RNIB ECLO Quality Framework and Practice guidelines





Sight loss advisory service delivered by an Eye Clinic Liaison Officer (ECLO) in a clinical setting

Application

Eye clinics / departments where the service is delivered by a dedicated, fully integrated, qualified ECLO who is working to this framework.

Introduction

The RNIB ECLO Quality Framework and practice guidance was devised to define the activities of an ECLO based in a hospital setting. Initially launched in 2014, and written in partnership with a range of ECLO providers, the purpose of this updated practice guidance is:

- 1. To specify the 'core' activities common to all ECLOs and their equivalents. The document also refers to additional activities that an ECLO may perform reflecting the potential scope of the role. An outline role description for an ECLO is provided in Appendix 1.
- **2.** To identify relevant standards for activities where appropriate.
- **3.** To provide a common framework for ECLO services, regardless of employer or location.

The following operating principals are common to all ECLO services:

- Inclusivity;
- Transparency;
- Working with wider sector partners;
- Person centred;
- Facilitation of choice;
- Impartiality.

Terminology

For the purposes of brevity and consistency, "ECLO" is used but is intended to encompass all roles undertaken by those who have achieved accreditation via the RNIB Eye Clinic Support Studies course and adhere to this framework. An individual with a diagnosis of sight loss or with failing sight that is supported by an ECLO service is referred to as the "patient".

How this practice guidance and quality framework should be used

Local authorities, commissioners, hospitals / trust / health boards, clinicians and existing or aspiring providers of ECLO services in eye departments, should use this quality framework as guidance. Existing eye department support provision should be assessed against the activities and standards. Such an assessment can highlight both strengths and potential areas for improving or building upon existing practice.

Historical influences, logistical limitations in eye department, resource availability (people and money) and the expectations / perspectives of all relevant stakeholders will determine the nature of a sight loss support service. All eye departments should nonetheless provide this service as set out in the UK Ophthalmology Alliance Patient Standards for Ophthalmology services (Appendix 3). This practice guidance and quality framework identifies the elements that, in combination, contribute to the provision of an effective ECLO service to reach (and consequently support) people affected by sight loss.

The Framework is supported by the Royal College of Ophthalmologists

"The Royal College of Ophthalmologists considers Eye Clinic Liaison Officers (ECLOs) to be a core patient service within hospital eye units and when in place, they have a dramatic impact on patients' quality of life and independence. The RNIB ECLO Quality Framework provides guidance on how to implement the service within a clear governance structure, defining the activities of an ECLO. The College encourages commissioners, trusts and local authorities to recognise these benefits and calls for investment in this service using the principles outlined in the ECLO Quality Framework and the Practice guidelines."





1. Core standards

1.1 Core ECLO activities

Activity		Met	Partially met	Not met
1.1.1 Emotional support Emotional support is provided to patients, their families and carers.	Emotional support provided by ECLOs takes the form of active listening, empathising, acknowledging, normalising, reassuring and identifying further need. ECLOs can refer patients on to professional counselling services delivered by trained practitioners if appropriate. Informal emotional support is a combination of listening to the individual, providing a space within which a patient can express themselves, talking through their worries or concerns and being understanding and empathic. Emotional support could include suggestions which may make a difference to the individual, ensuring that he / she has realistic expectations. At all times the ECLO is independent and non-judgemental, and remains person centred.			

Activity		Met	Partially met	Not met
1.1.2 Information-giving / making quality referrals	Impartial information and guidance is provided to patients, their families and carers. Information is provided, both local and national, in			
	a variety of appropriate formats and languages, to enable patients to access support themselves, where appropriate. Referrals can be made to a wide range of statutory services, support groups, charities and other national and local organisations. The breadth of potential sources of further support reflects the outcomes set out in "Seeing it my way" (Appendix 2).			
	Eye health information on a range of topics is provided to patients, family members and others in conjunction with other practitioners.			
	The ECLO ensures that information provided is impartial, appropriate, timely, accurate, up-to-date, clear and concise, and has been understood by the patient. The ECLO also assesses the readiness of the patient to receive information.			

Activity		Met	Partially met	Not met
1.1.3 Advocacy The ECLO acts as an advocate for the patient / patient group.	Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. ECLOs seek to empower patients but will advocate for patients when they are unable to take action directly for whatever reason. As an advocate the ECLO will remain independent, impartial and non-judgemental. Illustrations of advocacy by an ECLO: a. The ECLO accompanies the patient to see the ophthalmologist and encourages an exchange of information. b. A consultant offers a patient certification / registration. The ECLO sees the patient and outlines the benefits of registration. The patient requires time to assimilate the information provided before deciding whether to proceed with certification and registration. The ECLO acts as an advocate by providing time for the patient to discuss with family and records this in the patient's medical notes. This puts the patient in charge of the time frame for a decision.			

