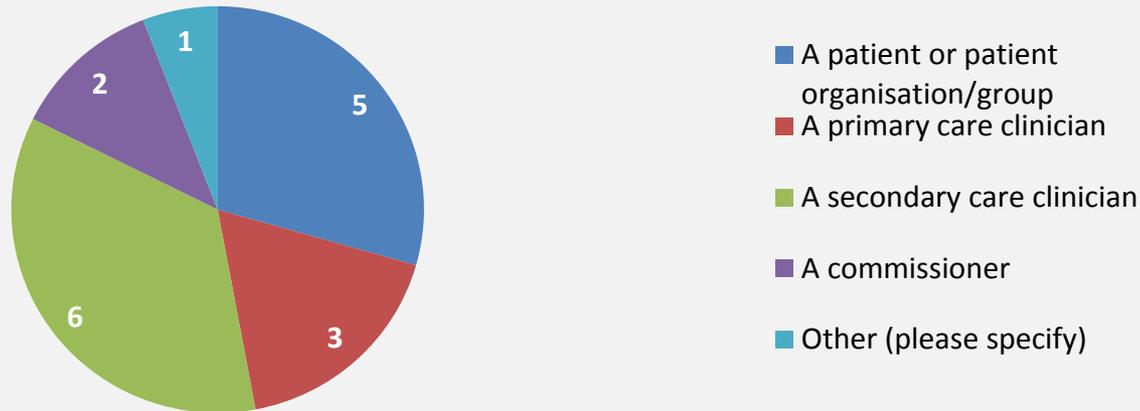


APPENDIX 9B

Analysis of sense check and feedback phase for London Choosing Wisely draft policy for: Cataract surgery

Results - sense check of the draft London policy

- The **draft London policy for cataract surgery** was circulated to **key stakeholders** with a request to share the online feedback form with their own networks and interested parties
- The **sense check was open for a 4 week period** (13 August – 10 September), extended from 2 weeks to accommodate the summer period.
- 21 respondents opened the survey, but **only 16 fully completed it**, with one additional response received over email. The breakdown of the 16 respondents is as follows:



- This online **feedback reflects a small sample size**, although proportionally the **number of responses from secondary care clinicians was positive**.
- The average rating for the draft policy was greater than 3.79 out of 5, where 1 is the lowest rating and 5 is the highest (this only refers to data captured through the online survey).

Updates to the Policy

- Key comments were discussed with the T&F Group Chair with refinements made as necessary:
 - Technical points and acronyms have been clarified in the policy to ensure that it is clear and easy to understand (for clinicians).
 - The term 'optometrists' will be used consistently in the policy.
 - The policy now makes reference to adults learning disabilities, who are ten times more likely to have serious sight problems than the general population. The policy notes that further visual acuity might be difficult to assess in this group of patients and a multidisciplinary approach and early support planning to achieve favourable outcomes for these patients should be used together with the appropriate decision making tool.
 - The commissioning criteria for patients who have a best corrected visual acuity better than 6/9 has been strengthened; it now states that there should be mutual agreement between the provider and commissioner prior to any procedure, and clarifies that the agreement is between the provider and the responsible (i.e. paying) commissioner.
 - A further suggestion on this commissioning criteria was received via email from SWL, to change current wording:

From - *'Where patients have a best corrected visual acuity better than 6/9, surgery **SHOULD** still be considered where there is a clear clinical indication or symptoms affecting lifestyle'*

To - *'Where patients have a best corrected visual acuity better than 6/9, surgery **MAY** still be considered where there is a clear clinical indication or symptoms affecting lifestyle'.*
 - Given that this would result in a significant change in meaning and the wording of this commissioning criteria had been reached by consensus amongst Task and Finish Group members, the original wording of '*should*' has been retained.

