

CESP (Surrey)

Quality Report

CESP (Surrey)
 Epsom and St Helier NHS Trust
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 October 2017
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?

Good



Are services well-led?

Requires improvement



Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

CESP (Surrey) is operated by Consultant Eye Surgeons Partnership (Surrey) LLP. The partnership is composed of six ophthalmic specialists, who are employed by an NHS trust.

CESP provides elective ophthalmic surgery to around 300 private patients annually, using facilities at the trust's eye day care unit. Patients are generally referred by their optometrist and either fund their own treatment or pay through an insurer. These people have visual problems caused by the formation of cataracts, where the natural lens in the eye becomes cloudy. The service specialises in intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses, usually under local anaesthetic. Other treatments designed to improve vision after cataract surgery are also offered, including laser therapy.

Once accepted for surgery, patients are seen and managed using the same protocols, procedures and documentation as an NHS patient at the trust. They are treated at the end of an NHS operating list at a dedicated theatre inside the eye day case unit. CESP has a legal agreement with the trust, who provide all the facilities and staff required, as well as prescribed medicines and medical devices such as intra-ocular replacement lenses. Because the trust is a separate registered provider (inspected in May 2016), these aspects are not included in this report.

CESP offers their patients a choice of attending for assessment and follow up appointments at the day unit or premises owned by an independent hospital. This is done using practising privileges granted by the hospital, which operates an outpatient service based in Epsom. As they are another registered provider (inspected in December 2016), this activity is not reported here.

We inspected CESP using our comprehensive inspection methodology. We carried out the announced part of the inspection on 28th September 2017, along with an unannounced visit to the hospital on 12th October 2017.

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.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated this service as good overall because:

- The provider maintained service level agreements (SLAs) covering a full range of resources and after-hours cover that supported good treatment outcomes.
- CESP had developed sufficient controls to ensure patients received effective and safe treatment in consultation with the other registered providers. CESP participated in the National Ophthalmology Database (NOD) and used this information with other data to actively monitor safety and quality.
- CESP had a designated lead for safeguarding and all partners were trained appropriately to recognise and report suspected abuse in vulnerable adults or their relatives, including children.
- There were adequate numbers of suitably qualified, skilled and experienced doctors and staff to meet patients' needs. Partners were up to date with mandatory training and there were effective systems to ensure that the organisation had oversight of training, competency and validation. CESP used purpose-designed software, provided by a management consultancy, to calculate and show compliance with key safety and regulatory guidelines.
- There were arrangements to ensure people received adequate food and drink that met their needs and preferences.

Summary of findings

- Care was delivered in line with national guidance and the outcomes for patients were good when benchmarked. Patients were treated with compassion and their privacy and dignity were maintained. Patients could access care when they needed it.
- Robust arrangements for obtaining consent ensured legal requirements and national guidance were met.
- Patient records were complete, legible and up to date.
- A multidisciplinary approach was actively encouraged and we saw good examples of positive interaction between CESP and the host providers.

However, we also found the following issues that the service provider needs to improve:

- Safeguarding policies for adults and children must be reviewed to determine the correct training requirements for key staff and clarify shared safeguarding responsibilities between CESP and the host trust.
- CESP should review and amend its patient leaflets to include information on how to complain and how to obtain advice; in different languages.
- The provider should consider refining its vision and strategy to help it address risks to the organisation itself, such as succession planning and business sustainability.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service

Amanda Stanford
Deputy Chief Inspector of Hospitals

Overall summary

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through an insurer. These people have visual problems caused by the formation of cataracts, where the natural lens in the eye becomes cloudy. The service specialises in intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses, usually under local anaesthetic. Other treatments designed to improve vision after cataract surgery are also offered, including laser therapy.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Summary of each main service

Good



Elective intra-ocular surgery was the activity of the service.
Initial consultation and surgical follow-up appointments were provided either at the NHS eye day unit or, if the patient desired, a separate location owned by a private hospital. Consultations were provided as part of the assessment before and after ophthalmic surgery.
We rated this service as good because it was safe, effective, responsive to people's needs and caring. We rated well-led as requires improvement because some elements of governance and how risks to the organisation itself were managed needs more development.

Summary of findings

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Good 

CESP (Surrey)

Services we looked at

Surgery

Summary of this inspection

Background to CESP (Surrey)

Consultant Eye Surgeons Partnership (CESP) was established in 2007 and is a consultant-led partnership of ophthalmic specialists, all of whom are employed by an NHS trust based in Surrey.

A limited liability partnership (LLP) is a business arrangement commonly used in professional practice, in which each owner (partner) cannot be held legally responsible for another's misconduct or negligence. In 2012, the Office of Fair Trading asked the Competition Commission (now the Competition and Markets Authority or CMA) to look at the way privately-funded healthcare services were marketed in the UK. The CMA published its report in 2014 and made a number of recommendations and orders aimed at fair competition and better information for consumers.

These changes also affected the way NHS trusts offered services to private patients and in this instance, CESP consultants elected to continue undertaking additional private work as part of a formal partnership. CESP comprises six ophthalmic specialists, one of whom is a

non-practicing partner. The registered manager and nominated individual has been the partnership lead since 2012. This individual is also the NHS trust's lead clinician for ophthalmology.

CESP provides elective ophthalmic services to private patients aged 18 or over, who have been referred by their optometrist or self-refer with visual problems caused by the formation of cataracts. The consultants specialise in intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses, normally under anaesthetic eye drops. Other treatments designed to improve vision after cataract surgery are also offered, including laser therapy.

