

Newmedica Quality Report 2018-19 +



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About Newmedica

Newmedica is one of the leading providers of ophthalmology services in England.

- Our Purpose is to make a difference
- Our Vision is a society where everyone can get access to free or affordable world class treatment for advanced eye conditions without any unnecessary delay or worry
- Our Mission is to revolutionise the care and treatment for patients facing the prospect of sight loss by creating a new national network of specialist eye clinics that have a seamless link with all optometrists and GPs.

We provide both NHS-funded and privately-funded ophthalmology services. For the NHS we are contracted by NHS CCGs, NHS Trusts and Foundation Trusts, and other providers of NHS-funded services. For private patients, we are recognised by all major PMI companies and serve self-funded patients.

In 2018/19, we delivered 113,933 patient interactions including outpatient appointments, diagnostic testing and eye surgery. At this level of activity, Newmedica is the 4th largest provider of NHS-funded ophthalmology services, and the largest independent sector provider by volume of patient interactions.

Our organisation is decentralised, with services being delivered through a variety of models including Managed Services and Ophthalmology Joint Venture (OJV) Partnerships. As at 31st March 2019, we operate 22 NHS contracts across 33 sites. These sites range from general hospitals, primary care centres, standalone community facilities and mobile clinical units. All services are overseen by a national Support Office in London.



1. Managing Director's Statement on Quality



All of those that work at and with Newmedica are fully committed to delivering the highest quality of care, treatment and support to people who use our services. This report is an opportunity for us to celebrate our achievements and to share our key quality priorities for the coming year.

I am proud of our achievements over the last twelve months. Based on the number of patients seen in our services, Newmedica is the 4th largest provider of NHS-funded ophthalmology services in England. We continue to grow, bringing our efficient and safe eye care model to a growing number of patients who may otherwise not receive the care they require as quickly as they need.

This has been another exciting year for Newmedica with the move of several services into vastly improved facilities. This has enabled us to improve the experience for our patients and the working environment for our people.

The Newmedica leadership structure is deliberately clinician led, this informs and drives decision making and retains our focus on delivering safe, high-quality care. To complement this structure, this year we have made considerable investment in multi-disciplinary clinical leadership by growing our senior team of Optometrists and senior nurses as our organisation grows in scale and scope.

We recognise that to deliver patient centred care staff must feel valued and empowered. We are developing our key roles with a continued focus on recruitment and retention as well as the development of new opportunities. Examples include the introduction of an Ophthalmic Technician training programme and extended scope roles for Optometrists.

The year has seen a focus on further developing our governance processes with the introduction of a cloud-based safety and compliance reporting system. This has enabled us to improve our monitoring and reporting processes at all levels in the organisation and has provided much improved visibility. We have also strengthened the level of on-site and remote governance support to our services through the expansion of the governance team.

Our values instil clinical and operational excellence across everyone in the organisation and we pride ourselves in having a healthy open culture. This is demonstrated by the level of engagement from our people and safety reporting culture.

Newmedica periodically review the principles and approach so that the delivery of patient care meets or exceeds the expectations of patients, commissioners, regulators and other stakeholders.

Our journey over the last twelve months would not be possible without the support of all 203 individuals who worked for Newmedica during the year and whose expertise, dedication and commitment are our greatest strength.

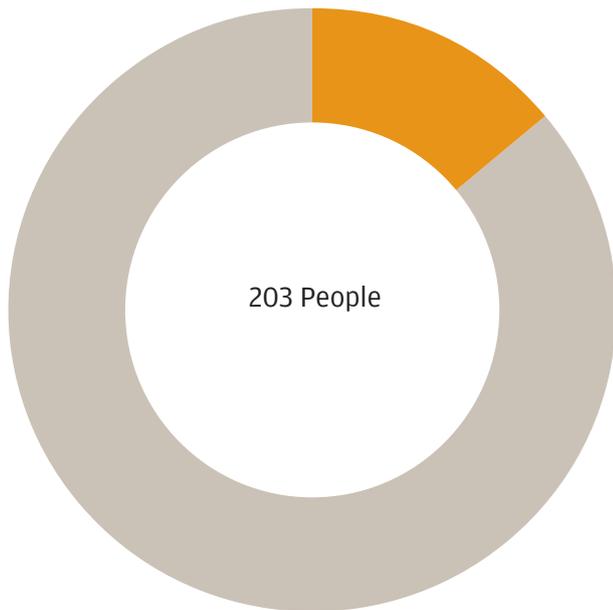
This report contains many indicators that demonstrate the quality of the care and service provided by all of our people. I encourage you to read the report and to see the range of measures that are in place to sustain and raise quality and improve the patient experience.

1.1 Accountability Statement

To the best of my knowledge, as required by the regulations governing the publication of this document, the information in this report is accurate.

