



Ophthalmology Honours

Honours and Commendations

BMA House, London
Thursday 7th March 2019

Ophthalmology Honours is an educational initiative fully funded by Bayer.

The judging process is carried out by a panel of independent judges and is wholly independent of Bayer.

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Content



- 3 Welcome & the Presentation Host
- 4 Steering Committee
- 5 Additional Judges
- 6 Best Ophthalmology Team
- 10 Best Ophthalmology Service Improvement
- 14 Best Patient Support or Education Initiative
- 15 Outstanding Ophthalmology Nurse or Allied Health Professional
- 17 Judges' Special Honours
- 18 Ophthalmology Unsung Hero



R N I B



See differently



Visionary

linking local sight loss charities

The Ophthalmology Honours are organised and funded by Bayer and supported by the Royal National Institute of Blind People (RNIB) and Visionary

Welcome

Welcome to this year's Ophthalmology Honours. This annual programme, funded and facilitated by Bayer, highlights the outstanding work being carried out by individuals and multi-disciplinary teams in ophthalmology throughout the UK. The programme encourages the sharing of best practice and innovation to improve patient care. The Honours identify exceptional initiatives that demonstrate clinical excellence in ophthalmology, and recognise outstanding individuals who improve the quality of care and experience of patients.

The Ophthalmology Honours programme reflects the mission of Bayer, a leader in medical retina, to support science for better lives and to enhance patient care by facilitating the sharing and implementation of multi-disciplinary and innovative working within the ophthalmology community.

The programme is supported by the Royal National Institute of Blind People (RNIB) and Visionary.

Although funded and facilitated by Bayer, the programme is judged by a multi-disciplinary panel of experts in ophthalmology care and the decision-making process is wholly independent of Bayer.

The Ophthalmology Honours is part of the Bayer Ophthalmology Masterclass programme which aims to deliver high-quality and valued educational support initiatives for the ophthalmology community.

The night's host...

The Ophthalmology Honours presentation was hosted by **Mr Pete Cohen.**



With a background in psychology and sports science, Pete Cohen is a specialist in coaching and inspiring people. The focus of his motivational work is self-help and development and he has delivered thousands of presentations around the world, providing insights and techniques to increase self-confidence and associated success, regardless of background or field.

Pete is the author of 17 published books, several of which have been best-sellers across the world, including *Shut the Duck Up*, *Habit Busting*, *Life DIY* and *Sort Your Life Out*. He has also presented his own show on TV called *The Coach* and was the resident Life Coach on GMTV for 12 years. Working in sports performance coaching, Pete has helped world-class sporting stars and teams reach their peak performance, including Sally Gunnell, Ronnie O'Sullivan, Ellen MacArthur, Roger Black, the Kent Cricket Team and the Arsenal football team.

Pete is an expert on the psychology of high performing teams and individuals such as those being honoured by this programme, and shared his motivational insights and techniques to inspire even greater success.



For more details please visit
www.ophthalmologyhonours.bayer.co.uk

Steering Committee

The development of the Ophthalmology Honours was guided by a steering committee of experts including Consultant Ophthalmologists, Specialist Nurses and representatives from the RNIB and Visionary.



Clare Bailey

Consultant in Ophthalmology | Bristol Eye Hospital

Clare has been a Consultant Ophthalmologist at Bristol Eye Hospital since 2001, with a specialist interest in medical retinal disorders. She is Clinical Director of the Retinal Treatment and Research Unit at Bristol Eye Hospital. Clare has been a principal investigator on numerous trials concerning age-related macular degeneration, diabetic retinopathy and retinal vascular disorders.



Helen Devonport

Consultant in Ophthalmology | Bradford Royal Infirmary

Helen is a Consultant Ophthalmic Surgeon, specialising in medical retina and uveitis at Bradford Teaching Hospitals NHS Foundation Trust. She is the lead for the Macular Service and the Uveitis Service in Bradford and is involved in clinical research in medical retina and uveitis.



Stevie Johnson

Clinical Lead | RNIB Eye Clinic Support Service

Stevie is Clinical Lead at RNIB, working to improve the quality and impact of service for people affected by sight loss. She and her team design effective, evidence based practice, offer professional development programmes and practical support for regional or country service delivery teams and UK-wide services.



Jenny Nosek

Ophthalmic Advanced Nurse Specialist | Shrewsbury and Telford Hospital NHS Trust

Since completing her master's degree at Birmingham University in 1995, Jenny has continued to work in ophthalmology both commercially and in the NHS, specialising in the care of patients suffering with macular pathology. She has published several papers relating to evidence based nursing practice in ophthalmology.



Fiona Sandford

Chief Executive Officer | Visionary

Visionary is the membership organisation for sight loss charities throughout the UK. Visionary believes that we can be stronger by working together. Prior to joining Visionary Fiona was the CEO of Visibility - a sight loss charity in the west of Scotland. Fiona is a trustee of the Corra Foundation and the Blindcraft Fund.

