South East Eye Surgeons LLP

South East Eye Surgeons LLP @ Eastbourne District

Inspection report

Eastbourne District General Hospital
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff kept good care records and managed medicines well. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment and gave patients pain relief when they needed it. The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff supported patients to make decisions about their care, and patients had access to information to inform their decisions.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

Not all consultants were up to date with mandatory training. However, training was provided by the host trust and face to face training had been impacted by the Covid-19 pandemic. The registered manager had oversight of mandatory training for all partners.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	See main summary above.

Summary of findings

Contents

Summary of this inspection

Background to South East Eye Surgeons LLP @ Eastbourne District

SOUTH EAST EYE SURGEONS LLP is a consultant-led partnership of ophthalmic specialists, who all have substantive posts with a local NHS trust but provide private services through the limited liability partnership (LLP). An LLP is a business arrangement commonly used in professional practice, in which each owner (partner) is not legally responsible for another's misconduct or negligence.

The regulated activities were managed and delivered at one NHS hospital and delivered at another NHS hospital, these will be referred to as host hospitals throughout this report. In addition, consultations and diagnostics were also delivered at four other locations. Outpatient consultations were provided as part of the assessment before and after ophthalmic surgery. These consultations did not form part of this inspection and are not represented in this report.

The service provided elective ophthalmic services to private patients aged 18 and over, who had been referred by their optometrist or had self-referred with visual problems. The only procedure performed was intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses, usually under local anaesthesia.

The service primarily served the communities of East Sussex and the surrounding areas. It also accepted patients' referrals from outside this area.

The service comprised eight ophthalmic specialists.

The registered manager and nominated individual was Mr Sharam Mehdi Zadeh Kashani, who had acted as the LLP lead since 2017.

Once accepted for surgery, patients were seen and managed using the same protocols, procedures and documentation as the host hospitals. They were treated at the end of the host hospital theatre list, which was usually conducted at the eye day case unit in the host hospital. Under a service level agreement with SOUTH EAST EYE SURGEONS LLP, the host hospital provided all the facilities and support staff required as well as prescribed medication and medical devices such as intra-ocular replacement lenses.

In addition to the service agreements with the host trust, the LLP had contracted with a medical business management company to facilitate some aspects of the service such as governance processes and policy documents.

The host hospital facilities included operating theatres, consultation rooms and diagnostic facilities.

These aspects are not included in this report because the host hospitals are a separate registered provider.

Services provided to SOUTH EAST EYE SURGEONS LLP under service level agreement:

Patient documentation and computerised record facilities.

Ophthalmic theatre services including nursing, medical and ancillary staff, medication and medical devices.

Clinical (including sharps) and non-clinical waste removal.

Summary of this inspection

Catering and laundry services.

Maintenance of facilities and medical equipment, including business continuity provisions.

SOUTH EAST EYE SURGEONS LLP is registered with the CQC to provide the following regulated activities:

Diagnostic and screening procedures.

Surgical procedures.

Treatment of disease, disorder or injury

How we carried out this inspection

We inspected the service using our comprehensive inspection methodology and inspected only the surgical element of the eye service. This was the first inspection of this provider. We carried out short notice announced inspections at one host hospital on 2 August 2021 and the other host hospital on 5 August 2021.

We visited the day case departments and observed three patients undergoing cataract surgery. We held a focus group with other partners, and talked to employees from the host hospitals including administrative staff, qualified nurses, a matron and a member of the cleaning staff.

We spoke with three patients, a relative and reviewed three sets of patients' records. We also reviewed patient feedback and the 'patient satisfaction survey'.

Areas for improvement

Action the service SHOULD take to improve:

The service should consider how to ensure that all partners are up to date with mandatory training in key skills.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are Surgery safe?

Good

Mandatory training

Most staff were up to date with mandatory training in key skills to all staff. All staff providing the care and treatment were employed by the NHS trust who provided staff with mandatory training. Mandatory training compliance information was available to allow the registered manager to have oversight.

Partners of the service received and kept up-to-date with their mandatory training which was provided by the NHS trust. Records showed that overall, 80% had completed all required courses. Consultants explained that it had been difficult for them to access face to face training due to restrictions because of the Covid-19 pandemic. Staff received email alerts, so they knew when to renew their training.

