



The Royal College of Ophthalmologists

National Ophthalmology Database (NOD) Audit

noa.project@rcophth.ac.uk

www.nodaudit.org.uk

Team members:

Professor John Sparrow - Project Clinical Lead

Ms Kathy Evans - Project Executive Lead

Ms Beth Barnes - Project Manager

Ms Martina Olaitan - Project Support Officer

Mr Paul Donachie - Medical Statistician

The NCAPOP project journey so far

- Data collection undertaken as part of routine clinical care using Electronic Medical Record (EMR) systems avoids duplicate data entry.
- EMR data are rich and the audit becomes a 'by product' of routine clinical activity.
- Surgical benchmarks and risk adjustment models were developed to provide clinical context and give credit for case complexity.
- Outcomes of the audit are presented back to centres and contributing surgeons in the form of funnel plots and risk adjusted adverse event rates.
- The ability of centres and surgeons to see their results in the context of their peers allows those whose results are less good than they would like to take action to improve the quality of their services.
- A risk calculator based on the risk adjustment model has been provided to surgeons to allow them to identify high risk cases with a view to taking additional precautions for high risk cases and for more precise consenting of patients.

All Teach, All Learn

- **Communicating quality improvements**
 - Use of infographics to share audit findings: People find it easier to understand information when presented in a visual manner.
 - Engaging with clinicians at every opportunity: organising QI workshops, presentation at regional teachings, seminars and congresses.
- **Making impactful recommendations**
 - Writing recommendations for each category of our audience
 - Ensure that plain English is used when writing the recommendations

Insights from work

- Use plain English to communicate report findings
- Listen to concerns and use every opportunity to clarify how the audit works
- Engage with surgeons at every opportunity – through clinical audit workshops, presentations at Seminars, Congresses and site visits.



NOD Audit QI workshop

Advice to peers

- Develop a summary document with infographics to help the lay audience understand your report.
- Ensure your recommendations are tailored to each category of your audience e.g. patient, carers, care providers etc.
- Surgeons require a high level of detail in order for them to understand and accept the audit outcomes as being valid. This requires detailed information on the audit website as well as 1:1 communications to allay concerns as necessary.

We are keen to learn:

We would like to know what has had the most impact in terms of communicating quality improvements and recommendations and how they have achieved this?

Sharing effective and impactful ways of presenting data/recommendations

Recommendations for Patients



- Information should be made easily accessible to the general public
 - Patients, carers and those with an interest in cataract surgery are encouraged to access and view data regarding their local services. Information about the quality of cataract surgery can be viewed online on the National Ophthalmology Audit Database website (www.nodaudit.org.uk) and the HQIP website (www.hqip.org.uk). In addition, data can be accessed on the NHS Choices website (www.nhs.uk/pages/home.aspx), Care Quality Commission website (www.cqc.org.uk) and <https://data.gov.uk/>
 - Patients should ensure they discuss and understand the risks and outcomes of any eye surgery with their consultant

Recommendations for the Regulator



- When inspecting NHS organisations, national audit commissioning, participation and performance should be routinely requested from commissioners and providers of cataract care
 - Regulators should expect participation in national audits with audit results made available to them when inspecting NHS organisations
- All providers of care should be expected to be in a position to provide quality assurance regardless of whether they are traditional NHS centres or independent providers

Recommendations for Commissioners



- Commissioners should be familiar with the quality of services which they are commissioning on behalf of the populations they serve.
 - Commissioners are encouraged to view the performance of all providers of the care which they purchase in regard to outcomes and data completeness
- Where outcomes, data completeness or participation are not satisfactory providers should be asked to provide explanations together with their plans for improvements
- Commissioners should ensure all existing or new contracts with NHS funded providers including independent sector treatment centres include quality assurance for the well-being of the population they serve, through participation in the national audit
 - Commissioners are encouraged to incentivise in quality assurance through participation in the national audit via provider contracts
- Commissioners are in a key position to influence VA data returns through appropriate contracting and surgical providers should engage with commissioners and local optometrists to develop such 'enhanced community services'.
 - Commissioners are encouraged to commission services which reward quality assurance in regard to visual acuity outcome

Recommendations for Providers and Surgeons



- Care providers and surgeons should be familiar with their performance
 - Centres and surgeons are encouraged to view their performance in regard to outcomes and data completeness
 - Where opportunities for quality improvements are found these should be acted upon to enhance the quality of the patient care being provided
- Monitoring of adverse events in real time is valuable for the early detection of a rising adverse event rate to ensure timely remedial action can be instituted. This will potentially avoid unnecessary harm to patients through avoidable surgical complications
- An emphasis on continuous quality monitoring will, in addition, lessen the risk of a centre or surgeon being identified as an outlier in national reports.
- Care providers are reminded that all NCAPOP audits are mandated as a requirement of the NHS Standard Contract and a timely response to the audit providers and their sub-contractors is expected in regard to arrangements for participation in the audit.
 - Without relevant risk adjustment information, operations are assumed to be low risk and, if this is not the case, the reported risk adjusted adverse event rate will be higher than the unadjusted rate
 - Care providers and surgeons should review their patient pathways to maximise the recording of both pre- and postoperative VA data
 - Care providers are encouraged to implement pathways which collect these data items for every operation

Sharing effective and impactful ways of presenting data/recommendations



Cataract surgery is the most frequently undertaken NHS surgical procedure with approximately 390,000 cataract operations undertaken in England and 16,000 in Wales during 2015 - 2016.