Additional Judges

Although the programme is funded and facilitated by Bayer, all submissions were independently reviewed by experts in ophthalmology care, including the steering committee and additional representatives, to ensure a multi-disciplinary panel. The decision making process was wholly independent of Bayer.



Usha Chakravarthy

Professor of Ophthalmology | Queen's University Belfast

Usha has a varied portfolio of research interests and is recognised internationally for her work on age-related macular degeneration and diabetic retinopathy. She has in excess of 300 publications and has served on the editorial board of several national and international journals. In 2016 she was awarded a CBE for services to ophthalmology in the UK and was also the recipient of the Macular Society's Alan Alderman award.



Abigail Iron

MR Co-ordinator | West Suffolk NHS Foundation Trust

Abigail has over 20 years' experience as an orthoptist and took on the role of MR co-ordinator in 2007 at West Suffolk Hospital. In addition to co-ordinating the busy medical retina service she participates in audit and research as well as maintaining her orthoptic duties and diagnostic imaging role.



Roshini Sanders

Professor of Ophthalmology | University of Edinburgh
Consultant in Ophthalmology | Queen Margaret Hospital, Dunfermline

Roshini is a regional trainer for glaucoma in South-East Scotland, secretary of the Scottish Glaucoma Club, chief organiser of the Scottish Glaucoma Symposium and co-founder of the glaucoma surgery wet lab at the Royal College of Surgeons, Edinburgh. She is currently National Clinical Lead for the Scottish Eyecare Integration Project, Chair of SIGN guidelines for glaucoma and Ophthalmology Advisor to NHS Scotland.

Best Ophthalmology Team

Teamwork is critical in the delivery of high-quality ophthalmology care. A healthcare system that supports effective teamwork can improve the quality of patient care, enhance patient safety and reduce workload and capacity issues that cause unnecessary stress among healthcare professionals and patients. This honour is for ophthalmology teams who deliver and sustain an excellent level of patient care by working together to achieve goals.

HONOUREE



**University Hospitals Birmingham
NHS Foundation Trust**

**The Uveitis Service - Building a
holistic personalised service for
patients with sight-threatening
inflammation**



An inspirational best practice highlighting an excellent multi-disciplinary service, a cohesive team and clear results in setting up this complex speciality. A lot of effort was put into the team construction, with a strong commitment from the clinical lead to meet weekly with all team members.

JUDGING PANEL



Uveitis – inflammation within the eye – is a major cause of blindness in the working age population. Its complexity means that care in non-specialist clinics is difficult, delaying diagnosis and reducing access to modern NICE-approved treatments.

The University Hospitals Birmingham NHSFT established the Uveitis Service in 2012 and is now providing tertiary-level care across South Birmingham and surrounding region, and quaternary-level care for rare uveitis syndromes (e.g. Birdshot Chorioretinopathy and Punctate Inner Choroidopathy).

The aim of the Uveitis Service is to provide excellence in care for patients with uveitis through quality of care, patient safety, positive patient experience and a culture of research and innovation. The service has been developed with strong patient engagement and the multi-disciplinary team brings together staff with a wide range of skills, who work with the service users to improve uveitis care in line with patient-identified priorities.

To develop an exceptional level of staff motivation, patient engagement and shared 'ownership', the team has invested in education and staff development. The Clinical Lead meets weekly with all team members one-to-one, reviewing clinical queries and exploring opportunities to improve the service and the education opportunities. Clinics are preceded by a 'team brief' to prepare and review case histories, and all patients with active problems are discussed and/or reviewed with the Clinical Lead. Non-clinical team members are also given opportunities to attend the clinic to understand patient needs. Particular emphasis is placed on ensuring that all members know that their voice counts, understand their essential contribution to delivering excellent care and have ready access to the Clinical Lead. Patient-staff engagement is also promoted through quarterly meetings with the local patient group (PInGU), co-production of educational resources and co-fundraising.

Easy access to advice and review is achieved via a uveitis helpline and rapid response email for clinical/admin enquiries. The 'Team brief' and one-to-one meetings also provide excellent communication across the service. The stable and committed team of consultants, clinical nurse specialist, clinic nurses, technicians, secretary and manager, guarantees continuity of care and aims to create a caring environment in which patients know that they are valued – a result reflected by the excellent patient/support group feedback, social media reviews and 'Friends and family' test. Patients with rare uveitis syndromes particularly value the condition-specific clinics where they can meet others with the same condition. Clear and appropriate explanations regarding the condition and its treatment are provided to patients through the face-to-face consultation and additional educational materials. Patients are also involved in all treatment decisions.

The team aims to provide a safe immunosuppression service that respects the 'real-life' needs of patients, audited against national guidelines and with high safety standards. The University Hospitals Birmingham Uveitis Service is an NHSE-prescribing-centre and uveitis clinical trial centre, providing early access to the latest treatments. All patients and staff are given opportunities to develop/improve the service and engage in research: over 1,400 patients have been enrolled since 2012, leading to over 60 research papers from the Uveitis Service with over 30 different team members represented as co-authors.