In addition to the service agreements with the trust and practising privileges granted by a nearby private hospital, the partnership has contracted with a medical business management company to coordinate patient bookings and the flow of records as well as control CESP records, files and policy documents.

Our inspection team

The inspection was led by a CQC inspector and supervised by an inspection manager.

The inspection process was overseen by Nick Mulholland, Head of Hospital Inspection for London and the South East.

How we carried out this inspection

During the inspection, we visited two hospital locations belonging to the NHS trust. We spoke with CESP consultants and contracted managers as well as trust employees including reception staff, registered nurses, doctors and senior managers. We spoke with five patients

(two by telephone, with permission), a relative and reviewed two sets of patient records. We also read 51 completed 'patient satisfaction survey' forms and four letters of appreciation.

Information about CESP (Surrey)

CESP (Surrey) LLP is registered with the CQC to provide the following regulated activities:

- Diagnostic and screening procedures

- Surgical procedures
- Treatment of disease, disorder or injury

Summary of this inspection

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service had last been inspected in April 2014, which found that the provider was meeting all standards of quality and safety it was inspected against.

Activity

- 330 day cases were performed during the reporting period (April 2016 to March 2017). All of these were funded through non-NHS means.
- All patients were aged 18 and over.

Track record on safety

In the same period (April 2016 to March 2017) there were:

- No never events or clinical incidents reported
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.difficile) or Escherichia coli (E-Coli)

- No complaints received.

Services provided to CESP under service level agreement:

- Out of hours or emergency ophthalmic cover
- Patient documentation and computerised record facilities
- Perioperative day clinic services for patients including interpreters
- Ophthalmic theatre services including staff, medicines and medical devices
- Pathology and histology
- Laser protection service
- Clinical (including sharps) and non-clinical waste removal
- Maintenance of facilities and medical equipment, including business continuity provisions.

In addition, CESP offered initial assessment and follow up appointments at premises owned by an independent hospital. This was done using practising privileges granted by the hospital.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good



We rated safe as good, because:

- The provider maintained service level agreements (SLAs) covering a full range of resources and after-hours cover that supported good treatment outcomes.
- CESP (Surrey) had developed sufficient controls to ensure patients received effective and safe treatment in conjunction with the other registered providers. CESP participated in the National Ophthalmology Database (NOD) and monitored safety and quality of the surgical output.
- CESP was a member-led service comprised of consultants on the GMC specialist register for ophthalmology. CESP ensured that partners were appropriately skilled and competent.
- CESP used purpose-designed computer software to calculate and show compliance with key safety and regulatory guidelines.
- There was a designated lead for safeguarding vulnerable adults and partners were appropriately trained to recognise and report suspected abuse.
- Partners demonstrated their understanding of the duty of candour and provided examples of its implementation.

However,

While there was a designated lead for safeguarding, the level of training for this individual did not fully meet CESP policy. We acknowledge that the host trust has systems in place to protect the safety of vulnerable adults and young people.

Are services effective?

Good



We rated effective as good, because:

- Treatment pathways mirrored the host trust and were undertaken in line with national standards and guidance.
- Procedures for obtaining informed consent were robust and complied with national guidance.

The provider contributed to the National Ophthalmic Database Audit (NOD) and results from this database indicated that CESP consultants performed better than the national average for this type of operation.

Summary of this inspection

Are services caring?

Good



We rated caring as good, because:

- Care was delivered in a respectful and compassionate manner, with patients receiving clear information about treatment options and outcomes. Patients were fully involved in discussions about their treatment.
- Relevant information about the treatment was clearly presented, including fixed fees for services. Patients confirmed they were given enough information at a level they could understand and were encouraged to ask any questions.

Privacy and dignity was maintained at all times. Patients and relatives said they felt safe and were always treated kindly by the consultants and staff. Patients did not differentiate between the standard of care they received at either the private or NHS facilities used by CESP.

Are services responsive?

Good



We rated responsive as good, because:

- The service was accessible and patients had a choice of surgeon, location and time to suit their commitments.
- Appointments were easy to book and there was no waiting list.
- Patients received clear and comprehensive information about treatment options and process based on their needs and questions. The clarity of information extended to the use of a simple 'fixed fee' scheme for billing patients.
- Interpreter services were available if patients did not speak English as their first language.

However,

- Information about how to complain at the various stage of the process were not sufficiently clear in the advice sheets we saw.
- Some patient information leaflets were not available in different languages.

Are services well-led?

Requires improvement



We rated well-led as requires improvement, because:

- The level of training for the designated safeguarding lead did not fully meet CESP policy and it was less clear how much reliance was placed on the safeguarding arrangements provided by the host trust.
- Apart from business objectives and a focus on choice, quality and safety, there was no formal vision or strategy for the organisation itself.

Summary of this inspection

- In particular, sustainability was dependent on the host organisations and we were unable to determine if robust procedures existed to cover key issues such as succession planning and business continuity.

However,

- The partnership was led by and consisted of consultant ophthalmic surgeons. CESP benefited from their shared values and behaviours which were related to their employment at the same trust.
- Despite the small size of the partnership and patient numbers, we found a clear commitment to quality of care and patient safety. The group innovated in the way it worked with other providers; outsourced business management and took advantage of technology in terms of the software used to demonstrate compliance as well as store key documents, policies and audit reports.
- Patient feedback was encouraged and used to improve the service.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are surgery services safe?

