healthwatch Lewisham

# Enter and View Report

## Community Health and Eyecare Limited (CHEC)
## New Cross

**23rd March 2026**

# Contents





healthwatch Lewisham

| Visit Details | |
|---|---|
| **Service Visited** | Community Health and Eyecare Limited (CHEC) New Cross- Ewen Henderson Court, New Cross, Lewisham, London, SE14 6BW |
| **Manager** | Rachel Owusu |
| **Date & Time of Visit** | 23rd March 2026, 9:30am – 12.30pm |
| **Status of Visit** | Announced |
| **Authorised Representatives** | Carleen Duffy, Daniyah Kaukab, Hannah Whittaker, Samreen Nawshin |
| **Lead Representative** | Daniyah Kaukab |

# 1. Visit Background

### 1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives (AR)) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries, and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families, and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

### 1.1.2 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to raise the issue with their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

### 1.2 Disclaimer

Please note that this report relates to findings observed on this specific visit. It does not represent the experiences of all service users and staff but does account for all staff, residents and family members who engaged with us as part of the visit.

### 1.3 Acknowledgements

Healthwatch Lewisham would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this E&V project to take place. We would also like to thank our ARs, who assisted us in conducting the visit and putting together this report.

# 2. About this Visit

### 2.1 Community Health and Eyecare Limited (CHEC) New Cross

On Monday 23rd March 2026 we visited the CHEC Eye Clinic located in New Cross that works with multiple opticians and GP's to provide treatment for a range of ophthalmology conditions. CHEC New Cross offers the following services:

- Cataract Surgery
- YAG laser
- Medical Retina
- Glaucoma Management
- Ocular Hypertension Monitoring
- Vitreoretinal surgery
- Eyelid surgery
- All non-specific General Ophthalmology conditions
- Minor Ophthalmology Procedure (MOP) appointments
- Dermatology outpatient services

The clinic staff consists of one manager, a Clinical Ophthalmologist, a Clinical Optometrist, three Ophthalmology Nurses, four Optical Assistants, and three Patient Coordinators.

### 2.2 CQC Rating

The CQC is the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. CHEC New Cross was last inspected by the CQC in January 2023. The inspection report gave a rating of 'Good' overall, with individual ratings of 'Good' for being Safe, Effective, Caring, Responsive and Well-led.

### 2.3 Online Feedback

The service has received 50 Google reviews spanning a four-year period, with an overall rating of 3.7 out of 5 stars. At the time of the Enter & View visit in March 2026, 49 reviews were available.

### 2.4 Focus of the Visit

Every year, Healthwatch Lewisham carries out a statutory programme of Enter & View visits across health and social care services in the borough.

As part of this programme, 50% of Enter & View visits are identified using intelligence and insight from external partners, including the NHS, Local Authority colleagues and the Care Quality Commission (CQC). The remaining 50% are informed by Healthwatch Lewisham's own engagement and insight, including data collected through the Lewisham Independent Advocacy Service, which forms part of the Healthwatch Lewisham contract.

CHEC New Cross was selected for an Enter & View visit after three residents had approached the Lewisham Independent Advocacy Service after experiencing complications following surgical intervention by CHEC. One of the clients was supported in making a formal complaint which was specifically related to their suitability as a patient in that setting.

It should also be noted that at the time of the visit, there were wider national concerns regarding independent providers delivering NHS-funded cataract surgery.

The Royal College of Ophthalmologists had called for a review into the use and oversight of independent sector providers in NHS-funded cataract surgery following concerns around patient safety.

The focus of the Enter & View visit was therefore to understand the general experience of the service and whether people were satisfied with the outcomes of their treatment.

# 3. Executive Summary of Findings

Our analysis is based on the feedback of 10 staff members, 24 general patients including 4 post-eye surgery patients.

This is a summary of key findings – see sections 4 – 6 for findings in full. This report is based on their collective feedback, plus notes and observations made at the visit.

## Referral, Appointments and Access

**What has worked well:**

- Most patients had to wait around 8 weeks to access the service which matched the timelines given by staff. Sometimes patients had shorter or slightly longer wait times than suggested.
- Patients were informed of when their appointment was approaching and when it was going to occur through multiple formats including online, in-person, telephone, email and by post.