The success of the Uveitis Service is measured against specific objectives, and these aims are continually reviewed to ensure the service adapts to a changing NHS/societal environment. This is achieved through consultation with patients, identifying unmet local/regional needs for uveitis care with clinical experts/patient groups and reviewing best practice around the UK. Continuous audit/multi-stakeholder feedback also shows that the service provides a high-quality, safe service that is aligned to the needs of patients.

KEY LEARNINGS

- Value the 'patient voice' and align services as far as possible to patient priorities
- Involve patients to help better deliver the service – the most impactful educational events are when patients are invited to tell their stories to the whole team
- Ensure every team member understands their role and why it matters to delivering excellent care
- Ensure every team member feels valued
- Invest in staff development for every team member
- Consider stratifying clinics – separating clinics for highly complex patients can improve quality, safety, patient experience and can help peer-to-peer support
- Keep listening and be open to feedback

Best Ophthalmology Team

HIGHLY COMMENDED



A very complex multi-disciplinary team addressing an important eye condition that is often neglected. This small dedicated service has adopted an innovative, holistic approach that plugs a gap in the service for these children, and is a best practice with the potential to be replicated.



JUDGING PANEL



Royal Group of Hospitals, Belfast Health and Social Care Trust

Neuro-Ophthalmic Visual Impairment in Children (NOVIC) - a multi-disciplinary service for children with sight impairment due to neurological dysfunction

NOVIC (Neuro-Ophthalmic Visual Impairment in Children) is a multi-disciplinary collaboration between the Royal Victoria Hospital, Belfast (RVH), the Royal Belfast Hospital for Sick Children (RBHSC) and RNIB. The team comprises individuals with paediatric expertise spanning the visual, neuro-developmental and psychosocial sectors.

Children with Cerebral Visual Impairment (CVI) have complex developmental and health problems. In the past, families were often advised that their child had vision loss beyond the remit of intervention. The NOVIC team provides a dynamic picture of their child's vision, addressing visual, neurological, daily living, social and emotional needs at one visit.

During the appointment, the orthoptist, optometrist and ophthalmologist endeavour to quantify visual acuity, field and assess ocular movements, refractive and accommodative status, binocularity, ocular health and the need for intervention. Physical and neuro-developmental assessment with the paediatric neuro-disability registrar and occupational therapist addresses general health, medication, seizure activity and management of daily activities. Finally, the Eye Clinic Liaison Officer (ECLLO) discusses Visual Impairment Certification, RNIB initiatives and access to community services, while providing emotional support.

The visit concludes with the team delivering a combined impression of the child's visual capabilities and strategies to enhance these to families. 'Take home' bags of visual and tactile stimulatory resources and patient information donated by RNIB are distributed.

A personalised report is later provided and copied to all professionals involved in the child's care.

NOVIC findings have informed assessments for educators and housing provision to maximise children's educational potential, mobility and activities of daily living.

All team members have developed expertise 'on the job' and are committed to attend and deliver educational initiatives on paediatric CVI. The NOVIC clinic database is a wealth of information for research and audit. Medical students, junior doctors, orthoptists and vision support teachers attend NOVIC to learn and impart their experience.

KEY LEARNINGS

- The visual function of children with profound neurological abnormality can be enhanced with tailored strategies - modifying circumstances, surroundings and interactions with these children. Professionals and carers should be encouraged to support them to fulfil their potential
- The team continues to seek funding for this service, in particular for a play therapist, psychologist and physiotherapist, as well as an assessment area to look at children's navigational abilities and perceptual skills
- Cerebral Visual Impairment (CVI) is most appropriately managed by a multi-skilled team and NOVIC has successfully deployed a model of multi-disciplinary care, focusing on the whole child and their family, with understanding their vision at its heart

Best Ophthalmology Team

COMMEDED



Barts Health NHS Trust

The London Retinoblastoma Unit: saving sight and saving lives of children

The London Retinoblastoma Unit is one of two national centres in the UK.

Retinoblastoma (Rb) is the most common eye cancer in children and management requires the expertise of a multi-disciplinary team working cohesively to make prompt decisions about life- or sight-saving treatment and to deliver high standards of care.

The core team is led by two consultant ophthalmologists and consists of three paediatric oncologists, a specialist orthoptist, a play therapist, two specialist oncology nurses, a psychologist, two clinical fellows and one administrator. In addition, input from two histopathologists, a clinical geneticist, a dedicated genetics unit and a representative from the Childhood Eye Cancer Trust (CHECT) are valued at multi-disciplinary team meetings.

Every service meeting includes safety issues, clinical effectiveness and complaints/compliments. Every year, the team meets their Birmingham counterpart (the other national retinoblastoma centre) for benchmarking and best practice sharing.

