

Nurse Led Telephone Consultation in the Oculoplastic Speciality in Ophthalmology Department

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

July 2020

KEY WORDS

Nurse Led Telephone Consultation

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedure and offers guidance to enable qualified Oculoplastic specialist nurses to perform nurse led telephone consultations in the Oculoplastic speciality. This ultimately will contribute to the efficient delivery of the ophthalmology out-patient's service.

Over the past 27 years, a number of professional and legislative documents have provided the impetus for the expansion of nurse-led services. This began with the 'New Deal' for junior medical staff (NHSME, 1991), which resulted in the reduction in the number of junior doctors hours, and the subsequent re-allocation of some routine medical duties to nursing staff. This in turn was facilitated by the Royal College of nursing document. 'The nature, scope and value of ophthalmic nursing' (RCN 2016), which allowed nurses to expand their roles within their own and the organisations capabilities. More recently, the Department of Health (DOH 2018) has published a number of papers emphasising the expanded role of nurses in increasing the efficiency and quality of service provision within the National Health Service (NHS). The NHS five year plan (2019) emphasises that new NHS roles and careers will be shaped to reflect future needs and priorities and will be supported by Health Education England (HEE)(2017).

The UK population is increasing, with annual growth estimates of 0.7%. Predictions estimate that the UK population will have reached approximately 72 million by 2031 (Department of Work & Pensions, 2005). Furthermore, as with most Western countries, the UK is an increasingly ageing population.

Therefore most hospital eye departments have significant capacity problems with ophthalmology out-patient services (Chalk and Smith, 2013, Smith, 2013). Most recognise that there is a need to redesign the relevant patient pathways to improve current capacity, reduce overdue review intervals and enhance patient experience of ophthalmology services. Moreover recent pandemic and associated social distancing restrictions demand the need for an alternative solution for managing specific patients.

A virtual clinic is one in which the face-to-face clinician consultation is removed. In a synchronous model, the patient and clinician interact in real time via a telephone. In the asynchronous model, the interaction occurs at different times. With little or no increased capital and recurrent costs, there is emerging evidence of the increasing popularity of virtual clinics.

This document offers guidance to enable qualified nurses with ophthalmic experience to perform nurse led telephone consultation.

This practice will take place in the ophthalmic department within UHL. This document applies to adult patients over the age of sixteen.

1.2 The perceived benefits include:

- Fewer visits to hospital
- No transport costs

- Eliminates the challenge of hospital parking
- No time off work
- Consultants able to see more complex cases in the clinic instead

1.3 Greater efficiency in terms of waiting time for treatment. The nurse will have a regular session in clinic, giving patients the outcome of the result and appropriate referral if necessary.

This ultimately will contribute to the efficient delivery of the ophthalmology out-patient's service.

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

2.1 This policy applies to qualified nurses with Oculoplastics experience who have satisfied the Trust that they are competent to expand their sphere of practice with Oculoplastics patients and undertake the Nurse Led Telephone Consultation.

2.2 The qualified nurse undertaking this Nurse Led Telephone Consultation must be a first level registered nurse with at least two years experience in Oculoplastics. This training relates only to registered nurses and does not incorporate any associated health care professionals.

2.3 Specific criteria apply to telephone appointments.

Not every telephone conversation between the patient and a clinician can be defined as a telephone appointment. For activity to be recorded as a telephone/ telemedicine consultation, all the following criteria must apply:

- a) The consultation is associated with an existing referral
- b) The appointment is pre-booked (agreed with the patient)
- c) It directly supports diagnosis and care planning
- d) It replaces a face-to-face consultant outpatient attendance, nurse or clinic attendance
- e) A record of the telephone or telemedicine consultation is retained in the patient's case notes.

2.4 When listing a patient for a Nurse Led Telephone Consultation

the clinician must not list any patients that fall into the exclusion criteria, namely:

- a) Children under the age of 16
- b) Patient with suspected BCC OR SCC
- c) Patient suspected with any other maglignat tumor
- d) Patients where it is anticipated that the quality of data collected will be of insufficient reliability for the delegated reviewer to make a safe clinical decision (e.g. hard of hearing or lack to mental capacity).
- e) Patients with co-existing ocular comorbidities who require monitoring of their condition will not be suitable for this service.