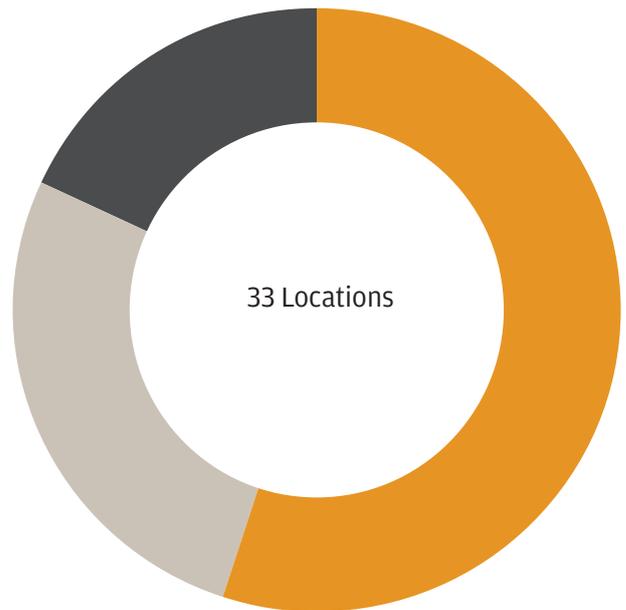
1.2 Newmedica Service Overview

Support Office vs Services



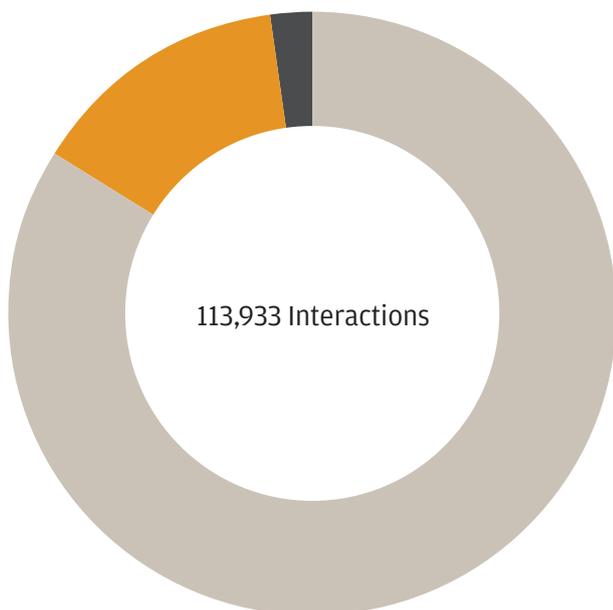
● Support Office ● Services

Locations by Type



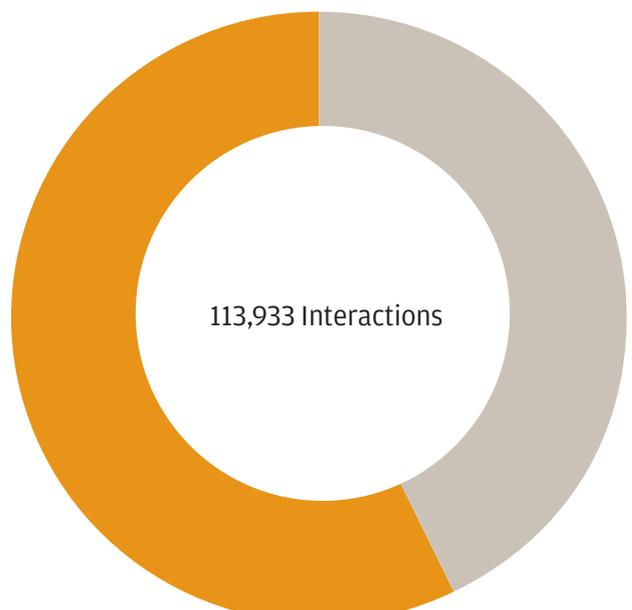
● Community ● Hospital ● Mobile

OPD vs Minor Ops vs Surgery



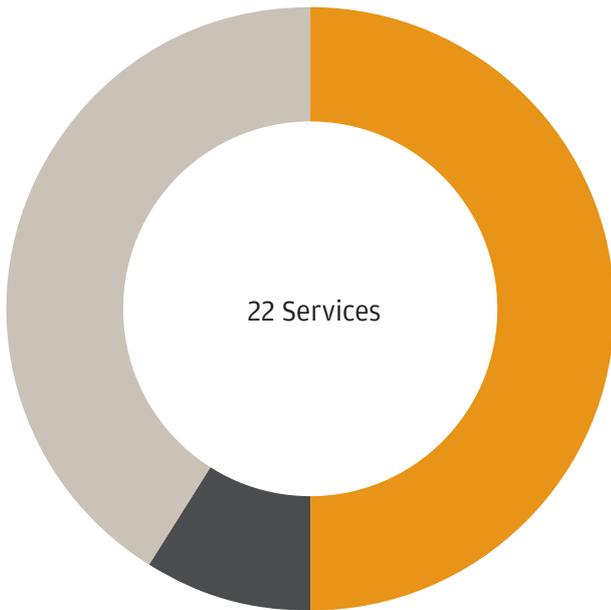
● Minor Ops ● Outpatient ● Surgery

Type of Activity



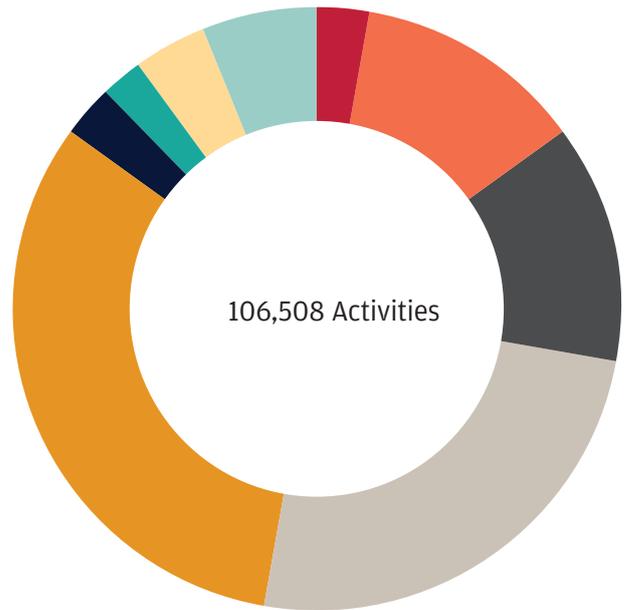
● Newmedica ● Sub-contracted

Services by Type of Contract



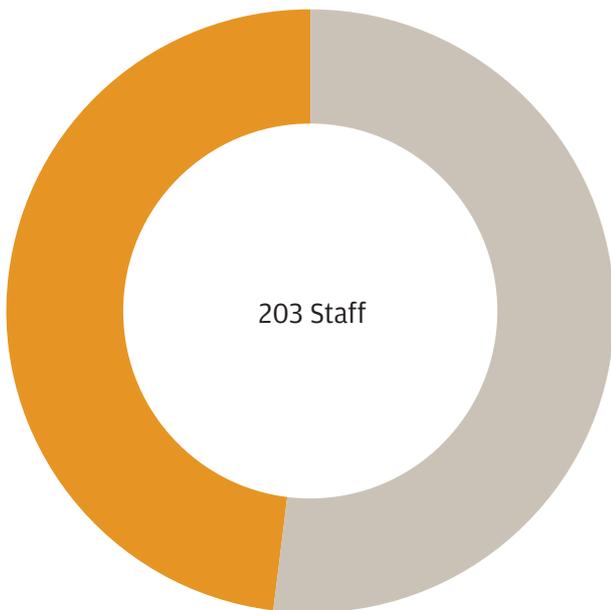
- CCG Contract
- Independent Provider Sub-contract
- NHS Trust Sub-contract

Activity by Condition



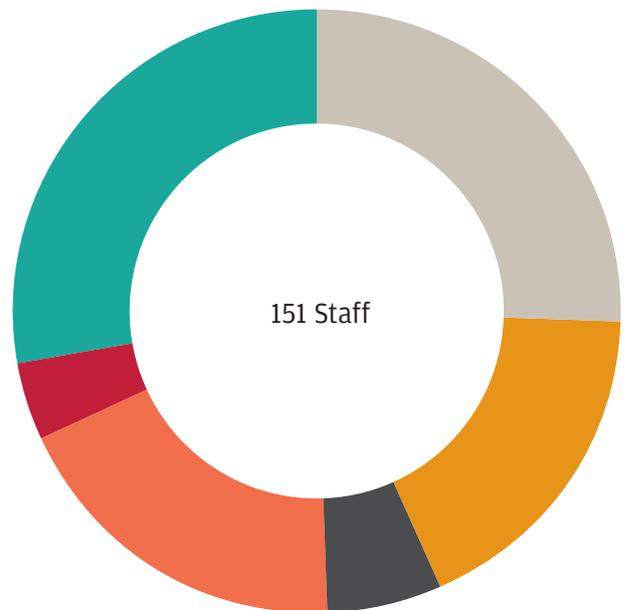
- AMD
- Cataract
- Cataract Surgery
- General
- Glaucoma
- Minor Ops
- Oculoplastic Surgery
- Paediatric
- Retina

Employed vs Clinical Bank



- Employed
- Clinical Bank

Clinicians by Type



- Consultant Ophthalmologist
- Nurse
- Orthoptist
- Optometrist
- Operating Department Practitioner
- Clinical Support Staff

2. Statement of Assurance



2.1 Integrated Governance Framework

Newmedica's primary aim is to ensure that patients receive the highest possible quality of care. Robust governance systems enable the Company to examine all clinical and support services to ensure the organisation is capable of meeting this aim consistently and, where necessary, identify and implement changes to bring about improvement.

Good governance is having structures and processes to lead, direct and control the quality of processes and services. This includes identifying and minimising risk, ensuring that the required standards are achieved, investigating and responding to sub-standard performance, driving quality improvement and sharing best practice.