Good 

We rated safe as **good**.

Incidents

- Any patient safety incidents or those involving facilities, equipment or staff provided by the NHS hospital were reported on the trust's electronic incident system. The registered manager (RM) and local staff demonstrated the ease of access to the system via the hospital intranet. Those we spoke to confirmed they had received training and felt confident about using the software.
- We saw copies of completed CESP 'quarterly incident reports' where each partner signed to confirm that key safety performance aspects during the patient journey had been reported, such as unplanned returns to theatre and clinical incidents as well as any concerns about cleanliness (infection control), medicines management, premises or equipment.
- NHS managers explained that CESP patients, while documented and processed in exactly the same way as any other service user, had an 'identifier' code in their hospital file number that was recognised by the computer system. This meant that any incident involving CESP patients could be easily identified and then tracked as it progressed through the incident process.

- In the period (April 2016 to March 2017) there were no clinical incidents or non-clinical incidents reported. We saw meeting notes between the trust and CESP that showed safety performance was a standing item on the quarterly CESP Medical Advisory Committee (MAC).
- Managers explained that learning from incidents was shared across the hospital through email alerts, announcements on the trust intranet and at team meetings. CESP partners had access to these resources in addition to their MAC meetings. Opportunities for learning from incidents were also facilitated through communication between specialists and existing quality and professional links at the trust. CESP and NHS staff we spoke to said this was a positive feature and cited it as strength of the formal arrangement between both providers.
- We saw an example of how CESP learned from incidents that occurred in the trust and elsewhere. We noted the surgical checklist in use by the trust had been adopted by CESP. This was a modified version of an internationally recognised standard and it had been co-authored by the CESP registered manager in his capacity as the lead clinician for ophthalmology at the trust.
- The service had reported no 'never events' in the year prior to our inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Application of duty of candour

Surgery

- The duty of candour (DoC) is a regulatory duty about openness and transparency that requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide reasonable support to that person.
- We saw that CESP had a current policy that included DoC. This meant partners and staff had clear guidance to follow in cases where this obligation applied and the staff we spoke to were able to describe the process and obligation. There had been no notifiable safety incidents that met the requirements of the duty of candour regulation in the year prior to our inspection.
- Staff explained that the electronic reporting system used by the NHS trust and private hospital would not allow an incident to be 'closed' until the 'DoC' section of the report was completed. The system automatically generated prompt and reminder emails to senior managers within the surgical division and quality assurance, which gave both the partnership and trust extra assurance that DoC was being followed in a timely way by the managers dealing with the incident report.
- We saw the SLA contract between CESP and NHS Trust which was last reviewed in 2013. The trust undertook to ensure that hospital facilities, consumables and equipment provided complied with all relevant legislation, regulations and "good medical practice".
- The facilities we saw supported the safe delivery of care. Clinical areas and ophthalmic examination rooms were visibly clean, well-lit, air-conditioned where required and supplied with sufficient equipment and furnishings for their role. We saw that intraocular surgery was performed within a standard ophthalmic operating theatre environment with air handling and other facilities provided to suit its purpose.
- We observed the consultant and operating team follow Royal College of Ophthalmology and NICE guidelines in regard to sterile and single use equipment, personal protective items and surgical site asepsis.
- Decontamination of reusable medical devices was provided through the SLA with the trust.
- As part of the contract with the trust, CESP obtained and reviewed copies of monthly hand hygiene and infection prevention and control audits, which demonstrated that staff followed the correct technique for handwashing and other key aspect such as safe disposal of clinical waste and not wearing long sleeves when undertaking procedures in the day unit. Managers stated that this information, along with the partner feedback forms, was brought to the quarterly partners meeting and CESP medical advisory committee (MAC).

Clinical Quality Dashboard or equivalent

- CESP had access to the NHS trust's clinical dashboards and audit reports, which had been identified in the service level agreement (SLA) between the two organisations. We saw the agreed list and we saw examples of the documents saved on the CESP database, such as infection control and patient record audits.
- We saw contractual terms in the SLA that specified sharing information monthly and an obligation on parties to "address promptly and respond in relation to any issue", which reinforced the rights and responsibilities of both organisations in terms of sharing information and concerns. According to managers we spoke with, this relationship "worked very well" and there were "no concerns".
- This indicated that CESP actively monitored safety and quality in both their own work and that of the host trust.

Cleanliness, infection control and hygiene

- There had been no reported healthcare associated infections for this location in the 12 months prior to our inspection.

Environment and equipment

- Clinical activities were undertaken in the eye day case unit at the NHS hospital. CESP patients had access to the same facilities as other hospital visitors, such as lifts for the less mobile, waiting and treatment rooms, car parking, shop and cafeteria. While these environmental aspects are out of the scope of this report, we saw nothing of concern.
- The RM stated that he and his colleagues were satisfied with the environment and equipment provided. He liked to use the eye day unit because of familiarity with the facilities and processes in addition to the back-up resources available should any unexpected incident occur.
- We noted a laser facility was also made available for post-surgical eyesight correction. Staff explained that the unit had a named laser protection supervisor (LPS),

Surgery

who retained overall responsibility for the safety and security of the device. As this was provided by the trust under the existing service level agreement, we did not inspect the facility.

