

SpaMedica Ltd

SpaMedica Bristol

Inspection report

Corum 2, Corum Office Park
Crown Way, Warmley
Bristol
BS30 8FJ
Tel: 01618380870

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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

We rated it as good because:

- 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. Medicines were managed well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents and learned lessons from them.
- Staff provided good care and treatment. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available to suit patients' needs seven days a week. Staff gave pain relief to patients when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent.
- 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, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs. People could access the service when they needed it and did not have to wait too long to access treatment at the service.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually

Summary of findings

Our judgements about each of the main services

Service

Refractive eye surgery

Rating

Good



Summary of each main service

We rated surgery as good because:

- 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 assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- 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, families and carers.
- 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to SpaMedica Bristol

SpaMedica Bristol is operated by SpaMedica Ltd. The service offers cataract surgery and yttrium-aluminium-garnet laser (YAG) capsulotomy services for NHS patients (YAG capsulotomy is a special laser treatment used to improve your vision after cataract surgery).

The service opened in January 2021.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

After the inspection, we held telephone interviews with key people we were not able to speak with during the unannounced inspection.

What people who use the service say

Patients we spoke with were all very positive about the service they received and the staff who provided it. Patients told us everything was clearly explained, and they knew what to expect.

How we carried out this inspection

We carried out a comprehensive unannounced inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector and a Specialist Advisor. A Specialist Advisor is someone who has up-to-date and credible clinical and professional knowledge and experience of similar services. The inspection was overseen by an Inspection Manager who was available for off-site support.

We spoke with members of staff including the registered manager and nominated individual, eye technician and receptionist. We also spoke with patients who used the service, reviewed care and treatment records. We also looked at a range of policies, procedures and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service SHOULD take to improve:

- Medicines should be left in their original packages. We found two strips of Aspirin had been decanted.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Refractive eye surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Refractive eye surgery

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

Are Refractive eye surgery safe?

Good 

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Medical and nursing staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. All staff completed a range of mandatory training which included fire safety, infection control, safeguarding, moving and handling, equality and diversity and General Data Protection Regulation. Most of the training courses had completion rates of 96%, this was above SpaMedica's 95% target. Staff had a personalised list of training they would need to complete dependent on their job role. Staff told us they were given support and time to complete these modules and those we spoke with had completed their required learning. Staff were given time during the day to complete their training.

The service used an electronic training tracker to monitor mandatory training which alerted staff by email when they needed to update their training. Staff training compliance was monitored on a weekly basis and leaders had a thorough overview of all staff compliance.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. 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. Safeguarding children training level two and safeguarding adults level two formed part of the mandatory training programme for staff. The registered manager was the safeguarding lead and was trained to level three, 96% of staff had completed safeguarding adults level two and safeguarding children level two training. The provider had a safeguarding lead who was trained to level four.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The team had made two safeguarding referrals this current year.

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The service had up-to-date safeguarding policies, one for children and one for adults. Each policy included details of how to escalate concerns. All staff we spoke with knew how to access the safeguarding policies. They were aware of who the safeguarding lead was. There were no safeguarding incidents in the previous 12 months.

The service demonstrated safe recruitment procedures and employment checks. Staff had disclosure and barring service (DBS) checks before starting work. These checks support employers to prevent unsuitable people from working with vulnerable patients.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. SpaMedica used an external housekeeping service whose standards were audited against SpaMedica cleaning standards and monitored by the Infection Prevention and Control Lead.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had easy access to PPE such as masks, caps and gloves. There was easy access to antibacterial hand gels. All rooms had handwashing and drying facilities. Staff cleaned equipment after patient contact. Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing, using hand sanitisers when entering and exiting the unit and wearing PPE when caring for patients.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service ensured surgical instruments were decontaminated in accordance with Health Technical Memorandum (HTM) 01-01: management and decontamination of surgical instruments (medical devices) used in acute care by using the services of a professional company. Equipment was returned in 48 hours.

The environment for laser equipment was maintained by air conditioning which was permanently on. This ensured the equipment was maintained at 21 degrees Celsius and optimal humidity. The ventilation system in theatre was set to 25 air exchanges per hour (AEH), which was more often than the Royal College guideline of 15 AEH and therefore maintained the cleanliness of the air better.

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.

The design of the environment followed national guidance. The environment layout was in line with health building notes best practice guidance. For example, each clinical room had a hand basin sink with lever taps to enable effective hand hygiene and flooring was extended to the wall to ensure effective cleaning.

Staff carried out daily safety checks of specialist equipment. The service had appropriate resuscitation equipment for use in a patient emergency. Daily checks were completed, and tamper preventions seals were in place. The service completed regular safety checks of equipment such as glucometers. The service had an emergency first aid kit and the contents were within expiry date. The service had an oxygen defibrillator and resuscitation equipment, an anaphylaxis

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kit, blood glucose monitors on both resuscitation trolleys and pre-assessment rooms, and blood pressure kits. Glucagon was stored in the fridge. Glycaemia kits were available on-site. The service also had a pulse oximeter, this was used to monitor patients' pulse and saturation levels when doing cataract surgery. Gases used for the laser and oxygen were managed by the supplier.

