We have a commitment to advancing equality, promoting diversity and championing human rights. These standards intend to enhance improvements in health and social care for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socio-economic status or any other status. Suggested aspects to consider and recommended practice throughout these standards are inclusive of everyone living in Scotland.

We carried out an equality impact assessment (EQIA) to help us consider whether everyone accessing health and social care services will experience the intended benefits of these standards in a fair and impartial way. A copy of the EQIA is available on request.

Healthcare Improvement Scotland is committed to ensuring that our standards are up-to-date, fit for purpose and informed by high quality evidence and best practice. We assess the validity of our standards by working with partners across health and social care, the third sector, and people with lived and living experience. We encourage you to contact the standards and indicators team at his.standardsandindicators@nhs.scot to advise us of any updates that might require consideration by the project team for the cataract surgery standards.

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www.healthcareimprovementscotland.org
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Introduction

Background to the cataract surgery standards

Cataract surgery is the most successful operation delivered across NHSScotland, improving people’s visual function and associated with low morbidity and mortality.\(^1\)

In Scotland, whilst there have been recent improvements in the way services for cataract surgery are provided, standards of care are not consistent.

The Scottish Government commissioned the Centre for Sustainable Delivery (CfSD) to address the challenges that influence the national delivery of cataract surgery. The CfSD has published a blueprint for improving the delivery of cataract surgery across Scotland. The aim of the blueprint is to maximise the number of cataract surgical procedures completed during each operating theatre session.\(^2\)

These standards will support implementation of the blueprint. They will help tackle variations in the provision of cataract surgery services, promote national consistency and support implementation of Value Based Health & Care – Realistic Medicine.\(^3\) For patients, this will improve outcomes and quality of life, and reduce avoidable harm associated with impaired vision, such as falls.\(^4\)

Policy context

Ophthalmology is one of the busiest services in the NHS.\(^5\) Treatment is required for a variety of ophthalmic conditions that may be either sight-threatening or sight-limiting. Management strategies include cataract surgery, as well as medical treatment associated with long term monitoring. Patients requiring ophthalmic treatment are often vulnerable and, since the majority of conditions are age-related, the demand for ophthalmic services continues to increase as the population lives longer.\(^6, 7\)

An evidence-based approach to providing cataract surgery services will ensure the best clinical outcomes for people who have cataracts.\(^8\)
Scope of the standards

The cataract surgery standards have been developed by Healthcare Improvement Scotland to ensure that there is a fair and consistent approach to the provision of cataract surgery services across Scotland.

The process of developing the standards is summarised in Appendix 1 and the membership of the standards development group is outlined in Appendix 2.

The standards will apply to:

- all healthcare facilities within NHSScotland
- independent sector healthcare providers.

The standards for cataract surgery cover the following areas:

- leadership and governance
- staff education and training
- information and support
- referral from primary care
- theatre planning and facilities
- pre-operative assessment and management of comorbidities
- surgery, recovery and discharge
- post-operative care.

Using the standards for self-evaluation, assurance and improvement

All standards developed by Healthcare Improvement Scotland follow the same format. Each standard includes:

- an overarching standard heading
- a statement of the level of performance to be achieved
- a rationale explaining why the standard is important
- a list of criteria describing the required structures, processes and outcomes
- what the standards mean if you are a person receiving care or their representative
- what the standards mean if you are a member of staff
- what the standards mean for organisations, including examples of evidence that demonstrates how to meet the standard.

All facilities providing cataract surgery services will work towards implementing these standards to assure themselves and relevant governance structures that they are delivering safe, effective and person-centred services across the cataract surgery pathway.
Quality of care approach and framework

External quality assurance (EQA) of cataract surgery services will be delivered using the Healthcare Improvement Scotland quality of care approach and the quality framework. This approach specifies how Healthcare Improvement Scotland will design and deliver EQA activity to support improvement in healthcare.

The Healthcare Improvement Scotland Quality Management System (QMS) Framework supports health and social care organisations to apply a consistent and coordinated approach to managing the quality of the services provided.

The approach emphasises the importance of a regular, open and honest programme of self-evaluation using the quality framework as a basis, combined with other relevant data and intelligence, including performance against these standards. More information about this approach is available at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

Terminology

Wherever possible, generic terminology that can be applied across all settings has been used.

The term **person** refers to all individuals accessing services, receiving care or support across the cataract surgery pathway.

The term **representative** refers to any person the person wishes to be involved in their care. This includes, but is not limited to, carers, family, or independent advocates.

**Cataract surgery** refers to the removal of the crystalline lens of the eye that has developed a cataract. The procedure usually involves replacement with an artificial intraocular lens.

The term **cataract surgery pathway** refers to the patient journey from the identification of those eligible for cataract surgery through to referral from primary care, pre-operative assessment, surgical procedure and post-operative review.
How to participate in the consultation process

We welcome feedback on the draft standards and we will review every comment received. We may use different methods of consultation during the development of the draft standards, including:

- wide circulation of the draft standards to relevant professional groups, health service staff, social care staff, voluntary sector organisations and groups representing service users
- targeted engagement with the public (such as people who use services and/or their representatives) and service providers (including staff at the point of care)
- an online survey tool https://www.smartsurvey.co.uk/s/UT3JPN/.

For more information, please contact:

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Project Officer
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Delta House
50 West Nile Street
Glasgow
G1 2NP

Email: his.standardsandindicators@nhs.scot

Submitting your comments

Responses to the draft standards should be submitted using our online survey: https://www.smartsurvey.co.uk/s/UT3JPN/.

The consultation closes on Wednesday 6 September 2023. If you would like to submit your comments using a different format, please contact the project team at: his.standardsandindicators@nhs.scot.