- We did not visit the private hospital providing outpatient facilities to the LLP, although we saw CESP management reports showing that partners were satisfied with the environment and equipment made available.

Medicines

- CESP had a service level agreement with the trust for the provision of medicines and medical devices. This included eye drops dispensed to patients on discharge.
- During our visit to the day unit, we observed processes being followed that were consistent with good practice. We saw that the patient records contained information on current medicines, allergy status and medical histories to help the consultant prescribe new medicines safely.
- We observed unit and theatre staff consistently checking patient identification and allergy status before administering the eye drops to prepare the patient for surgery. This indicated that good practice was followed by all staff involved in the procedure.
- Patients received medicines to take home following surgery which were prescribed by the consultant. CESP had produced advice sheets which were tailored to each surgeon. In addition to containing aftercare advice about the procedure itself, these sheets gave clear instructions about how and when to use the eye drops supplied.
- We also saw the partnership using a general advice booklet showing pictures of correct technique and explaining about eye drop 'dispensing aids' that could be obtained from a specialist retailer if required. CESP staff explained that this booklet was sent to anyone identified as needing additional assistance or support, such as people living with conditions that affected their dexterity. We saw the surgeon reinforce this advice on two separate occasions and the patients we spoke to said they had a clear understanding of the information they had received.

Records

- Each patient had electronic and paper records. An electronic file was created by the management company at the time of initial referral. This was augmented by a clinical file prepared by a medical

secretary ready for the initial consultation. This consultation included measurement and assessment of the eye (biometry) to help determine suitability for lens implantation and the type of lens to use. If the patient chose to undertake surgery at the private hospital the clinical file was retained on site in line with the practising privileges agreement.

- For those having surgery at the NHS trust, a new clinical file and electronic record were created by the hospital ready for admission. We were told that the management company and medical secretaries coordinated this with hospital administrators and staff we spoke to said it "worked well". The surgeon brought a copy of the patient file from the initial consultation which included key documents such as the assessment notes and completed consent.
- After the procedure was finished we saw an operative summary printed in theatre and affixed with tracking labels from the intraocular implant used.
- We reviewed two sets of patient records and saw that these contained details of the patient's medical history, previous medicines, consultation notes, treatment plans and follow-up notes. We also saw consent for the procedure and consent to contact the patient's own GP was included.
- This indicated that CESP had effective procedures in place to record the information required to keep the patient safe and assure suitability for surgery. Managers explained that the patient file documents were later scanned for archival in line with trust policy.
- CESP was registered with the information commissioners' office (ICO) and followed the guidelines. All records containing patient information were stored securely and electronic records were password protected. We also saw evidence that the partnership audited a sample of notes annually, which showed 100% compliance with selected indicators.

Safeguarding

- CESP had 'in date' policies for safeguarding vulnerable adults and child protection, although the service did not treat patients under the age of 18 years. This followed good practice outlined in the 'Care Act statutory guidance: 2016 edition'.

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- We saw documents showing partners had completed safeguarding training for adults and children and the theatre staff we spoke to were alert to any potential issues that might arise. All could describe how to report any concerns.
- The partners relied on their trust safeguarding training, which was delivered to level one (adults) and level two (children) as part of the annual mandatory training programme.
- In addition to trust arrangements, the registered manager acted as the safeguarding lead for CESP. He was trained to level two (adults and children) by the trust, which met the minimum standard for NHS clinicians under 'Safeguarding Adults: Roles and competences for healthcare workers – intercollegiate document, second edition: August 2016'.
- This same guidance recommends that individuals acting as adult safeguarding leads are trained to level three standards. The CESP's own safeguarding policy for children states that "Clinical staff should receive and hold child protection training at level three and update this annually". The adult document did not contain a reference to training or competency levels, which contributed to a lack of clarity about the subject. Based on this, CESP had not followed their own policy.
- When we asked for further information, it became apparent that some confusion remained about the correct level of training and there was an over-reliance on facilities provided by the trust. We acknowledge that trust arrangements provided sufficient protection to vulnerable service users and staff were very clear on how to act should they identify any concerns.

Mandatory training

- CESP did not have a separate mandatory training policy but responsibilities relating to mandatory training were included in their 'Health and Safety Policy and Statement'. The partnership had obtained agreement with the NHS trust to utilise their electronic training and monitoring service.
- We saw current records of each partner's statutory and mandatory training status, which had been shared by the trust and stored on the CESP database. Topics recorded for each consultant on the 'medical staff - surgery' database were blood transfusion, conflict resolution, duty of candour, clinical supervision, equality and diversity, fire, health and safety, infection control, information governance, resuscitation,

safeguarding adults (awareness), safeguarding children (level 2), trainees in difficulty and workplace based assessment. Some topics were marked 'e-learning' while others required attendance at lecture sessions.

- Managers explained that the trust's learning management system automatically sent reminders to each consultant and their line manager when a topic fell due. In addition, CESP used this information to maintain a training file stored on internet accessible software. This meant the RM or any fellow consultants could conveniently access the information from any computer at home or their office with an internet connection. Likewise, the trust's e-learning packages could be accessed after hours and away from the hospital. This gave all staff the ability to complete training at a time and place to better suit their work and personal commitments
- Completion rates for statutory and mandatory training were 100% for four of the five active partners. One consultant needed to complete DoC and information governance training. Routine auditing continued throughout the year and in combination with trust procedures demonstrated staff training was monitored to ensure all partners were up to date with their training requirements.
- We saw that all relevant staff were trained in basic life support (BLS) and the registered manager had also qualified in immediate life support (ILS). CESP rarely provided surgery under sedation and if this was the case the provider arranged for the patient to be added to a theatre list when an anaesthetist was made available. This meant that CESP consultants were not required to undertake advanced life support training.