The service had suitable facilities and had enough suitable equipment to meet the needs of patients. The design, maintenance and use of facilities, premises and equipment kept people safe. There was a one-way system through the building and small waiting areas away from the main waiting room. The facilities were accessible for people using a wheelchair. The patient's toilet was wheelchair accessible and had an emergency call cord.

Equipment was operated and maintained consistent with the manufacturer's recommendations. There were service contracts for the equipment and a clear process for maintaining them and rectifying any faults. There was a process for the safe handover of equipment after maintenance. Staff were trained to use equipment.

The service had access to a laser protection advisor (LPA). An LPA provides appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures. Where lasers were being used, the service had warning lights and signs. Access to this room was restricted to ensure patients could not accidentally enter. The laser protection advisor had completed a risk assessment for use of lasers. This included current controls to minimise the risk to patients and what further action was required to reduce the risk.

Staff did not visit people in their homes to complete tests.

Records showed other checks such as electrical equipment tests, fire extinguishers, legionella testing and the fire risk assessment were all completed.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

The service submitted data to the National Ophthalmology Database Audit. The Royal College of Ophthalmologists published reports from the data they received, which provided information across a range of conditions such as macular degeneration and cataract

Staff responded promptly to any sudden deterioration in a patient's health. Telephones were linked through an emergency tannoy system, this meant when staff called the code and the location this alerted other staff who responded immediately with the resuscitation trolley. The registered manager held scenario training such as responding to cardiac arrests, fire or medical incidents. Staff were up-to-date with the life support training identified for their role, for example, trained staff had intermediate life support training, support staff had basic life support training. Staff told us in case of an emergency they would call 999.

Staff completed risk assessments for each patient on arrival, and reviewed this regularly, including after any incident. Patients attended a pre-assessment appointment and completed a questionnaire, where a nurse checked their health and wellbeing and assessed if they needed extra support. SpaMedica risk assessed all patients for the risk of raised intra

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ocular pressure and irritation of the cornea. Those at low risk of post-operative inflammation were advised to take their eye drops for two weeks instead of three. This was to reduce the risk of damage to the optic nerve from pressure. The provider also discovered that black and minority ethnic patients with dark irises were more likely to develop post-operative inflammation, these patients had a longer tapered course of treatment due to their increased risk.

Staff knew about and dealt with any specific risk issues. Staff had a GP summary which contained information about specific risk issues for patients.

Staff shared key information to keep patients safe when handing over their care to others. Letters were sent to the patient's GP and the referring optometrist. Patient pathways were in place for the referral and transfer of patients to local NHS hospitals in the event of an emergency.

Shift changes and handovers included all necessary key information to keep patients safe. The service had an electronic system which flagged up when patients needed follow up calls. The system was used for pre-operative assessment and post-operative follow up. Not everyone needed to be followed up because they were discharged to their GP or Optometrist. If patients were concerned there was a 24/7 helpline with an Optometrist on duty.

The service used the World Health Organisation (WHO) surgical safety checklist for patients throughout the perioperative journey, to prevent and/or avoid serious patient harm. Checked by admin nurse.

Staffing

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

The service had enough nursing and support staff to keep patients safe. Staffing levels were compliant with recommendations from the Association for Perioperative Practice (AfPP) and Royal College of Nursing (RCN) guidance.

The service had seven registered nurses and five healthcare technicians. Staffing levels were discussed during the morning safety huddle. The service could use staff from other SpaMedica locations if they were short of staff.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The registered manager worked closely with another nearby SpaMedica service, so they were able to support each other.

The manager could adjust staffing levels daily according to the needs of patients. The registered manager could adjust staffing levels according to the needs of patients. Rotas were planned in advance and any gaps could be filled at short notice if staff became unavailable. The registered manager was able to adjust staffing levels by using bank and agency staff. Staff had a range of skills which meant they could step into another role if necessary.

The number of nurses and healthcare assistants matched the planned numbers. The registered manager was trained for most of the roles so was able to step in if necessary.

The service had low vacancy rates. One nurse had recently started work, two nurses and a healthcare technician were due to start in October 2022. The service did not have any other vacancies.

The service had low turnover rates. Since 2020 one healthcare technician and one nurse had left.

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The service had low rates of bank and agency nurses. The service used one agency scrub nurse three days per week and another five days a week.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service. Bank/agency staff did the same induction/training and were required to have the same competencies as permanent staff. The registered manager printed out copies of policies because agency and bank staff didn't have electronic access to policies.

Medical staffing

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

The service had enough medical staff to keep patients safe. The service had five surgeons who worked under practicing privileges. A practising privilege is the 'licence' agreed between individual medical professionals and a private healthcare provider. The service medical advisory committee had primary oversight of the clinicians practicing privileges. The medical staff matched the planned number and staff worked across surgery on a rota basis.