Please note that consultation comments will not be accepted after the closing date or in an alternative format unless previously agreed with the standards project team.
Consultation feedback

At the end of the consultation period, all comments will be collated and the standards development group will respond to each comment received on the draft standards. The response will explain how the comments were taken into account in producing the final standards.

A summary of the responses to the consultation will be made available at: www.healthcareimprovementscotland.org

The final standards for cataract surgery will be published in December 2023.
Summary of standards

Standard 1: Leadership and governance
Each organisation demonstrates effective leadership and governance in the management and delivery of cataract surgery services.

Standard 2: Staff education and training
Each organisation delivering cataract surgery demonstrates a commitment to the education, training and support of all staff involved, appropriate to roles and workplace setting.

Standard 3: Information and support
Everyone receives clear, accurate and person-centred information to facilitate informed choice and shared decision making.

Standard 4: Referral from primary care
Everyone who is eligible for cataract surgery is referred to an appropriate facility within agreed timelines, using a standardised referral template.

Standard 5: Theatre planning and facilities
Each cataract surgery facility meets agreed national standards for space, staffing and equipment.

Standard 6: Pre-operative assessment and management of comorbidities
Arrangements for pre-operative assessment and management of comorbidities are safe, effective and person-centred.

Standard 7: Surgery, recovery and discharge
Each organisation ensures that surgery, recovery and discharge are safe, effective and person-centred.

Standard 8: Post-operative care
Each organisation ensures that people receive effective, coordinated and person-centred post-operative care.
Standard 1: Leadership and governance

Standard statement
Each organisation demonstrates effective leadership and governance in the management and delivery of cataract surgery services.

Rationale
Effective leadership is essential for the provision of safe, person-centred and high quality cataract surgery services.

Effective governance provides assurance that organisations have robust measures in place to deliver and manage cataract surgery. These measures include: risk and adverse event management, escalation procedures and data monitoring and response.9 Organisations are required to comply with regulations and responsibilities for relevant statutory Duty of Candour.10

A transparent assurance and accountability framework, with clearly defined roles and responsibilities, is necessary to support strategic and operational decision making. It is important that staff are aware of the accountability and reporting structures of their organisation, including which team(s) to contact for leadership and expertise in cataract surgery.

Organisational commitment to a culture of quality improvement encourages teams to continuously assess their performance, identify areas for improvement and take measures to achieve and maintain high quality care.

Criteria

1.1 The organisation can demonstrate robust governance arrangements, with clear lines of leadership and accountability, covering all aspects of the patient pathway.11

1.2 The organisation can demonstrate a commitment to quality planning and assurance through:
- effective data collection, including data on health inequalities
- local and national standards measured against agreed outcomes
- clear alignment of strategic policy objective and implementation schemes.

1.3 The organisation has an assurance and accountability framework that specifies, as a minimum:
- a designated clinical lead for the cataract surgery service
- defined staff roles and responsibilities
- arrangements for monitoring quality and assurance
- structures for reporting and escalation of adverse events.
1.4 There are well-defined and locally agreed processes to enable:
- an effective multi-disciplinary and multi-agency approach to cataract surgery
- cross-organisational support including access to specialist advice, where indicated
- compliance with mandatory reporting, where required
- implementation and monitoring of relevant staff policies, procedures, guidance and standards
- accurate and prompt communication within and between services, with the informed consent of the person concerned, where applicable.

1.5 The organisation shares information, data and learning from a variety of internal and external sources to support good practice and continuous quality improvement in cataract surgery.

1.6 The organisation ensures that there is continuous engagement with staff, visitors and people that use services, as well as their representatives, in order to obtain feedback and inform service improvements.

1.7 Clear and structured processes exist for the management of adverse events, which detail:
- accountability and responsibility mechanisms for reporting any adverse events
- a consistent approach to reporting adverse events
- a documented escalation process for adverse events in cataract surgery
- approaches for sharing organisational learning from adverse events.

1.8 Information management structures and governance processes are in place to support:
- the use of a national IT system such as the National Ophthalmology Database (NOD) Audit for reporting, measuring against agreed standards, and monitoring performance to improve patient safety and quality of care
- the routine sharing of identifiable personal data between care providers, with informed consent from the person concerned
- the effective collation of anonymised data in support of cataract surgery governance.

1.9 There are agreed pathways and processes to ensure that:
- cataract surgery is accessible and responsive
- timely management options are consistently available
- information is shared appropriately between public health, primary care, secondary care, and independent healthcare providers
- there are resilience plans for service disruption
- there is timely assessment, communication of results and onward referral for diagnosis, management and support as required
- pathways and processes are in place which prioritise those most in need.
### 1.10 People are given meaningful opportunities to provide feedback and organisations can demonstrate where this feedback has resulted in change.