Theatre lists have input from the play specialist (who knows how each child reacts to the anaesthetic) and include bespoke consent forms and safety checks. In a single day, the team treats 16 cases under general anaesthesia (a volume normally associated with local anaesthetic procedures such as cataract surgery).

A psychologist offers behavioural understanding and support to patients and families, including siblings, while the play therapist runs a monthly Eye Club that empowers children to teach younger patients how to care for their prosthetic eye, helping to reduce stigma.

The service has a five-year Rb patient survival rate of 98%. In advanced Rb, the eye is now salvaged in 63% of cases and the enucleation (eye removal) rate has reduced from 60% (2011-2016) to 37%. Patient services consistently show greater than 90% satisfaction / high satisfaction.



A team that has achieved striking results, in particular in terms of survival rates, and has shown great progression in a specialised service requiring excellent team work.

JUDGING PANEL



KEY LEARNINGS

- Team members (e.g. play specialist) are empowered to undertake innovations and provide a holistic approach and the integration of Childhood Eye Cancer Trust (CHECT) into the team improves transparency and patient experience
- Children are empowered by sharing their stories with other younger survivors. Psychological support is provided and communication routes are simplified using information guides to reduce parental anxiety. Teachers and carers are also educated to support children
- High output research is produced and international observers from ten countries (high and low resource) are hosted. The London Retinoblastoma Unit alumni now lead ocular oncology services in six international centres
- Retinoblastoma services are also supported in countries where the survival rate is poor and the team's work has had a dramatic effect on compliance with eye removal in Zimbabwe

Best Ophthalmology Service Improvement

This honour is designed to recognise improvements in care that have been implemented in eye units to: improve service delivery; save money and minimise the effect of reduced budgets; improve patient experience; improve patients' quality of life; improve patient outcomes; whilst maintaining or enhancing the quality of patient care provided. Judges looked for evidence or audit results that drove the need for service improvement, the originality of the initiative, the potential for wider application, the size of the benefit achieved, the numbers experiencing this benefit and the cost-savings generated by the initiative.

HONOUREE

**King's College Hospital
NHS Foundation Trust**

MOVES - Multi-disciplinary pathway for Oculomotor and Visual Evaluation in Stroke patients



A much-needed and replicable service improvement that targets a frequently neglected group and has the potential for massive impact, by increasing the detection of visual impairment post-stroke, maximising rehabilitation and minimising unnecessary reviews.

JUDGING PANEL



The acute stroke unit at Denmark Hill treats 1,400 patients every year but did not have a dedicated referral pathway for ophthalmic assessment of stroke patients. This resulted in inequalities of care, with most patients being seen by junior doctors or general ophthalmologists who may not have a particular interest in stroke. In many cases patients waited for several months before assessment, resulting in delays to treatment and rehabilitation.

The team wanted to implement a clear online referral pathway that could be used by any member of the clinical stroke team, with the aim of patients accessing ophthalmic care in the right place at the right time.

The service was developed by Ophthalmologist Jim McHugh and Orthoptist Claire Saha, working with the wider stroke team to gauge interest in the service and develop the clear referral template.

During development of the online referral template the team came up against two main challenges. The first was an IT issue where access to the referral template address was restricted to doctors, and Allied Health Professionals (AHPs) were forced to refer through another channel. This issue came to light when the enquiries-only email was receiving service referrals. The team worked with IT to lift the restrictions on the AHPs who worked with stroke patients, ensuring they could access the tool.

The second was the initial number of inappropriate referrals for clinic-based assessments. Patients who had cognitive or mobility issues were referred to clinic and were unable to complete a full assessment due to these. To address this, the online referral template was modified to include a ward-based assessment request. These patients are now seen by the ophthalmologist, on the ward, outside the clinic time.

The clinic has been running since March 2018 and since the implementation of the clear online referral pathway they have seen:

- Reduced delays in visual problems being recognised and treated – all referrals are seen within a few weeks
- Reduced delays in registration of sight impairment and access to local sensory support team
- The team has also addressed the inequality of care they had previously seen as they now offer the same service to all stroke patients. By providing this service they also increased the potential for rehabilitation by providing accessible information regarding visual status to all members of the stroke team. This process also minimises the need for return trips to the hospital eye clinic to see different members of the eye care team.

As an added positive outcome, many patients have been diagnosed with non-stroke related eye problems, which have been referred on to other specialist clinics, preventing visual loss, and a number of patients were identified as not eligible to drive, thus preventing illegal driving and the potential for road traffic accidents.

The team also achieved their goal of treating eligible patients with internet-based eye movement therapy, which has been shown to offer substantial improvements in reading speed, finding objects and avoiding collisions. These therapies are recommended by NICE for stroke patients, but are not routinely offered by orthoptists or ophthalmologists.