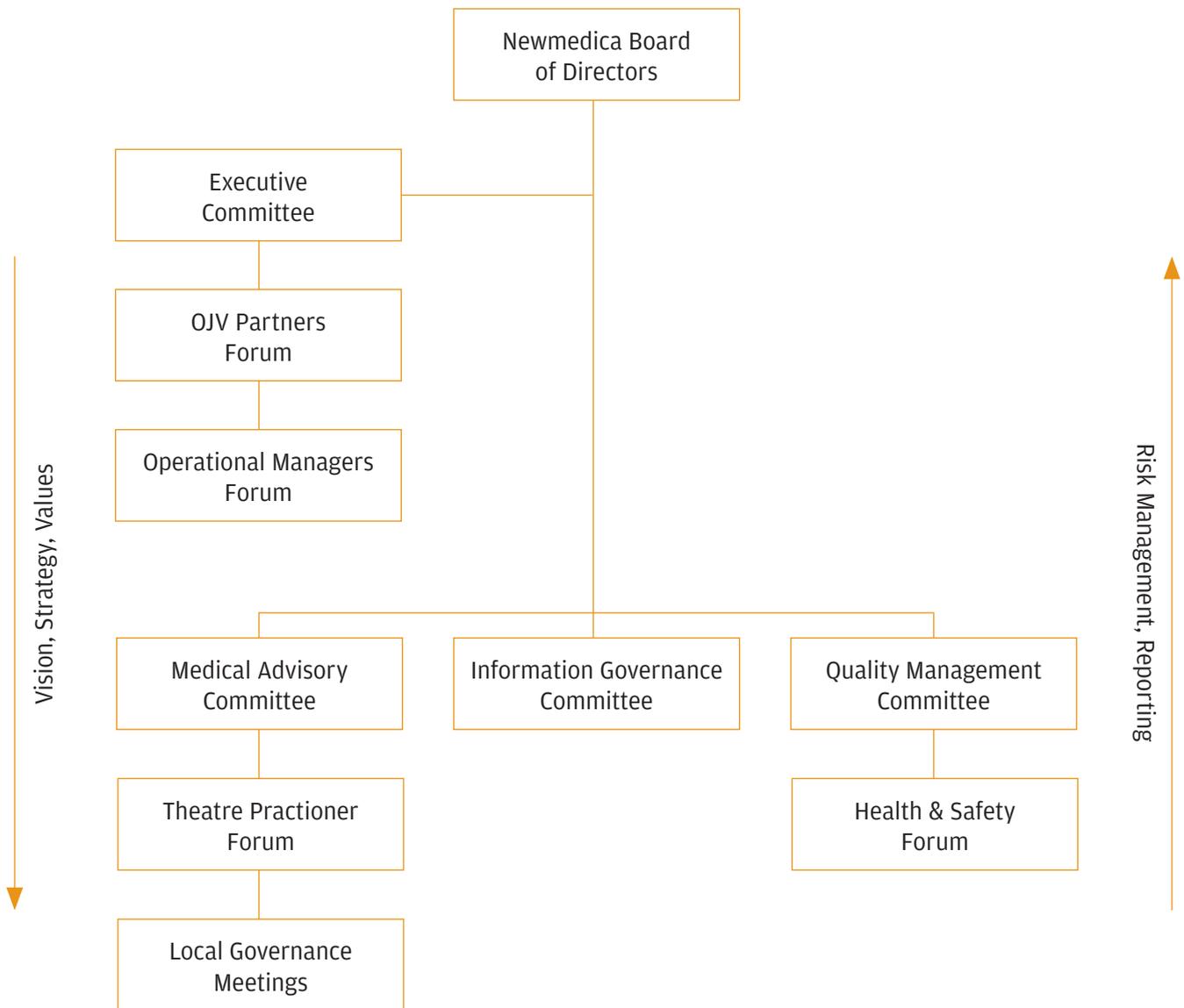
Good healthcare governance is concerned with matters that impact upon the quality of clinical and related services provided to our patients. This is a wide-ranging theme including subjects as diverse as recruitment of suitable staff, patient experience, provision of an appropriate environment, safety of clinical practice, and confidentiality of records.

A formal risk management process is in place throughout the governance committee structure to ensure a clear line of sight of all risks potentially affecting the organisation and mitigation.



2.2 Integrated Governance Framework

Newmedica’s governance structure allows us to implement an approach to fostering a positive patient safety culture. Newmedica’s leadership team are committed to safety and as such use the below framework to measure and monitor safety.



2.3 A framework for the measurement and monitoring of safety

The framework for the measurement and monitoring of safety is an important step to support the delivery of high quality patient care. The framework consists of five 'dimensions' and associated questions that we use as a tool to ensure the safety of services. We use our data to support the dimensions for discussion at a range of governance forums):

Has patient care been safe in the past?

Newmedica have the following systems in place to ensure care is safe:

- Harm assessments/Risk Assessments;
- Incident Reporting;
- Feedback from patients;
- Monitoring Infection Rates;
- Monitoring Complication Rates.

Are our clinical systems and processes reliable?

We can gain this assurance from our key Governance meetings and review our:

- Quality Assurance Audits;
- Action Plans;
- Risk Assessments;
- Key performance Indicators;
- Balanced Scorecard.

Is care safe today?

Newmedica have the following in place to ensure our care is safe:

- Freedom to Speak up culture;
- Leadership visibility across services;
- Designated local and national safety leads.

Will care be safe in the future?

We manage this through:

- Risk registers;
- Safety culture analysis;
- Safety training rates;
- Sickness absence rates;
- Appraisal rates.

Are we responding and improving?

Sources of information we learn from at a board level include:

- Dashboards and reports with indicators, set alongside financial and access targets;
- Compliance outcomes from audits & action taken;
- Learning & acting on staff feedback;
- Learning from incidents & complaints at local and national level.

This has been drawn from The Health Foundation April 2014 Vincent C, Burnett S, Carthey J.

The measurement and monitoring of safety.

2.4 Contracting

Newmedica provides care for NHS-funded patients via a range of contracts with NHS organisations. The NHS Constitution and NHS Standard Contract, along with associated guidance, forms the basis of the NHS services we deliver. These requirements flow down to any sub-contractors that are used.

2.5 Reporting Systems

In September 2018, Newmedica introduced a new cloud-based governance reporting and workflow solution across the organisation. The system has allowed the migration from highly manual processes into a scalable system environment which affords enhanced control and reporting capabilities.

2.6 Participation in Clinical Audits and National Confidential Enquiries

Due to the single specialty nature of Newmedica, there are a limited number of national audits that are relevant. Newmedica does not currently participate in national clinical audits or national confidential enquiries.

A regular programme of internal audits is undertaken as part of our quality assurance strategy. The findings are used to benchmark against standards and guidelines set by relevant national bodies such as the Royal College of Ophthalmologists (RCOphth) and National Institute for Health and Care Excellence (NICE). All audits are presented and discussed at the Medical Advisory Committee. The clinical audits that are undertaken and reviewed are:

Title	Guidance	Frequency	Standard	Compliance
Cataract: posterior capsular rupture	NICE/RCOphth	Monthly	<1.8%	0.65%
Cataract: endophthalmitis post cataract surgery	NICE/RCOphth	Monthly	< 0.08%	<0.05%
Cataract: biometry accuracy in cataract surgery	NICE/RCOphth	Monthly	85% of patients within +/-1D to target refraction	90%
Medical Retina: visual stability after injections for macular degeneration	NICE	Monthly	>80%	94%

In addition to clinical audits, operational and process audits are carried out and reviewed by governance forums:

Title	Frequency	Standard
WHO Checklist	Monthly	100%
Consent	Quarterly	100%
Infection Prevention	Annually	95%
Hand Hygiene	Monthly	100%
Theatre Scrub	Monthly	100%
Cleaning	Monthly	90%
Health and Safety	Yearly	100%
Laser Compliance	Yearly	100%
Equality Access	Yearly	100%

A number of areas for improvement have been identified as a result of audits and solutions have been designed and implemented during 2018/19:

- Improved triangulation of complication and incident rates which has significantly improved quality monitoring at a clinician level;
- WHO recommendations for Safer Cataract Surgery have been implemented with additional checks as a failsafe for correct lens selection;
- Consent processes have been amended after external consultation to ensure consent and capacity are clearly documented.

As part of a continuous improvement process, the Governance team have oversight of the overall audit process and ensure that:

- Learning from the audits is shared with relevant staff groups across the organisation;
- Services are implementing changes in processes as identified within each audit;
- Services carry out follow-up audits to ensure that changes have occurred and are reflected in practice;
- Monitoring the conformity and compliance of audits and analysing the data derived to help create reports that will inform and benchmark services against quality indicators.

2.7 Research

Newmedica has not participated in any research during the year

2.8 Commissioning for Quality and Innovation (CQUIN) Framework

The CQUIN payment framework enables commissioners to reward providers by linking a proportion of income to the achievement of national and local quality improvement goals. In 2018/19, the national CQUIN value was 2.5% of NHS contract income. Newmedica achieved a positive level of attainment against the agreed CQUIN goal for 2018/19:

- Improvement of Staff Health and Wellbeing;
- Achieving an uptake of flu vaccinations by frontline clinical staff;
- Sharing of knowledge and experience of best practice in ophthalmology service redesign.

2.9 Registration with the Care Quality Commission

Newmedica has been registered with the Care Quality Commission (CQC) since 2012. Newmedica is registered as a provider and each Newmedica OJV entity is also registered as a provider.

No Newmedica provider entity has any CQC restrictions in place. The Care Quality Commission has not taken any enforcement action against Newmedica in 2018/19 or previously. Newmedica has not participated in any special reviews or investigations by the Care Quality Commission in 2018/19.