Summary - sense check and feedback phase

- As part of the development of each draft policy a sense check and feedback phase has been introduced to ensure that the draft policy is easy to follow and use, and ensure that patients will receive the most effective clinically appropriate treatment available to them.
- Stakeholders (listed below) were invited to comment on the draft policy via an online feedback form. Specifically, the online feedback form was aimed to receive comments on how easy the draft policy was to follow and on the clarity of the language used.
- The link to the online feedback form was sent to the following audience groups with a request to share the online feedback form with their own networks and interested parties (for example, key CCG colleagues, primary and secondary care colleagues, local patient groups, professional associations, and referral management centres):
 - London's STP clinical leads
 - Members of the London Choosing Wisely Programme Board (which includes London's STP PoLCE leads)
 - London Choosing Wisely Task and Finish Group members or contributors who had developed the draft policy
 - London Choosing Wisely Steering Group patient representatives
 - London's Healthwatch networks and patient-facing organisations
 - Relevant royal colleges and professional associations (including the BMA's London executive)

Summary - questions

The following is an extract of the London Choosing Wisely feedback and sense check phase online form questions for cataract surgery:

Section 1: About you

1. In what capacity are you responding to this survey?

- A patient or patient organisation/group
- A primary care clinician
- A secondary care clinician
- A referral management centre
- A commissioner
- Professional clinical association/body
- Other (please state)

2. Which part of London do you work (clinician) or live (public/patient):

- East London
- North London
- North West London
- South East London
- South West London

3. Please provide your e-mail address so that we can keep you informed about the development of London Choosing Wisely policies:

Summary - questions

Section 2: Feedback questions on the draft policy

Please rate the following [Qs 4 – 9] on a scale of 1 to 5 where 1 is the lowest and 5 is the highest:

- 1) Strongly disagree
- 2) Somewhat disagree
- 3) Neither agree nor disagree
- 4) Somewhat agree
- 5) Strongly agree
- 6) Unable to rate (N/A)

Note: through the online feedback form there is an options comment box for all questions asking for the reason for that rating.

4. The draft policy is clear and unambiguous.
5. The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.
6. It is clear which conditions this draft policy applies to.
7. The draft policy is clear on when treatments or referral should be offered to patients.
8. The draft policy reflects the commissioning codes you are currently using.
9. The draft policy can be easily implemented as part of your local compliance process.
10. It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.
11. [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