The service had low rates of bank and locum staff. The service had locum optometrists, supervised by a lead optometrist. This meant there was consistency in staffing because the locum staff did not change. Managers made sure locums had a full induction to the service before they started work. Locum staff had the same training as other staff, and had their competencies signed off by the lead optometrist.

Managers could access locums when they needed additional medical staff. The registered manager told us this was a rare occurrence.

The service always had a nurse and surgeon on call during evenings and weekends. The service operated a transport service so if necessary, they arranged to collect the patient and the nurse and surgeon and take them to the most appropriate hospital.

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.

Patient notes were comprehensive, and all staff could access them easily. Records were clear, up-to-date, stored securely and easily available to all staff providing care. We reviewed the records for six patients and found staff completed documentation in line with General Medical Council (GMC) best practice. For example, notes were contemporaneous, dated and signed. Staff detailed each patient's medical history and prescription medicine history along with a clear plan of the next steps in their treatment.

At the time of our inspection both paper and electronic records were used. However, the service was moving towards a different system where everything would be easier to access.

When patients transferred to a new team, there were no delays in staff accessing their records. Records were uploaded electronically for each patient; these could be shared with other healthcare professionals with the patient's consent.

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Records were stored securely. Patient notes contained a copy of patient consent forms. The consent forms we saw were legible and included the risks and benefits of the procedure the patient was undergoing. Patient records were stored appropriately. Access to the computers and patient confidential information was password protected, with staff having access via passwords. Theatre registers were comprehensive and included details of patient procedures and consultant operations.

Medicines

The service used systems and processes to safely prescribe and administer medicines. Storage of medicines was safe.

Staff followed systems and processes to prescribe and administer medicines safely. Staff used topical eye drops in patient's eyes, there was a protocol and patient group directions in place for these. Patient group directions are written instructions to help staff supply or administer medicines to patients, usually in planned circumstances.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were given an information sheet which explained what their drops were for and how to administer them.

Staff completed medicines records accurately and kept them up-to-date. Patients' discharge letters contained information about the medicines the patient had received, and medicines were recorded in patient notes. All medicines were within the manufacturer's expiration date.

Staff stored and managed all medicines and prescribing documents safely. The temperature and humidity of the storage room were recorded. However, we did find two strips of Aspirin had been decanted into a different box. We raised this with the registered manager.

Staff learned from safety alerts and incidents to improve practice. These were shared with staff during meetings and were also available electronically.

Incidents

The service had processes for managing patient safety incidents. Staff could recognise and knew how to report incidents and near misses. Managers would investigate incidents and share lessons learned with the whole team and the wider service. If things went wrong, staff would apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service recorded all incidents, together with the level of harm and severity, and noted lessons learned from each incident. These were discussed at team meetings and during daily huddles.

Staff reported serious incidents clearly and in line with the service's policy. The service had one serious incident when a patient suffered a side effect of the treatment they received. The patient was cared for in a hospital local to them, because they would have had a four-hour journey to return to the service.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The provider had an incident management policy which referenced 'duty of candour'. The provider's policy gave information about what should be done when things went wrong, this included staff apologising and giving patients honest information and suitable support.

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Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Incidents were discussed during daily morning safety huddles. This included learning from incidents at the service and incidents that occurred at other SpaMedica sites. During this discussion staff discussed how they could use the learning from incidents to improve patient care.

Staff raised concerns and reported incidents and near misses in line with the service's policy. The registered manager was always available, but staff were able to record incidents straight onto the provider's datix records. The registered manager received an email when an incident was recorded. The registered manager then investigated incidents and took statements, the clinical governance team were available for support. Action plans were developed with the assistance of the operations development lead if necessary. The registered manager had been trained to investigate incidents. After incidents staff were encouraged to complete reflections. A template was in place for this.

The service had no 'never events'. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at national level, and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined. Managers shared learning with their staff about never events that happened elsewhere. Staff received feedback from investigation of incidents, both internal and external to the service. All staff had quarterly emails and never events were discussed in team meetings. The registered manager printed a copy out and displayed in the staff coffee room, so staff could read through. Staff demonstrated knowledge of incidents in other locations for which staff had used the Duty of Candour and used these as training and development opportunities.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers were clear about their role for investigating other incidents and sharing lessons learned with the whole team and the wider service. Managers debriefed and supported staff after any serious incident.

Managers ensured that actions from patient safety alerts were implemented and monitored. The registered manager printed alerts out and shared them, alerts were also discussed in morning safety huddles and at team meetings.

Staff told us there were evacuation plans in place for the building should there be an emergency, but they had never had to evacuate the premises. Staff confirmed they received fire drill training where they had practiced an evacuation.

Are Refractive eye surgery effective?