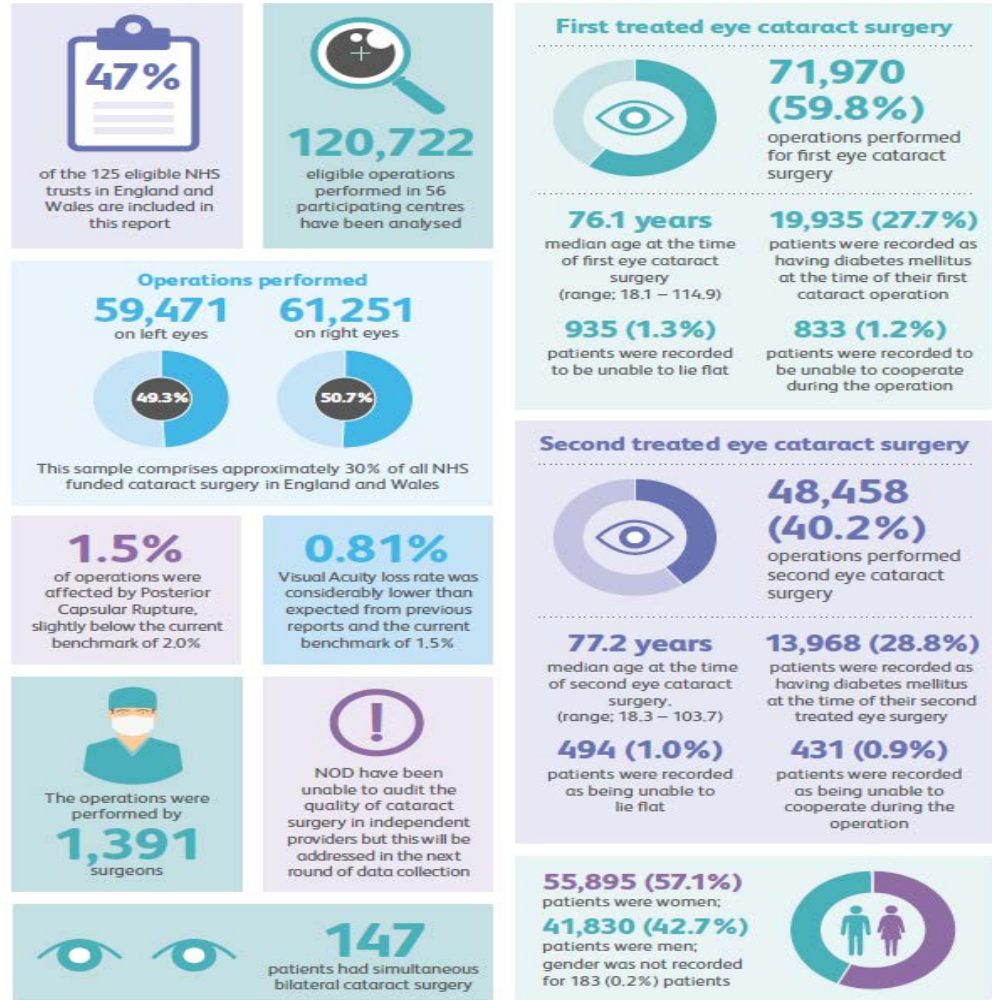
This report is a snapshot of cataract surgery quality from 56 NHS funded centres in England and Wales.

Two primary indicators of surgical quality are audited.

- Posterior capsular rupture (PCR):** a break in the posterior capsule of the lens, can be a complication of cataract surgery. It allows vitreous (a transparent substance with the consistency of uncooked egg-white which occupies the space inside the eye behind the lens) to move forward into the anterior chamber of the eye. PCR is the most powerful, and only potentially modifiable, predictor of visual harm from surgery.
- Visual Acuity (VA) Loss (visual harm from surgery):** for cataract surgery, the most important outcome is vision; this is what matters most to patients. Vision which is worse after the operation than before is identified as an adverse outcome.

This is the first prospective national annual report and includes data on 120,722 eligible cataract operations for the period 01 September 2015 to 31 August 2016, from 97,908 patients.

Key findings



Next Steps

- More infographics in the next audit report
- Develop and share case studies
- Consider developing a video to explain the key findings and recommendations
- Attend more regional teachings/ organise more site visits
- Engage with commissioners
- Include independent providers of NHS funded care

How can HQIP help?

It would be useful if we could be provided with some information on how national bodies might use the audit data/ report findings.