developing career pathways for the whole theatre team, investing in training and education and identifying opportunities to upskill staff will maximise productivity. Specialised, motivated, well-coordinated, stable teams with clear roles, responsibilities and goals are needed in fast-paced, high volume lists.

Suggested Actions	Complete
Upskill non-medical practitioners of the perioperative team to instil local anaesthetic eye drops in areas such as one-stop clinics.	
Upskill non-medical practitioners to participate in marking, prepping and draping the skin.	
Assess and consent low risk patients in non-medically led clinics by practitioners who have been assessed as having acquired the necessary skills and competencies to undertake this role.	
Identify who within the perioperative team will act in the role of escorting/preparing patients from the front door/admission area or ward depending on the local environment.	
Consider if there is an opportunity for one member of the team to stay with the patient throughout the whole pathway thereby reducing time spent repeating handover information.	
Provide training for theatre staff to competently undertake tasks such as confirming the consent and marking the eye.	
Make contingency plans to cover for any unexpected absences thus allowing lists to continue.	
Be prepared to have some difficult conversations.	

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Step 7 Resources

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Resources

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Step 8

Seek new ways to deliver surgical training

Focussing on individual surgical elements of a procedure instead of concentrating on the whole procedure can help provide a more intense and focused training experience with minimum impact on the overall procedure time particularly for those in the earlier years of training.

Suggested Actions	Complete
Surgical training opportunities should be provided within high volume cataract lists both to allow for the acquisition of surgical competency, but also to develop the skills to deliver high volume lists in the future.	
Develop a local strategy that allows for adequate training during high volume lists for all levels of trainee, agreed with the Head of School or Training Programme Director. This means modular training for less experienced trainees with touch time on every case (usually performing the same "step of the week" on multiple cases in one list) until trainers are happy they can complete whole cases in 20 minutes or less.	
Advise patients that surgical training may take place during their surgery. Ensure operations are routinely recorded for review by trainees and trainers.	
Use RCOphth / GIRFT risk stratification to identify whole cases suitable for training and time, depending on the experience and ability of the trainee	
All trainees should have a learning plan for cataract surgery agreed with their education supervisor and clinical supervisor for cataract surgery. For modular training, this should include a transparent log of which surgical step they are learning/performing, to ensure targeted training and appropriate progress as trainees move between trainers and locations.	
Ophthalmic Specialist Trainee representative to collate feedback from trainees at all hospitals/sites for each region/deanery providing local cataract training for local Head of School or Training Programme Director	
Ensure trainees can achieve the appropriate minimum number of cases per year for their level (ie. ST1s training in high volume lists should manage a minimum of 20 complete cases in the first year. For ST2s 40 cases; for ST3 and 4 80 cases, ST5 and above 120 cases) and they can gain data including postoperative outcomes to undertake their required regular audit of 50 cases. Within the new OST curriculum there is no minimum or maximum number required at the end of training but to complete Level 4 cataract surgery regular lists of 8 cases must be performed.	

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Step 8 Resources

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Resources

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Step 9

Leave no patient behind

Promoting equity of access will safeguard against patients being unintentionally disadvantaged. Some teams aggregate their high volume lists taking account of surgical difficulty, some teams identify a "golden patient" who will give the best chance of the list starting on time, and some teams run "friends and family" lists for patients who require extra support.

Suggested Actions	Complete
Complete an Equality Impact Assessment (EQIA). This is a legal requirement for public bodies including the NHS, and it ensures consideration is given to those who may be impacted by any proposed change to service provision.	
Ensure there is a good flow/working processes in place to accommodate for all complexity of patients presenting for their cataract surgery.	
Pre-operative information ahead of surgery should be should be clearly written and designed to minimise on the day cancellations e.g. address any potential issues such as, transport, medications, translators etc.	
Any additional support that the patient may need for their surgery should be organised in advance e.g. a translator, specialist equipment such as a hoist etc.	
Offer Immediate Sequential Bilateral Cataract Surgery (ISBCS) if suitable.	
Undertake regular Waiting List Validation to ensure that those on the waiting list still wish to go ahead with their surgery. This process can also help to identify those on the waiting list who may need their surgery earlier or who may need additional support.	