Good 

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up-to-date, updates were discussed during team meetings. The service followed the Royal College of Ophthalmologists standards. All policies seen were

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up-to-date and contained current national guidelines and relevant evidence. Policies were stored on an online system which all staff had access to. Staff had to electronically sign when they had read a policy. The registered manager could check all staff had read policies because the system used would only let staff skip reading a policy three times, then wouldn't allow staff to log on again until the policy had been read.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff provided personalised care based on individual needs. Patients could have family members with them for support if they wished. The provider had experienced staff within the organisation staff could contact for support. Where patients could become anxious and exhibit behaviours that challenge when they were anxious, staff arranged appointments at the end of the day when it was quieter. People who were anxious could visit before their treatment to see where they were going and have everything explained to them.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

The service had water dispensers and a hot drinks machine available for patients and their relatives to use. The service had biscuits for patients and their relatives. Staff offered patients a drink whilst they were waiting for their appointment. Patients were in the service for a brief period, this met their needs. If patients were delayed and on-site staff would get sandwiches or a choice of food and drink to meet their cultural and religious preferences.

Patients did not need to fast before treatment.

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. At the time of the treatment patients experienced discomfort rather than pain. Staff provided topical drops to provide pain relief in a timely way. Staff prescribed, administered and recorded pain relief accurately. Surgery was carried out under either local or topical anaesthetic.

Patients were given information about how to manage any post-treatment pain.

Patient outcomes

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

The service participated in relevant national clinical audits. SpaMedica participated in the National Ophthalmology Database Audit (NODA) against Royal College of Ophthalmologists standards. The most recent data for the whole of SpaMedica indicated that they have a lower post-operative complication rate and a lower loss of vision post cataract surgery than the national average.

Outcomes for patients were positive, consistent and exceeded expectations, such as national standards. Posterior Capsular Rent (PCR), is a breach in the posterior capsule of the crystalline lens during cataract surgery. A common yet feared complication of cataract surgery, posterior capsular rent may lead to sub-optimal visual outcomes if not recognised early or managed appropriately. The National Ophthalmology Database Audit published in 2020 showed SpaMedica consultants averaged a PCR rate of 0.42% which was lower and better than national statistics which averaged a rate of 1.1%.

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Outcomes for patients were positive, consistent and met expectations, such as national standards. Data showed 96.14% of SpaMedica patients achieved visual acuity of 6/12 or better. This is the minimum vision standard required for driving a car in the UK and means that you can read from six metres what someone with standard vision could read from 12 metres.

The service monitored patient outcomes including complication and infection rates from cataract surgery. The service achieved consistently good clinical outcomes, that were continuously monitored, with patients reporting a positive experience. The service consistently reported patient outcome data which on average 99% of patients would recommend the service for treatment.

Outcomes were reviewed at the clinical governance meeting and the medical advisory committee.

Managers and staff used the results to improve patients' outcomes. The service benchmarked their patient outcomes against other hospitals in SpaMedica and externally using the NODA. The service used benchmarking to identify good practice and areas of improvement to improve patient outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service completed a local audit program such as medicines management, infection prevention and consent. The service had good results from its audits completed in the last year. If the audit identified improvements, actions were identified, and improvement was monitored.

Audits included clinical documentation and the daily safety huddle. Results of audits showed a score of 100% for infection prevention and 99.9% for surgical safety. This was not 100% because one patient suffered a side effect of treatment. Any audits that were less than 95% compliant had actions identified and the audit was repeated one month later. For example, clinical documentation scored 93.7% and an action plan was in place to improve this. The service demonstrated compliance based on its audit results completed in the last year.

Managers shared and made sure staff understood information from the audits. The service shared information from audits during their monthly team meetings. Staff were actively engaged in the audit process, staff completed audits themselves. The service said this was to ensure they understood the importance of audit. Information was discussed to ensure staff understood information from the audits.

The clinic did not submit data to the Private Healthcare Information Network (PHIN). PHIN provide unbiased information on all private hospitals and consultants for everyone in the UK to access.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities. Newly appointed surgeons had a period of supervised practice under a lead surgeon.

Managers gave all new staff a full induction tailored to their role before they started work. All new staff completed a corporate and local induction. The corporate induction was an online meeting which outlined SpaMedica values and ways of working. The local induction focused on applying these ways of working in the hospital itself. For example, reviewing relevant local policies and procedures around fire safety information.

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The clinical educators supported the learning and development needs of staff. Managers made sure staff received any specialist training for their role. Staff completed competency checks and specialist training during induction supported by clinical educators at SpaMedica. Staff had to be signed off as competent by clinical educators before they could perform in a role alone. Staff competencies were rechecked every three years.

Managers supported staff to develop through yearly, constructive appraisals of their work. 100% of staff had an appraisal in the previous 12 months. The appraisal was followed up with a six month review.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

The service had a practicing privilege policy, this outlined the specific scope of practice for surgeons working at SpaMedica. The policy outlined the governance arrangements to ensure surgeons were competent for their role. This included: mandatory training, evidence of General Medical Council registration and current license to practice. SpaMedica rated surgeons based on their outcome data and concerns raised by staff. The ratings of surgeons were reviewed at board meetings, clinical governance meeting and the medical advisory committee.