Summary – overall response

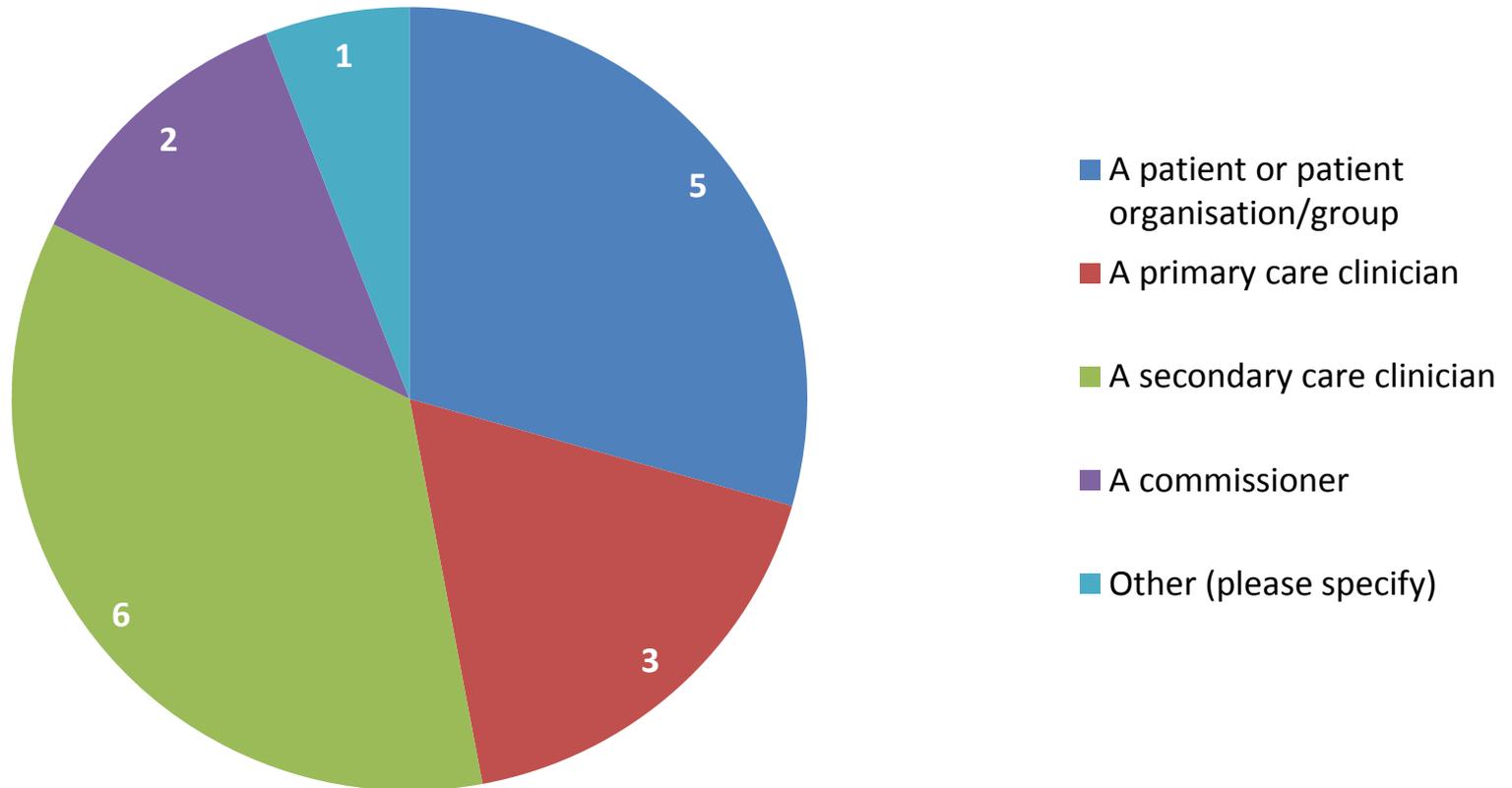
Procedure	sense check phase opened	sense check phase closed	Number of responses
Cataract surgery	13 August 2018	9am Monday, 10 September 2018	17 responses (16 completed online and one additional via email)

Task and Finish Group members should note:

- This online feedback reflects a small sample size, although proportionally the number of responses from secondary care clinicians was positive.
- There were 21 online responses but only 16 completed the online feedback form, i.e. 5 individuals exited the survey without any response to questions 4-11.
- There was one additional response received directly via email.
- The sense check and feedback phase of the programme was launched for an extended period to allow for the August holiday period.
- The average score across questions 4 – 10 was: 3.79.

Analysis – question 1

Question 1: In what capacity are you responding to this survey?



Total number of completed responses:

17

Analysis – question 2

Question 2: Which part of London do you work (clinician) or live (public/patient):



Total number of online responses:

17

Analysis – question 4

Question 4: The draft policy is clear and unambiguous.