<table>
<thead>
<tr>
<th>What does the standard mean for the person receiving care?</th>
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</thead>
<tbody>
<tr>
<td>You can be confident that:</td>
</tr>
<tr>
<td>• staff work together to provide safe care</td>
</tr>
<tr>
<td>• everyone has the right skills and training to do their job</td>
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<tr>
<td>• good practice is shared</td>
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<tr>
<td>• your feedback, comments or complaints will be listened to</td>
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<tr>
<td>• you will receive a service that meets your needs</td>
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<tr>
<td>• services have effective leadership, and are committed to quality improvement</td>
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<tr>
<td>• information about you and your care will only be shared with your consent, in line with national guidance.</td>
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<th>What does the standard mean for staff?</th>
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<tr>
<td>Staff:</td>
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<tr>
<td>• understand and can access care pathways, standards, and guidance relevant to their role</td>
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<tr>
<td>• are aware of their role within the team and organisation and receive clear information about the leadership and governance? structure</td>
</tr>
<tr>
<td>• actively participate in the multi-disciplinary team and are supported by their organisations to understand their role</td>
</tr>
<tr>
<td>• are supported to attend training and continuing professional development opportunities</td>
</tr>
<tr>
<td>• are aware of how to report and escalate adverse events</td>
</tr>
<tr>
<td>• are proactive in raising, and responding to, identified concerns that may impact on patient safety and care</td>
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<tr>
<td>• are encouraged and supported to work collaboratively with allied services.</td>
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<tr>
<th>What does the standard mean for the organisation?</th>
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<tbody>
<tr>
<td>The organisation:</td>
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<tr>
<td>• has governance arrangements in place to determine roles, responsibilities and lines of accountability, including for the management of adverse events</td>
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<tr>
<td>• supports a culture that allows concerns to be raised and responses to be appropriate</td>
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<tr>
<td>• ensures development and implementation of coordinated person-centred pathways for access and delivery of cataract surgery</td>
</tr>
<tr>
<td>• performs regular routine monitoring of cataract surgery outcomes to improve service delivery</td>
</tr>
<tr>
<td>• engages with staff and communities to identify areas for improvement</td>
</tr>
<tr>
<td>• has planned maintenance, quality assurance checks and a rolling replacement schedule in place for all equipment and peripherals</td>
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</tbody>
</table>
- records and monitors data
- undertakes quality improvement and assurance activities to ensure performance against standards
- works collaboratively and effectively with other cataract surgery providers to ensure continuity of care
- encourages research and clinical excellence.

**Practical examples of evidence of meeting standard (NOTE: this list is not exhaustive)**

- Documentation describing lines of accountability; roles and responsibilities; and escalation of adverse event reporting.
- Documentation outlining local strategies, or local implementation of national strategies, for cataract surgery.
- Documentation describing monitoring and reporting systems for local strategic aims and objectives, quality improvement and service delivery objectives.
- Local and national care pathways, and standard operating procedures demonstrating multi-disciplinary working.
- Collaboration through multi-disciplinary community primary care clusters.
- Improvement work, including: action plans; data collection and review of data such as feedback from service users and staff members; measurement of performance against national standards; and evidence of timeliness of processes.
- Documentation describing maintenance, quality assurance checks and rolling replacement schedules for equipment and peripherals.
- Management system for reporting, reviewing and learning from all types of adverse events.
- Evidence of research activity.
Standard 2: Staff education and training

**Standard statement**

Each organisation delivering cataract surgery demonstrates a commitment to the education, training and support of all staff involved, appropriate to their roles and workplace setting.

**Rationale**

To ensure that cataract surgery is safe, effective and person-centred, all staff should be provided with training appropriate to their role, responsibilities and workplace setting.\(^{12-14}\)

Each organisation should offer accessible education and training that enables staff to develop and maintain their knowledge, skills and competencies in line with national guidance. Access to role-specific resources should also be provided, as required. This supports staff to further develop in areas essential to their role, responsibilities and workplace setting.\(^{15}\)

The effectiveness of education and training programmes should be evaluated, with regular assessment of staff knowledge and competence. There should be a regular review of how knowledge and skills are incorporated into everyday practice.\(^{16}\)

High quality, person-centred health care is promoted by empowering staff to act autonomously, confidently and skillfully within their professional and organisational codes, with opportunities to evaluate their experiences.\(^{17}\)

**Criteria**

2.1 The organisation implements a comprehensive and multi-faceted education and training programme that:

- includes an assessment of staff training needs
- is responsive to staff roles, responsibilities and workplace setting
- supports continuous professional development, with opportunities for upskilling to advanced roles
- promotes the use of quality improvement methods and tools
- supports the implementation of existing guidance, policies and standards
- is aligned to professional development frameworks
- includes an evaluation of the provision, quality and uptake of training.

2.2 Organisations have a training plan to ensure that continuing professional development (CPD) is available to clinical and non-clinical staff in public-facing roles across the entire cataract surgery pathway.
2.3 Staff are provided with time, resources and support to access and complete training and education appropriate to their roles, responsibilities and workplace setting.

2.4 Organisations support staff to attend training sessions appropriate to their role, such as:

- Mandatory and Statutory Training (MAST)
- NHS Education for Scotland (NES) specific training.\textsuperscript{18-20}

2.5 Organisations encourage staff to participate in events organised by relevant national groups, such as the Royal College of Ophthalmologists, and the Royal College of Nursing.\textsuperscript{21, 22}

2.6 The organisation is proactive in establishing an effective and resilient workforce by creating development opportunities and supporting new entry points into key roles.\textsuperscript{23}

### What does the standard mean for the person receiving care?

You can be confident that:

- staff providing your care and support are trained and competent
- you will be treated with respect and compassion.

### What does the standard mean for staff?

Staff:

- can demonstrate knowledge, skills and competencies relevant to their roles and responsibilities
- provide safe, effective and person-centred care to people
- are supported to attend and participate in relevant training, and to achieve and maintain the required competencies and qualifications for their roles and responsibilities
- are aware of their role within multi-disciplinary and multi-agency teams and are supported to fulfil their responsibilities
- are clear about their contribution to ensuring that people have a positive experience of care and support
- receive current, accurate and evidence-based information to enable them to support people
- treat individuals with dignity and compassion
- are supported to attend and complete training.
### What does the standard mean for the organisation?