**What could be improved:**

- One patient reported an administrative delay within the referral process prior to reaching the clinic due to initial paperwork not being processed by reception staff at their GP practice; however, the issue was subsequently resolved, and the patient received an appointment at the clinic.

- One patient wanted the opportunity to make choices about their treatment as part of the referral process rather than the professionals only getting to decide.

## Treatment and Care

**What has worked well:**

- Treatment explanations and next steps were verbally communicated and documented on paper.
- The majority of patients felt supported and comforted by staff allowing their possible anxiety to ease prior to appointments.

**What could be improved:**

- A few patients felt that information about the risks and benefits of their treatment or what will happen during surgery was either not properly provided or could have been improved.

## Environment and Facilities

**What has worked well:**

- The building is clean, organised and accessible. The lift in the building has been highlighted as working well by patients.

**What could be improved:**

- The external signage is poor resulting in patients struggling to locate the building. A couple of staff members also mentioned there's a need for a sign/clear directions from the main road to help patients find the clinic.

## Working Environment, Training and Support

**What has worked well:**

- Staff feel supported by colleagues and management. There were no reported conflicts between staff or with patients.

- The staff receive regular one-to-one meetings and personal development opportunities.
- All staff members knew how to give feedback and felt comfortable sharing opinions

**What could be improved:**

- Nothing negative was reported from the staff.

## Support and Accessibility

**What has worked well:**

- The building is accessible and offers lifts for people with physical disabilities.
- Staff are happy to assist patients with accessibility needs, for example setting them up with an interpreter.

**What could be improved:**

- There is a free transport service for patients, but not all patients were made aware of this service, resulting in patients seeking help from friends/family or getting the uber.

## Communication, Information and Feedback/Complaints

**What has worked well:**

- The majority of patients knew how to give feedback and felt comfortable doing so.
- There are numerous ways for patients to give feedback (e.g. email follow-up and electronic systems such as an iPad in reception).

**What could be improved:**

- There were a small number of patients who did not know how to make a complaint.

## 3.1 Executive Summary of Findings - Post-eye Surgery

This analysis is based on feedback shared by 4 patients post-eye surgery.

### Treatment and Care

**What has worked well:**

- Patients felt informed on what to expect before and after treatment.
- All patients were very happy with their results.
- All staff members added a level of comfort and reassurance to patients.

**What could be improved:**

- Two patients reported post-operative issues. One patient, who had undergone surgery on both eyes, reported that vision in the eye that was operated on later had not been fully restored, while another reported that although their vision had improved, their eyes remained sensitive to sunlight. In both cases, treatment and support were provided to address these concerns.

### Communication, Information and Feedback/Complaints

**What has worked well:**

- Communication about what to do post-surgery. There was an emergency number and leaflet given to post-eye surgery patients to ensure they knew how to take care of themselves and use the eye drugs provided.
- No patients have reported issues with using the eye drops and are able to use them on their own.

**What could be improved:**

- Patients have experienced language barriers which has caused them to be less informed.

# 4. General Observations

During the visit, the Authorised Representatives made the following general observations about the environment and how people experience the service through watching and listening:

## Accessibility

**Observations**

- The clinic is close to public transport, both bus and train. (9 minute walk from New Cross station).
- The external signage is clear and bold. Internal signage is clear with doors labelled and reception area marked.
- Street parking is available but no marked disabled parking. However, there are double yellow road lines where blue badge holders could park directly outside the clinic.
- The clinic is easily accessible for people with mobility issues as it has a flat entry, automatic sliding doors and lift opposite for accessing the second floor (clinic has 2 floors).
- The clinic has a secure entrance. Patients are required to ring from the outside and then the receptionist will allow them in.
- Healthwatch Lewisham Enter and View visit poster was on display.

## Environment and Facilities

**Observations**

- The clinic is clean, tidy, modern, a good temperature. Staff are pleasant and friendly.
- The clinic has clean toilets including disabled facilities. There are separate staff toilets available as well.
- On the day of the visit, it was quiet with not too many patients.
- There is a screen in the waiting room displaying an informational video explaining the surgery procedure.
- The consultation rooms had a strong somewhat pungent smell. Somewhat damp, earthy, possibly due to not enough ventilation.