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Step 9 Resources

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Step 10

Engage with the public

Consulting with the public will provide useful feedback around any changes, ensure stakeholder credibility, and demonstrate that those using the service are being listened to.

Suggested Actions	Complete
Make contact with your local Board Public Involvement Manager if you have one, to get advice and ensure you are following the Board's agreed Engagement Model and what the right level of engagement should be. This might be influenced by the extent of the proposed change and what is the most appropriate method of engagement e.g. inform, consult, engage, collaborate.	
Plan what you hope to get out of the engagement considering how people are impacted by the proposed change, your rationale and expectations for their involvement, and what genuine influence they can make. It is a good idea to start with some key questions that will help you focus on what you want out of the engagement activity.	
Undertake patient experience/feedback surveys/questionnaires.	
Consider incorporating patient feedback into testing of change cycles – this can be an excellent opportunity to get essential feedback from the service users as well as from the staff.	
Co-opt a lay representative.	
Clear arrangements and information are communicated to patients at the initial appointment for routine post-operative care.	
Clear arrangements and information are communicated to patients at the initial appointment for unexpected issues and emergencies such as endophthalmitis.	

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Step 10 Resources

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Healthcare Improvement Scotland (HIS), 21 October 2022, *Plan your engagement with people and communities to ensure it is meaningful*, Healthcare Improvement Scotland, Accessed 17 March 2023, https://www.hisengage.scot/equipping-professionals/how-to-engage/

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Governance

Suggested Actions	Complete
Everyone involved in delivering high volume cataract surgery fully understands the pathway.	
Standardised processes are observed, and if there is an arrangement with another organisation or organisations, these processes are underpinned by an SOP or MOU.	
There is documented evidence of staff training appropriate to the role being undertaken, and this is maintained through continued professional development.	
There is compliance with data submission on nationally agreed criteria for cataract for the purposes of measuring performance.	
There is a system in place for on-going local monitoring and review of data (qualitative and quantitative) for the purposes of improvement – for understanding how things are working and where further improvements are needed.	
A culture of learning from best practice, continuous quality improvement and audit is promoted to ensure any changes being made carry on showing positive results and have a lasting impact.	
A mechanism is established for providing regular feedback to referring optometrists, in particular to reduce any potential for inappropriate referral.	
A robust process is in place for recording and responding to and learning from any adverse events. This should include a means for responding to and learning from any adverse events from partner organisations.	

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Governance Resources

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Healthcare Improvement Scotland (HIS), January 2023, *Standards for cataract surgery: all complexity, all healthcare settings Scoping Report*, Accessed 17 March 2023, Healthcare Improvement Scotland, https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/cataract_surgery_standards.aspx

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Useful Websites

- ARHAI - https://www.nss.nhs.scot/departments/antimicrobial-resistance-and-healthcare-associated-infection-scotland/
- Association for Perioperative Practice (AfPP) - https://www.afpp.org.uk/home
- Centre for Sustainable Delivery (CfSD) - https://www.nhscfsd.co.uk/
- Eye Care Hub, FutureNHS Collaboration Platform – https://future.nhs.uk/NationalEyeCareHub/groupHome
- Getting It Right First Time (GIRFT) - https://gettingitrightfirsttime.co.uk/surgical_specialties/ophthalmology/
- Healthcare Improvement Scotland (HIS) – www.healthcareimprovementscotland.org/
- NHS Education for Scotland (NES) - https://www.nes.scot.nhs.uk/
- NHS Scotland Academy (NHSSA) - https://www.nhsscotlandacademy.co.uk/
- Realistic Medicine - https://www.realisticmedicine.scot/
- The College of Optometry - https://www.college-optometrists.org/
- The Royal College of Ophthalmologists (RCOphth) – www.rcophth.ac.uk/
- The Royal College of Surgeons (RCSEd) - https://www.rcsed.ac.uk/
- The Scottish Government – www.gov.scot
- UK Ophthalmology Alliance (UKOA) - https://uk-oa.co.uk/

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