Assessing and responding to patient risk

- 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.
- Patients were accepted for treatment if they fulfilled suitability guidelines related to age, health status, medicines and optical suitability. The surgeon performing the procedure always completed the pre-operative assessment with the patient. Suitability criteria for acceptance included mental illness and patients who presented with psychological problems were referred back into the NHS system for a specialist

Surgery

assessment. Patients taking anticoagulant therapy who were asked to arrange a clotting test on the morning of surgery. Patients with high blood pressure were referred to their GP for further treatment before surgery was agreed.

- Once the patient arrived at the day unit, we saw pre-operative assessments completed by staff such as a general health check, blood pressure and heart rate and a prescription check undertaken to ensure patients were still suitable to proceed.
- In theatre, we saw the patient being asked for their full name and date of birth. This was cross-checked with their identity band checked and details entered into the register. As the list we observed only had one case on the list and no anaesthetist required, the surgeon conducted a team brief before the patient arrived.
- The service used the World Health Organisations Surgical Safety Checklist, a tool for clinicians to improve the safety of surgery by reducing deaths and complications. CESP (Surrey) used the same eye surgery safety checklist as the NHS trust. We observed the three parts of the checklist conducted at the appropriate stages of the procedure and saw the surgeon and nurse sign the declarations on the form. This was placed in the patient file at the end of the procedure.
- During the procedure we saw the patient's condition was continuously monitored. The consultant maintained an ongoing dialogue with the patient to help assess responsiveness and comfort. At the start of the procedure we observed the theatre nurse attaching a pulse oximetry probe to the patient's finger. A continuous readout was displayed on screens visible to all the theatre team. The monitor had audio-visual alarms that automatically sounded if the readings obtained departed from normal limits. The trust ensured an anaesthetist was available in the hospital for further management if necessary. This indicated that CESP followed Royal College guidelines for the use of local anaesthesia.
- We noted good communications between all members of the team and their calm attention to detail indicated that consultant and his colleagues followed best practice to help reduce the risk of error and allowed the sharing of information to enable a safe and smooth running of the surgical list.
- After the procedure, the patient remained in the day unit until they were seen again by the consultant and felt well enough to go home. The surgeon used the

opportunity to remind the patient and their relative about aftercare and their next appointment. He also reminded the patient about his contact details and an 'on-call' number, should the patient experience concerns about their eye. As the surgery did not involve general anaesthesia or sedation, patients did not require any observations post operatively.

- CESP provided for unexpected return to theatre and out of hours cover through the service level agreement with the NHS trust.

Nursing and medical staffing

- Clinical and support staff were provided to CESP under service level agreements with the NHS trust or private hospital. Managers told us that NHS staff were paid a fixed fee for each case they attended and eye unit staff we spoke to commented in favourable terms about the incentive provided to support the additional patients.
- We saw sufficient staff on duty when we inspected and we noted that staffing numbers and skill mix complied with the Royal College of Ophthalmology guidance.
- The medical service itself was consultant-led and comprised of five active partners, all of whom were on the GMC specialist register for ophthalmology. The RM explained that consultant absences due to sickness or holidays were easily covered and managers stated the partners were used to working in this way through their NHS employment.
- A total of 11 ophthalmologists worked at the trust and the CESP partners were part of the rota to provide on-call treatment and care over a 24 hour period. The RM explained that these arrangements were extended, by arrangement with the trust, to any CESP patients who needed assistance following surgery.

Emergency awareness and training

- Managers stated that the business model adopted by CESP resulted in enough flexibility to be able to respond effectively to major incidents. For instance, the electronic filing system maintained by the management service was web-based. Scanned files and saved documents could be recovered (restored) from remote servers should the need arise.
- If a problem arose with the theatre facilities, existing agreements with the NHS and the private hospital meant that theatre lists could be switched from one location to another.

Surgery

- Partners had received fire safety training as part of the annual mandatory training program as well as other incident related topics such as basic life support.
- During our inspection the fire alarm sounded. We observed staff in the theatre suite respond rapidly and appropriately in the moments before it was declared as a false alarm. This helped provide assurance that the trust supported CESP effectively by having policies and procedures in place to keep patients safe.

Are surgery services effective?

Good 

We rated effective as good.

Evidence-based care and treatment

- We saw that patients had their needs assessed and their care planned and delivered in line with evidence-based national guidance and standards.
- The partnership followed the same protocols set out by the NHS trust for patients, such as the standards for invasive procedures (NatSSIPs) and WHO checklists. The partners met formally as a medical advisory committee (MAC) to review and adopt these and we saw records of this saved on the CESP database. Consultant partners also attended trust departmental meetings as part of their substantive role within the NHS. However, it was less clear that issues discussed within these meetings were also brought to the CESP MAC meetings.
- Pre-operative assessment 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 briefly reviewing these discussions with the patient on the day of our inspection.
- Treatment data was collected automatically at various stages of the process, which was computerised for accuracy and optimum outcome. For example, electronic measurements of the eye (biometry) were taken pre-operatively and an auto-refractor machine was used post operatively to confirm the prescription of the patient following surgery. This information was automatically uploaded onto the national ophthalmic database and saved ready to assist the surgeon and patient evaluate the outcome at the follow-up appointment.
- Complications listed in the database included bruising, posterior rupture, endophthalmitis and dropped nucleus. We were not provided with combined figures for the partnership. However, we checked individual data from the NHS Choices website and noted the posterior rupture rates for CESP (Surrey) surgeons was 1.1%, which was better than the national benchmark of 1.9%.