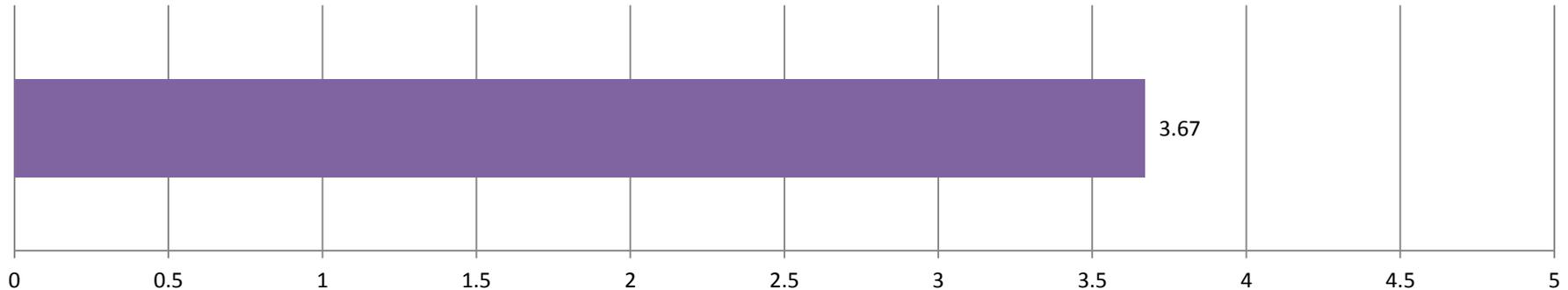
Total responses to question: 15

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Optometric Advisor
<ul style="list-style-type: none">• It is disappointing that learning disability is not mentioned in the policy and accompanying evidence review.• Language very difficult for lay person to understand.• The ability to see clearly for older patients is vital in order to help prevent falls and possible fractured hips.		<ul style="list-style-type: none">• Need clarity on how primary care should/implement the Choosing Wisely policy. Will they have a primary care decision tool?	<ul style="list-style-type: none">• The draft policy does not appear to make it clear that patients should want surgery (page 2), although it does refer to them being involved in shared decision making. Some possible inconsistency of terminology - referring in some places to 'opticians' and other places to 'optometrists' - where optometrists / OMPs would be examining, advising and referring patients.

Analysis – question 5

Question 5: The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.



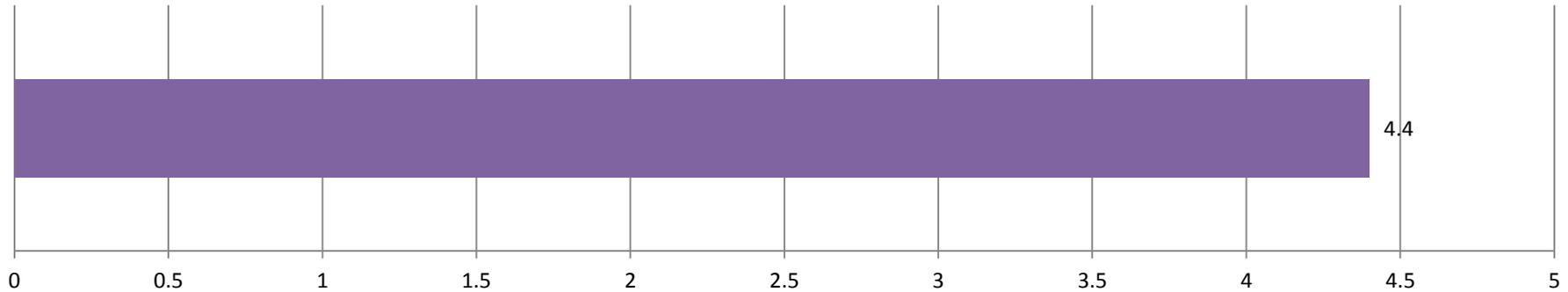
Total responses to question: 15

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Optometric Advisor
<ul style="list-style-type: none">• NICE guideline on cataract surgery recommends not restricting access to cataract surgery on the basis of visual acuity - therefore it is surprising to see VA 6/9 as the ordinary basis for funding surgery.• If the patient cannot understand the policy, it can hardly be described as "easy to follow".	<ul style="list-style-type: none">• There is scope to fall outside of the normal criteria and still get cataract surgery done.		<ul style="list-style-type: none">• It does support dialogue between patient and clinicians 'at each point in the pathway', but there is no pathway in the policy

Analysis – question 6

Question 6: It is clear which conditions this draft policy applies to.