The organisation provides staff with:
- continuing support for training and skills development
- opportunities to participate in personal and peer support
- opportunities and support to participate in training and CPD.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of availability and uptake of staff training to continuously improve the support, care and treatment provided.
- Evidence of promotion and implementation of existing guidance, policies and standards including the Health and Social Care Standards.  
- Consistent staff appraisal and use of professional development frameworks.
- Evaluation of training needs and assessment of training programmes.
- Evidence of attendance at national groups for training and shared learning, including groups led by national third sector organisations.
- Audit of provision and uptake of training in cataract surgery.
Standard 3: Information and support

**Standard statement**

Everyone receives clear, accurate and person-centred information to facilitate informed choice and shared decision making.

**Rationale**

Each cataract surgery facility should have clearly defined eligibility criteria and an agreed pathway for referrals.

Information about referral pathways should be readily available within all healthcare settings. Other management options should also be discussed with the person in detail, prior to referral for cataract surgery.

Decision making is an ongoing process, requiring people to be fully informed about their opinions. The provision of high quality, inclusive, person-centred information in a range of formats and languages is essential to empower and support people to make decisions that are right for them about what matters to them. This promotes realistic medicine and encourages shared decision making.\(^{25}\)

At the time of initial referral, patients should be provided with adequate information to enable shared decision making regarding management options, including whether treatment is required for one or both eyes.

People accessing cataract surgery should be given appropriate time and resources to discuss their treatment in full, with their choices and concerns acknowledged and addressed.

Organisations should provide high quality, inclusive information on cataract surgery, including information about the benefits and risks of proposed management options. People should also have access to accurate information on choices for treatment. The collection, use and sharing of personal data should be fully explained and should occur in line with national policies and procedures.\(^{26}\)

With the person’s consent, information should be appropriately shared between public health, primary care, secondary care, laboratories, third sector, local authority and independent healthcare providers.
Criteria

3.1 At the time of initial consultation for cataract surgery, people are provided with appropriate information on all aspects of their care, including potential onward referrals and proposed interventions.

3.2 People are fully involved in all decisions about their cataract surgery, with their opinions considered and their concerns addressed.

3.3 People receive information that is timely, relevant, and in a language and format that is right for them.

3.4 Care and treatment plans:
   - are developed in partnership with the person and, if appropriate, their representative
   - are holistic
   - reflect the particular needs of the person, such as support for cognitive impairment or specific communication requirements
   - are accessible for the person, their representative where appropriate, and any staff involved in their care.

3.5 People can discuss clinical results, treatment and management options with appropriately trained staff and are supported to participate in shared decision making.

What does the standard mean for the person receiving care?

You will:
- receive care that is right for you
- be listened to and fully involved in all decisions
- receive information in a language and format that is right for you
- be given information about the results of any tests performed, as well as treatment options available to you
- be offered support and time to discuss the benefits and risks of the treatment options available to you
- be informed if any information about you will be shared, in order to ensure continuity and consistency in your care
- be asked for your consent to share information about you.
What does the standard mean for staff?

Staff:
- offer a responsive and person-centred service
- demonstrate effective and compassionate communication
- can readily access information to support those receiving cataract surgery
- have knowledge of the agreed processes and protocols for managing cataracts, including the eligibility criteria for cataract surgery
- have access to current referral templates for consistent documentation and sharing of information
- offer evidence-based information in a range of formats and languages appropriate to the needs of the individual
- are able to understand and communicate any outcomes or results of clinical tests
- can support people to make informed decisions.

What does the standard mean for the organisation?

Organisations have systems and processes in place to ensure:
- the provision of timely, appropriate and easily accessible information and support
- access to consistent support resources
- communication of clear eligibility criteria and management protocols for people who access cataract surgery services
- adequate monitoring of services to ensure compliance with criteria.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of information provided in alternative formats and languages, which also considers the needs of people who may be digitally excluded.
- Clinical audit of cataract surgery with documentation of signposting or written information being provided.
- Evidence of patient involvement in decision making, tools for shared decision making, and effective communication.
- Feedback from people who access cataract surgery services.
- Provision and uptake of relevant training for staff.
- Electronic patient records with details of care and treatment plans.
Standard 4: Referral from primary care

Standard statement

Everyone who is eligible for cataract surgery is referred to an appropriate facility within agreed timelines, using a standardised referral template.

Rationale

Every cataract surgery facility should have agreed pathways and protocols to ensure that all eligible people are able to access cataract surgery.28 Each facility should also ensure that other options for the management of people with cataracts are consistently available.

Most referrals to the Hospital Eye Service (HES) will be from the community optometrist.28 Information about how to access community optometry services should be widely available within all healthcare settings. Standardised referral templates should be used to promote national consistency for referrals from optometry and other hospital ophthalmology clinics.29 Referral templates should include the information required by the HES to determine whether the referral is appropriate and what further management should be planned. Appropriate clinical information should be recorded, including assessment of visual acuity. The person’s choice for management of their cataracts should also be included.

Assessment of people with cataracts should include consideration of quality of life, individual goals and outcomes, and the requirement for additional care following surgery. Once referred for cataract surgery, patients should be seen at an appropriate facility within agreed timelines. Implementation of a ratified points based scoring system may be of use to prioritise patients who would benefit from earlier intervention.

A robust feedback mechanism should exist between the cataract surgery facility and the source of referral, in order to facilitate continued learning and support consistency in care.
Criteria

4.1 The organisation has protocols to ensure that people are referred to an appropriate treatment pathway within agreed timelines. This should be informed by:

- wishes of the individual patient
- existence of comorbidities
- degree of prioritisation
- potential requirement for general anaesthesia.

4.2 There are protocols for documentation of referrals from:

- optometry
- hospital ophthalmology clinics.