During 2018/19, Newmedica has not received any inspections. Our last CQC inspection was in 2017/18 and the ratings were:

		Safe	Effective	Caring	Responsive	Well Led	Overall Rating
Newmedica - Overall and Services Managed from London Support Office	Outpatients and Diagnostic imaging	Good	Good	Good	Good	Good	Good
North Derbyshire Community Ophthalmology Service	Outpatients and Diagnostic imaging	Requires Improvement	N/A	Good	Good	Good	Good
North Derbyshire Community Ophthalmology Service	Surgical	Good	Good	Good	Good	Good	Good
Bristol Community Ophthalmology Service	Surgical	Good	Good	Good	Good	Good	Good

2.10 Information Governance Assessments

2.10.1 Data Security & Protection Toolkit

The NHS Digital Data Security & Protection Toolkit was submitted on 30th October 2018 and 30th March 2019 with all standards being met.

Outcomes of the Staff Data Security & Protection Survey which covered both employed and bank staff were favourable across all ten questions with 97% of staff knowing who they could share data with and how. 96% of staff understood the important laws and principles on data sharing and know how to use and transmit data securely. 94% of staff were happy that data is used legally and securely within Newmedica and 93% knew who to ask questions about data security.

2.10.2 GDPR

Newmedica has undergone the necessary process and policy change to enable the General Data Protection Regulation and consequently the Data Protection Act 2018. The organisation has undertaken process mapping, policy review and training to ensure compliance at all levels. This is then monitored through the Information Governance Committee and reported to the Board who take a keen interest.

2.11 Workforce and Development

2.11.1 Revalidation

Newmedica is a Designated Body for the revalidation of Doctors. A Responsible Officer (RO) and Appraisal Leads have been appointed. The RO, appraisal lead and appraisers are supported by the Human Resources team. Our appraisers are appropriately trained and all doctors have access to the RO for advice around revalidation requirements, CPD and other matters as required.

During 2018/19, a Higher-Level Responsible Officer visit from NHS England was undertaken. The feedback following the visit was very positive and cited areas of good practice around leadership, strong internal systems, appraisal records & data, policies and governance.

We maintain a database of our nurses' registration and revalidation dates and have processes in place to support the revalidation of nurses.

2.11.2 Freedom to Speak Up

Newmedica has a nominated Freedom to Speak Up Guardian and has an associated policy.

The Freedom to Speak Up policy commits the organisation to:

- Creating a climate where staff feel able to express their concerns easily.
- Not tolerating the harassment or victimisation of anyone raising a genuine concern.
- Giving a clear commitment to staff that any concerns raised will be taken seriously and investigated.
- Ensuring that members of staff who raise a genuine concern will not be at risk of losing their job or suffering any form of retribution.
- Protecting the identity of a member of staff who raises a concern by keeping it in confidence.
- Responding formally within the timescales of this policy.
- Reporting any incidents of fraud to the NHS Counter Fraud Services.

In 2018/19 Newmedica had one concern raised under the Freedom to Speak Up policy.

2.11.3 Equality & Diversity

Newmedica is committed to the principle and practice of equal opportunity. We aim to ensure that all applicants, employees, customers, patients and suppliers are valued as individuals, and treated fairly and with respect, regardless of age, disability, employment status, gender, health, marital status, nationality, race, religion, domestic circumstances, membership of a trade union, sexual orientation, ethnic or national origin, beliefs or faith, social & employment status, HIV status, or gender re-assignment. Equality & Diversity training is included in mandatory training for all staff.

2.11.4 Staff Induction, Training & Appraisal & Supervision

Newmedica provides a structured induction plan for key roles within services. For other roles, the Human Resources team work closely with line managers to plan and deliver a bespoke induction plan. All employees attend a face to face induction which includes dedicated sessions on Company Overview, History & Mission, and an Introduction to Ophthalmology, the NHS and Eye Conditions. The completion rate for this training by employees is 100%.

Our bank staff receive a local induction at every site they work in.

Our appraisals are conducted twice a year in April and November. At the end of 2018/19, our overall completion rate was 80% with plans in place for outstanding appraisals to be completed by the end of June 2019.

2.11.5 Workforce Planning

Our workforce is planned and monitored on an ongoing basis in addition there is a formal annual workforce review process, a twice yearly people review and service level modelling to ensure appropriate staffing levels both within services and

across support functions. At a service level, managers also monitor staffing levels in line with their capacity and demand planning. Forecasting takes place bi-annually where capacity, demand and workforce are reviewed to ensure sufficient trained individuals are in post to provide safe and sustainable services.

2.11.6 Workforce Race Equality Standard & Compliance with the Equality Act 2010

Newmedica is committed to providing the best service possible to all of our patients and to enabling all of our employees to carry out their best work and develop rewarding careers.

The Workforce Race Equality Standard is now mandated through the NHS standard contract 2017/18 and in the CCG Assurance Framework 2017/18.

In 2017/18, we worked towards improving the collection of equality and diversity data alongside our work on the Workforce Race Equality Standard (WRES).

In February 2019, we reviewed and published an updated Equality Plan for 2019-21.

In January and March 2019, we submitted the first Workforce Race Equality Standard (WRES) data and action plan in line with the timetable for independent providers including data for 2016/17 and 2017/18.

The data, for the reporting period to 31 March 2018 shows:

- We hold data for 51.4% of our employee workforce
- 8.1% reported their ethnicity as being a BME group.
- We hold an incomplete data set for Board members and very little data on the medical workforce.

In 2019/20, we will continue to work to improve the volume of data with particular focus the clinical bank and medical workforce.

2.11.7 Celebrating & Showcasing Success

A key part of our approach to engaging our people is through events where the leadership team communicates significant change, the long-term strategy and to receive real time feedback from employees.

We hold a Company Day periodically, where all senior managers, clinic and support staff from across the organisation meet in an off-site environment, this has a formal meeting element followed by an informal networking opportunity for all members of staff to meet the wider team. Topics at these events have included: defining vision & values, announcement of our partnership with Specsavers, organisational structural changes and employee survey results.

The Managing Director and other senior directors visit all services a number of times over the year to meet the teams on the ground, gain feedback, discuss any issues and seek resolution.



3. Review of our Quality Performance During 2018/19

3.1 Safety

Incidents	2014/15	2015/16	2016/17	2017/18	2018/19
Interactions	51,950	57,493	73,113	97,413	113,933
Incidents	58	56	202	249	354
Serious Incidents	0	0	0	0	5
Incidents %	0.111	0.097	0.276	0.255	0.310
Serious Incidents %	0	0.001	0.001	0	0.004
Never Events %	0	0	0	0	0
Total %	0.111	0.099	0.277	0.255	0.314

Complaints	2015/16	2016/17	2017/18	2018/19
Interactions	57,493	73,113	97,413	113,933
Complaints	32	40	29	35
Complaints %	0.056	0.055	0.029	0.037

3.1.1 Incidents, Serious Incidents and Never Events

In 2018/19 Newmedica had 354 incidents reported to the Governance team across our services. There have been 5 incidents that have resulted in moderate harm, no incidents have resulted in the death of a patient.

The number of incidents reported have increased over the last five years in line with activity. The percentage of incidents against activity has increased marginally compared to the previous year demonstrating a positive reporting culture.

All incidents undergo a formal investigation. Operational Directors and Service Managers are supported by their Governance Lead and the Lead Clinician for that service. All incidents are discussed at the local service governance meeting to help identify root cause and prevention on recurrence. Clinical incidents are also discussed at the Medical Advisory Committee, operational incidents at the Quality Management Committee and data incidents at the Information Governance Committee.

Dissemination of learning is key to ongoing learning and prevention and facilitated through Operational Management Forum as well as a Medical Advisory Committee bulletin and a monthly Governance newsletter.

3.1.2 Statement on Duty of Candour

The Duty of Candour is a legal duty on all health care professionals to inform and apologise to patients if there has been mistakes in their care that have led to significant harm or a potential for significant harm. Duty of Candour aims to help patients receive accurate and truthful information from health providers.