The service level agreement between the host trust and SOUTH EAST EYE SURGEONS LLP stated that the trust was responsible for supplying staff who were up to date with their mandatory training.

We saw that all consultants were trained in basic life support and four consultants had completed intermediate life support training. All theatre staff provided under the service level agreement with the host hospital had completed intermediate life support training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Training was provided by the host hospitals. Records showed that all consultants had received safeguarding training to the required levels. The registered manager monitored safeguarding training and alerted consultants when they needed to update their training.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us that they could access the host hospital's safeguarding team if they needed help or support.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us that any safeguarding concerns relating to a patient would follow the same process as patients of the host hospitals. None of the staff we spoke with could recall the need to raise a safeguarding concern.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used the same systems to identify and prevent surgical site infections as the host hospitals. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning was provided by the host hospital staff which was monitored by the host hospital.

Infection prevention and control was covered by the service level agreement with the host trust. The service level agreement detailed the local infection prevention and control procedures, including audits such as hand hygiene audits. We observed staff followed hospital infection control principles including the use of personal protective equipment.

Patients followed the same Covid-19 pathway as the host hospitals. Patients did not undergo Covid-19 testing prior to their procedure but answered a Covid-19 questionnaire to check if they had any symptoms of Covid-19. Staff checked again on the day of their admission if they had any symptoms of Covid-19. Patient records showed that the questionnaires were completed. If patient did have any symptoms, then they would be sent home and rescheduled.

Staff followed the host trust's Covid-19 testing policy, staff underwent twice weekly Covid-19 testing. We saw there was a buzzer entry to the units to restrict access, there were posters reminding patients not to enter the unit if they had symptoms of COVID-19.

We observed patients undergoing cataract surgery had antibiotics put in the eye to prevent endophthalmitis. This was in line with professional standards and guidance from the Royal College of Ophthalmology. The service had not reported any cases of endophthalmitis (infection of the fluid in the eye) in the last 12 months.

Staff used equipment and control measures to protect patients, themselves and others from infection. We saw that intraocular surgery was performed within an environment that was in line with professional standards and guidance from the Royal College of Ophthalmology.

Staff cleaned equipment after patient contact and labelled and dated equipment to show when it was last cleaned. Decontamination of reusable medical devices was provided through the service level agreement with the host hospital.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

SOUTH EAST EYE SURGEONS LLP had a service level agreement with the host hospitals for the provision and maintenance of all surgical and other equipment. We saw all equipment was labelled with the date it was last serviced and underwent electrical safety testing. This provided assurance to the registered manager that equipment was safe to use.

When we visited, clinical activities were undertaken in the eye day case units at the host hospitals. While this aspect is out of the scope of this report, we saw nothing of concern.

There was a process for the recording of implants and single use instruments unique identifying labels was attached to the patients' records for traceability. Patient records showed that this was consistently undertaken.

The surgeon and the scrub practitioner completed a double check to ensure that the correct implant was used. This included size, expiry date type and make of implant which was recorded. Availability of implants was also discussed at the World Health Organisation briefing prior to the theatre list commencing.

Staff segregated and disposed of clinical waste safely and the service had a service level agreement with the host hospitals for the collection and disposal of clinical waste.

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment was available. Resuscitation trolleys were kept in a secure area and these were tagged and tamper evident. Records showed daily checks of resuscitation equipment were carried out.

These checks were necessary and provided assurance that the equipment was ready for use and safe.

Assessing and responding to risk

Staff completed pre-assessments for all patients which identified and removed or minimised risks.

Patients were accepted for treatment if they fulfilled suitability guidelines related to, health status, medication and optical suitability. The surgeon performing the procedure always completed the pre-operative consultation with the patient. The pre-assessment forms were sent to the matrons of the host hospitals for review prior to agreement of surgery.

Patient records showed that patients had a pre-assessment which included identifying risks such as if the patient was at risk of having falls or if patients had any mobility problems.

Staff explained that part of the initial consultation process included biometric measurements of the eye to determine the strength of the implant to be used. In addition, health status and other relevant medical information were collected to help assess and respond to risk and ensured that the needs of the patients could be met at the host hospitals.

Once the patient arrived at the day unit, we saw pre-operative assessments, such as a general health check, blood pressure and heart rate and a prescription check, completed by staff to ensure patients were still suitable to proceed. Patients had their pulse and oxygen levels monitored throughout their procedure.