4.3 Inappropriate referrals are minimised by regular review, with feedback shared between the cataract surgery facility and the source of referral.

4.4 Agreed pathways and processes are in place to ensure that:

- timely management options are consistently available
- information is shared appropriately between public health, primary care, secondary care, laboratories, third sector, local authority and independent healthcare providers
- service disruption is minimised
- people at most clinical risk are prioritised.

What does the standard mean for the person receiving care?

You will:

- know who to contact if you are concerned that you have developed cataracts
- receive information about your cataracts and any possible treatment in a language and format that is right for you
- have the opportunity to discuss treatment options, including any benefits and risks
- be advised about whether cataract surgery is an option for you
- be referred to an appropriate facility, if you are eligible for cataract surgery
- you will know how long you will need to wait for your appointment.
What does the standard mean for staff?

Staff will:

- be confident that all people who are eligible for cataract surgery are referred to an appropriate facility within agreed timelines
- have access to standardised referral templates and sources of relevant information for people with cataracts
- receive regular feedback about the referral process.

What does the standard mean for the organisation?

The organisation will:

- have clear eligibility criteria and management protocols for people who access cataract surgery services
- monitor services to ensure compliance with criteria
- have mechanisms to ensure that all people who are eligible for cataract surgery are referred to an appropriate facility within agreed timelines
- have clear pathways of communication between patients and healthcare practitioners
- have procedures for recording discussions between healthcare practitioners and the patient or, if appropriate, their representative
- have robust mechanisms for communication and provision of regular feedback between referring optometrists and the cataract surgery facility.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Provision and uptake of relevant training for staff.
- Standard operating procedures and version control.
- Standardised referral documentation.
- Electronic patient records.
- Feedback from patients.
Standard 5: Theatre planning and facilities

Standard statement
Each cataract surgery facility meets agreed national standards for space, staffing and equipment.

Rationale
Cataract surgery facilities should have the space and layout required to facilitate efficient pathways and protocols. Levels of staffing and the availability of necessary equipment, including post-operative care facilities, should meet current evidence-based standards and conventions.5, 30

Organisations should ensure they meet all relevant national guidance and standards for infection prevention and control (IPC).31-34

Cataract surgery should ideally be performed in a dedicated operating theatre.35 In circumstances where it is necessary for other surgical procedures to be performed within the same facility, operating theatres should be thoroughly cleaned and ventilation should comply with agreed national protocols. Appropriate adjustments should also be made to ensure that the environment remains fit for the respective purpose.36

Staffing levels for cataract surgery should conform to the general principles for delivering high quality day surgery.15 It is important to establish cataract surgery teams who are committed to driving service improvement.15, 23 Training and support for the cataract surgery team will ensure continuous development of the cataract surgery service.37

The cataract surgery team should be responsive to the additional needs of patients who require cataract surgery. The team should also be able to respond appropriately to medical emergencies and unanticipated clinical deterioration of patients.38

Criteria

5.1 The organisation has, and fully implements, policies and procedures to minimise the risk of infection across all areas of the healthcare environment in line with:
- statutory legislation and regulations33
- national guidance, standards and processes.32

5.2 The organisation complies with current recommendations for operating theatre and recovery facilities.39, 40
### What does the standard mean for the person receiving care?

You can be confident that:
- the cataract surgery theatre is safe, clean and maintained
- the theatre and waiting rooms have the right equipment and staff.

### What does the standard mean for staff?

**Staff:**
- are confident that the facilities and equipment are adequate for the safe management of patients who require cataract surgery
- have the training required for the safe management of patients who require cataract surgery
- are assured that there are effective systems in place to ensure a safe, clean and maintained environment
- have access to the education and training required to safely use and maintain equipment
- understand the risks associated with the healthcare environment and how to mitigate them.

### What does the standard mean for the organisation?

**Organisations:**
- have effective systems and processes in place to assure the provision of a safe, clean and maintained environment for cataract surgery
- have effective systems and processes in place to ensure that the facilities, staffing and equipment are appropriate for the safe provision of cataract surgery
- are compliant with legislation, guidance and technical requirements associated with the environment
- ensure that staff have access to education and training that is appropriate for their roles and responsibilities
- monitor the uptake of training and the performance of staff who deliver cataract surgery services.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Compliance with legislation and national guidance, including the National IPC Manual and Healthcare Improvement Scotland’s IPC standards.
- Evidence that learning has been shared within and across organisations.
- Regular audits and improvement plans.
Standard 6: Pre-operative assessment and management of comorbidities

Standard statement
Arrangements for pre-operative assessment and management of comorbidities are safe, effective and person-centred.

Rationale
A safe, effective and person-centred cataract surgery service is promoted by multi-disciplinary input from a range of professionals including optometrists, ophthalmic surgeons, anaesthetists, ophthalmology nurses, and staff from appropriate support services. Planning of care and treatment should include strategies to reduce the number of operations cancelled on the day of surgery.\textsuperscript{2, 41}

A pre-operative multi-disciplinary team assessment is required to identify and effectively manage patients with comorbidities.

Pre-operative assessment also enables person-centred care and treatment to be planned in collaboration with the patient. This involves the identification of each patient’s individual needs, including selection of the most appropriate lens implant.

Management of patients with comorbidities requires the communication of high quality, person-centred information and guidance from staff to support informed decision making.