2.5 The Oculoplastic Consultant Ophthalmologists, Service Manager and the Head of Nursing support the expansion in nursing practice.

3 DEFINITIONS AND ABBREVIATIONS

BCC-Basel cell carcinoma

SCC-Squamous cell carcinoma

OPNTEL-Oculoplastics nurse specialist telephone consultation clinic

4 ROLES – WHO DOES WHAT

4.1 The executive director responsible for oversight of this policy is the Chief Nurse.

4.2 Line Managers

Line managers are responsible for:

- a) Identifying and supporting the appropriate staff.
- b) Verifying the competence of staff in Nurse Led Telephone Consultation.

4.3 Authorised Staff

4.3.1 All staff who perform Nurse Led Telephone Consultation activity must be authorised by Oculoplastic consultant and carry out this activity as an integral part of the key responsibilities within their role and not considered outside their scope of professional practice.

4.3.2 Staff who may undertake this role will normally be on a statutory register (e.g. Nursing and Midwifery Council (NMC) and the practice of Nurse Led Telephone Consultation will be 'within normal scope of practice'. These are Oculoplastic Specialist Nurses.

4.3.3 All authorised staff must have undertaken appropriate education and training (see section 6) which must be identified through the appraisal process and be included in their Personal Development Plan (PDP).

4.3.4 There is no set timeframe expected for staff to undertake this role, this is down to the discretion of the individual CMG however it is recommended that where appropriate staff should have at least two years within Oculoplastics. Further advice can be sought from the CMG Education and Practice Development Teams or equivalent.

4.3.5 Staff moving between units or community setting remain competent to perform Nurse Led Telephone Consultation.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 The Nurse Led Telephone Consultation must be fully completed in black ballpoint pen and signed and dated.

5.2 A copy of the completed checklist must be retained in the patient's notes or electronic clinical record in regards to any histology reporting consultations.(appendix 2). All other telephone consultation should be documented in the medical notes describing issues dicussed, treatment plans and shared decision made.

5.3 The patient's addressograph label must be attached to telephone consultation medical record sheet. Where this is not possible, the patient's details must be handwritten on the document with S number, name, and date of birth as a minimum.

5.4 If in any doubt regarding the telephone consultation, nurse must clarify it with either Consultant in Oculoplastics prior to performing the Nurse Led Telephone Consultation.

5.5 If abnormal result reported by laboratory the appointment should be moved to Consultant clinic as urgent and patient should be infomed as soon as possible about the changes

5.6 After telephone consultation refer back to a consultant clinic if required

5.7 Reasonable Adjustments

- a) Reasonable adjustments will be made for staff with an identified learning difference where possible.
- b) Staff who believe that they have a learning difference will be supported using the Equality, Diversity and Inclusion Policy (Trust Reference B61/2011)

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All staff who undertake Nurse Led Telephone Consultation must:

- a) Complete the training and assessment programme run by the LRI Oculoplastic team in the Ophthalmology department for oculoplastic specialist nurse.
- b) The theoretical knowledge underpinning this procedure will be gained both propositionally, through appropriate reading, and experientially, through working alongside medical colleagues.
- c) It is anticipated that new nurses employed within the Oculoplastics service will be supported and observed for a minimum of 2yrs of Occuloplastics experience and during this time a regular review of patients along with the oculoplastic consultant or the specialist nurses is mandatory.

6.2 Staff new to the Trust and / or who have been trained elsewhere must:

- a) Discuss and agree previous experience with their line manager and Oculoplastic Consultants
- b) Read the relevant Trust policies and undertake additional local training relating to equipment and documentation as required.

6.3 **Eligibility:** Practitioners must fulfil the requirements of the policy in terms of qualifications and experience and have approval by the Lead Nurse and their line manager before undertaking training.

6.4 Practitioners must ensure that all training and development is in line with scope of practice and job description and must submit any application for training to their manager for endorsement.