Pain relief

- Patients undergoing ophthalmic surgery were treated under local anaesthetic. Anaesthetic eye drops were administered prior to treatment to ensure patients did not experience pain or discomfort. This enabled patients to remain fully conscious and responsive.
- We observed the surgeon and theatre nurse monitor the patient for signs of pain throughout the operation and ask if they were comfortable during treatment.
- Patients told us they did not feel pain during their procedure and they felt informed regarding the best way to manage any post-operative discomfort. We saw this advice was reinforced in the aftercare sheets given to the patient on discharge.
- We did not find any evidence of audits to assess the effectiveness of pain relief.

Nutrition and hydration

- We saw tea or coffee being offered to patients and their relatives both before and after the procedure.
- We noted vending machines sited in the day unit, which meant that patients and visitors had facilities conveniently available when the hospital restaurant was closed.

Patient outcomes

- CESP participated in the National Ophthalmology Database (NOD). This data is used to benchmark all consultant ophthalmologists in England and Wales and is published on websites operated by NHS Choices and Your NHS.

Surgery

- CESP monitored the number of patients that required readmission following surgery to help review the effectiveness and safety of procedures. In the reporting period (April 2016 to March 2017), there were no readmissions to surgery within 28 days.
- The RM demonstrated entering details of the operation into a software system called the 'electronic cataract care record'. This data was automatically uploaded for review and collation by The Royal College of Ophthalmologists (RCOphth), who have been commissioned to manage the National Ophthalmology Database (NOD) on behalf of NHS England.
- The manager explained that the data was used for research and benchmarking purposes and detailed the result obtained by every ophthalmology surgeon undertaking this procedure. It meant the surgeon could review their own practice and use the data for appraisal purposes. In addition, the data was also published on websites operated by NHS Choices and Your NHS.
- CESP (Surrey) benefitted from the automated software system used by the trust to compare and contribute to the national ophthalmic database. This meant that treatment outcomes were measured and individual success rates were published by agencies such as NHS Choices. We noted that complication rates were lower than the national average.
- CESP used patient survey forms to help measure patient satisfaction with the outcomes. Managers stated this was collated and analysed, although we did not see this document.

Competent staff

- Theatre and clinic staff were all employed by the NHS trust and subject to their selection, supervision and training processes.
- The partnership was restricted to ophthalmic consultants holding an NHS contract with the trust, which helped provide assurance that the partners were competent for their roles.
- All partners had received a recent appraisal, which indicated the trust was actively involved in performance management and development. We saw examples of CESP audits and checklists that indicated the CESP medical advisory committee monitored the way the trust managed competence and training compliance.
- We saw data provided by CESP that showed the status of individual medical indemnity insurance was recorded and monitored. These were 'in date'.

Multidisciplinary working

- We saw good team working between CESP members and other healthcare staff in the day unit and operating theatre.
- NHS senior managers and administrative staff were complimentary about the CESP and the way they worked with the hospital.
- We learned of other examples of care being delivered in a coordinated way and CESP working with other agencies. A patient told us that the CESP has been recommended by their optometrist and we saw examples of discharge letters to local GPs. We were also told that the electronic cataract care record was available to local NHS GPs.

Access to information

- The registered manager (RM) stated that that notes were always readily available. Patient records were held electronically and in paper form. We were told the trust scanned these for archival at a later stage. We saw staff accessing patients' electronic records from terminals in the day unit and theatre.
- Permission was also obtained from patients at the consultation stage, to enable CESP to contact their GP if required and we saw details being entered into the trust's electronic cataract care record.
- Through the SLA with the trust, CESP had access to the appropriate systems to allow them to access information such as pathology or imaging services.
- In addition, CESP employed purpose-designed software that used clear visual indicators to calculate and show compliance with safety and regulatory guidelines. This was provided by the management consultancy and we saw meeting notes showing these items were discussed at CESP medical advisory committee meetings.

Equality and human rights

- While the CESP did not have a formal equality and diversity policy, we saw that all consultants had completed their annual trust equality and diversity training.
- The service relied on the NHS trust to provide support for people with protected characteristics as defined under the Equality Act 2010.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Surgery