- As the signal is poor in the building, the service offers free guest wifi. (A QR code would have been easier to use instead of a long password).
- They have a water station/filter.
- Fire exits are signposted.
- There was signage to ground floor reception but no signage to upstairs reception. There is a note on the upstairs reception saying to go to the reception downstairs. This could be inconvenient for some patients if they go upstairs to then be sent downstairs and potentially to be sent back upstairs again.
- The service has 2 consultation rooms (one of them had lights not working), 3 diagnostic rooms, pre-theatre room and theatre room. Additionally, there is a separate waiting room for cataract surgery patients.
- There is a one patient only rule in the admission room.
- There are enough seats for patients in the waiting room that are well arranged.
- The clinic is spacious and generally accessible for wheelchair users. However, some doors within the building are not automatic, including the toilet door accessed via the upstairs waiting area. The cross-corridor door may also be difficult for some individuals with limited mobility to open when returning to the waiting area.
- There is a hearing loop available at each reception but the box is “hidden” behind/below the reception desk but no information/signage visible. The manager said that they would print one.
- There is CCTV around the building.
- There were no visible obstructions in the clinic that could cause a hazard.
- The interactions between staff and patients were pleasant, direct and engaging in terms of getting appointments with receptionists. A new patient was called into the consultation room with a pleasant welcome. The intercom was efficient.
- Refreshments were offered to surgery patients upstairs.
- There was a staff room which included the clinic's own medication storage.
- The service is open for 2 days a week for surgery with around 20-25 patients.

## Information

**Observations**

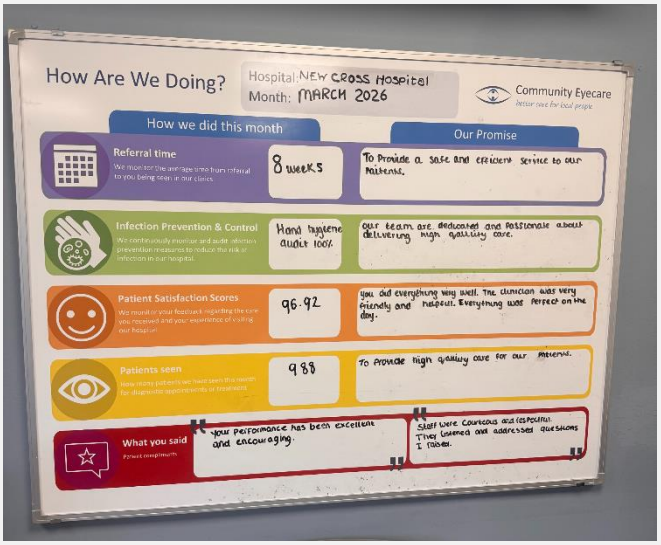
The following information was displayed on walls and floor stands throughout the ground floor and upstairs' reception/waiting area:

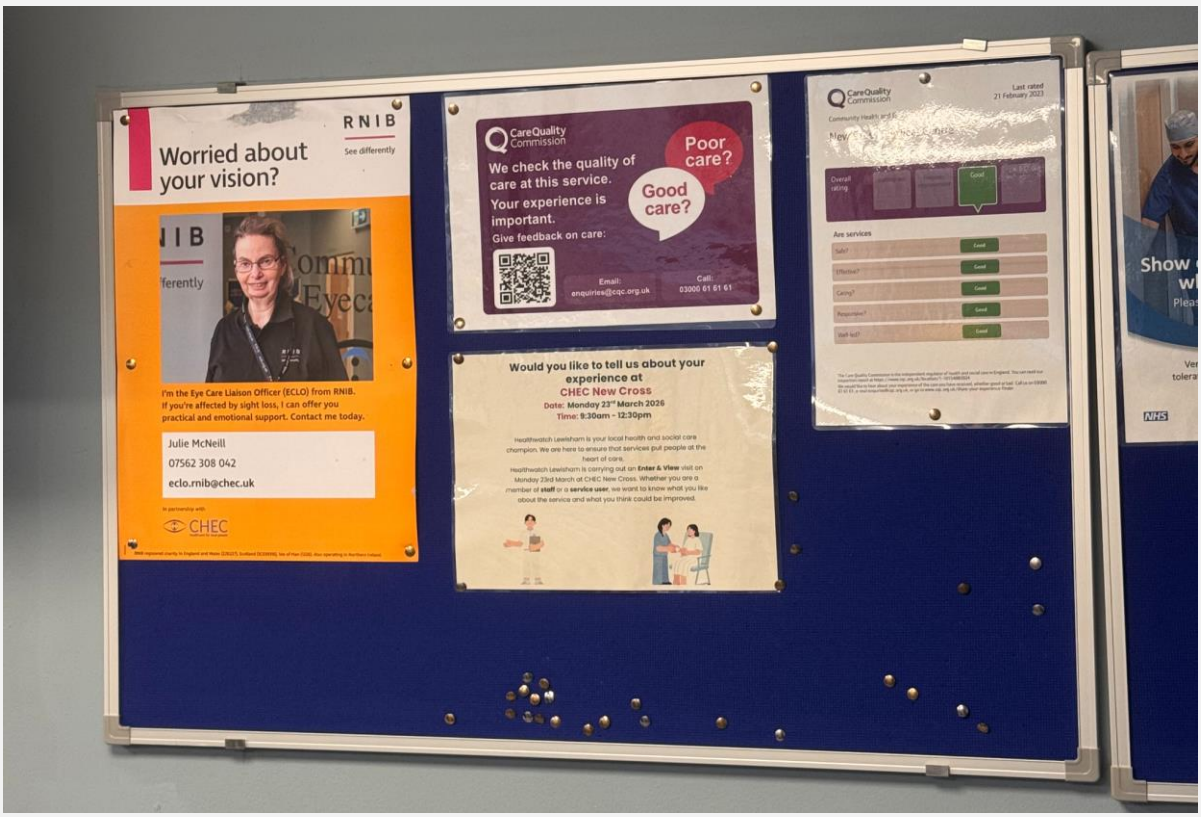
- Feedback opportunities
- Latest CQC rating (Good) and how to make a complaint
- QCC certificate of registration
- Violence (against) rules, be respectful to staff, CHEC core values and patient care guide
- First aiders and fire marshals
- Board showing their promises and how they did this month
- Out of hours process and flowchart
- Free wifi and password
- Community eyecare: chaperone/risk of violence.
- Macular society leaflet
- Certificate of employers liability insurance
- Workflow poster - if concerned about child, young person or adult
- 3D OCT screening
- Dermatology word search.
- There was not too much information about local services/health conditions available, AR's only saw RNIB (sight loss counselling) and Clarity marketing (personalised treatment eyecare plan).
- Information displayed about interpreter/translation services. The manager told us the service uses Google Translate when required through iPads and video calls. One patient came who spoke Spanish and they used a translation service, and staff could understand but not speak.
- QR codes are present to allow people to give feedback.
- Information about feedback and complaints was available; however, it appeared to focus mainly on collecting patient experience feedback and ratings. Information explaining how to make a formal complaint was less prominent. No information regarding advocacy services was displayed.

- A discharge information leaflet is provided to patients following eye surgery. The leaflet includes guidance on what to expect after surgery, aftercare advice, use of prescribed eye drops and medications, signs and symptoms requiring urgent medical attention, and details of the clinical helpline for post-operative support. The discharge information leaflet is included in Appendix 1.

  A review of the discharge information leaflet found it to be clear, comprehensive and well structured. It provided patients with practical guidance on recovery following cataract surgery, including expected symptoms, aftercare advice, eye drop administration, warning signs requiring urgent medical attention and details of the clinical helpline. The inclusion of illustrated instructions for administering eye drops and a personalised medication schedule may further support patients in managing their recovery at home. Overall, the leaflet appears to provide patients with clear and accessible information to support safe recovery following surgery.




RNIB
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I'm the Eye Care Liaison Officer (ECLO) from RNIB. If you're affected by sight loss, I can offer you practical and emotional support. Contact me today.
Julie McNeill
07562 308 042
eclo.rnib@chec.uk
CHEC
CareQuality Commission
We check the quality of care at this service.
Your experience is important.
Give feedback on care:
Poor care?
Good care?
Email: enquiries@cqc.org.uk
Call: 03000 61 61 61
Would you like to tell us about your experience at
CHEC New Cross
Date: Monday 23rd March 2026
Time: 9:30am - 12:30pm
Healthwatch Lewisham is your local health and social care champion. We are here to ensure that services put people at the heart of care.
Healthwatch Lewisham is carrying out an Enter & View visit on Monday 23rd March at CHEC New Cross. Whether you are a member of staff or a service user, we want to know what you like about the service and what you think could be improved.
CareQuality Commission
Last rated 21 February 2023
Are services
Good
NHS

# 5. Patient Feedback

This section is based on a total 24 patients' collective feedback.