6.5 The Training will be provided by Oculoplastics consultants alongside the Oculoplastics fellow and the Oculoplastics nurses who are eligible to perform the Nurse Led Telephone Consultation.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 Audits regarding Nurse Led Telephone Consultation must be identified

Auditing the practice of the nurse:

- 1) This will be achieved by measuring outcomes through retrospective evaluation. A record will be kept of all patients treated by the trained nurse; these records will be audited to identify if any patients subsequently returned for a follow up appointment in the Consultant Clinic, related to the same episode. In addition, every 1 year 15 patient notes will be pulled at random, to be assessed by the Consultant. Following evaluation of the audit results, any necessary changes to practice will be made, thus ensuring appropriate and accurate communication for patients receiving Nurse Led Telephone Consultation. The frequency of the audit will be reassessed annually. All consultations will have an outcome letter generated for the patient and a copy of this will be stored on the UHL patient electronic record. This will facilitate easy access to documents for auditing purposes and standardises the format in which patient outcomes from this clinic are recorded.
- 2) Patient satisfaction questionnaires will be utilised as a tool to monitor and adapt practice accordingly. This should help to maintain a positive experience of care by patients and their relatives/carers.

Additionally the nurse should ensure that they have a summary of performance and potential by having an appraisal every year, with line manager as well as a SMART (**S**mart, **M**easurable, **A**greed, **R**ealistic and **T**ime Bound) personal development plan

with a 6 monthly review. The nurse must ensure the appropriate action is taken to maintain standards.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 References

Standards-Based Criteria for Telephone Triage Guidelines

<https://teletriage.com/features/>

Nurse led telephone follow-up information - The Clatterbridge Cancer Centre NHS

Thyroid nurse led telephone clinic Department of Diabetes and Endocrinology – University College London Hospitals NHS

Haematology Nurse Led Clinic - University Hospitals Birmingham NHS
Office-Hours Telephone Triage Protocols User's Guide 2019 - Schmitt Pediatric Guidelines LLC, LaGrange Medical Software, Inc. 1

Advice on how to establish a remote 'total triage' model in general practice using online consultations, April 2020 – NHS England

Ophthalmic Services Guidance, Standards for Virtual Clinics in Glaucoma Care in the NHS Hospital Eye Service-November 2016

Department of Work and Pensions. 2005. *National Statistics: Focus on older people*. [Online] Available: <http://www.ons.gov.uk/ons/rel/mortality-ageing/focus-on-older-people/2005-edition/focus-on-older-people.pdf>

Chalk D & Smith M. 2013. Guidelines on glaucoma a and the demand for services. *British Journal of Healthcare Management*, 19, 476-481.

Department of Health(2018) Career Framework for Specialist Nurses
<https://www.health-ni.gov.uk/publications/career-framework-specialist-nurses>

Royal college of nursing (2016) The nature, scope and value of ophthalmic nursing

Health Education England(2017) *Multi-professional framework for advanced clinical practice in England* <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>

9.2 Policies

UHL Core Training Policy for Statutory, Mandatory and Essential to Job Role Training.
B21/2005
UHL Policy for Outpatient Clinic Template Management
B4/2013

9.3 Professional Guidelines

NMC (1998) Standards for specialist education and practice
NMC (2015) The Code: Professional standards and behaviour for nurses and midwives

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

10.2 This policy will be reviewed every 5 years by the Senior Nurse in Oculoplastic Departement and also the Oculoplastic Lead Consultant and Service Management

10.3 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Percentage of compliance to completion and documentation of NurseLed Telephone Consultation.	Senior Oculoplastic Specialist Nurse	Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants
Number of reported incidents per annum of patient that needed a Consultant Referral.	Senior Oculoplastic Specialist Nurse	Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants
Number of discharges from nurseled clinics	Senior Oculoplastic Nurse	Medical notes	1 year by Oculoplastic consultant and Senior Oculoplastic specialist nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants

Care Pathway for patients in the Nurse Led telephone Consultation clinic

1. Introduction

This guidance provides a step-by-step pathway for patients requiring Nurse Led Telephone Consultation.

2. Scope

Staff which are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and the with oculoplastics experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake Nurse Led Telephone Consultation.