- CESP followed the trust policy for consent to examination and treatment, which set out the standards and procedures for obtaining consent from patients prior to examination or treatment.
- Consent was obtained by the surgeon performing the treatment at initial consultation and again prior to the procedure. Written and verbal information was given to the patient, along with an opportunity to clarify any questions, in order to ensure the consent was as informed.
- We saw that consent was ongoing throughout the patients' journey, which was undertaken under local anaesthesia (eye drops). For example, when theatre draping was applied or the patient's eye washed, this was explained and patient comfort checked.
- Patient's capacity to consent to treatment was taken into account. 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 or, as the result of a best interest decision, refer them for treatment into the NHS.
- We saw that all consultants had undertaken their annual refresher training about the application of the Mental Capacity Act.
- We also saw that patients were asked for consent to communicate with their GP and again we saw evidence of this in the patient's record.
- All day unit staff wore name badges and along with the theatre staff introduced themselves to the patient and relative. We saw that patient privacy and dignity was maintained at all times. For example, the pre-operative consultation took place in private rooms with the doors closed and we saw staff knocking before entering consultation and change rooms.
- Our observations were supported by verbal feedback from the patients we spoke to and the consistently good comments contained in the letters of appreciation and patient survey forms supplied to us by CESP. Patients and relatives we spoke to said they felt safe and were always treated kindly and respectfully by the consultants and staff. Patients did not differentiate between the standard of care they received at either the private or NHS facilities used by the partnership.
- Relevant information about the treatment was clearly presented in the advice sheets we saw and this included the costs of the treatment, which comprised a fixed fee for the consultations, surgery and medicines. Biometry was charged as an extra and this was transparently presented.

Understanding and involvement of patients and those close to them

- Throughout our inspection we observed staff interacting with patients before, during and after their treatment. Consultants and staff checked the patient's understanding of the information they were given at each stage and were encouraged to ring the medical secretary to arrange a further discussion should they have any further questions or concerns. We noticed the patient's relative was fully engaged by the consultant during the explanation and was also given the opportunity to ask any questions.
- We saw the consultant using an advice sheet to help explain aspects of the aftercare. Patients confirmed they were given enough information at a level they could understand and were encouraged to ask any questions.

Emotional support

- Staff provided emotional support to patients to minimise their distress. Our observations were supported by the patient comment cards and letters of appreciation we were shown.

Are surgery services caring?

Good 

We rated caring as good.

Compassionate care

- We saw excellent examples of consultants and staff treating patients with kindness, compassion, courtesy and respect.
- The surgeon took time to interact with the patient and relative in a considerate manner and during surgery, maintained a reassuring dialogue with a patient. Each step was clearly explained and key aspects of the aftercare reinforced both before the procedure, at the end and again on departure. This good practice complied with the Royal College of Ophthalmology professional standards for refractive surgery.

Are surgery services responsive?

Surgery

Good 

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- The service specialised in intra-ocular surgery to remove cataracts and replace them with implanted plastic lenses, under topical anaesthesia. Other treatments designed to improve vision after cataract surgery was also offered, including laser therapy, which reshapes the surface of the eye.
- CESP (Surrey) did not provide an emergency eye surgery service. They provided elective and pre-planned procedures to people who wished to pay to choose the time of the operation and the surgeon performing the treatment. The partnership offered patients a choice of consultation appointments offered during the day and on evenings. Managers stated the consultants could see patients “very quickly”.
- We noted the surgeon used patient advice leaflets produced by a pharmaceutical company and the international glaucoma association. This information was printed in English and managers stated that if need be translation services could be accessed through the service level agreement with the trust.
- A fixed fee was clearly advertised and patients could choose one of the two locations offered for the surgery.
- Treatments were delivered in pleasant and appropriate premises provided by the NHS trust, with suitable facilities for patients, staff and people living with reduced mobility or vision. Drinks facilities, magazines and information leaflets were available in the day unit waiting area.

Access and flow

- CESP provided elective ophthalmic services to 330 patients during the reporting period (April 2016 to March 2017). All of these were funded through non-NHS means. Patients self-referred generally via their optometrist and either funded their own treatment or paid through an insurer.

- CESP offered a patients a choice of locations for their initial appointment with their consultant. Measurements of the eye (biometry) were taken at this stage to determine the strength of the implant to be used.
- Should the patient prefer to see their consultant at a private facility in Epsom, these were available through the use of existing practicing privileges with the hospital. If the patient chose the trust hospital as a preferred location for initial consultation, appointments were available at the eye day care unit.
- Once accepted for surgery, patients were seen and managed using the same protocols, procedures and documentation as the NHS trust or private hospital they attended. Patients who elected to attend the eye day case unit at the trust hospital were scheduled at the end of the NHS theatre list.
- As a pre-planned elective service, the partnership was able to control the numbers of patients they could accommodate in each list.
- Initial consultation appointments and admissions to the day unit were managed by the business management firm and coordinated through each partner’s medical secretary.
- Managers stated that there was no waiting list for surgery and waiting time were not applicable, as appointments were elective and mutually agreed around the theatre sessions. These meant patients did not have to wait for their treatment and could arrange a time around their commitments.
- In the year prior to our inspection, the service had not cancelled any surgery procedures for non-clinical reasons.

Meeting people’s individual needs

- We spoke with the patient and relative after the surgeon had departed. They felt confident they could manage the aftercare and commented favourably on the amount and level of information they had received, including an advice leaflet to take home that included the contact details of the surgeon and medical secretary. They recounted the advice given by the surgeon about the after-hours eye service at the NHS hospital, and felt able to access this in the event of any complication. We saw that 24 hour care was available at the hospital and noted that access to after-hours specialist eye services was a feature included in the SLA between CESP and the trust.

Surgery

- CESP staff gave examples that emphasised the individually tailored approach and flexibility offered by the CESP, which was supported by letters of appreciation and patient feedback.
- Using the trust and hospital facilities meant the service also offered reasonable adjustments for people with limited vision, wheelchair users and people with restricted mobility. We noted the availability of disabled parking spaces and other features such as corridors wide enough to accommodate a wheelchair and accessible toilets for patients and visitors who required this facility.
- We saw that the service did not treat patients with complex health and social needs or learning disabilities. These people were referred into the NHS.
- Interpreting services were available for patients who required this service and staff we spoke with explained how it could be accessed at the trust. In addition to CESP's own literature, we saw a range of patient information leaflets on display in the waiting area. These explained the various conditions and we saw a small selection in languages other than English.
- Restaurant and shopping facilities were available within the hospital complex.