There have been 5 incidents resulting in Duty of Candour during 2018/19.

Four out of the 5 cases were managed by Newmedica and all patients were informed of the error as soon as the clinician was aware. Full investigations were undertaken into the issue and findings were discussed at a face to face meeting with the patient and/or the relative and followed up in writing.

The 5th incident was a result of a failing in care by a Newmedica service working as a subcontractor for an NHS Provider. The NHS Provider led on the Duty of Candour with the patient.

3.1.3 Complaints

Newmedica is firmly committed to continuously improving the quality of care and services it provides. One of its aims is to ensure the satisfaction of its patients and their families. It therefore encourages the views, comments and suggestions of its patients, their relatives and all other users of the services provided.

Complaints are considered a vital source for identifying where services and care provision require improvements to their quality. All complaints are investigated through our complaints policy.

All staff are encouraged to manage complaints raised in an effective and timely manner.

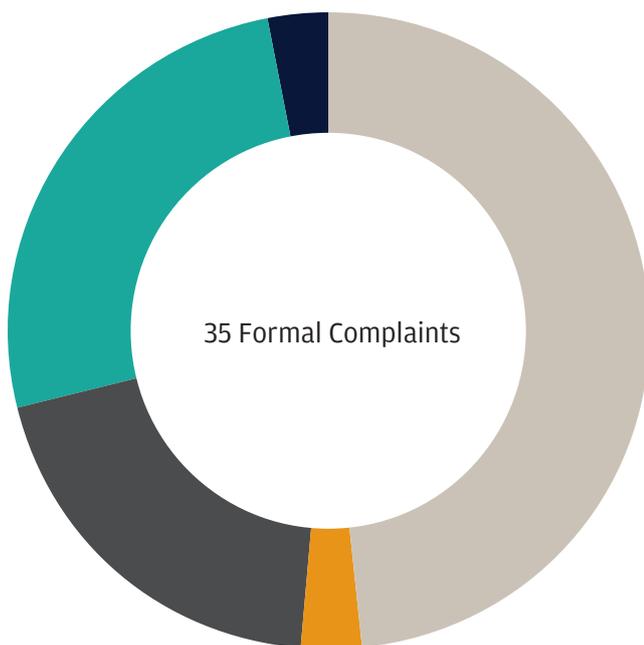
Complaint data is reported through our Governance Committees, trend analysis of complaints is provided within the submitted reports.

During 2018/19, Newmedica's complaint policy was changed to a three stage complaints procedure. Newmedica's policy previously only offered external adjudication for NHS patients via the NHS Ombudsman. The new policy now includes an option for external adjudication for private patients via the Independent Sector Complaints Adjudication Service (ISCAS).

It is Newmedica's policy that all complaints are investigated thoroughly. Any necessary actions are taken to respond to failings, wherever possible, in a way that is open, transparent, fair, and satisfactory to all parties involved with the aim that Newmedica learn and improve the quality of care for patients and carers. As such, we adhere to Parliamentary and Health Ombudsman (PHSO) Principles of Good Complaint Handling, ISCAS Code of Practice, the Being Open and Duty of Candour principles.

During 2018/19 we have had 35 complaints compared to 29 in 2017/18. We believe that listening to our patients and acting upon their suggestions has helped with continual improvement throughout 2018/19 and is fundamental in providing the highest quality ophthalmic care.

Reasons for Complaints April 2018 – March 2019



- Clinical
- Equipment Failure
- Staff Behaviours
- Administration
- Other

The top three reasons for complaints are due to clinical issues, administration and staff behaviours.

All clinical complaints are reviewed by a Clinical Lead to ensure each point has been addressed accurately.

Complaints regarding staff attitude, behaviours and communication are often due to staff's lack of self-awareness. Staff are always encouraged to reflect on their behaviour and reminded of the correct process and procedure.

Our ongoing target is to respond to complaints within 20 working days. Staff are supported with their investigations and the complaint process from the Governance team. Learning from complaints is shared across all services.

3.1.4 Safeguarding of Vulnerable Adults and Children

Newmedica are fully committed to providing the highest standards in protecting vulnerable adults and children. Newmedica achieve this by:

- Meeting the statutory requirements in relation to the Disclosure Barring Service and maintain safer recruitment practices.
- Having safeguarding policies and systems in place which are up-to-date and robust.
- All non-clinical staff have undertaken safeguarding training at level 1 and all our clinical staff have been trained to level 2.
- Level 3 PREVENT was added to our mandatory training requirements in 2018 and successfully rolled out to our clinical staff
- Designated safeguarding leads are clear about their role and have sufficient time and support to undertake it. Additional training is provided to these staff members.
- All reports of safeguarding concerns are reported to the Quality Management Committee for discussion.
- The Board receives an annual safeguarding report to review safeguarding across Newmedica.

3.1.5 NHS Safety Thermometer

NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. The tool measures incidents of pressure ulcers, falls, urinary tract infections, catheters and Venous Thromboembolism risks (VTE).

Due to the nature of our services Newmedica is not required to submit data to the NHS Safety Thermometer.

3.1.6 Infection Control

Newmedica comply with mandatory reporting of all alert organisms including *MRSA*, *MSSA* and *Clostridium Difficile*. There have been nil reported cases of *MRSA*, *MSSA* or *Clostridium Difficile* within the Newmedica services during 2018/19.

Infection Control audits are carried out as part of our ongoing audit programme which include monthly hand hygiene audits across all our services. Education of staff is paramount, staff undertake mandatory infection control training through e-learning or via face to face training. All our clinical staff receive an infection control annual update and office staff are required to attend updates every three years.

3.1.7 Antibiotic Stewardship

As a single speciality organisation, the use of antibiotics is minimal. Antibiotics are used as the core treatment for our perioperative cataract surgery regime in line with best practice. Additional postoperative antibiotic eye drops are only prescribed on a case by case basis.

3.1.8 Medicines Management

The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care

Newmedica has received 12 relevant alerts in this reporting period. All CAS alert information is disseminated to the services via to the Governance department as well discussed at the Operational Management Forum and at the Quality Management Committee.



Notice Date	Notice Reference	Report	Action Required	Evidence of Compliance	Completion Date
14/03/2019	R2019 - 001	Central Alerting System: Field Correction Notice: Zeiss Ophthalmic Viscosurgical Devices	Cascaded to all theatre service managers, nurses and operational directors.	Recipients confirmed and actioned the notice accordingly.	28/03/2019
28/02/2019	EFA/2019/002	Central Alerting System: Ingestion of Cleaning Chemicals	Cascaded to all service managers and operational directors to confirm and discuss with their teams.	Recipients confirmed and actioned the notice accordingly.	01/04/2018
20/02/2019	MDA/2019/010	Central Alerting System: Professional Use Monitor/ Defibrillator: Lifepak 15? Risk of Device Failure During Patient Treatment and Possible Failure to Deliver Therapy.	Cascaded to all service managers, team leaders and operational to confirm they have read and actioned the notice.	Recipients confirmed and actioned the notice accordingly.	06/03/2019
14/02/2019	Johnson & Johnson (Ethicon)	Urgent: Field Safety Notice. Ethicon Ethibond Excel Suture 2-0.	Cascaded to all service managers, operational directors and nurses and clinical lead at surgical sites to confirm that their supply has not been affected.	Recipients confirmed and actioned the notice accordingly via RADAR.	22/02/2019
24/01/2019	EFA/2018/007	Central Alerting System: Fire Risk from Personal Rechargeable Electronic Devices.	Cascaded to team leaders, service managers, operational directors and clinical directors to read and disseminate information to their teams.	Recipients confirmed they had read and actioned the notice accordingly via RADAR.	24/02/2019
14/01/2019	EFA/2019/001	Central Alerting System: Portable Fans in Health and Social Care Facilities: Risk of Cross Infection	Cascaded to all managers, operational directors, clinical leads and governance to disseminate information to their teams.	Recipients confirmed they had read and actioned the notice accordingly via RADAR.	05/02/2019
18/12/2019	NHS/ PSA/W/2018/009	Central Alerting System: Risk of Harm from Inappropriate Placement of Pulse Oximeter Probes.	Cascaded to all managers, operational directors, nurses and governance team to confirm they have read the alert and disseminate information to their teams for information.	All staff confirmed they had read and actioned the notice accordingly via RADAR.	24/12/2019
29/11/2018	MDA/2018/036	MHRA - Medical Device Alert - Batteries for the Heartstart MRx monitor/defibrillator may fail to charge or provide power.	Cascaded to all managers and operational directors to check equipment and disseminate	All staff confirmed they read and actioned the alert accordingly via RADAR.	05/12/2018