Activity		Met	Partially met	Not met
	c. By attending service review meetings, the ECLO can advocate on behalf of the patient group as a whole – for example, for better signage within the unit, the need for improved patient information leaflets. The ECLO can feedback to the meeting comments patients have made. Such activity is also an opportunity to raise the awareness of sight loss generally.			
1.1.4 Identification of need There is provision of an Initial Support Needs Assessment. This will to help people prioritise their own needs and aspirations – the ECLO asks the patient questions about their daily lives and any difficulties they are experiencing.	A support needs assessment will include recognition of complex needs and, if appropriate and agreed with the patient, referrals to local and national organisations and support services are made. People are empowered so they can prioritise their own needs and aspirations and enables the ECLO to work out what their levels of need are, how urgent they are and what support can be provided. This leads to an agreed plan of action, and help is offered to facilitate access into appropriate services / support opportunities.			
The Seeing It My Way outcomes can provide a framework for discussion. (Appendix 2)				

Activity		Met	Partially met	Not met
1.1.5 Referrals / professional relationships / networks	Appropriate channels are developed and maintained for feedback to referring agencies, ensuring a two-way communication stream.			
Referral mechanisms are established and maintained between the ECLO and other agencies (in adherence with the NHS Data Security and Protection Toolkit) to enable all potential patients to have access into relevant services / support opportunities. ECLOs will identify and refer any Safeguarding concerns in line with Trust / Employer Guidelines.	Excellent professional working relationships with Health and Social Care Professionals are established at all levels. Safe referral procedures are adhered to when transferring patient identifiable data to meet the requirements of GDPR. A large range of contacts (potential sources of further support) is established and maintained through extensive networking with other agencies, both statutory and voluntary.			

Activity		Met	Partially met	Not met
1.1.6 Certification and registration Inform and advise on Certification and Registration process and benefits to patients and hospital staff.	The ECLO supports hospital staff with the completion and processing of certification documentation, to ensure prompt notification, and that registration takes place with the registering body within Department of Health specified timescales. The ECLO indicates in the CVI a need for urgent action (if necessary) by the relevant social services department or its agent. The ECLO can play a vital role in raising awareness of CVI processes and helping clinical staff to identify people who are eligible to be certified and registered, and support staff with the process in accordance with the Department of Health Explanatory Notes for Consultant Ophthalmologists and Hospital Eye Clinic Staff in England.			

Activity		Met	Partially met	Not met
1.1.7 Monitoring and follow up of patient progress Where necessary or appropriate, follow up is conducted with patients post initial support and links are made to check their progress.	Examples Following completion of a CVI, there is follow up to ensure the Social Services department / Sensory team has made timely contact with the individual. Good relationships with patients and family members / carers are built and maintained, and the ECLO acts as a contact person at the clinic to whom people can return for advice and / or help to facilitate the progress of their referral to another service.			
1.1.8 Recording of activity A record is made of the support given to the patient, their family and carers.	Accurate patient and service delivery records are maintained and collated and submitted for analysis as required. The ECLO records what was discussed, what was agreed and what action was taken, in accordance with General Data Protection Regulation (GDPR). ECLO employers should also check that all data handling and recording of activity meets the requirements of the NHS Data Security and Protection Toolkit and establish if an assessment is required.			

Activity		Met	Partially met	Not met
1.1.9 Evaluation and impact measurement Patients and stakeholders are engaged and consulted with to evaluate and support continuous service improvement.	The service is measured in terms of its impact. The ECLO performs a positive role in facilitating this process. Evaluation of the ECLO role will include the elicitation of feedback from patients, clinicians and other stakeholders.			



1.2 Competency and training

Activity	Met	Partially met	Not met
1.2.1 ECLOs will have successfully completed the accredited Eye Clinic Support Studies course within the first year in role.			
1.2.2 ECLOs will attend mandatory NHS staff training (to include Information Governance / GDPR, Safeguarding, Health and Safety, Infection Control, Fire, etc.), ongoing as and when, as required by the Trust where they work, and adhere to all relevant NHS and employing Organisation procedure and protocols.			
ECLOs will attend mandatory training as required by their employing organisation.			
1.2.3 ECLOs regularly attend relevant CPD events and ongoing training and participate in relevant professional networks.			
1.2.4 In recognition of the emotional support content of the role, steps are taken to support the health and well-being of ECLOs. Examples include provision of:			
Provision of regular updates / reviews / annual appraisals with line manager			
Clinical supervision			
Resilience training			
Structured buddy or peer support scheme			
Emotional support service			