Multidisciplinary working

Doctors, technicians and nurses worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The service held multi-disciplinary safety huddles each morning. The service held additional theatre safety huddles when there were surgeries planned that day. This was a multidisciplinary approach and discussed patients on the list for the day, including risks or concerns.

Staff worked across health care disciplines and with other agencies when required to care for patients. We observed effective multidisciplinary working, and communication between staff in theatres. All staff told us they had good working relationships with their colleagues. We saw effective interactions between all members of the team. The service worked well with external stakeholders including commissioners, GPs and private community optometry services.

All staff 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. Staff were seen to be supportive of each other to provide the best care and experience for the patient.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service was open Monday to Saturday and dependent on the demands for the service, additional surgical lists could be planned for the weekends.

There was an emergency helpline available 24 hours a day, seven days a week. Patients were informed verbally about the helpline and in writing in their discharge information. An on-call team were available to provide advice for patients when required.

The national call centre was staffed from 8am to 6pm Monday to Saturday.

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Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas.

A wide range of bespoke printed health promotion leaflets were available in the centre. These were evidence-based and tailored to common eye conditions. For example, leaflets such as Understanding Glaucoma, Understanding Cataracts and information about laser surgery were on display.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The organisation had a consent policy within review date and included guidance staff could follow. The provider had a mental capacity and deprivation of liberty safeguards (DoLS) policy available to all staff via a policy management software library which held all the provider's policies and procedures. Posters were displayed on the walls reminding staff of outlines of the mental capacity act.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a two-stage consent process by obtaining written consent at pre-assessment which was re-confirmed on the day of the procedure by the surgeon. Staff gained consent from patients for their care and treatment based on all the information available and in line with legislation and guidance. Staff understood their responsibility to gain consent from patients before continuing with the examination. They explained care and treatment to patients to gain their consent and recognised and respected patients' choice.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. The registered manager gave us an example of one person who lacked capacity, but having the treatment was in their best interest. The process included a conversation with the surgeon and family members. The service followed procedures through the Court of Protection to seek consent for this treatment. Although this delayed the patient's treatment, the Court of Protection agreed it was in the person's best interests and surgery was performed.

Staff made sure patients consented to treatment based on all the information available. Before the procedure, patients received written information by post. Staff obtained verbal and written consent from patients before providing care.

Staff clearly recorded consent in the patients' records. The service audited this as part of its clinical documentation audit. There was a compliance rate of 100% for collecting consent information as all patients consented prior to their treatment.

Are Refractive eye surgery caring?

We rated caring as good.

Refractive eye surgery

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. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients reported that staff were polite, courteous and attentive.

Patients said staff treated them well and with kindness. Patients told us staff introduced themselves and treated them with kindness and respect. Staff were seen to be considerate and empathetic towards patients. During our inspection, we spoke with three patients, who were all very positive about their care and treatment. They told us the staff were kind, caring and listened to their concerns.

Staff followed policy to keep patient care and treatment confidential. The privacy and dignity of patients was maintained by ensuring patient's information was kept secure, and doors were closed.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff were discreet and took time to interact with patients. In theatres, we observed staff interacted with patients in a professional and pleasant manner. At all stages, patients were treated with dignity and respect. Staff made sure patients were comfortable and had the opportunity to air any concerns.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients emotional support and advice when they needed it. Staff showed sensitivity and support to patients and understood the emotional impact of them having surgery. Patients we spoke with told us the consultant had carefully explained the procedure and alternatives, they felt well informed and not rushed in making decisions.

Patients told us staff regularly checked on their wellbeing and to ensure their comfort. Patients were able to telephone the service after discharge, for further help and advice.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients reported that if they had any concerns, they were given the time to ask questions. Staff made sure that patients understood any information given to them before they left the service.

Understanding and involvement of patients and those close to them

Staff supported 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. Patients told us they felt fully informed about their care and treatment. All the patients we spoke with had a good understanding of their condition and proposed treatment plan, as well as where to find further information.

We observed and were told by the patients that they were given time to ask questions about their care and treatment. We observed staff introduced themselves and communicated well to ensure that patients and their relatives/friends fully understood about care.

Refractive eye surgery

Staff spoke with patients sensitively and appropriately dependent on their individual needs and wishes. Patients we spoke with following their consultation told us that they felt they had been fully informed of upcoming treatments, test results and their next appointment.

Patients were provided with the organisation's "patient stories" DVD where previous patients described their experience to help relieve anxiety. Videos were also available on the organisation's website.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Everyone was given a card to complete to give feedback. Results of feedback showed 99.90% of patients would recommend SpaMedica to friends, and 99.79% said the surgeon had a good bedside manner. Patients were also asked to score the quality of their life before and after surgery. Average quality of life scores before surgery were 4/10. After surgery, scores were 10/10.