Notice Date	Notice Reference	Report	Action Required	Evidence of Compliance	Completion Date
15/10/2018	SDA/2018/001(U)	Central Alerting System: Supply Disruption Alert Epipen and Epipen Junior	Cascaded to all managers, operational directors to check stock and carry out actions required and disseminate to their teams for information.	All recipients confirmed and actioned the notice	15/10/2019
03/08/2018	CEM/CMO/2018/004	Chief Medical Officer Alert - "The Cyrus Project"	Cascade to Staff	All recipients confirmed they had actioned the notice via RADAR.	03/08/2018
20/06/2018	EFA/2018/002	Andrews Water Heaters	Cascade to All Staff	Nil stock, action completed	30/06/2018
05/05/2018	EL(18) A/08	Latanoprost/Timolol 50 micrograms Eye Drops recall	Cascade to all staff	Nil stock, action completed	25/05/2018
Apr-17	Company Advisory Notice	Voluntary Field Safety Notice - Alcon - Recall of Select Lots of AMO Healon OVDs	Check all stocks held by Newmedica and	Stock check complete - analysis of delivery notes reports zero affected product received.	May-17

3.1.9 Central Alerting System (CAS)

Given the single speciality delivered, Newmedica prescribe a very limited range of medication, all of which comply with national guidance for the specific condition and local formulary requirements. Newmedica contract with a registered pharmacy service in an advisory and supply capacity. The advisory services include pharmacy audits, procurement support, Patient Group Directions/ prescriptions, policy development and technical advice.

3.2 Quality

3.2.1 Patient Feedback

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving care or treatment.

The FFT asks patients the following question:

How likely are you to recommend our service to friends and family if they needed similar care or treatment?

Patients can choose from five different responses:

- Extremely Likely.
- Likely.
- Neither Likely or Unlikely.
- Unlikely.
- Extremely Unlikely.

During 2018/19 Newmedica received 11,297 responses across our services. 98% of the responses stated “Extremely Likely” or “Likely” to recommend the Newmedica service.

Newmedica Patient Satisfaction Survey

In addition to the FFT patients are asked to grade four aspects of the Newmedica service

- How clean was the environment where you were treated?
- Did the clinic staff work well together?
- Were you treated with dignity and respect by the clinic staff?
- Were you involved with decisions about your care?

During 2018/19 Newmedica received 11,297 responses across our services, with the following distribution:

	Service	Total
Q1	Friends & Family	98%
Q2	Cleanliness	99%
Q3	Working Together	99%
Q4	Dignity & Respect	99%
Q5	Involved in Decisions	98%
	Responses	11,297

3.2.2 Compliments

Traditional ways of complimenting members of staff, by letter or card, have been replaced in recent years by patients expressing their gratitude through social media. A majority of our compliments are through the Friends and Family Test and via NHS choices. Patients who leave a compliment are sent a response which is shared with the department or individual concerned and often reflects the care and professionalism of staff. Some examples are:

- *“I have been delighted with this service. I was seen so quickly and being able to see clearly (after so many years before being referred to you) has been so wonderful. The staff are friendly, kind and approachable and have all been keen to listen to me and help with any questions. They work together extremely well as a team. All in all, this has been an excellent experience which has made such a difference to me. Thanks to you all”.*
- *“There isn’t enough space for all I would like to say! I arrived terrified but coped brilliantly with the surgery, helped by a delightful “hand-holder.” I left the premises with a gift that will last me a lifetime and full of joy. I shall return for eye number 2 much more confidently! The whole team was so professional and yet human and caring. I felt like a valued human being, not just a number on a list. Thank you, a million times, over.”*
- *“This is the second cataract I have had done here and my experience, the same as the first, has been outstanding. Would highly recommend this service. The nurse assisting was brilliant, very caring and reassuring. Thank you.”*
- *“Loved the clean environment and how the clinic staff worked well together got respect and dignity by clinic staff. Glad I chose to have my second cataract done at your clinic it helped me relax and feel good. Came home with smile on my face thank you could not wish for anything better and the clinic is a credit to all that work there.”*
- *“I feel privileged to be a patient of the glaucoma clinic. Staff phone to arrange and appointment which suits me. I receive first class care from very friendly and knowledgeable specialists. Thank you.”*
- *“I was particularly impressed by the time of arriving to leaving was hardly any waiting to be seen and from eye treatment to being discharged was very efficient.”*
- *“The whole atmosphere was very reassuring. The staff at all levels were efficient and kind. Each stage of the procedure was carefully explained. I was impressed by every aspect of the care/operation and am so grateful. I was very nervous but was reassured and informed at all times. To me it has been a miraculous and life changing experience. I am 77 years old and have worn glasses since I was a young girl. A most heartfelt thank you to everybody involved!!”*

3.2.3 Use of Translation Services

It is recognised that a proportion of the population requiring Newmedica’s services may not have English as a first language. Newmedica is dedicated to ensuring that all patients receive the support and information they need to be able to communicate effectively and make informed decisions about the care they receive. All Newmedica services have links with local interpreters and translation services as well as access to Language Line to support patients and enable effective communication to take place.

3.2.4 Waiting Times & Cancelled Operations

Newmedica believes in excellent access to its services for NHS patients. As such we aim to exceed the 18 week Referral To Treatment which is guaranteed under the NHS Constitution. While we are not able to control waiting times in sub-contracted services that we operate for our partners, performance in Newmedica’s directly commissioned services has shown that 92% patients attend their first appointment within 8 weeks of referral.

3.2.5 Cancelled Operations

We have had no incidences reported of patients having their operations cancelled for non-clinical reasons more than once across our services. In the unusual event of any patient cancelled due to non-clinical reasons the patients are rebooked within 28 days.

In 2019/20 we are implementing a new electronic patient record which will be able to capture this data without the reliance of services reporting such events allowing more accurate reporting.

3.2.6 NHS England Framework for Nursing, Midwifery and Care Staff

We acknowledge we must ensure that we are delivering quality of care as well as quality of treatment. Newmedica are a single speciality outpatient and day case elective provider of care and within this service we deliver we are committed to delivering safe, effective and compassionate care.

Delivery of exemplary care for our patients and looking after the wellbeing of our workforce are paramount to our ethos. We acknowledge we are all responsible for the care we deliver every day and are committed to ensuring all our people work to the values and behaviours of the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment and have these at the heart of all they do.

The values as laid out in the NHSE 6C's strategy and 'Leading Change, Adding Value' complement Newmedica's vision statement:

'Our Vision is a society where everyone can get access to free affordable world class treatment for advanced eye conditions without any unnecessary delay or worry'.

Our workforce strategy has been refocussed to include the health and wellbeing of staff which we measure through our annual staff survey and a health and wellbeing survey in the last quarter of 2018. This will enable us to support our people in managing their own health and wellbeing with the aim that this will in turn enhance patient care.

3.2.7 Making Every Contact Count

Maintaining good eye health is essential for everyone, including blind and partially sighted people. Ophthalmology is the speciality with the second highest cause of attendance at hospitals.

Eye health deteriorates with age. Poor eye health can often lead to depression or other mental health issues, particularly when a patient is already suffering from loneliness or isolation, as can be the case for elderly people. Poor eye health can also be a factor in a number of other public health issues, such as falls amongst the frail elderly. However, some important causes of vision impairment, such as glaucoma, are treatable if detected early and prevention of sight loss can have a significant impact on people's quality of life.

The Royal College of Ophthalmologists estimates that at least 20 patients per month suffer severe but preventable sight loss due to delays to hospital appointments. The College recently outlined this challenge in their Three Step Plan: 'The hospital eye service is overwhelmed and patients are losing sight because of delayed treatment due to postponed or delayed hospital eye service appointments and emphasising the need to take action to reduce the risk of patients coming to harm'.