The World Health Organisation (WHO) surgical safety checklist is a tool for clinicians to improve the safety of surgery by reducing deaths and complications. The service used the same WHO surgical safety checklist as the host hospitals, so the staff were familiar with it. We observed staff used the checklist and we saw completed WHO surgical safety checklists in patient records.

As part of the surgical safety checklist a safety huddle took place prior to surgery and a debrief took place following surgery. We observed two safety huddles led by the consultant and covered past medical history of patient, any allergies, equipment requirement and the details of the lens to be used. The safety huddle ensured staff were aware of all relevant information. For example, one patient had an allergy to penicillin. This was identified, and an alternative antibiotic was prepared.

Good

Surgery

The host trust undertook WHO surgical safety checklist audits which included all patients including SOUTH EAST EYE SURGEONS LLP patients. The host trust provided us with a sample of audits which showed good compliance. Between January 2021 and June 2021 audits undertaken in theatres in the host hospitals showed 100% compliance. Partners attended governance meetings at the host trust where these audits findings were reviewed, and any issues identified would be taken to the SOUTH EAST EYE SURGEONS LLP medical advisory committee meetings.

After their procedure, patients were given detailed written instructions on aftercare and the time and date of their next appointment and we observed this during our inspection.

Patients were given the contact number of the consultant who they could contact at any time if they experienced any issues. Patients were also given a contact number of the host hospital where staff were available to offer support and advice.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Clinical and support staff were provided to the service under service level agreements with the host hospitals. Staff undertook work for SOUTH EAST EYE SURGEONS LLP outside their contracted hours with the host hospital.

We saw staffing and skill mix was in line with the Royal College of Ophthalmology guidance.

One host hospital was able to offer patients their procedure under intravenous (into a vein) sedation or a general anaesthetic. The anaesthetist for intravenous sedation or general anaesthetic was provided to the service under service level agreements with the host hospitals.

The medical service itself was consultant-led and comprised of eight active partners, all of whom were on the GMC specialist register for ophthalmology.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Each patient had electronic and paper records. A paper file was prepared by the treating consultant's administration team ready for the initial consultation and included measurement and assessment of the eye (biometry) to help determine suitability for lens implantation and the type of lens to use. The surgeon brought a copy of the patient's file from the initial consultation which included key documents such as the assessment notes and the consent form to the host hospital on the day of the patient's procedure.

Consultants were responsible for ensuring records were stored and transported securely. The registered manager told us that paper records were transported in a lockable case and they took responsibility in ensuring they were returned to the clinic that the patient was attending safely. The service was registered with the information commissioners' office and followed guidelines about document security.

An electronic patient record was created at the host hospital once the patient was accepted for surgery. This was important as is it meant their notes could be assessed immediately if patients attended the host hospitals. All paper

documentation completed within the host hospital was scanned into the host hospital's electronic patient record for to ensure a complete record of care and treatment was maintained. Traceability documentation from theatre such as the type of lens was attached to the patient's notes and scanned into their electronic patient record. Patients were given a card with details of the lens they had, should it be needed for future reference.

The host trust undertook records audits which included all patients including SOUTH EAST EYE SURGEONS LLP patients. The host trust provided us with 10 records audits which showed good compliance. Partners attended governance meetings at the host trust where these audits findings were reviewed, and any issues identified would be taken to the medical advisory committee meetings.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Medicines were provided under the service level agreement with the host hospitals.

Records we reviewed showed staff checked and documented each patient's allergies and these were reconfirmed before any procedure. Only staff with the required competencies administered and dispensed medicines.

Patient Group Directions (PGDs) were used for commonly prescribed eye drops. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Host hospital staff confirmed that they had received additional training and undertaken a competency assessment to prescribe and administer certain eye drops. If other medicines that weren't covered by a PGD were needed the consultant prescribed these. We saw this during our inspection when a patient requested an oral sedative and the consultant prescribed the medicine. Medicines for the patients to take home followed the same process.

We observed that patients were given patient information leaflets with each medicine they were given to take home. We saw staff took time to explain how to instil eye drops and the importance of hand hygiene before instilling the eye drops. Patients were given a yellow card to record when they had instilled the drops throughout the day as a reminder.