Patients gave overwhelmingly positive feedback about the service. Comments included, "Could not wish for better care and treatment, I am overwhelmed with happiness for my eye operation and the care given to me" and, "I was very nervous, but the staff and surgeon were very friendly, helpful and supportive."

Are Refractive eye surgery responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the changing needs of the local population. The service planned and provided care in a way that met the needs of the patients it served. Services provided were elective and pre-planned procedures only.

The service worked closely with the local clinical commissioning groups (CCGs) and planned and developed services to meet the needs of the local population. The service offered surgical eye services to NHS patients working within CCG contracts. Patients were referred by their GP or optometrist. The clinic was open five days a week, this offered choice and flexibility to patients.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate, and patient centred. It was clearly signposted and easy to find. Although the service was in a business facility with a shared car park, car parking spaces were limited. The waiting room had plenty of seating and hot and cold drinks machines for patient and relative use. Toilet facilities were clean and accessible for all. The service was on the first floor and was accessible by lift.

The service understood how demanding treatment trips could be on patients and their relatives. The service provided a free taxi for patients over ten miles away from the service, to ease this burden. This service is managed and operated by trained SpaMedica drivers and employees.

Refractive eye surgery

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. The service monitored did not attend rates, these were low for the service. Patients who did not attend their appointment were contacted and another appointment was booked if needed.

Services were planned to ensure continuity of care. The service ensured patients had all the necessary information and clear explanations of what to expect through their consultation process and detailed forms in use.

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. They coordinated care with other services and providers.

The service had information and support to meet the needs of patients living with dementia. A member of staff was a dementia champion. Staff told us they were passionate about their subject and provided training sessions with the team. Patients files had a forget-me-not on them if necessary so staff could recognise patients who needed additional support. Staff supported patients living with dementia and learning disabilities by using 'This is me' documents. These helped to provide staff with information about the person with dementia as an individual.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff were able to provide audio versions of documents if required.

The service had information leaflets available in languages spoken by the patients and local community. A range of information was available in other languages such as Bengali, Urdu and Welsh. The registered manager could request information in other languages. Staff used a well-known private company for translation and interpretation and could request someone who used sign language to communicate between patients and staff. There was a hearing loop in reception.

To support Muslim patients SpaMedica sought guidance from local community religious leaders and received approval for Muslim patients to be allowed to say prayers sitting down or standing in the two weeks following cataract surgery, when bending down is restricted. The service had provided a room for prayer where necessary.

The service celebrated all religious festivals including Diwali, Eid al-Adha, Hanukkah, Yom Kippur, Easter and Christmas.

The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. Patients with mobility difficulties could access the clinic, there was an accessible toilet with an emergency alarm for wheelchair users.

Patients were provided with information about aftercare and post-operative appointments. The provider had accredited high street optometrists who patients could have appointments with if it was easier for patients to attend them instead of returning to the service.

Patients had access to a call centre for patients and there was an emergency line if necessary. Patients were given contact information about the 24/7 phone line in their discharge pack. Patients could choose to attend an NHS hospital if they preferred. The provider would open hospitals on bank holidays such as Christmas Day and New Years' Day if necessary.

Refractive eye surgery

Services were tailored to each individual patient's needs without exception. This included amending and reassessing the patient's needs and expectations at each stage of the pre-assessment process.

Access and flow

People could access the service when they needed it and received the right care promptly.

Managers monitored referral to treatment times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Surgery was offered on an elective basis. Patients were given a choice of appointment times and could schedule appointments at a time and location within SpaMedica convenient to them. Staff monitored waiting times. For example, the average waiting time was 8 weeks, which was inside the 18 week referral to treatment time set as a guideline.

For those patients with underlying health conditions who required treatment prior to eye surgery, they were kept on a waiting list which was monitored by the service. The waiting times for patients on the complex list was up to ten months. Staff could speak with a team who managed complex bookings and patients could be moved to other sites if the patient was willing to travel. The provider would provide travel if necessary.

Managers and staff worked to make sure patients did not stay longer than they needed to. Staff planned patients' discharge carefully. The service monitored the average time a patient was in the service for an appointment. This was to ensure patients did not stay longer than they needed to. During discharge a registered nurse provided the patient with discharge information and guidance both verbally and in writing. We observed good processes in place to ensure patients were seen and treated within a timely manner to ensure they did not stay longer than they needed to.

Managers worked to keep the number of cancelled appointments and operations to a minimum. The service aimed to keep the number of cancelled appointments low. However, if a patient had their appointment or operation cancelled last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. The provider had a policy for emergency situations where patient's conditions were sight-threatening. For example, where one patient suffered a retinal detachment, they were collected and brought to SpaMedica Bristol for treatment. Patients who called the emergency line were seen within 24 to 48 hours.