Newmedica has therefore tailored its approach to Making Every Contact Count by focusing on the benefits that can be provided to patients through encouraging good eye care and providing transformation care with the aim to prevent visual loss by:

- Working with community opticians to provide education and training in encouraging appropriate referral to specialist ophthalmology centres.
- Making access to services easy for patients, providing care in bespoke single speciality services with low waiting times for elective care and appointment timescales which meet best practice for those with chronic eye conditions.
- We work with local opticians to provide community-based care, working in collaboration to provide care close to home by the local optical network with the support of the Newmedica consultants.
- We work closely with sight loss services, providing signposting for patients and their carers who may benefit from third sector support, these services are usually available on site.
- We are piloting the role of ECLO (Eye Clinic Liaison Officer) within our Macular Service. This key role provides those recently diagnosed with an eye condition with the practical and emotional support which they need to understand their diagnosis, deal with their sight loss and maintain their independence.

3.2.8 Adoption of the Royal College of Ophthalmologists Quality Standard for people with sight loss and dementia in ophthalmology (Dec 2015)

‘Looking Out For Sight’ is a sight loss awareness program developed by Wiltshire Sight, funded by The Pocklington Trust and accredited by the RNIB to be delivered nationally through local sight loss charities to businesses and healthcare providers as part of mandatory training programs. Newmedica and Specsavers’ national learning and development teams are discussing integrating the program into our induction processes. In the interim, all staff at Newmedica Gloucestershire, Swindon and Bristol services have attended sight loss training with Wiltshire Sight.

Newmedica supports the England Vision Strategy and one of our Operations Directors is a Trustee of both Wiltshire Sight & Vision South West.

3.2.9 Integrating Eyecare Services – Working with Community Optometrists

Building on the 2017/18 pilot scheme, during 2018/19, Newmedica agreed a pioneering national agreement with the Local Optical Committee Support Unit and Primary Eye Care Limited to roll-out a community post-operative follow up service. This arrangement will allow all community opticians in England who refer to Newmedica to become accredited to deliver post-operative follow-up care in their practices. To support this on an ongoing basis we deliver Continuing Education and Training (CET) events to the local optical community. During 2018/19 these have covered the subjects of cataract surgery and Optical Coherence Tomography (OCT).

3.2.10 Feedback to referrers on referral quality, feedback capture and improvements

To help reduce inappropriate referrals and to support and improve patient pathways Newmedica regularly feedback any comments regarding referral information. The feedback provided helps ensure referrals contain the right information to ensure patients receive the right treatment and care.

3.3 Workforce

3.3.1 Staff Engagement

In 2018/19, we focused on the delivery of our insight action plan

An 'Insight Action Plan' was developed as a result of our 2017 engagement survey and the two areas focused on were around respect and recognition related to communication and improvement in line management practice.

As part of this plan we:

- Reviewed the format of our employee newsletter 'What's Happening' to include an update from a 'featured team' with the aim of promoting a team culture across the group and continue to promote and utilise the 'shout outs' section that encourages employees to recognise the good work of their colleagues
- Continued the 'roadshows' whereby the Managing Director and members of the Executive Committee visit all services to meet with teams.
- This included a half day event for the Support Office which incorporated a business update, ways of working and recognition session.

- Continued monthly 'stand ups' in the Support Office but changed the format to focus more on business updates rather than business as usual activity.
- Introduced weekly team huddles within services
- Delivered a management development programme 'IMPACT' for line managers with a focus on line management skills, ongoing performance management and supporting teams through change.
- Reviewed our 'mentor workshop' for team members supporting new starters in services and switched delivery mode to virtual classroom to increase attendance and frequency as well as reducing travel.

3.3.2 Smoke Free Sites

All Newmedica services are delivered on smoke free premises.

Welcome to **Newmedica**



4. Priorities for 2018/19



In 2018/19 Newmedica had five key improvement priorities.

- Dementia Strategy
- Audit Programme
- Patient and Carer Engagement
- Implementation of Local Safety Standards for Invasive Procedures
- Improving Staff Engagement

4.1.1 Priority One - Dementia Strategy

We said we would...

- help staff understand dementia through specialist training, how it impacts Newmedica and the practical steps staff can take to support patients.
- ensure our working environment is dementia friendly improving the patient experience when visiting our services.

We have...

- trained all our clinical staff in dementia awareness which has given them a better understanding of dementia in order to provide a better patient experience.
- incorporated dementia awareness training into our new employee induction training.
- nominated Dementia Friends Champions in each of our services and these members of staff are attending the Alzheimer's Society training in their area.

- instructed our estates team to review and seek guidance to ensure our new services will be built and designed to reflect dementia friendly environments, and where possible, will update existing services.

We will ...

- build on this priority in 2019/20 to develop dementia forums for Dementia Friends Champions to share ideas in creating and maintaining dementia friendly environments.

4.1.2 Priority Two - Audit programme

We said we would...

- implement an electronic governance system to allow ease of collation and reporting of audits.
- ensure all services are carrying out the required audits for their service.
- use the audit data to measure quality and support with quality improvement programmes.

We have...

- implemented the electronic governance system in September 2018 across the organisation which enables collation and reporting of audits from our services.
- ensured our governance team continually monitor the completion and outcomes of audits and report findings to Quality Management Committee.
- used the data from the audit outcomes to measure quality within our services to identify areas of poor practice to develop and implement improvement.

4.1.3 Priority Three - Patient and Carer engagement

We said we would...

- establish a Patient Participation Group for all directly commissioned services.
- understand how patients want care delivered to them.
- understand how we might better support carers in our services.

We have...

- developed a carers survey so we can understand better how to support carers in our services.
- continued to monitor patient feedback at our Quality Management Committee and through our Executive Committee.
- developed Patient Participation Groups in our directly commissioned services.

We will...

- establish patient participation groups in our remaining directly commissioned services so we can share feedback and ensure service delivery meets our patient's needs.

4.1.4 Priority Four - Implementation of Local Safety Standards for Invasive Procedures (LocSSIPs)

We said we would...

- produce standardised local safety standards to prevent patient safety incidents.

We have...

- appointed a part time National Theatre Lead to provide leadership across our services.
- formed a Theatre Practitioner Forum which encourages collaboration and sharing of information between theatre sites within Newmedica.
- identified and developed LocSSIPs within our services and will continue to review and produce new standards to help improve delivery of safe care during invasive procedures.

We will...

- ensure LocSSIPs are embedded within our service to deliver ongoing safe care delivery and make this a priority for 2019/20.

4.1.5 Priority Five – Improving Staff Engagement

We said we would...

- improve our employee annual engagement survey score from 76% to 78% for 2018/19.
- collect more timely feedback to identify how we can engage better with our staff and improve our retention rates.

We have...

- monitored our staff retention monthly and noted that for the rolling 12 months to 31 March 2019 overall employee turnover has reduced significantly.
- promoted wellbeing across the organisation based on the results of the 2017/18 Wellbeing Survey including the introduction of a new and enhanced employee assistance programme.
- reviewed our employee benefits, introducing new flexible benefits offers including optional health checks and continuation of the popular holiday buying scheme.

- conducted a 2nd wellbeing survey which has shown an improvement in the number of employees who think the organisation takes positive action around wellbeing, that 95% of respondents consider themselves to be in good or average general health and that awareness of the employee assistance programme has increased.
- continued to publish our monthly employee newsletter ‘What’s Happening’ that includes organisational updates to all employees.
- provided a management development programme ‘IMPACT’ to enable line managers to have the skills to manage, support and develop their teams.
- reviewed our learning & development strategy, including clinical training, to ensure that our training and development offer remains fit for purpose as the organisation grows and the scope of services change.
- Our employee engagement survey has not yet taken place for 2018/19 due to a change in the provider and methodology behind the survey, and will take place in 2019/20.

We will...

- continue to focus on employee engagement, health and wellbeing by:
 - Conducting a new engagement survey
Revise and deliver the Wellbeing Plan including the flu vaccination campaign
 - Continue to focus on the improvement of data volume around equality & diversity
 - Deliver against Equality & Diversity Plan

4.2 Other Focus Areas for 2018/19

4.2.1 On Line Quality and Compliance System

We said we would.....