Criteria
6.1 People who are eligible for cataract surgery:
- are supported to be equal partners in their care with shared decisions recorded in their treatment plan
- have access to appropriate pre-operative assessments and advice about management of ocular conditions and relevant comorbidities
- have their comorbidities discussed in a multi-disciplinary team setting, if appropriate
- have their concerns addressed
- have their pre-operative condition optimised prior to cataract surgery, in accordance with relevant national standards.\textsuperscript{42}
6.2 People are fully informed, supported and involved in decisions about their treatment. All eligible people should receive accessible information about:

- pre-operative management of any comorbidities
- administration of necessary pre-operative medication
- pre-operative fasting regimes, if appropriate
- arrangements for the administration of prescribed post-operative medication.

6.3 Individual patient needs are identified, recorded in their care plan and shared appropriately. These include:

- the requirement for any additional pre-operative medication
- arrangements for transport of the patient to and from the cataract surgery facility on the day of the procedure
- appropriate accompaniment for the patient on the journey to and from the cataract surgery facility
- the requirement for specific surgical adjuncts
- details of post-operative care, including arrangements for obtaining and administering additional prescribed medication
- signposting to third sector agencies that offer post-operative information and support.

6.4 Organisations commit to reducing inequalities by developing protocols and procedures that enable all patients to access care that is timely, fair and appropriate for their individual circumstances.

6.5 If local anaesthesia is considered to be unsuitable, patients are:

- provided with the opportunity to discuss the benefits and risks of general anaesthesia
- referred in a timely manner to an appropriate facility that provides general anaesthesia
- assessed by an anaesthetist who is experienced in cataract surgery.

6.6 Robust systems and processes exist to reduce the number of operations cancelled on the proposed day of surgery.\textsuperscript{11, 41}
### What does the standard mean for the person receiving care?

**You:**
- are involved in decisions about your cataract surgery
- can be confident that your healthcare team takes into account any other medical conditions that you have and will make sure that you receive the care and treatment that is right for you
- are provided with enough time to consider the benefits and risks of different treatment options
- can be confident that your cataract surgery will not be delayed because you have any additional requirements
- will be supported to access other services if that is right for you.

### What does the standard mean for staff?

**Staff:**
- are provided with education and training appropriate for their roles in the pre-operative assessment of patients and management of their comorbidities
- can refer to other specialists if the patient requires additional support
- can support patients and their representatives in informed decision making
- can access services to support patients to attend for surgery.

### What does the standard mean for the organisation?

**The organisation:**
- ensures that there is a multi-disciplinary approach to the management of patients with cataracts
- has effective systems and processes in place to ensure that patients are adequately assessed and receive appropriate management of comorbidities prior to cataract surgery
- has adequate mechanisms for the documentation of the decisions of the patient and, where appropriate, their representative
- ensures that there is timely communication between healthcare practitioners
- addresses potential inequalities in care and has procedures in place to provide the specific requirements of each patient, with involvement of other healthcare specialists and services, if required
- has protocols in place to minimise day surgery cancellations.
### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Collection of data on patient outcomes following cataract surgery.
- Multi-disciplinary team discussions.
- Evidence of appropriate support and referrals.
- Evidence of provision of appropriate support and referrals (including patient transport and general anaesthesia services).
- Feedback from patients and representatives.
Standard 7: Surgery, recovery and discharge

Standard statement
Each organisation ensures that surgery, recovery and discharge are safe, effective and person-centred.

Rationale
Clinical care and patient outcomes are improved through local and national monitoring of surgical practice, as well as clinical audit. Frameworks for quality assessment include the six domains of healthcare quality established by the Institute of Medicine. The collection and analysis of data provides information on the performance of cataract surgery facilities, highlighting areas where improvements are required. Systems such as the national Patient Recorded Outcome Measures (PROMS) provide information from patients about their experiences whilst accessing cataract surgery services.

Reducing the number of operations cancelled on the proposed day of surgery will contribute to a reduction in waiting times and an improved patient experience. Policies and procedures should be in place to minimise avoidable cancellations on the proposed day of surgery and to use operating theatre time that becomes available at short notice.

Post-operative information should be provided for patients in a range of formats and languages. Support should also be provided to enable patients to arrange follow up with an optometrist in primary care.

Criteria

7.1 Cataract surgery is monitored at both a local and a national level with regular feedback provided for each facility. Reported post-operative results should include recorded levels of:
- unaided vision
- refraction
- best corrected visual acuity
- post-operative complications that affect vision
- requirement for further intervention at a healthcare facility.

7.2 Standards for recovery facilities following cataract surgery comply with those for other day surgery procedures.

7.3 Clear criteria for discharge are established, with arrangements made for follow up in primary care.
7.4 There are policies and procedures in place to minimise last minute cancellations. When cancellations occur, there are protocols to ensure that this is managed effectively.

7.5 Referring organisations receive information on:
- the outcome of surgery
- required post-operative management
- arrangements for aftercare, post-operative prescriptions and follow up appointments
- plans for surgery to the second eye, where appropriate.

<table>
<thead>
<tr>
<th>What does the standard mean for the person receiving care?</th>
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<tbody>
<tr>
<td><strong>You:</strong></td>
</tr>
<tr>
<td>- can be confident that your surgery and any follow up you need is right for you</td>
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<tr>
<td>- will receive information and support before and after surgery</td>
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<tr>
<td>- will be able to discuss any aspects of your treatment or care, raise questions or concerns and provide feedback.</td>
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<th>What does the standard mean for staff?</th>
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<tr>
<td><strong>Staff:</strong></td>
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<tr>
<td>- understand the importance of monitoring and reviewing people who have experienced cataract surgery</td>
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<tr>
<td>- understand their role and responsibility in providing safe, effective and person-centred care</td>
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<tr>
<td>- understand and are able to implement local policies and procedures for minimising cancellations on the proposed day of surgery and effectively manage operating theatre sessions</td>
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<tr>
<td>- are confident that patients’ post-operative outcomes following cataract surgery are monitored and reviewed</td>
</tr>
<tr>
<td>- are supported to improve their skills and competencies with access to updates in education and training for cataract surgery, relevant to their roles and responsibilities.</td>
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### What does the standard mean for the organisation?