Medicines were stored safely and securely; within locked cupboards or fridges, in restricted access areas, in line with national and manufacturer guidance. Advice and support regarding medicines was available through the host hospital pharmacy team.

Incidents

Staff recognised incidents and near misses. Staff shared lessons learned with all staff from incidents that occurred in the host hospitals. When things went wrong, staff apologised and gave patients honest information and suitable support. The registered manager ensured that actions from patient safety alerts were implemented and monitored.

Incidents in clinics outside the host hospitals would be logged onto a separate system, no incidents had been reported on the system since it was implemented. The registered manager told us at such a time an incident is reported it would be discussed at weekly consultant meetings and quarterly meetings.

Patient safety incidents or those involving facilities, equipment or staff provided by the host hospital were reported on the host hospitals electronic incident system. The registered manager and other local staff we spoke with confirmed they

Good

Surgery

knew what incidents to report and how to report them. Staff employed by the host trust raised concerns and reported incidents and near misses in line with trust policy. Staff employed by the host trust were unable to recall any incidents reported relating to SOUTH EAST EYE SURGEONS LLP patients. However, consultants gave us examples of when incidents that occurred in the trust had prompted a review of the service's policies and processes.

Learning from incidents was shared across the host trust through email alerts, announcements on the trust intranet and at weekly consultant meetings. Although the incidents did not directly involve SOUTH EAST EYE SURGEONS LLP patients this was important to identify themes and learning that may impact these patients. Opportunities for learning from incidents were also facilitated through communication between specialists and existing quality and professional links at the host trust.

Are Surgery effective?

Good

Evidence based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The provider used up to date, regularly reviewed policies and procedures and best practice guidance.

The service used guidance from the host hospitals to ensure care and treatment reflected current evidence-based, National Institute of Health and Care Excellence (NICE) clinical guidelines and Royal College of Ophthalmologists.

All consultants were Fellows of the Royal College of Ophthalmologists and followed their guidance in relation to cataract surgery. All consultants we spoke with told us they received regular bulletins and updates individually.

The Medical Advisory Committee (MAC) meeting minutes contained information regarding how compliance to national standards and guidance was monitored throughout the service.

The host hospitals undertook a variety of audits which included medicines, infection control, consent and environmental. Consultants attended meetings at the host hospitals where findings of these audits were discussed and therefore had oversight of any issues identified in audits.

Pre-operative assessments included screening against a defined set of suitability criteria to ensure patients were suitable for their chosen treatment. The surgeon discussed with the patient any potential limitations of the treatment as well as the potential benefits and we observed the consultant reviewing these discussions with the patient on the day of surgery.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs

Patients were offered soft drinks and biscuits following surgery completed under local anaesthetic. In addition, public restaurant facilities were available in the host hospitals.

Patients requiring intravenous sedation or a general anaesthetic for their procedure were required to be nil by mouth prior to surgery. This was explained to the patient during the pre-operative assessment consultation.

Good

Surgery

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Patients undergoing ophthalmic surgery were treated under topical local anaesthesia and local anaesthetic injections. Anaesthetic eye drops were administered prior to the anaesthetic injection to ensure patients did not experience pain or discomfort. This enabled patients to remain fully conscious and responsive throughout their procedure.

We observed the surgeon and theatre nurse monitored the patient for signs of pain throughout the operation and asked if they were comfortable during treatment.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The host trust undertook a variety of audits which were shared at the host hospitals' departmental meetings, which partners attended. Information from audits was used to improve care and treatment of patients.

Outcomes for patients were positive, consistent and met expectations, such as national benchmarks. The service participated in the National Ophthalmic Database (NOD) Audit, which is run by the Royal College of Ophthalmologists and measures the outcomes of cataract surgery. Each consultant submitted data to the NOD audit, and we saw this was undertaken immediately after the procedure. The NOD audit monitors two outcomes for cataract surgery; these are posterior capsule rupture and visual loss. Vision which is significantly worse after the operation than before as measured by the sight test letter reading chart endophthalmitis. A posterior capsule rupture (PCR) is a tear in the capsule at the back of the eye. We reviewed the eight consultants' PCR and visual loss outcomes on the NOD audit, and all were within expected limits.

