

RNIB ECLO Quality framework and Practice guidelines

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

Update November 2018

Application

Eye clinics / departments where the service is delivered by a dedicated, fully integrated ECLO (ECLO - Eye clinic liaison officer) who has achieved accreditation via the Eye Clinic Support Studies course.

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 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, clinical commissioning groups, hospital trust managers, clinicians and existing or aspiring providers of ECLO services in eye clinics, should use this quality framework as guidance. Existing eye clinic 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 clinics, resource availability (people and money) and the expectations / perspectives of all relevant stakeholders will determine the nature of an early reach support service. 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.

1. Core Standards	
1.1 Core ECLO activities	
Activity	Definitions / standards
<p>1.1.1 Emotional support</p> <p>Emotional support is provided to patients, their families and carers.</p>	<p>Emotional support takes the form of active listening, empathising, acknowledging, normalising, reassuring and identifying further need. This does not include counselling.</p> <p>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.</p>

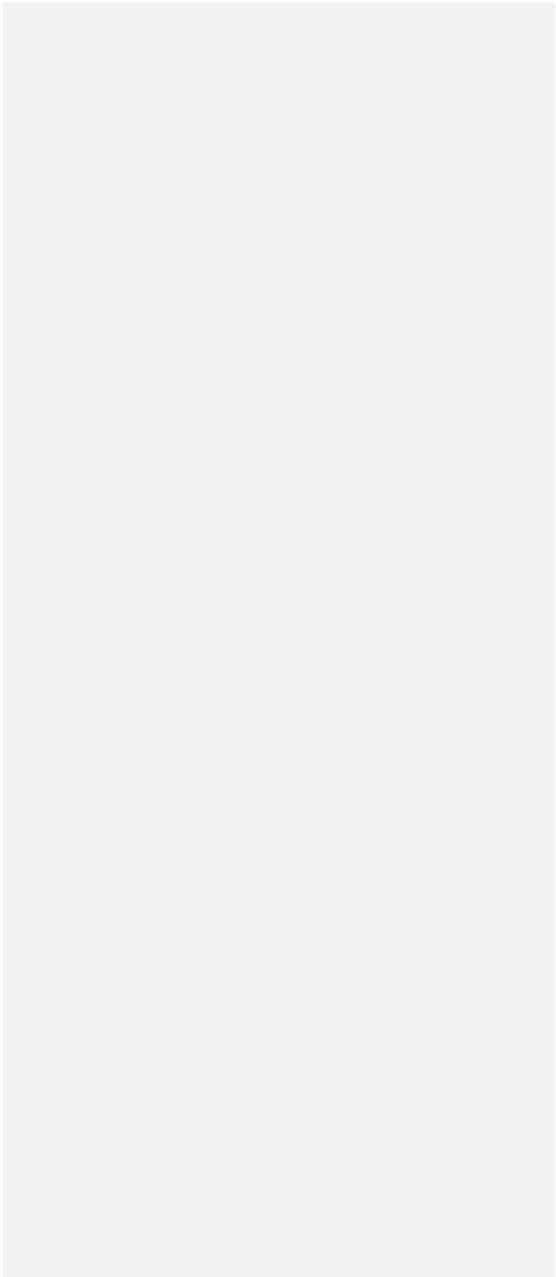
<p>1.1.2 Information-giving / signposting</p>	<p>Impartial information and guidance is provided to patients, their families and carers.</p> <p>Information is provided, both local and national, in a variety of appropriate formats and languages, to enable patients to access support themselves, where appropriate. The breadth of potential sources of further support reflects the outcomes set out in “Seeing it my way” (Appendix 2).</p> <p>Eye health information on a range of topics is provided to patients, family members and others in conjunction with other practitioners.</p> <p>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.</p>
<p>1.1.3 Advocacy</p> <p>The ECLO acts as an advocate for the patient / patient group.</p>	<p>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.</p>

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 or not 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.
- c. By attending service review meetings the ECLO is able to 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.