Although the service is yet to undergo formal evaluation, informal feedback from their stroke colleagues has been very positive. They conduct regular meetings to re-evaluate the proforma and plan to audit the results of the internet-based therapy on relevant patients.

KEY LEARNINGS

- Patients benefit from integrated multi-disciplinary pathways to supplement the skills of their primary clinicians
- Allied Health Professionals (AHPs) may be best placed to complete referrals to other specialities
- Patients should be seen before discharge to reduce did not attends
- There is a large burden of visual problems that exist in this group of patients, unrelated to their stroke diagnosis, and timely referral to other specialist clinics can prevent vision loss
- It is important to allow enough time for assessment as this is more time consuming than we anticipated
- This model is applicable to other stroke centres and we plan to roll this out across other sites

Best Ophthalmology Service Improvement

HIGHLY COMMENDED



Capacity is one of the biggest challenges in today's NHS and the increase in capacity achieved by this service is outstanding. Time was set aside to systematically go through the pathway and set up the service, which isn't obvious, and the service user involvement was commendable. A best practice worth replicating.

JUDGING PANEL



South Warwickshire NHS Foundation Trust

Delivering glaucoma services to meet capacity needs using a new model of care

The ophthalmology services at South Warwickshire NHS Foundation Trust serve a population of 300,000. In July 2013 the service was experiencing a lack of capacity to see new glaucoma patients, as the number of new referrals had increased due to changes in NICE guidance, and the continuing use of locum staff had increased the frequency of follow-up requests. This led to the service being placed on the Trust clinical risk register.

The team proposed a triage and referral tier system to increase capacity where specialist consultants saw more complex patients whilst optometrists and ophthalmic technicians saw lower-risk patients.

A glaucoma lead consultant was tasked to review the existing service and develop a plan for improvements. The suggested new model of care included ophthalmic technician-delivered new patient assessment with virtual consultant review; optometry-delivered follow-up care; consultant clinics for new and follow-up complex cases, post-op and laser review; a nurse-led medication clinic and the availability of virtual review for all patients seen by non-medical clinicians as required. A structured competency programme was introduced for the ophthalmic technicians and optometrists involved in the model.

Although the clinical model used is not unique to this Trust, the success of the review, implementation programme and the engagement of all the involved stakeholders has been a significant achievement.

The change in model has achieved an increase in new patient capacity of 65% and increase in follow-up capacity of 55%. The service was removed from the Trust clinical risk registers in May 2018. In addition, the new technician-led referral diagnostic clinics allow false positive referrals to be cancelled. This makes more appropriate use of the medical and optometrist clinical skills in managing those with a confirmed diagnosis.

KEY LEARNINGS

- Involve all stakeholders at the earliest opportunity during the review and planning process as different perspectives will often identify unforeseen areas for consideration not identified in the original plan
- The implementation of a complete service delivery redesign needs to be phased with clear aims and objectives at each stage. Trying to change too much at any one time could result in disruptions and potentially errors
- Investment in learning and development is essential to embed a positive learning culture and to recruit and retain staff successfully
- Keeping everyone involved and the wider team informed at all stages of the service development is crucial

Best Ophthalmology Service Improvement

COMMEDED



While some hospitals already have protocols in place, Emergency Endophthalmitis Boxes with all necessary equipment and medication ready for use are still not standard practice in the UK. An idea worth sharing as this might save patients from sight loss.



JUDGING PANEL

Moorfields Eye Hospital NHS Foundation Trust

Improving patient accessibility to emergency ophthalmic treatment: Emergency Endophthalmitis Boxes for rapid treatment of endophthalmitis

Performing over 15,000 cataract surgeries and 35,000 injections a year, Moorfields Eye Hospital requires an efficient system to diagnose and treat endophthalmitis, which may occur after penetrating ocular procedures. European guidelines recommend delivering treatment within one hour of presentation, but an audit found that the time wasted to locate equipment and prepare antibiotics resulted in delays of several hours.

The hub-and-spoke model of care provided by Moorfields, with over 30 satellite sites, meant that standardising an endophthalmitis care package was vital in ensuring all patients received immediate treatment.

The initiative began at the City Road campus where pre-packed endophthalmitis kits containing the equipment required to 'tap & inject' the eye were prepared. However, some issues were observed, including confusion around the location of the kits, poor reporting of treated cases and completion of post-procedural paperwork, missing equipment in satellite sites resulting in patients having to be transferred, frequent wastage of antibiotics and confusion around dilution instructions affecting the Trust antimicrobial consumption reporting.

As a result, the antimicrobial pharmacist and A&E fellow discussed with representatives from the different sites how to streamline the process, and came up with a drug inclusive tamper-proof endophthalmitis treatment pack - named the 'Emergency Endophthalmitis Box (EEB)'. Along with the required equipment and pre-packed antibiotic kits with dilution instructions, the boxes contain supporting materials including detailed instructions on drug dilutions, a flow diagram of the 'tap & inject' process, stickers to improve clinical record keeping and prompts to fill in the report form. The reporting system was also updated, so that endophthalmitis cases are now reported electronically.

