Quality goals

The ultimate goal we are trying to deliver is of course the best care for all patients. To achieve this we know we'll need to provide the best level of skills supported by adequate resources applied in the appropriate manner. We want to keep the door to the NHS wide open and measure success by how well we care for patients as individuals and as potential users of the system.

In order that the patient is well cared for we need to have efficient and well maintained machinery for doing it. That means well motivated staff, good coordination between PIC, sufficient resources to provide high standards and availability of care. It also means that we must justify the time and effort spent supporting the front-line care activities to avoid a top-heavy, paper-bound systems. Also we must guard against false emphasis and duff decision-making through attempts at management (or delegation) which are not based on firm principles.

These goals have been developed by MOPOC Ltd. as a convenient set of issues. They are not intended to be a simple ticklist. You should be using it as prompts for questions such as:
• Does scheme X perform well at this?
• Does scheme X have a robust way of delivering what it claims in this area?
• Should we be looking again at this issue?
• How can we do this?
Notice that these are most definitely not measurable objectives. If you want to set targets and measure performance then that is a more detailed method for pursuing these goals and not an end in itself.

If you are proposing a new scheme or an alteration then you'll probably want to use some of these as headings in your presentation with discussion to follow.

'MOPOC - The book' contains much more information on how to make good use of these goals and use the thinking behind them to build-in quality and spot opportunities.

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MOPOC Ltd. is always happy to discuss these goals with system designers and commissioners.

Detecting disease
- Appropriate availability and frequency of screening
- Accuracy
  - Avoid false negatives
  - Minimise false positives
  - Correct pathology identification
- Efficiency
- Economy
- Promptness
- Correct diagnosis leads to appropriate treatment
- Early diagnosis leads to preventing serious disease
- Patient asks for clinical advice at the appropriate time
- Patient approaches the most suitable person
- Patient is sent to the most suitable person

Treating disease
- Patient understands treatment/management options
- Patient accepts their part in treatment/management
- Coordinated with GP
- Effective
- Appropriate location for treatment
- Appropriate treatment for patient
- Every treatment to have a clearly stated and understood goal
- Written treatment plan or 'what happens next'

Other patient issues
- Access to records
- Privacy of records
- Special needs provision
- Choice and informed consent
- Optometrist can be trusted

Safety
- Inherently risky procedures are avoided where possible and monitored
- Every-day risks to patients and staff are reviewed
- Efficient incident reporting system and lessons published

Communications
- Patients have access to clinicians
- Patients have access to administrative information (Maps, phone numbers etc.)
- Patients have clear indication of diagnosis and/or 'what happens next' and/or treatment plan and/or treatment goals.
- Defined communication pathways and formats between PIC
- Efficient and exact communications between PIC
- Defined cases where communications between PIC is/is not required
- Administrative (including quality) data is available for supervisory purposes

Professional skills

- Qualifications requirements are defined with a compliance mechanism. [Optometrists may have to demonstrate competence, if for example they haven't been practising for a while.]
- Optometrists practising in an area are supervised
- Optometrists always have access to '2nd opinion'
- Competence to participate on schemes is assessed by a supervisory body
- Supervisory quality data is fed-back to professionals

Administrative skills

- Correct records are kept
- Defined communications protocols are followed
- Computers are used appropriately
- Mistakes and omissions are guarded against where particularly significant

Appropriate care

- If the patient has special needs then these are recognised and dealt with professionally.
- The patient is not subjected to unnecessary visits to clinics, stress or disruption
- Patients given a 'voice' to express their opinions.

Availability of care

- The patient has ready geographical access to treatment
- The patient is not barred from treatment for financial reasons.

Management of change

- There is a controlled process of change involving all PIC
- Change is guided by strategic vision (rather than expediency)
- Projects are formally managed

Confidence

- Patients have qualitative confidence in optometrists
- PIC have quantative confidence in optometrists
- PIC have confidence in a supervisory system that provides useful quality information.
- PIC have confidence in the management of the quality system

Costs

- Cost data is collected to allow the appropriate allocation of financial resources
- Cost data is analysed to detect value for money (or lack of value for money)
- Loss-making activities are detected and reassessed in the light of current and future need.