Patients were treated as day case patients and no patients treated in the last 12 months required an overnight admission to the host hospital. The service monitored the number of patients that required readmission following surgery to help review the effectiveness and safety of procedures. In the last 12 months, there were no readmissions to surgery within 28 days of surgery.

The service used patient satisfaction survey forms to help measure patient overall satisfaction with the outcomes. The information from the surveys was collated and presented at meetings.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service level agreement between the host hospitals and SOUTH EAST EYE SURGEONS LLP states that the trust was responsible for ensuring the staff were competent to perform their roles and appraised the staff.

The partnership was restricted to ophthalmic consultants holding an NHS contract with the host trust, which helped provide assurance that the partners were competent for their roles.

All partners had received a recent appraisal, which indicated the host trust was actively involved in performance management and development. The registered manager kept a copy of each partner's appraisal undertaken in the host trust to provide assurance that it had been completed and if there was anything aspects that needed addressing. The registered manager also kept records of medical revalidation for each partner and the date which it was next due. Records showed all partners to be in date.

All staff had developed skills and experience through their substantive post working for the ophthalmic department at the host trust.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide safe care. The team worked well together, with care and treatment delivered to patients in a co-ordinated way.

All staff including senior managers and administrative staff at the host hospitals were complimentary about and the way the service worked with the hospital.

Patients gave consent for their GP to be contacted and GPs were informed of the care and treatment they had received.

Seven day services

Key services were available to support timely patient care.

Patients could access support and advice by contacting the treating consultant directly by either emailing or phoning. Patients were also given contact information at the host hospitals for advice and support if needed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Consultants gained consent from patients for their care and treatment in line with legislation and guidance. The service followed the host trust policy for consent to examination and treatment, which set out the standards and procedures for obtaining consent from patients in line with the Royal College of Ophthalmology.

The consent process was started at initial consultation and completed prior to the procedure, by the surgeon performing the treatment. Written and verbal information was given to the patient, along with an opportunity to clarify any questions, in order to ensure the consent was informed. The consent forms we reviewed were appropriate and thorough.

All patients were requested to complete satisfaction surveys after treatment. Patients were asked to score answers against set questions. Patients scored between one and five, one was poor and five was excellent. One of the questions was; were the risks and rewards of the procedure clearly explained by the consultant and an explanation of the consent form. The latest survey results from between April 2021 and June 2021 showed the average consultant score was 4.7.

The consent was ongoing throughout the patient's journey, which was undertaken under local anaesthesia. For example, when theatre draping was applied or the patient's eye washed, this was explained, and patient comfort checked.

Good

Surgery

Patient's capacity to consent to treatment was considered. It was the responsibility of the surgeon to assess whether the patient had capacity to consent and we were told that if there were any concerns, the surgeon would contact the patient's GP for further clarification.

Records showed all consultants had undertaken their annual refresher training about the application of the Mental Capacity Act.

The Deprivation of Liberty Safeguards did not apply to this service.

Are Surgery caring?

Good

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients.

Patients and a relative said staff treated them well and with kindness. All patients were requested to complete satisfaction surveys after treatment. Patients were asked to score answers against set questions. Patients scored between one and five, one was poor and five was excellent. In the most recent survey between April and June 2021, all questions achieved a score of over four.

Staff followed the host trust's policies to keep patient care and treatment confidential. All staff ensured privacy and dignity was maintained. Patients remained fully clothed during their procedure.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients underwent a full assessment of their hobbies and social interests to recommend the most suitable lens implant.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

A patient told us that a member of staff had taught them some deep breathing exercises prior to the procedure, which they used during the procedure to calm them.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients were asked if they wanted a member of staff to hold their hand during surgery for emotional support. Patients were told to either squeeze the hand of the staff member or to raise their arm if they wanted a break or were feeling any discomfort.

Staff took time to interact with patients during surgery staff maintained a reassuring dialogue. Each step was clearly explained, and key aspects of the aftercare reinforced both before the procedure, at the end and again on discharge.

Good

Surgery

We saw staff introduce themselves and explain their role. In the most recent survey between April 2021 and June 2021, the question asked patients to score the welcome received from staff the average score was 4.6.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. One patient required additional support from a relative and the consultant took time to explain everything to the patient and their relative.