Audits carried out pre- and post-EEB implementation demonstrated a dramatic reduction in time taken to prepare the antibiotics, tap and inject the eye, from a maximum time recorded pre-EEB of 60 mins, to a minimum time recorded post-EEB of 21 mins.

Simulated scenarios demonstrated time to injection being 73 minutes. To fully evaluate the success of the initiative, the team plan to run similar role plays at various sites and re-audit 'time taken to injection' using the final version of the EEB.

KEY LEARNINGS

- If planning to implement a significant change, on a large scale, involve all members of the multi-disciplinary team affected, across all satellite sites
- Keep all parties informed at each stage and encourage the expression of opinions and provision of feedback
- Aim to collect information and feedback in good time to prevent project delays

Best Patient Support or Education Initiative

This honour is designed to recognise the development of innovative support or education initiatives that have made a significant and measurable difference to improve outcomes and quality of life for patients.

HONOUREE



A practical and pragmatic initiative to support a vulnerable population, enabling staff to devote more time to a neglected group of patients with special needs. A best practice that could be implemented more widely as a triaging service to provide an initial assessment to this special population.



JUDGING PANEL



KEY LEARNINGS

- Real demand exists for this service and users, carers and relatives have provided positive feedback
- It is important to involve all stakeholders at project level, including patients, carers/relatives where possible
- Criteria for referral need to be very specific to avoid inappropriate use
- While this is not an initiative where the prime objective is improved cost-effectiveness, its focus is the improvement to patient outcomes and quality of life. A secondary gain is the improved clinic flow in other services unable to meet the needs of these adults.

South Warwickshire NHS Foundation Trust

Vulnerable Adult Ophthalmology Service

The South Warwickshire NHS Foundation Trust (SWFT) ophthalmology team identified a need for a bespoke multi-disciplinary service for users with dementia, as well as other vulnerable adults with learning difficulties or mental health concerns. A multi-professional project group was set up to review current provision and to design a pathway to facilitate access.

In response to this, the Vulnerable Adult Ophthalmology Service was launched in July 2017. Each clinic is supported by a multi-disciplinary team who have undergone dementia awareness and learning needs training. Additional time is allocated as required and all necessary diagnostic testing is undertaken during the clinic attendance. A process to identify link personnel for each individual has also been put in place.

Referrals are received directly into the service and include information regarding diagnosis and support required, so that staff can plan care in advance of the clinic.

Care plans are developed with the patient and relatives/carer, so that appropriate steps can be put in place to facilitate ongoing support. This includes further outpatient attendance with allocated time and personnel, support for surgical procedures and extra time on surgical lists to facilitate surgery under local anaesthesia.

Outstanding Ophthalmology Nurse or Allied Health Professional



Ophthalmology clinics rely on nursing staff and allied health professionals, who continue to improve the treatment and care they provide for their patients. Outcomes, safety and experience are always the main focus, but it is also necessary to embrace the ever-growing need to adapt, develop and evolve clinical practice to meet the diverse expectations of patients, the public and policy makers. This honour recognises the critical role nurses and allied health professionals play within ophthalmic care and especially those who demonstrate excellence in all aspects of their role while making an outstanding contribution to patient experience.



HONOUREE

Claire Saha

Deputy Head of Optical Services

King's College Hospital NHS Foundation Trust



15



Claire's contribution goes well above and beyond her role, both for her patients and for her Trust, making her a real ambassador. Her exceptional financial skills have helped her to make a significant difference, improving the service and allowing huge cost savings. Claire is also a very valuable team member, thanks to her commitment and leadership skills.

JUDGING PANEL



Claire graduated as an orthoptist in 1999 and joined King's College Hospital in 2002. Claire works across several different clinics including paediatrics and neuro-ophthalmology and is orthoptic lead within the pituitary MDT. Claire became Deputy Head of Optical Services in 2012.

Like other ophthalmology departments in the UK, King's College is battling with huge demand. Claire identified £5.1M of potential income gains within ophthalmology through her high-level work on procedure codes, presented her findings to the board and this has now been taken up by the hospital directors, transforming the orthoptic department and raising the ophthalmology profile within the hospital.

Claire's team enjoy learning from her and appreciate the advice and support she provides, and that she is always available. She has excellent leadership skills and works tirelessly to ensure the team of orthoptists, optometrists and photographers work well together. Claire makes a huge commitment to the NHS every day and always puts the safety and needs of patients first. She is also an excellent role model, and students regularly observe the value that orthoptists bring to the eye clinic. Her colleagues feel the department would not run without her.