Learning from complaints and concerns

- There had been no complaints received by the provider in the reporting period (April 2016 to March 2017). We were shown a copy of the partnership's complaint policy and procedure. It was due for review in July 2017. The policy detailed how complaints would be dealt with and the responsibilities of those involved and investigating.
- We did not see this information included in the patient letters or leaflets, which meant the patient might complain to the trust or hospital in error. CESP consultants and NHS staff readily described the process for raising a complaint of concern relating to the trust facilities or staff, but were less clear about the scenario of an incident or complaint involving a partner individually.
- The registered manager told us that any complaints made to the NHS trust or private hospital would be highlighted as attributable to the organisation by the managers involved and passed on to the service. The registered manager explained they would lead an investigation into the complaint, a formal written response would be made and if required a meeting set up with the complainant.

- We saw evidence that complaints were a standing agenda item at the CESP medical advisory committee (MAC) meeting. However, as no complaints had been received by the provider we were unable to see evidence of any discussion about complaints and any learning or action taken as a result.
- CESP Managers said that the partnership asked all patients to complete a short survey to help to gauge their satisfaction with the service they received. The consultancy then phoned any patient to discuss any adverse comments or suggestions for improvement.

Are surgery services well-led?

Requires improvement 

We rated well-led as requires improvement.

Vision and strategy

- CESP (Surrey) offered a single specialty service which involved limited procedures conducted by highly qualified individuals. The partnership was led by and consisted of consultant ophthalmic surgeons, who were already employed by the trust that hosted CESP. Their shared values and behaviours were primarily related to their NHS work and professional membership.
- While we saw evidence of business objectives and a commitment to choice, quality and safety, there was no formal vision or strategy for the organisation.

Governance, risk management and quality measurement

- The partnership used commercial software to view and manage audit reports, including a flagging system that used colours (green, amber and red) to indicate if the audit topic was overdue. This helped the partners identify and prioritise auditing tasks. Policy documents were 'controlled' with details of date produced version number and author. The documents were stored electronically and the controls helped staff to ensure the information and guidance they were reading was current.
- The registered manager (RM) acted as the lead clinician for both CESP and the trust. In this capacity he attended ophthalmology governance meetings at the trust and brought any issues which had arisen to the CESP medical advisory committee (MAC).

Surgery

- We saw the minutes from three meetings dated November 2016, April and August 2017, which contained brief comments about trust governance meetings and business risks. We also saw a copy of the trust ophthalmic risk register, which had been stored on the CESP management database.
- Risks identified by the partnership included a reliance on space and availability of facilities at the host hospitals and gaining information from the host hospitals to help provide assurance that aspects such as infection protection and control (IPC) were compliant.
- The trust also warranted that all items would be fit for purpose, in good working order and free from defects. In addition, the trust warranted that trust staff would possess relevant professional qualifications and skills applicable to a “reputable provider of Medical Care”.
- However, it remained unclear what was done to manage these risks within the CESP. For example, we could not see any evidence of contingency plans should the level of support provided by the host hospitals change.

Leadership and culture of service

- Partners and staff were positive about the facts that CESP was a small team of consultants, all of whom have current NHS contracts and had elected a leader from their own group. The current chair of the partnership was also the clinical lead for the trust and this was seen by other managers as a strength in terms of leadership experience.
- The partnership was registered with the information commissioners’ office (ICO) and followed guidelines about document security. They also had named leads for clinical governance, speaking up and auditing. This indicated the organisation was actively focussed on this aspect of regulatory compliance.
- The partners had invested in a management and invoicing service who worked with their medical secretary team as well as the nursing and management teams within the hospitals.

- The management service provided and maintained an electronic record of key documents including policies, training and patient records and audit reports. In addition the management company coordinated patient bookings and flow through the stages of the treatments.

Public and staff engagement

- The partnership did not have a website. While we saw meeting notes where this concept was rejected, it means that information about the service was less available to members of the public.
- We saw that patient feedback was obtained from patients following their treatments. The feedback we read was overwhelmingly positive with patients recommending the service and describing good results.
- The registered manager told us the partnership did not undertake ‘staff surveys’. As a small group of colleagues, he believed they had effective ongoing communication and felt well engaged within their team.

Innovation improvement and sustainability

- Despite the small size of the partnership and patient numbers, we found a clear commitment to quality of care and patient safety. CESP innovated in the way it worked with the other providers; outsourced business management and took advantage of technology in terms of the software used to store key documents, policies and audit reports.
- Through the management consultancy, CESP employed purpose-designed software that used clear visual indicators to calculate and show compliance with safety and regulatory guidelines.
- As a peer-led group, succession planning and sustainability were depended on the individual partners and their access to hosted facilities.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- CESP must consider refining its vision and strategy to help it address risks to the organisation itself, such as succession planning and business sustainability.
- The safeguarding policy must be reviewed to address training requirements for key staff and clarify shared responsibilities between CESP and the host trust.

Action the provider **SHOULD** take to improve

- CESP should review and amend its patient leaflets to include information on how to complain and how to obtain advice in different languages.