Staff talked with patients in a way they could understand. The consultant and staff checked the patient understanding of the information they were given at each stage. At one of the host hospitals patients watched a video prior to their procedure which explained each step of the procedure and aftercare.

Patients and their families could give feedback on the service and their treatment and staff explained how to do this.

Staff ensured patients were able to make informed decisions about their treatment. After the initial consultation treatment recommendations were made and patients were given the relevant information to take home and read. The information included the cost, potential complications and expected outcomes so this was clear from the first consultation. Patients were also given the email address of their consultant so they could email them at any time with any questions. Records we reviewed confirmed this.

We saw staff gave patients comprehensive written and verbal information about their on-going care. This included eye care, follow-up appointments, hobbies and counselling on medicines.

This helped patients understand how to care for themselves and recognise any post-operative complications.

In response to the question how would rate the overall approach of the consultant in the most recent patient survey, the overall score was 4.8.

Patients gave positive feedback about the service. Comments from patients included “everyone was amazing and “everyone was very kind”.

Are Surgery responsive?

Good

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people accessing care and treatment.

The service provided a specific pathway and process which ensured that care was planned to meet the needs of people choosing to use the service. Patients were referred to a named consultant who undertook all pre-operative, operative and post-operative care to ensure continuity of care and treatment.

Good

Surgery

The service undertook intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses only no other treatments were available.

Patients could choose the time of the operation and the surgeon performing the treatment. Patients were offered a choice of consultation appointments at different clinics during the day and evening. Patients had a pre-booked aftercare appointment and were informed of this on the day of surgery. We observed the consultant advising patients that if this was not convenient how to change the day, time or the clinic location. Patients confirmed they were assessed and booked in for surgery quickly.

A fixed fee was clearly documented in information provided and patients could choose one of the two host hospitals for the surgery.

Facilities and premises were appropriate for patients living with reduced mobility or vision.

The service had systems to help care for patients in need of additional support or specialist intervention. If patients needed additional support after their procedure such as help with instilling eye drops, staff were able to organise this with the district nursing team.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Patients at one of the host hospitals watched a video prior to their procedure which explained the procedure and aftercare.

All signs to the eye units within the host hospital were in yellow. This was because bright colours are generally the easiest for people who are visually impaired to see, because they stand out strongly. All patient information leaflets were printed on yellow paper for the same reason.

Using the host hospital's facilities meant the service also offered reasonable adjustments for people with limited vision, wheelchair users and people with restricted mobility. Patients had access to lifts for the less mobile, waiting and treatment rooms, car parking, shop and cafeteria.

Staff gave examples that emphasised the individually tailored approach and flexibility offered by the provider which was supported by letters of appreciation and patients' feedback.

Interpreting services were available for patients who required this service and staff we spoke with explained how it could be accessed.

If patients were very anxious or were unable to lie flat for 20 minutes, they could have intravenous (into a vein) sedation or a general anaesthetic under the care of an anaesthetist at one of the host hospitals. Patients were also able to have a mild oral sedative if they were anxious.

Patients had a pre-assessment undertaken by the consultant during their outpatient appointment. All pre-assessments were reviewed by the matron of the host hospital to ensure their needs could be met or put in place any adjustments.

Good

Surgery

There were toilets available for patients with mobility issues in the eye surgery units. Staff told us they would assist any patients that needed additional support to access these. In addition, there was a hoist available if patients were not able to transfer themselves.

Access and flow

People could access the service when they needed it and received the right care promptly. Patients told us they did not have to wait long for an appointment, and they were given a choice of day and time.

The service provided elective cataract procedures to patients could either self-pay or use private health insurance. Patients self-referred generally via their optometrist or recommendations from friends or family.

Once accepted for surgery, patients were seen and managed using the same protocols, procedures and documentation as the host hospital they attended. Patients were scheduled at the end of the host hospital operating list.

Patients received courtesy reminder calls, texts and emails to remind them of their appointments.

As a pre-planned elective service, the partnership was able to control the numbers of patients they could accommodate in each list and be flexible around choice and availability of the surgeon.

Initial consultation appointments were coordinated through each partner's medical secretary. Admissions to the eye day surgery units were managed through the medical secretaries, host hospital administration staff and matrons.

Patient arrival times were staggered to coincide with their allotted surgery time. This meant there was less time spent waiting on the eye day surgery unit. Patients were seen at their allocated appointment time.