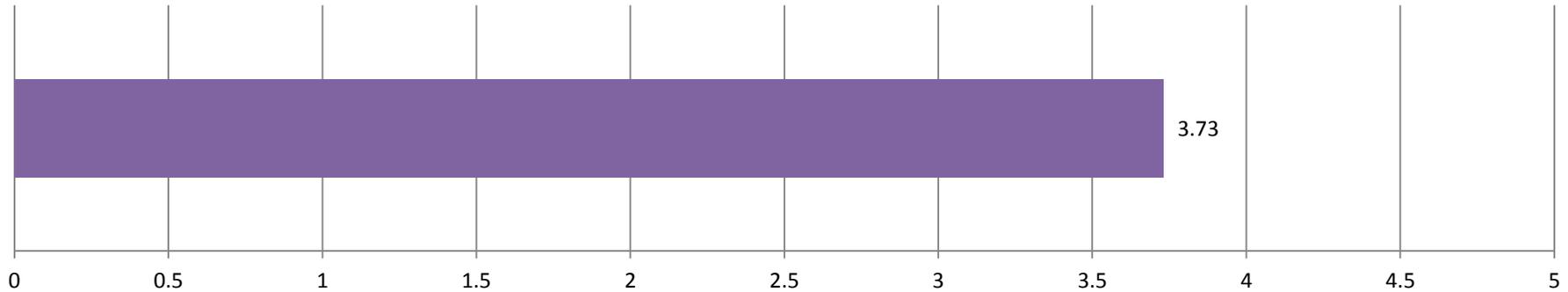
Total responses to question: 15

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Optometric Advisor
<ul style="list-style-type: none">This at least is clear but is a very low bar.	<ul style="list-style-type: none">It is clear that this procedure relates to people with below average vision.		<ul style="list-style-type: none">There is clear reference to it applying to cataract surgery, but not to associated procedures, e.g. YAG for PCO.

Analysis – question 7

Question 7: The draft policy is clear on when treatments or referral should be offered to patients.



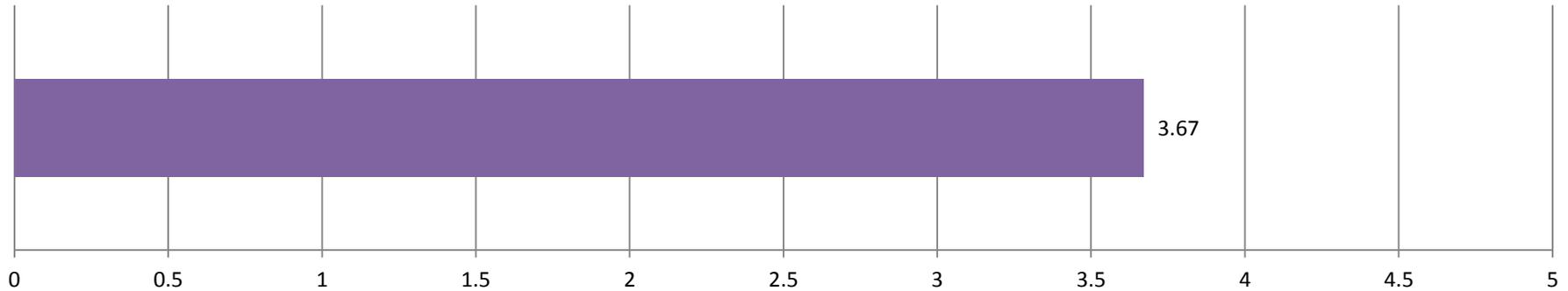
Total responses to question: 15

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Optometric Advisor
<ul style="list-style-type: none"> There is nothing about best interests, consent and capacity and reasonable adjustments in this policy which can have a bearing on whether patients ever get the surgery they need. Language is too technical. 	<ul style="list-style-type: none"> It says quite clearly when patients should be referred. 	<ul style="list-style-type: none"> Having the first criteria statement "Patient has a best corrected visual acuity of 6/9 or worse in either the first or second eye" is pointless and unnecessarily confusing as the rest of the criteria give lots of other circumstances where cataract surgery will be funded with better VA than 6/9. 	<ul style="list-style-type: none"> I don't feel that there is sufficient clarity that the patient should want surgery - only be 'involved' in the decision making.

Analysis – question 8

Question 8: The draft policy reflects the commissioning codes you are currently using.