3. Recommendations, Standards and Procedural Statements

3.1 In the Nurse Led Telephone Consultation patients can present only:

- As a direct referral from Minor Operating Procedure either done in ophthalmic theatres or minor operation rooms by Consultant, Fellows, Specialist Registrar or Nurse Specialist within the Oculoplastic department
- Long term f/u for Blepharitis, chalazion
- functional epiphora
- Mild /stable thyroid eye disease.
- 2 weeks follow up for new botox patients to check the effectiveness of the injection.
- Patients referred via PIFU pathway (Patient Initiated Follow Up)

When listing a patient for a Nurse Led Telephone Consultation.

the clinician must not list any patients that fall into the exclusion criteria, namely:

- f) Children under the age of 16
- g) Patient with suspected BCC OR SCC
- h) Patient suspected with any other malignat tumor
- i) Patients where it is anticipated that the quality of data collected will be of insufficient reliability for the delegated reviewer to make a safe clinical decision (e.g. hard of hearing or lack to mental capacity).
- j) Patients with co-existing ocular comorbidities who require monitoring of their condition will not be suitable for this service.

3.2 Identified patients should be given, information about OPNTEL appointment

3.3 Prior to telephone consultation review notes and histology result.

3.4 If unsure about result discuss with Consultant or Fellows.

3.5 If abnormal result reported by laboratory the appointment should be moved to Consultant clinic as urgent and patient should be informed as soon as possible about the changes.

3.6 On the date and time of the appointment the nurse will telephone the patient and the consultation will include:

- Introduction of the clinician to the caller
- Apologise for any delays or excessive hold time if necessary.
- Collect (& confirm) brief demographic information
- Obtain brief eye history
- Document a brief description of the patient's previous eye problems, any progress and current ongoing treatments.
- Discuss patient operated eye if it is a follow up after surgery
- Discuss any problems or concerns patient may have.
- Discuss patient histology results if they had a biopsy sent.
- Discuss treatment plans and get to a shared decision making
- If there is any cause for concern, the nurse should arrange an appointment for the patient to be seen in Consultant Oculoplastic Clinic
- If there is no cause for concern, arrangements can be made for the patient to be discharged or follow up after making a shared decision as necessary.
- Document the consultation within the patient's notes .
- Use the template (appendix 2) for histology reporting.
- A letter, summarising the call, will be sent to the GP and patient.

*Medic **must be** FRCOphth or MRCOphth: must hold the FRCOphth or equivalent qualifications as recognised by the General Medical Council.

Care Pathway for patients requiring Nurse Led Consultation	
No.	Action
1	Prior to telephone consultation review notes and histology result if patient had a biopsy . If unsure about result discuss with Consultant or Fellows.
2	If abnormal result reported by laboratory the appointment should be moved to Consultant clinic as urgent and patient should be informed as soon as possible about the changes.
3	Telephone consultation should include: <ul style="list-style-type: none"> • Introduction of the clinician to the caller • Apologise for any delays or excessive hold time if necessary. • Collect (& confirm) brief demographic information • Obtain brief eye history • Document a brief description of the patient's previous eye problems, any progress and current ongoing treatments. • Discuss patient about the operated eye if it is a follow up after surgery • Discuss any problems or concerns patient may have. • Discuss patient's histology results if they had a biopsy sent. • Discuss treatment plans and get to a shared decision making

Care Pathway for patients requiring Nurse Led Consultation

- If there is any cause for concern, the nurse should arrange an appointment for the patient to be seen in Oculoplastic clinic.
- If there is no cause for concern, arrangements can be made for the patient to be discharged or followup after making a shared decision as necessary.
- Document these information within the patient's notes.
- Use the template (appendix 2) for histology reporting
- A letter, summarising the call, to be sent to the GP and patient

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Care Pathway

Nurse Led

Telephone consultation

Patient ID checks
Name
DOB
Address

Date:

Self-introduction and check patient ok to talk

Checks to include

Date of procedure

Site of procedure

Wound condition

Concerns

Disclosure of histology

Plans for further appointment in Oculoplastics/Discharge/Any other consultant appointment

SIGN

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
Author / Lead Officer:			Job Title:
Reviewed by:			
Approved by:			Date Approved:
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