Outstanding Ophthalmology Nurse or Allied Health Professional

HIGHLY COMMENDED

Susan Donlevy and Lesley Malcolm

Specialist Macula Nurses

NHS Tayside



Susan and Lesley have been specialist macula nurses at Tayside for three years. They provide constant patient support, IVT injections, virtual clinics, outpatient reviews and counselling. Together, they deliver a consistent, high quality, compassionate service that patients constantly provide positive feedback on.

As specialist nurses with close patient contact, Susan and Lesley's understanding of patients' needs, alongside their unfailing commitment, meant they were integral in a recent redesign of the macula service. This included the design, planning and construction of a new injection suite, a redesigned patient flow through the clinic to reduce time spent by patients in the outpatient department, and closer liaison with community visual impairment groups. In addition, patient preference for specialist nurses performing injections led to Susan and Lesley training three other specialist nurses with great success. The suite was officially opened in June 2018. The service has evolved and improved around the needs of the patients in the most practical way and users are delighted.

Susan and Lesley's ownership and unfailing commitment to the improvement of the service is appreciated by the team and all macula patients in Tayside.



Susan and Lesley have taken on an extended role to the advantage of their patients, their team and their Trust, and they deserve recognition for their organisation and leadership. Feedback from both patients and managers highlights the highly positive impact they are having on the success of the macula service, by improving patient care and efficiency.

JUDGING PANEL



HIGHLY COMMENDED

Sarah Queen

Consultant Nurse and Ophthalmology Clinical Director

South Warwickshire NHS Foundation Trust



Sarah joined the South Warwickshire NHS Foundation Trust (SWFT) in 2002 as a Band 2 Health Care Assistant (HCA) in Ophthalmology. She completed her nursing degree in 2007, and following a number of further qualifications and promotions within the Trust, was awarded the post of Consultant Nurse and Ophthalmology Clinical Director in 2018. Sarah's progression from HCA to her current post allows her to have insight into all roles within the team, which has proved invaluable in her tireless quest for service improvement.

Sarah was instrumental in improving the Trust's Intravitreal Injection Service, which was placed on the Trust risk register in 2013 due to capacity issues. Sarah co-ordinated the training and development of a team of specialist nurse practitioners to increase capacity and improve patient outcomes. The capacity risk for this service has since been eliminated and this would not have been achieved without Sarah's hard work and determination.

Sarah's holistic and compassionate approach not only ensures quality care is delivered directly to patients, but that staff are also fully supported. Learning and development are embedded in the ophthalmology service culture and the admiration the team has for her is reflected in their positive attitude and motivation to succeed.



Sarah's impressive development and progression is a positive source of inspiration for her team. Sarah goes above and beyond her role both for staff and for patients, thanks to her passion, great leadership skills and open-door policy. Her contribution to the service redesign is invaluable.

JUDGING PANEL



Judges' Special Honour

Judges' Special Honours are presented to one or more entries that the judges wish to recognise for qualities that fall outside the other categories.

JUDGES' SPECIAL HONOUR FOR THE PROMOTION OF RESEARCH THROUGH NURSING

Roxanne Crosby-Nwaobi

Head of Research Nursing

Moorfields Eye Hospital
NHS Foundation Trust



A registered nurse, Roxanne is Head of Research Nursing at Moorfields Eye Hospital.

Roxanne is passionate about raising the profile of research conducted by nurses. She maximises every opportunity to encourage nurses to investigate clinical questions in a robust and systematic manner and foster research and audit collaborations between the medical and nursing teams.

To achieve this goal, Roxanne established the Research Link Nurses programme, equipping nurses within every speciality with research governance and consent training, started a monthly journal club, obtained academic funding and provided mentoring to other team members.

Testament to her contribution is the marked increase in the research capability/capacity and evidence-based practice of the Trust-wide nursing team, resulting in better care for patients as practice is underpinned by evidence, unsafe practices are challenged and research options are offered where applicable. Her team has seen an increase in requests for collaborations and secondments and nurses report increased confidence/competence.

Roxanne has peer-reviewed publications and several oral and poster presentations at national and international conferences and recently obtained a Florence Nightingale Foundation Leadership scholarship. She has several projects in the pipeline, including a nationwide ophthalmology research and audit nursing network to increase the research capability and capacity among nurses.



Roxanne is a very talented nurse, deserving recognition for her role in promoting research through nursing, a field that has been heavily doctor-led. Roxanne has not only had a significant impact in R&D, she is also a positive example for her team, encouraging other nurses into the field of research.



JUDGING PANEL

JUDGES' SPECIAL HONOUR FOR IMPROVING THE PATIENT EXPERIENCE

Daniel Smith

Ophthalmic Technician

Moorfields Eye Hospital
NHS Foundation Trust



Daniel joined Moorfields Eye Hospital as a health care assistant (HCA) in 2009. He undertook his work with a cheerful attitude, striving to listen to the elderly patients who visited the clinic and understand their needs, and for this he was awarded the Best Worker of the Month barely six months after joining the Trust. He studied Counselling and Counselling Skills at the University of London while working as an HCA and this enhanced his ability to support elderly patients.