Total responses to question: 15

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Optometric Advisor
<ul style="list-style-type: none">As a lay person, I do not know anything of the commissioning codes or why they matter.	<ul style="list-style-type: none">We have not been given any codes to use.	<ul style="list-style-type: none">	<ul style="list-style-type: none">

Analysis – question 9

Question 9: The draft policy can be easily implemented as part of your local compliance process.



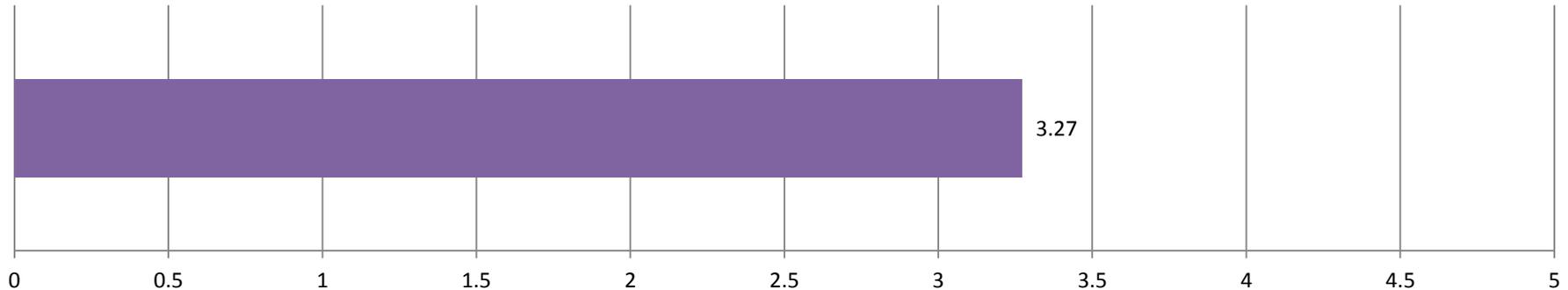
Total responses to question: 15

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Optometric Advisor
	<ul style="list-style-type: none">• It is easy to follow.		

Analysis – question 10

Question 9: It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.



Total responses to question: 14

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies
<ul style="list-style-type: none">• The information might be there but, if it is, it isn't very accessible or easy to find.• Not all policies included.	<ul style="list-style-type: none">• It is broadly similar with a few exceptions.	<ul style="list-style-type: none">• We would follow NICE national guidance and this duplicates it but to a lower quality	

Analysis – question 11

Question 11: [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

Total responses to question: 8

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Professional bodies
<ul style="list-style-type: none">• It's a terrible document [for the layperson to understand].• Many [laypersons] may find it off putting however.• There should be a plain English version.	<ul style="list-style-type: none">• We are not allowed to use the pathway with ocular co-morbidity.	<ul style="list-style-type: none">• It is good to see that cataract in the setting of diabetes eye screening has been considered. Criteria should be implemented at primary care level.• One view: In my opinion this policy is not required in light of such recently published NICE guidance which already clearly states referral and treatment criteria for cataract surgery.	

Analysis – additional comments via e-mail

Below are additional observations received directly via email and not through the online feedback form):

**South West London
Health and Care
Partnership**

Some wording amendment may serve commissioners in the third section:

DRAFT POLICY:

Where patients have a best corrected visual acuity better than 6/9, surgery should still be considered where there is a clear clinical indication or symptoms affecting lifestyle. For NHS treatment to be provided, there needs to be mutual agreement between the provider and the commissioner about the rationale for cataract surgery.

SUGGESTED CHANGE

Where patients have a best corrected visual acuity better than 6/9, surgery MAY still be considered where there is a clear clinical indication or symptoms affecting lifestyle.
For NHS treatment to be provided, there needs to be mutual agreement between the provider and the RESPONSIBLE (I.E.PAYING) commissioner about the rationale for cataract surgery PRIOR TO UNDERTAKING THE PROCEDURE (FOR EXAMPLE VIA THE INDIVIDUAL FUNDING REQUEST [IFR] SERVICE)