

Swedish service line gains popularity in the UK

Stefanie Petrou Binder MD

UK hospitals are finding that a Swedish-based service model can help them catch up on cataract waiting lists.

“A service line reflects a loose cooperation between clinics that do the same type of surgery. These are generally very narrow units that perform mostly cataract surgery, and some individual units that also perform refractive surgery. The service line is based on an overall simplification and high level of standardisation of the commonly implemented 'best practice,’” said Eva Djerf-Nichols RN, Capio Eye Service Line coordinator.

Mrs Djerf-Nichols explained that 'best practice' referred to the chosen technique, process or innovative use of technology, equipment and resources that lead to significant improvement of measurable parameters, such as costs, quality, performance, and safety. The Capio service line identified procedures, machinery, and materials with which Swedish surgeons and nurses have achieved their best surgical results, and applied them systematically to all like surgeries in all clinics that adopted the service line. The results save time, money, and energy.

All Capio Medocular clinics in Sweden and the three units in the UK, use identical types of equipment (dental chair, instruments and trays), members of surgical staff (three nurses, one surgeon), surgical process/care programme, consumables (custom pack), operative technique, quality of instruments, and standardised digital patient files.

The use of a standardised system allows the nurses to share knowledge and help one another. It also allows them to work in different clinics that use this service line because they acquire knowledge of the whole process.

“The process is always the same. I have worked as a registered nurse in Sweden for 16 years. For the past two years, I have been working part-time in the UK Capio group to help implement the Swedish service line. To do this, I simply standardised the cataract procedure according to the service line,” she explained.

Mrs Djerf-Nichols initiated three clinics in the UK. In London, she refurbished an old clinic in Harley Street into a modern cataract and refractive clinic. The subsequent two Capio clinics in the UK, Boston/Gainsborough Treatment Centre in Lincolnshire and Bodmin Treatment Centre in Cornwall, were new hospitals that implemented the service line cataract

The diagram features the Capio Eye logo at the top left. Below it, the text 'Service Line' is followed by two bullet points: 'A close co-operation between clinics doing the same type of surgery' and 'Based on simplification and high standardisation of common "best practice"'. A speech bubble in the center contains the definition of 'Best Practice' as 'Technique, process or innovative use of technology, equipment and resources that lead to a significant improvement of measurable parameters, such as costs, quality, performance, and safety etc'. The Capio Eye logo is also present in the bottom right corner of the diagram.

process from the start.

Cataract surgery is broken down into three parts: pre-assessment, surgery, and follow-up. Mrs Djerf-Nichols trained nurses in pre-assessment, the steps involved in pre- and postoperative patient

'dream team' at the Capio Boston clinic includes nurses and doctors from South Africa, Pakistan and beyond, who had all previously worked in very different environments before joining the team and nonetheless managed to adapt quickly to

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care, and trained the team in the theatre to work effectively and methodically using the service line. At times, experienced nurses and surgeons from Sweden helped out during training, some staying on in the UK units.

As hiring NHS doctors was not permissible at the time, the Swedish staff worked with an international set of colleagues, recruited from around the world. Under the Capio contract, only nurses and surgeons who had been working outside of the NHS for over six months could be hired. Mrs Djerf-Nichols said that in all steps of the process, UK regulations were considered.

Creating a dream team

Nurses from all over the world (from Jamaica to Malaysia) worked at Capio. Her



Eva Djerf-Nichols

about 2500 cataract operations per year and in Sweden 7000 surgeries. Helen Pointer RN, a founder of ESONT, noted that during the last 10 years in the UK, the need for surgeons to follow-up their patients postoperatively has been greatly reduced mostly due to phacoemulsification, which is minimally invasive and allows patients to sit up right after surgery, walk out and go home, with practically no complications.

“We've reduced visits in the UK, and patients are now looked after by optometrists. Is that something that the Capio Service Line might consider?” she asked.

Mrs Djerf-Nichols responded that the follow-up visit in the clinic was presently part of the Capio contract. She said that the possibility of reducing postoperative visits was being discussed. She observed that Capio ophthalmic nurses were not properly trained to substitute for check-ups performed by the doctors. A follow-up is performed around two weeks after surgery, she said.

A nurse from the UK asked who referred patients to these UK clinics that seemed to fall outside of the system. Furthermore, while she was involved in consenting patients at her clinic in Belfast, it was not clear to her who was responsible for consenting these patients for surgery.

Mrs Djerf-Nichols explained that her patients in the UK were referred from NHS hospitals with too little capacity for the large numbers of patients requiring surgery. It was basically inadequate capacity and the need to shorten extremely long UK waiting lists for cataract surgery that generated interest to create extra contracts with the Swedish service line in the first place, she said. She observed that in Sweden there is no consent form for cataract surgery, in contrast to the UK. In the UK clinics, informing the patient and getting their consent falls to the surgeons, although passing that responsibility on to the nurses would be a welcome change for them, she said.

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