Patients told us the appointments system for the follow up appointment was very good. When patients left the day unit, they were given a discharge letter, with their consent this letter was also emailed to their GP.

We saw leaflets provided to patients which included contact numbers in case the patient had any concerns. There were numbers for the day surgery eye unit and also out of hours contacts.

The service undertook 580 cataract procedures in the last 12 months.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously. The provider had its own complaints and procedures policy which included signposting patients to other organisations should they remained unhappy.

There had been no formal complaints received by the provider in the last 12 months. The registered manager explained they would lead an investigation into any complaint, a formal written response would be made and if required a meeting set up with the complainant.

Informal complaints were dealt with by staff at source in the host hospitals and endeavoured to resolve them before they became a formal complaint. There were rooms available to allow privacy to discuss the patient's concerns.

Good

Surgery

Staff could give examples of how they used patient feedback to improve daily practice. Staff at one of the host hospitals gave an example that a patient had given feedback that the patient room was clinical and not welcoming. As a result of this feedback staff had made some changes to the room to make it more welcoming.

Are Surgery well-led?

Good

Leadership

The registered manager had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

The registered manager was also the nominated individual and lead ophthalmic consultant of SOUTH EAST EYE SURGEONS LLP who was elected by the other partners. There were eight partners and all were ophthalmic consultants who held roles within the host NHS trust. Partners had all worked for the service for varying amounts of time.

As part of the inspection process we held a focus group with six of the partners. All partners described the registered manager as visible, approachable, well organised and very supportive. Newer members of the LLP described the registered manager as extremely supportive offering both clinical support and practical advice.

The service employed a management consultancy company who were responsible for maintaining an electronic record of key documents including policies, collating and presenting information at medical advisory committee meetings, reviewing patient pathways to make the pathway efficient and communicating with the partners secretaries. Partners described the management consultancy company as a crucial aspect of the service from both a patient advocacy and business point of view.

There was a clear leadership structure which was the registered manager and nominated individual who fed into the SOUTH EAST EYE SURGEONS LLP medical advisory committee which was made up of the registered manager and nominated individual, three other partners and a management consultancy representative. In turn the medical advisory committee fed into the SOUTH EAST EYE SURGEONS LLP board members.

Partners confirmed they received regular communication from the registered manager to understand how the service was performing, its plans and any challenges it faced.

Vision and strategy

The service had a vision for what it wanted to achieve which was developed with all partners.

The vision and strategy was described as: a specialist ophthalmic provider treating a comprehensive range of eye procedures in clinic, who focus on cataracts surgery in theatre. The service was consultant led, meaning that throughout their pathway the patient remains under the care of a consultant ophthalmologist. As services were led and provided by consultant ophthalmologists it benefited both patients and service provision. Changes and improvements could be implemented quickly and efficiently without business or shareholder approval, resulting in the best care for patients.

Good

Surgery

Culture

Partners, were respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Partners were positive and proud to work at the service. They enjoyed supporting patients through their patient journey. Partners had supportive working relationships with their colleagues. They worked together as a team to achieve the best outcomes for patients. Staff at the host hospitals said that consultants were accessible, supportive and approachable.

The culture within the clinic was centred around the needs and experiences of people who used the service. People using the service were provided with information that included terms and conditions of the services being provided to the person and the amount and method of payment of fees. We saw discussions regarding the fees within the patients notes.

Governance

The service operated effective governance processes, throughout the service and with the host trust. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service had oversight of governance and risk. One of the partners was the ophthalmic clinical lead and one was the clinical governance lead clinical within the host NHS trust. In this capacity, they attended ophthalmology governance meetings at the host trust and brought any issues which had arisen to the medical advisory committee (MAC) meetings and weekly consultant meetings. We saw meeting minutes which confirmed this. Partners were able to give examples of when issues had arisen within the host trust which had led to a change in practice within the service.

The service level agreement between SOUTH EAST EYE SURGEONS LLP and the host trust clearly set out the roles and responsibilities for each party and it was reviewed annually. Partners were clear on who was responsible for each aspect of the patients journey.