Managers worked to keep the number of cancelled appointments to a minimum. The service had to re-book some appointments during the heatwave of summer 2022, because the humidity levels in theatre were too high. The service had closed three times over this period. This is because when humidity reaches 74% surgery cannot continue, because data shows the higher the humidity the more likely patients will need the procedure re-done. The contact centre team phoned patients to rebook for the earliest appointment possible and patients were offered appointments at other centres. We spoke with one patient who had been affected by these cancellations, they were quite happy with the arrangements that had been made and said they didn't have to wait long for an alternative appointment. They told us everything had been explained and staff had been "fantastic" about it.

To reduce the likelihood of the service having to cancel appointments because humidity levels were too high, the provider had a programme to fit new units in every theatre.

Refractive eye surgery

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a policy in place which detailed how concerns and complaints would be investigated and shared lessons learned with all staff. This included involving patients in the investigation of their complaint.

The service clearly displayed information about how to raise a concern in patient areas. The provider also had ways for patients to raise concerns on their website.

When patients were fully discharged, they were asked to provide feedback. The provider collated the feedback and produced reports to share the results across the provider's locations.

It was easy for people to give feedback and raise concerns about care received. The service had one on-going complaint. Staff were aware of the policy which described how to manage complaints. The policy described how to treat concerns and complaints seriously, investigate them and share lessons learned with all staff. We spoke with staff who were able to describe how they would support a complainant, be it informal or formal, and how a complaint was escalated and managed by senior managers.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, staff showed people the laser room where their procedure would take place if they were anxious/nervous beforehand to familiarise them with the room. The provider received good feedback as a result.

Are Refractive eye surgery well-led?

We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the experience, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. The registered manager told us the service had an open-door policy and staff confirmed this was the case. Staff told us they were proud to work for the service.

All staff we spoke with were positive about the leadership structure and their relationships with the team. The clinic leadership team were experienced and demonstrated a good understanding of the performance challenges and risks within the services.

There were clear lines of management responsibility and accountability within the organisation.

Refractive eye surgery

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, the vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The provider's vision and values were advertised on their website and staff were reminded of these because they were also on wall posters. The services mission statement was, "Every patient, every time: No exception, no excuses." This was underpinned by the values, which were safety, integrity, kindness and transparency. The registered manager discussed the values with the team during appraisal meetings. Staff told us, "Everything we do is embedded in our values."

The registered manager acknowledged staff worked hard. Staff could be nominated to receive a quarterly award for going the extra mile. Each manager had an allocation of chocolate and wine to reward staff and staff also received thank-you cards. The service had a 'feel good Friday email' and had several initiatives for ensuring staff well-being was recognised.

Staff demonstrably delivered care and treatment according to the provider's mission statement and values and were supported to contribute new ideas and ways of working.

Culture

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

Staff informed us there was a positive culture within the service. They felt respected, supported and valued. Staff told us they had opportunities for training and career development. The service had an open culture where staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the duty of candour requirements. Patients we spoke with were positive about the culture of the service and did not have any concerns to raise.

Staff felt they were able to raise concerns with staff if necessary. The service had a diverse team of staff, and staff we spoke with felt they worked in a fair and inclusive environment. There was a culture of learning and sharing from feedback.

Staff worked within and promoted a culture that placed patient care at the heart of the service and recognised the power of caring relationships between people. Dignity and respect were intrinsic elements of the culture and all staff we observed and spoke with clearly demonstrated this.

The provider was open to feedback provided by staff who worked in other organisations, this included information about doing things differently.

Governance

Leaders operated effective governance processes throughout the service. 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.

Refractive eye surgery

The service had effective levels of governance and management structures which interacted with each other. The service followed the SpaMedica corporate governance structure which sets out how the service organises their governance arrangements. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. Experienced managers were buddied with less experienced managers to share learning. The provider had developed their own version of a CQC audit tool, and this was completed monthly. The provider had also introduced peer reviews, so managers could travel to other locations and conduct assessment reviews. Any score below 95% meant an action plan was generated.

There was a medical advisory committee which met quarterly to discuss surgeon performance and surgery specific matters. We reviewed the last meeting minutes which were clear and comprehensive. The committee discussed actions from the previous meeting and their progress, consultant performance and concerns and clinical governance themes.

SpaMedica had numerous regular committees which the service fed into, these included: medicines management, clinical effectiveness and infection control and water safety. The committee structure was used to monitor performance and provide assurance of safe practice.

Managers cascaded relevant information from the clinical governance meeting to their teams through the monthly departmental team meeting.

The service fed into quarterly clinical governance committee meetings. The meetings included discussion of learning from incidents, policy updates and patient feedback. We reviewed the last two meeting minutes which were clear and comprehensive.

The service held a monthly team meeting for all staff. This was a formalised meeting to communicate operational updates and current performance to staff. Meeting minutes from the last three meetings were clear and comprehensive.

There was a daily safety huddle meeting which was attended by all staff. This meeting focused on daily updates of operational issues. This was followed by an additional theatre safety huddle to run through the list of patients and highlight risks or concerns. We saw this meeting on inspection and saw the meeting was carried out effectively.