Daniel then trained for his current role as an ophthalmic technician, where he still aims to bring a smile to everyone who attends their appointment. He combines his technical skills with patience and clear communication to effectively deliver healthcare services at the Retina Therapy Unit. Daniel's caring personality and positive attitude allow him to provide emotional support to patients who require it, particularly first-time patients. Daniel undertakes his work with a beaming smile that makes his patients feel at ease. His efforts to ensure patients have a positive experience in the clinic and to make an impact on the lives of vulnerable individuals are noticed by all.



Daniel is a dynamic and enthusiastic allied healthcare professional, deserving recognition for his contribution in improving the patient experience.



JUDGING PANEL

Ophthalmology Unsung Hero

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The NHS employs a multitude of non-clinical staff working to ensure the smooth-running of organisations and to improve patient experience. This honour recognises those who demonstrate excellence in all aspects of their role while making an outstanding contribution to patient experience.

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HONOUREE

Sabeena Kaushali Weyhenage and Neima the guide dog
Ophthalmic Eye Clinic Liaison Officer (ECLO)
Kingston Hospital NHS Foundation Trust



Sabeena is a great example of how adversity can be turned into a positive attribute, and gives people hope. In her role as an ECLO she also provides an exceptional contribution both to patients and staff by increasing their awareness of the impact of sight loss.

JUDGING PANEL



Sabeena qualified and worked as a doctor until sight loss terminated her career. She subsequently became associated with the Royal National Institute for the Blind, retrained as an ECLO and was recruited to the Royal Eye Unit (REU) in May 2017. After an 18-month wait, Sabeena's guide dog Neima entered her life on Valentine's Day 2018. Together they are an example to all through their achievements of living with sight loss.

Sabeena has proved to be a force of compassion, information and inspiration for patients facing visual impairment. The advice she gives is comprehensive and authentic. She is highly skilled with different technological aids that patients can use. Her energy, enthusiasm and positivity have won the respect of all within the REU.

Sabeena has worked hard to increase staff awareness around the challenges patients face and the importance of offering support. She has taught the team practical skills and has inspired a greater level of compassion among staff.

Sabeena has gained respect and admiration from both patients and staff for the work she does. She is unassuming and humble, with a tenacious commitment to guiding patients who live with sight loss, without fear of the future.

Ophthalmology Unsung Hero

HIGHLY COMMENDED

Mary Fletcher

Volunteer

Royal Berkshire
NHS Foundation Trust



Mary is a volunteer for the Royal Berkshire Hospital and supports their busy ophthalmology department.

Mary has many roles and wears many hats, but her most impactful contribution is the assistance she provides to patients as they move around the Age-related Macular Degeneration (AMD) clinic. The Royal Berkshire Hospital AMD service is split over two floors and patients have to move upstairs if they require an injection. Not only does Mary help the busy team by transferring patients and their notes upstairs, but she also does it with a constant smile, reassuring patients along the way and making them feel at ease.

Mary is a vital member of the team at Royal Berkshire Hospital and her colleagues feel they couldn't work as well without her. She plays a pivotal role in maintaining communications between consultants, nurses and eye clinic liaison officers and ensures patient notes don't go missing.

Mary's team describe her as 'a shining star'. She is appreciated by staff and patients alike for her smile, nurturing nature and contribution to patient service.



Mary's contribution to the macular service is impressive: her simple actions have a significant impact on patients and staff and she is a vital member of her team.



JUDGING PANEL

COMMENDED

Carol Collins

Medical Retina Co-ordinator

NHS Lanarkshire



Carol took the post of Medical Retina Co-ordinator in 2007 when the first business case was completed for anti-VEGF injections for age-related macular degeneration (AMD). Since then, she has been the workforce behind the medical retina and intravitreal injection therapy (IVT) service. She has been involved behind the scenes and seen the service grow from just treatment for AMD to diabetic macular oedema (DMO) to retinal vein occlusion (RVO), keeping everyone's spirits up despite long-term underfunding and shortage of medical staff.

Carol's job involves managing patients' appointments for AMD, DMO and RVO clinics and anti-VEGF injections. Carol, along with her colleague, manages about 41 clinics and 14 IVT sessions per week. She handles up to 40 messages each morning, mostly from elderly patients, and deals with the many cancellation, booking and rescheduling appointment requests with endless patience. Carol's work ensures the clinics are maintained at their full capacity.

Carol's efficiency and computer skills are valued by the clinic. She is known by her first name by all patients and by referring optometrists. Carol is the person who keeps the service running smoothly and the team would be lost without her. Carol is indeed the invisible behind-the-scenes force that needs recognition.



Carol plays a really expanded role that keeps the service running, and she does this in a competent and caring way. Her hard work and strong work ethic are commendable.



JUDGING PANEL

For more details about Ophthalmology Honours please visit:
www.opthalmologyhonours.bayer.co.uk

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