The service operated effective governance processes; partners completed a Quarterly Clinical Incident Report. Partners were asked to provide information on any adverse outcomes or complications. In addition, they were asked if they had any concerns about five key areas which were; cleanliness and infection control, medicine management, safety and suitability of buildings and premises, safety and suitability of equipment and training and updates. We saw that these were completed by partners and were reviewed by the registered manager, who added any action taken.

Management of risk, issues and performance

The service used systems to manage performance effectively. They identified and relevant risks and issues and identified actions to reduce their impact.

The provider held MAC meetings to discuss management of risks meetings were held three times a year. Meeting minutes showed there was a set agenda which included discussion of incidents, national patient safety alerts, complications, patient feedback facilities, staffing, patient satisfaction surveys finances, risk and contracts. This committee was well attended by consultant partners.

There were systems to effectively identify, record and manage risk. The service had a risk register and monitored risks identified on the host hospitals risk registers. systems. Meeting minutes showed risks were discussed comprehensively. The service's risk register included five risks all of which had been reviewed within the last 12 months. Each risk had control assurances, actions and risk owner.

Good

Surgery

The registered manager knew the risks on the host trust's risk register which related to ophthalmology and how these risks were mitigated.

The service's risk register identified that the service was reliant upon a single service level agreement with the host hospital for surgical activity. The registered manager was working on securing additional locations for surgical activity to provide more flexibility for patients and consultants.

There were up-to-date policies to support the service's risk monitoring. Some policies were the host trust's policies, and some were SOUTH EAST EYE SURGEONS LLP. The service level agreement between the service and the host trust dictated which policies staff followed. If an aspect of the service was the host trust's responsibility, then their policies were followed. For example, staff followed the host trust's safeguarding policy. The service had a duty of candour policy to ensure they met the legal requirements.

Information management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure, the service used the same systems as the host hospitals.

The service collected reliable data using the same computer system as the host trust and this was outlined in the service level agreement. The data was submitted, monitored and presented at both the host trust meetings and SOUTH EAST EYE SURGEONS LLP meetings. Data for each patient was submitted to the National Ophthalmic Database findings were discussed at meetings and at each individual partner's appraisal. Systems were integrated and secure. Partners described information technology systems as fit for purpose.

The provider used the host trust's electronic patient record system. Staff could easily access patient records to ensure they had access to all information needed to provide safe patient care. The service used paper records for consultations in settings outside the host hospitals.

Partners had access to the host trust intranet to gain information relating to policies, procedures, professional guidance and training. Partners told us that they were informed of any changes to policies and processes by email or at meetings.

Engagement

The registered manager and partners actively and openly engaged with patients and staff at the host hospitals. They collaborated with the host trust to help improve services for patients.

The service actively and openly engaged with patients. Patients were encouraged to complete a patient survey following their treatment. The feedback we read was overwhelmingly positive with patients recommending the service and describing good results. We saw copies of the medical advisory committee minutes that showed the results of patient questionnaires were a standing agenda item.

There were established effective relationships between the service and the host hospitals. We saw all staff worked together to help improve patient experience and staff were able to give us examples of this.

There was a weekly consultant meeting and partners felt there was effective on-going communication, and all felt well engaged within their team.

Good

Surgery

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. The registered manager and partners encouraged innovation and participation in research.

The registered manager had an article published in a journal about ophthalmology response to the Covid-19 pandemic.

The service and the host trust worked cohesively together and shared learning. Three patients treated in the host NHS trust had a visual outcome not as expected due to the wrong lens being implanted. As a result of this the service changed their practice to minimise risk of wrong lens implant.

During Covid-19 pandemic there was debate amongst cataract surgeons whether the spray caused by a piece of equipment used during cataract surgery posed a potential risk to the surgeon or staff. The ophthalmic team at a London NHS trust along with other collaborators showed that using a liquid substance on the cornea of the eye stopped any spraying from the eye. This minimised the risk of any potential Covid-19 transmission during cataract surgery. Since then all cataract cases undertaken within the host trust and SOUTH EAST EYE SURGEONS LLP have the liquid substance applied to the cornea of the eye.

The service used highly specialised biometry, which has advanced software analysis to help treating surgeon decide if the patient is a suitable candidate for a multifocal or extended depth of focus lens. These advanced technologies for all cases of premium lens implant and not just those with prior history of refractive surgery. Biometry is the process of measuring the power of the cornea and the length of the eye and using this data to determine the ideal intraocular lens power.