All staff received clinical and business updates from the SpaMedica chief operating officer via email.

The service had effective processes and procedures to ensure they meet safe recruitment requirements as set out by Schedule 3 of Health and Social Care Act 2008 Regulations 2014.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The provider had assurance systems for the service. Managers monitored performance issues and there was a process to escalate concerns through clear structures and processes.

The service had comprehensive assurance systems to monitor safety performance. For example, the service had a systematic program of audits. Where the outcome of the audits was below expected performance, action plans were developed to drive improvement and the service was re-audited the following month to monitor improvement.

Refractive eye surgery

The service kept a risk register. Risks were mitigated and had clear dates for when they were reviewed. The main risks were around slipping, trips and falls, COVID-19, staffing and out of hours security. There were protocols in place to deal with these. Other risks included the service experiencing a power cut during surgery; the service had a back-up power supply to mitigate this. Infection risks and fire safety were also on the risk register. There was a policy for risk management and the service undertook various risk assessments. We saw risk assessments for fire safety, health and safety and infection control.

The service had business continuity plans for sudden staff sickness, lack of power, gas or water disruption.

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. Data or notifications were consistently submitted to external organisations as required.

The service had a holistic understanding of performance. This information brought together people's views of the service with information the service had on care quality and clinical outcomes. The service used this information to drive improvement. The service had clinical and operational key performance indicators which were reviewed by the board at SpaMedica for corporate oversight of performance.

The service submitted data to external bodies as required, such as the National Ophthalmology Database. This enabled the service to benchmark performance against other providers and national outcomes.

The service had a website, which assisted patients and visitors to familiarise themselves with the services offered and what to expect during their appointment or procedure.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards. Authorised staff had access to electronic patient records, which was restricted to individuals by their own login and passwords. Following discharge, paper records were scanned onto the electronic systems. All staff completed and were up-to-date with their general data protection regulation mandatory training.

The service had effective data or notifications arrangements to ensure they were consistently submitted to external organisations as required such as the Care Quality Commission.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

We observed staff actively engaging with patients about their care and treatment. Patients were given cards at the end of their treatment to provide feedback. Patients were also able to provide feedback through a contact form on the provider's website, by email or by telephone. The provider's website also shared information about how to make complaints, and links to the Parliamentary and Health Service Ombudsman if patients were not happy with the outcome of their complaints. At the time of the inspection, the service had one complaint which was opened by the provider as a result of a condition a patient had.

Refractive eye surgery

Staff told us they felt engaged in the day to day operations of the service and could influence changes. Minutes of meetings showed a range of topics were discussed, including weekly updates, updates from national organisations such as the Resus Council, training and policies.

The provider used social media and their website to share information such as glaucoma week and raise awareness of other conditions. A range of videos were shared on the website as resources to explain different conditions.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service had effective participation in, and learning from, internal and external reviews, including incidents and complaints. Staff continuously sought feedback from patients to improve services.

SpaMedica utilised point of care finger prick testing for level of blood clotting for patients who took warfarin. This reduces the burden on the NHS for patients to have this test before surgery.

The provider developed a surgical risk profiling tool, which was presented at the European Society of Cataract and Refractive Surgeon in 2019. This tool allowed staff to identify patients of higher risk of complications and put them on surgical lists led by experienced specialist Vitreo-retinal surgeons that were skilled and pre-prepared to deal with any complications, and where extra time was specifically allocated to deal with increased complexity. This benefited routine and complex patients because routine lists ran more smoothly without any delays due to patients with complicated needs, and patients with complex needs were given the time and resource they needed. Ultimately all patients benefited from tailored solutions for their needs.

The provider had four digital dry labs throughout England (and pop-up dry labs) that enable Ophthalmology trainees (free of charge) to learn and practice cataract surgery. The dry labs can also be used by SpaMedica surgeons to perfect techniques and practice using the provider's standard instruments.

The provider published a novel way of monitoring surgical outcomes and 'Patient Reported Outcome Measures', sometimes called 'PROMs'. These are questionnaires that ask patients about their health before and after an operation. They help to measure the results or outcome of the operation from the patient's point of view. This was presented at the Leaders in Healthcare conference.

SpaMedica grant practicing privileges to surgeons following a trial graded by a senior SpaMedica surgeon. A working group was putting in place a 'live' database of all surgeon's performances and practicing privileges to give immediate and real time information on performance to all registered managers. This will be concluded in November 2022.

The provider stopped using topical antibiotics after routine cataract surgery in 2018. This was presented at the European Society of Ophthalmology and American Academy of Ophthalmology meetings and published. Inappropriate use of topical antibiotics can lead to antibiotic resistance. The provider was shortlisted for a 'Public Health England Antibiotic Guardian' award for this work.

The provider published results of their work on social deprivation, late presentation of cataract and subsequent poorer results in the Lancet.