1.3 Service integration

Activity	Met	Partially met	Not met
1.3.1 A service level agreement, honorary contract and data sharing agreement are in place with the host NHS hospital trust (if the ECLO is not employed by the hospital directly).	A Disclosure and Barring Service check should be completed to the level legally permitted.		
1.3.2 The ECLO service is integrated within a patient pathway that links clinical care with social care and related sight loss agencies.	 The service should seek to become integrated into available local care pathways. Examples A patient is referred to the ECLO automatically if certification is offered, or if a Low Vision appointment is made. Patients discharged from AMD services are signposted to the ECLO as part of the discharge pathway 		

Activity	Met	Partially met	Not met	
1.3.3 Referrals to the ECLO The ECLO promotes open referrals from clinicians, external sources and self-referrals.	Hospital clinicians actively refer to the ECLO using clearly defined methods, with provision made for referral when the ECLO is absent from the clinic. The ECLO accepts other referrals including self-referrals and from sources external to the hospital e.g. GPs, social services and Community Optometrists. All referral pathways should meet GDPR guidelines. The ECLO carries out promotional activity within the clinic setting, producing and disseminating information to encourage referrals, and attending at clinic team meetings / audit / clinical governance events.			

1.4 Infrastructure

Activity		Met	Partially met	Not met
1.4.1 Facilities and equipment	The ECLO has access to ICT provision including computer / laptop; printer; internet access; telephone with voicemail facility. Wall space and / or leaflet racks for display of ECLO service literature. The storage of records complies with confidentiality and in accordance with General Data Protection Regulation (GDPR). ECLO employers should check that all data handling and recording of activity meets the requirements of the NHS Data Security and Protection Toolkit and establish if an assessment is required. Space in eye clinics is often at a premium. Lack of space can inhibit the ability of an ECLO service to be offered at all. Dedicated room for the ECLO within the eye department is preferable however when required, a private meeting space is made available / accessed to facilitate confidential discussion. Consider the use of 'Pods' or similar.			



2. Possible / potential additional activities carried out by the ECLO

Activity 2.1 Visual awareness training is developed and delivered to Eye Department and Trust staff. 2.2 Participation in clinical governance and clinical audit. 2.3 Develop links with relevant outpatient services (i.e. Diabetes, A&E) and on relevant wards (i.e. Stroke Unit) to allow patients to access the support service if necessary, with appropriate referral mechanisms in place. 2.4 Provision of Eye Disease specific support e.g. reinforce medical messages / advice around Glaucoma treatment adherence. 2.5 Promotes and (when appropriate) participates in peer support groups. 2.6 Participation in Falls Prevention activity, & liaison with Falls Teams and Services, using agreed referral pathways. 2.7 Assist department staff to evaluate and improve CVI processes and ensure all who are eligible are offered it.



Appendix 1

ECLO role descriptor

Purpose

To provide a person-centred service to people of all ages affected by sight loss, to provide information and practical advice, emotional support and assistance in achieving an appropriate referral to community-based services.

Tasks

- To provide emotional support, practical advice, impartial information, guidance and advocacy to people of all ages affected by sight loss, and their families and carers.
- To provide eye health information on a range of topics to patients, family members and others in conjunction with other practitioners.
- To empower blind and partially sighted people by carrying out a an initial support needs assessment, so that people can prioritise their own needs and aspirations.
- To offer support to facilitate access to appropriate services that will meet those needs.
- To establish robust referral mechanisms to and from the service in order that referral pathways are known and understood.

- To establish excellent professional working relationships with health and social care professionals at all levels within statutory and voluntary agencies, in order to facilitate smooth and swift referrals between departments and agencies.
- Act as a key information and advisory link in the certification and registration process for blind and partially sighted people and eye clinic staff.
- To engage and consult with blind and partially sighted people to evaluate and support continuous service improvement.

Appendix 2

Seeing it my way outcomes

- 4. That I have someone to talk to.
- **5.** That I understand my eye condition and the registration process.
- 6. That I can access information.
- 7. That I have help to move around the house and to travel outside.
- **8.** That I can look after myself, my health, my home and my family.
- **9.** That I can make the best use of the sight I have.
- 10. That I am able to communicate and to develop skills for reading and writing.
- **11.** That I have equal access to education and lifelong learning.
- 12. That I can work and volunteer.
- 13. That I can access and receive support when I need it.

Appendix 3

UK Ophthalmology Alliance Patient Standards

https://uk-oa.co.uk/new-patient-standards-to-increasesupport-for-eye-clinic-patients/



Notes:

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RNIB Helpline 0303 123 9999 helpline@rnib.org.uk

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