<table>
<thead>
<tr>
<th>Organisations:</th>
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<tr>
<td>• have local protocols for minimising cancellations on the proposed day of surgery and to effectively manage operating theatre sessions</td>
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<tr>
<td>• ensure cataract surgery units submit their cases for relevant quality assurance and audit processes</td>
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<tr>
<td>• monitor, report and review their post-operative outcomes relative to the key performance indicators for the national cataract surgery programme.</td>
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### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Audit of cataract surgical procedures.
- Evidence of data submitted to relevant national bodies.
- Active participation in national forums.
- Evidence of improvement work, including action plans, data collection and review of data such as PROMS.45
- Evidence of policies and procedures to manage theatre sessions including cancellations.
Standard 8: Post-operative care

Standard statement

Each organisation ensures that people receive effective, coordinated and person-centred post-operative care.

Rationale

A person-centred approach is integral to the delivery of high quality care to people who access cataract surgery services in Scotland. Personalised, well-coordinated post-operative care and support contributes to people being able to live independent lives. People have more positive experiences of care and support when their individual needs, wishes and personal outcomes are taken into account. A well-defined pathway for post-operative care should be agreed between the HES and the community optometrist.

Each patient should be provided with clear information about the recognition of potentially concerning post-operative signs and symptoms. Patients should also receive details of the healthcare worker who should be contacted in the event of such concerns arising or if urgent care is required.

Information about post-operative medication should be provided where appropriate, together with an adequate supply, any necessary instructions or support.

A post-operative eye examination should be arranged by the community optometrist, who should communicate the results to both the patient and the cataract surgery facility. The optometrist should also provide information about follow up and any concerns identified following discharge.

To promote a culture of clinical safety, data on post-operative complications should be regularly monitored. This should be in accordance with the Royal College of Ophthalmologists Cataract Surgery Guidelines. Organisations should also participate in evaluations and review (including failure mode analysis) to reduce risks and improve patient safety.
Criteria

8.1 Following cataract surgery, people will:
- receive information about their surgical procedure in a format and language that is appropriate for their needs
- be provided with details about arrangements for their post-operative follow up in primary care.

8.2 People requiring post-operative medication will be:
- provided with any necessary prescriptions and information in an appropriate format and language
- offered support, if required, to administer post-operative medication at home.

8.3 Post-operative care needs will be assessed and provided as necessary. People will also:
- receive adequate information about post-operative care in a format and language that is right for them
- have their additional needs or health conditions recognised and addressed
- be provided with details of accessible points of contact, should any concerns arise
- be supported by staff, with signposting and referral to appropriate multi-agency services, if required.

8.4 Organisations have protocols in place to support community healthcare teams to:
- raise clinical issues or concerns
- identify post-operative complications and take action as necessary
- triage patients effectively and arrange for further intervention, if required.

8.5 Organisations ensure monitoring systems and processes are in place to review data on post-operative complications in accordance with the Royal College of Ophthalmologists Cataract Surgery Guidelines.

What does the standard mean for the person receiving care?

You will:
- receive the information and support that you need following your surgery
- receive the medication you need, the appropriate information and the support required to take the medication correctly
- know who to contact if you have any concerns.
### What does the standard mean for staff?

**Staff:**
- can access high quality and reliable information, in a range of formats and languages, on post-operative care and follow up
- work with pharmacy teams to ensure that patients have the post-operative medication they need and the support to administer this at home, if required
- ensure that surgical outcomes are shared with the patient and the primary care team
- can access protocols to ensure effective communication across teams and settings
- understand their role in quality assurance and improvement.

### What does the standard mean for the organisation?

**Organisations:**
- have systems and processes to ensure that they deliver responsive post-operative care and support
- support teams to work together (including surgery, pharmacy and primary care teams)
- have policies and protocols in place to identify and manage complications, including follow up and further referral, if required.

### Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Evidence of support for people to access post-operative care and support.
- Protocols and policies for risk management and escalation.
- Evidence of monitoring data on post-operative complications.
- Evidence of compliance with relevant national standards and guidelines including the Royal College of Ophthalmologists Cataract Surgery Guidelines.\(^{48}\)
Appendix 1: Development of the cataract surgery standards

The cataract surgery standards were developed in accordance with current evidence, best practice recommendations and group consensus.

Evidence base

A systematic review of the literature was carried out using an explicit search strategy devised by an Evidence and Information Scientist from the Research and Information Service. Databases searched include Medline and the Cochrane Library. The year range covered was 2000-2022.

Additional internet searches were carried out on various websites including SIGN, NICE, NHS Evidence and Department of Health websites. The main searches were supplemented by material identified by individual members of the development group. This evidence was also used to inform equalities impact assessments.

Development activities

A standards development group, chaired by Dr Zac Koshy, Ophthalmologist and Vitreoretinal Specialist, NHS Golden Jubilee, was convened in January 2023 to consider the evidence and to develop the standards for cataract surgery.

Membership of the development group is outlined in Appendix 2.

Each standard reflects the views and expectations of people accessing cataract surgery services, healthcare staff, third sector representatives and the public. Information has been gathered from a number of sources and activities, including:

- consultation on the proposed scope of the standards
- three development group meetings in February, March and April 2023
- engagement activities with people with living experience.
Consultation feedback and finalisation of standards

Following consultation, the standards development group will reconvene to review all comments received and make final decisions and changes. More information can be found in the consultation feedback report which will be available at: [www.healthcareimprovementscotland.org/](http://www.healthcareimprovementscotland.org/) on publication of the final standards.