- provide a robust electronic governance system for Newmedica.

We have...

- implemented an electronic governance system across all our services called RADAR. This has significantly improved our ability to analyse data, identify trends and reporting internally.

4.2.2 Our agreed National CQUIN's for 2018/19:

We said we would...

- achieve a 5% point improvement from our baseline staff wellbeing survey results undertaken in 2017/18, relating to the questions asked about the organisation’s action around health and well-being and the prevalence of musculoskeletal issues and work related stress.
- achieve an uptake of flu vaccinations by frontline clinical staff of 75%

We have...

- exceeded 5% point improvement across all three questions of our baseline staff wellbeing survey
- achieved uptake of the flu vaccination by frontline clinical staff of 75% in a majority of applicable services

4.2.3 Integrating Eyecare Services – Working with Community Optometrists

Building on the 2017/18 pilot scheme, during 2018/19, Newmedica agreed a pioneering national agreement with the Local Optical Committee Support Unit and Primary Eye Care Limited to roll-out a community post-operative follow up service. This arrangement will allow all community opticians in England who refer to Newmedica to become accredited to deliver post-operative follow-up care in their practices.

5. Priorities for 2019/20



Newmedica have 4 key priorities for 2019/20. Our priorities will be monitored through our Quality Management Committee.

- Improving consistency of practice
- Embedding our Local Safety Standards for Invasive Procedures
- Ensuring our teams have the appropriate skills and competence to carry out their roles
- Implement a new electronic patient record

5.1 Priority One - Improving consistency of practice

Objective...

To review our policies and processes to ensure they reflect best practice and Newmedica's ways of working

We aim to...

- Create a policy group who will lead on this priority
- Review our policy template to ensure its in line with NHS standards
- Review how we categorise our policies to ensure they are user friendly and easy to find
- Review the content of all our current policies to ensure the content is reflective of Newmedica's ways of working and best practice and develop new policies where required.
- Review and develop our current protocols, standard operating procedures and toolkits to support services.

- Monitoring achievement
- Quarterly monitoring of this priority will be reviewed through our policy group and fed back to our Quality Management Committee.

5.2 Priority Two - Embedding our Local Safety Standards for Invasive Procedures

Our aim is to provide safe, reliable and compassionate care to our patients and one of the ways in which we can strive to achieve this is through implementation of LocSSIPs for outpatient interventions.

LocSSIPs are modified safety standards created from National Safety Standards for Invasive Procedures (NatSSIPs) which were developed by NHS England to support national and local learning from the analysis of never events, serious incidents and near misses in order to provide safer care to patients.

Objective...

- To embed our LocSSIPs into our way of working.

We aim to...

- to provide ongoing safe care delivery.
- develop audits to ensure LocSSIPs have been embed into every day practice.

Monitoring achievement...

- Monitoring audit results and creating action plans where noncompliance is identified
- On-going capture and analysis of patient safety incidents.

5.3 Priority Three - Ensuring our teams have the appropriate skills and competence to carry out their roles to the best of their ability and support career development

Objective...

To support all colleagues in our services and the Support Office to deliver their best work through structured learning and development activities.

We aim...

- review the assessment and development of core skills across all service lines
- build upon our Leadership and Management Development activities
- ensure continual improvement and development for all staff groups
- Develop programmes to support practical skills required in a technologically advancing environment

Monitoring achievement...

Quarterly monitoring of this priority will be conducted by HR and fed back into our Quality Management Committee and Medical Advisory Committee.

5.4 Priority Four - Implement a new electronic patient record

Objective...

- To implement an electronic patient record that is inclusive of all Newmedica patient pathways

We aim to...

Build a system...

- which integrates with eRS
- that will track patients from the beginning of their pathway
- that will enable clinicians to access patient records quickly and efficiently and provide a platform for clear concise documentation.
- which enables easy collation of audit data that will be submitted for national data sets.
- Monitoring achievement
- Ongoing review of our project implementation plan will be undertaken to ensure the project timelines are met
- Pilot the system to ensure it meets all the requirements within scope
- Engage with stakeholders for ongoing feedback.
- Structured system roll out to begin by Quarter 4.

6 Annex 1 - Statements of support from partner organisations



Press release

Gloucestershire Echo 12th April 2018

Vision for service sees clinic open

A NEW eyecare clinic in Gloucester, a leading approved provider of NHS-funded ophthalmology services, has been officially opened by MP Richard Graham.

The Newmedica clinic in the Aspen Centre on Horton Road is open to both private and NHS patients with the aim of offering greater choice and reduced waiting times for ophthalmology services.

All treatment and care offered at the clinic is consultant- led, with services including cataract surgery and glaucoma management.

Headed up by clinical director, Nigel Kirkpatrick MD FRCOphth and operational director, Carl Hall, the Newmedica team is working in conjunction with the NHS, local optometrists and GPs.

‘We are delighted to be welcoming Richard Graham to open the centre,’ said Mr Kirkpatrick, a consultant ophthalmologist who has been serving communities in the county for more than 20 years.

‘Our focus here is to offer patients the highest quality eyecare - accessible and affordable for all - in a comfortable environment. We welcome referrals from all high street opticians, as well as direct from GPs, and are focused on providing a community-based surgical option which will help support existing NHS services provided by the local Clinical Commissioning Group and Trust.’

George Coulson, portfolio manager at building owners Assura plc, says: ‘This is a great example of why primary care buildings must offer space and flexibility to accommodate lots of different healthcare services under one roof - it helps the NHS offer services closer to home and means patients don’t have to travel so far for the treatments they need.’ The service includes both diagnostics and treatment where appropriate. Patients can expect their first appointment within four weeks as standard after being referred by their GP.

The clinic covers outpatient consultations and diagnostic scans, cataract surgery, YAG laser capsulotomy, oculoplastics and treatment for glaucoma, peripheral iridotomy and surgical retina services (excluding AMD).

Newmedica is partnered with Specsavers, which recognised that support and investment was needed to provide NHS-funded ophthalmology services to the community. For more go to newmedica.co.uk/

Press Release OPTRAFair NEWS 16th April 2018

LOCSU and Newmedica agree national framework for ophthalmology services

A national model for commissioning of cataract services between community ophthalmology provider, Newmedica and the Local Optical Committee Support Unit has been unveiled which could form basis of a framework to allow NHS services, currently carried out in hospitals, to be brought back into the high street.

The agreement, announced at Optrafair, sets guaranteed follow up appointments and fixed payments for optical practices taking part in the scheme and is designed to work anywhere in the country.

Richard Whittington LOCSU chief operating officer said the deal on cataract would create a model under which services for other conditions such as Glaucoma and age related macular degeneration could be offered.

‘At LOCSU we are pleased to be entering the agreement with Newmedica as it will enable Primary Eyecare Companies and practices to offer effective cataract post-operative care in a timely manner to patients in the community,’ said Mr Whittington.

Newmedica managing director Darshak Shah said Newmedica had a simple mission and that was to make eyecare better. ‘Eyecare services have traditionally been hospital based yet many ophthalmic assessments and treatments currently carried out in secondary care can be undertaken effectively in primary care.’

He said the agreement through LOCSU would be open to all accredited optometrists. Specsavers made a major investment in Newmedica in 2016 but this agreement would be open to all types of practice. ‘This is a significant step forward in the redesign of local eye care services that will be of benefit to patients and to practitioners,’ he added.

Mr Whittington said there were issues around capacity and commissioning in ophthalmology but the agreement would show there was a cost effective, patient centred and efficient way of offering ophthalmology services in a primary setting. He and Darshak said they hoped to convince government and commissioners by demonstrating how this could be achieved. ‘It will offer an opportunity to redesign local services with primary care being at the heart of delivery,’ he added. He also stressed that this scheme was open to both multiples and independent so long as practitioners had the required accreditations through organisations such as Wopec. He urged all practices to get involved in their LOC and PEC and to seek accreditation to enable them to take part in the services that would have to open up to solve the crisis facing NHS eye services.