<p>1.1.4 Identification of need</p> <p>There is provision of an initial needs assessment.</p> <p>The needs-led assessment 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.</p> <p>The Seeing It My Way outcomes can provide a framework for discussion.</p>	<p>A 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.</p> <p>Blind and partially sighted 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 and what support can be provided. This leads to agreed care and support plan, and help is offered to facilitate access into appropriate services / support opportunities.</p>
<p>1.1.5 Referrals / professional relationships / networks</p> <p>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.</p> <p>ECLOs will identify and refer any Safeguarding concerns in line with Trust Guidelines.</p>	<p>Appropriate channels are developed and maintained for feedback to referring agencies, ensuring a two-way communication stream.</p> <p>Excellent professional working relationships with Health and Social Care Professionals are established at all levels.</p> <p>A large range of contacts (potential sources of further support) is established and maintained through extensive networking with other agencies, both statutory and voluntary.</p>

<p>1.1.6 Certification and registration</p> <p>Inform and advise on Certification and Registration process and benefits to patients and hospital staff.</p>	<p>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 SSD or its agent.</p>
<p>1.1.7 Monitoring and follow up of patient progress</p> <p>Where necessary or appropriate, follow up is conducted with patients post initial support and links are made to check their progress</p>	<p>Examples</p> <p>Following completion of a CVI, there is follow up to ensure the Social services department / Sensory team has made timely contact with the individual.</p> <p>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.</p>



<p>1.1.8 Recording of activity</p> <p>A record is made of the support given to the patient, their family and carers.</p>	<p>Accurate patient and service delivery records are maintained and collated and submitted for analysis as required.</p> <p>The ECLO records what was discussed, what was agreed and what action was taken, in accordance with General Data Protection regulation (GDPR)</p>
<p>1.1.9 Evaluation and impact measurement</p> <p>Patients are engaged and consulted with to evaluate and support continuous service improvement.</p>	<p>The service is measured in terms of its impact. The ECLO performs a positive role in facilitating this process.</p> <p>Evaluation of the ECLO role will include the elicitation of feedback from patients, clinicians and other stakeholders.</p>
<p>1.2 Competency and training</p>	
<p>1.2.1 ECLOs will have successfully completed the accredited Eye Clinic Support Studies course within the first year in role.</p>	
<p>1.2.2 ECLOs will attend mandatory NHS staff training (to include Data Protection / GDPR, Safeguarding, Health and Safety, Infection Control, Fire etc.), ongoing as and when, as required by the Trust where they work. ECLOs will attend mandatory training as required by their employing organisation.</p>	

1.2.3 ECLOs 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 with line manager
- Clinical supervision
- Resilience training
- Structured buddy or peer support scheme
- Emotional support service

1.3 Service integration

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.

<p>1.3.2 The ECLO service is integrated within a patient pathway that links clinical care with social care and related sight loss agencies.</p>	<p>The service should seek to become integrated into available local care pathways.</p> <p>Examples</p> <ul style="list-style-type: none"> • A patient is referred to the ECLO automatically if certification is offered, or if a Low Vision appointment is made.
<p>1.3.3 Referrals to the ECLO</p> <p>The ECLO promotes open referrals from clinicians, external sources and self referrals.</p>	<p>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 and social services.</p> <p>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.</p>

1.4 Infrastructure	
Requirement	Definition / standard
1.4.1 Facilities and equipment	<p>The ECLO has access to ICT provision including computer / laptop; printer; internet access; telephone with voicemail facility.</p> <p>The storage of records complies with confidentiality and in accordance with General Data Protection regulation (GDPR)</p> <p>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.</p> <p>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.</p>

Commented [SJ1]: A "POD" is a non-permanent structure consisting of joined panels which can provide an ECLO with some kind of office base. Pods can be provided in any shape/size and the panels are finished with either Camira Blazer fabric or Vescom Leone vinyl (which is wipeable and should comply with Infection Control Requirements and is also CRIB5 fire retardant).

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

Below are examples of other activities that some ECLO's are involved in.

Commented [SJ2]: Not saying they have to do these activities– but a chance to explain further elements of the role

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 around Glaucoma Compliance.
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

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 needs-led 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

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

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