Quality assurance

All development group members were responsible for advising on the professional aspects of the standards. Clinical members of the development group were also responsible for advising on clinical aspects of the work. The chair was assigned lead responsibility for providing formal clinical assurance of the standards for cataract surgery. The chair was also responsible for approval of the technical and professional validity of the standards, as well as the acceptability of any reports or recommendations from the group.

All development group members made a declaration of interest at the initial stages of the project. Members also reviewed and agreed to the Terms of Reference for the project. More details are available on request from: his.standardsandindicators@nhs.scot

Healthcare Improvement Scotland also performed a final review of the standards document to ensure that:

- the standards were developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope
- the risk of bias was minimised throughout the process of standards development.

For more information about the role, direction and priorities of Healthcare Improvement Scotland, please visit: [www.healthcareimprovementscotland.org/](http://www.healthcareimprovementscotland.org/)
Appendix 2: Membership of the cataract surgery standards development group

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Zac Koshy (Chair)</td>
<td>Consultant Ophthalmologist and Vitreoretinal Specialist</td>
<td>NHS Golden Jubilee</td>
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<tr>
<td>Elaine Abernethy</td>
<td>Senior Charge Nurse</td>
<td>NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>James Adams</td>
<td>Director (Deputy for Gillian Hallard)</td>
<td>RNIB Scotland</td>
</tr>
<tr>
<td>Linda Barr</td>
<td>Charge Nurse</td>
<td>NHS Fife</td>
</tr>
<tr>
<td>Kenny Crosbie</td>
<td>Assurance Directorate Inspector (Deputy for Winifred McLure)</td>
<td>Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Charles Diaper</td>
<td>Consultant Ophthalmologist</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Jacqueline Dougall</td>
<td>National Eyecare Performance Lead</td>
<td>Scottish Government</td>
</tr>
<tr>
<td>Adelle Elliot</td>
<td>Business Support Manager, Surgical &amp; Critical Care</td>
<td>NHS Lanarkshire</td>
</tr>
<tr>
<td>John Ellis</td>
<td>Consultant Ophthalmologist</td>
<td>NHS Tayside</td>
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<tr>
<td>Ore-Oluwa Erikitola</td>
<td>Specialty Trainee</td>
<td>NHS Golden Jubilee</td>
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<tr>
<td>Rachel Fulton</td>
<td>Consultant Anaesthetist</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
</tr>
<tr>
<td>Michael Gardner</td>
<td>Consultant Anaesthetist (Deputy for Rachel Fulton)</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
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<tr>
<td>Gillian Hallard</td>
<td>NHS Engagement Manager</td>
<td>RNIB Scotland</td>
</tr>
<tr>
<td>Rory Mackenzie</td>
<td>Interim Deputy National Clinical Director</td>
<td>Centre for Sustainable Delivery NHS Golden Jubilee</td>
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<tr>
<td>Rosanne Macqueen</td>
<td>National Improvement Advisor</td>
<td>Centre for Sustainable Delivery NHS Golden Jubilee</td>
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<tr>
<td>Karon McEwing</td>
<td>Head Optometrist</td>
<td>NHS Grampian</td>
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<tr>
<td>Winifred McLure</td>
<td>Senior Inspector</td>
<td>Healthcare Improvement Scotland</td>
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<tr>
<td>David Miller</td>
<td>Consultant Ophthalmologist</td>
<td>Royal College of Ophthalmologists</td>
</tr>
<tr>
<td>Whitney Meldrum</td>
<td>Charge Nurse</td>
<td>NHS Tayside</td>
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<tr>
<td>Douglas Orr</td>
<td>Community IP Optometrist</td>
<td>Orr and Simpson Eye Care Ltd</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>Janet Pooley</td>
<td>Chief Optometric Adviser</td>
<td>Scottish Government</td>
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<td>(Deputy for Jacqueline Dougall)</td>
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<tr>
<td>Laura Quate</td>
<td>Specialist Pharmacist, Ophthalmology</td>
<td>NHS Grampian</td>
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<tr>
<td>Alison Smith</td>
<td>Senior Inspector (Deputy for Winifred McLure)</td>
<td>NHS Healthcare Improvement Scotland</td>
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<tr>
<td>Lorna Stephen</td>
<td>Senior Charge Nurse</td>
<td>NHS Grampian</td>
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<tr>
<td>Rosalind Stewart</td>
<td>Consultant Ophthalmologist</td>
<td>NHS Grampian</td>
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<tr>
<td>Peter Strachan</td>
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<td>NHS Lothian</td>
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<tr>
<td>Karen Thomson</td>
<td>Deputy Charge Nurse (Deputy for Elaine Abernethy)</td>
<td>NHS Ayrshire &amp; Arran</td>
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<tr>
<td>Diane Williamson</td>
<td>Deputy Charge Nurse (Deputy for Elaine Abernethy)</td>
<td>NHS Ayrshire &amp; Arran</td>
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<tr>
<td>Emma Whyte</td>
<td>Project Support Officer</td>
<td>Centre for Sustainable Delivery NHS Golden Jubilee</td>
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The standards development group was supported by the following members of the standards and indicators team at Healthcare Improvement Scotland:

- Lola Adewale – Programme Manager
- Anne Marie Hunter – Administrative Officer
- Stephanie Kennedy – Administrative Officer
- Carol Ann Mulgrew – Project Officer
- Carolyn Roper – Project Officer
- Fiona Wardell – Team Lead
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