The patient survey focused on referrals, appointment and accessibility, the environment, staff and communication, treatment and feedback/complaints.

## Referrals

Most patients understood why they had been referred for treatment or surgery. Cataracts were the most common reason for referral, although one patient was referred for glaucoma treatment.

Patients were commonly referred through opticians, with some also mentioning their GP as part of the referral process.

Several respondents felt they had enough information about their referral and treatment options. Positive comments included:

"Prompt appointments."

"Very impressed and pleased by CHEC."

Some patients stated that they had been given a choice about where treatment would take place. However, others reported that they were either unsure whether choice had been offered or felt that the decision was mainly based on professional recommendation.

One respondent highlighted an issue before referral to the clinic:

"The receptionist at GP didn't process initial paperwork causing unnecessary delay."

This suggests that while referral experiences were mostly positive, some delays or uncertainty within the referral pathway can occur before patients reach the clinic.

## Appointment and Access

Feedback relating to appointments and access was generally positive. Most patients described the clinic as easy to access and reported no major difficulties attending appointments.

Patients received appointment information through a range of methods, including:

- text message,
- telephone,
- letters,
- Face-to-face conversations with reception
- email
- and online systems.

Patients also expressed different communication preferences, with some wanting text messages and others preferring phone calls or written communication.

Reported waiting times varied between respondents. Some patients described appointments as quick, while others referred to waiting several weeks for treatment.

Examples of comments included:

“Maximum 2 weeks.”

“2 to 3 weeks.”

“2 months”.

“Not more than 3 months.”

Patients were not offered a patient transport service to and from their appointment, but most reported they did not require additional support with transport or access and had a positive journey to the clinic. Two patients reported using an Uber to return home following treatment, with one explaining that they did not feel confident using the train after surgery. Another patient stated that their partner drove them to and from the appointment but commented that they would have accepted patient transport had it been offered.

Overall, most respondents appeared satisfied with appointment arrangements and clinic accessibility.

## Environment

Patients generally rated the clinic environment and facilities positively. All respondents selected either “Very good” or “Good” when asked about the clinic environment.

Patients described the clinic as:

- clean,
- organised,
- calm,
- and comfortable

Comments included:

“Easy to find and access.”
“Cleanliness and accessibility.”
“Impeccable operating theatre and public rooms.”
“Organisation/totally equipped operating theatre. The kindness of the staff cannot be overstated”.

Overall, the environment appeared to contribute positively to patient confidence and comfort during treatment.

## Staff and Communication

Feedback relating to staff was consistently positive across the questionnaires reviewed.

Patients felt comfortable with staff and frequently described staff as:

- friendly,
- helpful,
- reassuring,
- professional,
- and informative.

Examples of comments included:

“Friendly and helpful.”
“All questions answered with kindness and care.”
“Reassured by first staff that prepared for surgery.”

Several patients also commented positively on how staff communicated throughout treatment and recovery. Most respondents reported that information was easy to

understand and that explanations were clear.

Patients also highlighted positive interactions with staff during appointments. One respondent commented:

“From the initial greeting, we were offered coffee or biscuits.”

A small number of patients identified minor communication issues or follow-up queries. One patient noted:

“I had a follow-up question & [nurse] Lynne rang me right away!”

Although the comment was positive, it highlighted the importance of responsive communication following treatment.

Overall, staff interactions appeared to be one of the strongest aspects of patient experience.

## Treatment and Understanding

Patients generally reported positive experiences regarding treatment and care.

Most respondents stated that:

- treatment had been explained clearly,
- risks and benefits had been discussed,
- and they understood why surgery or treatment was needed.

Patients also reported feeling informed about what to do following treatment and who to contact if complications occurred.

The majority of the patients said that they did not feel anxious or worried about their treatment. Patients who did feel nervous described staff as reassuring and supportive throughout the process. However, a few people felt that information about the risks and benefits of their treatment or what will happen during surgery was either not provided or could be improved.

Comments included:

“Absolutely.”

“Reassured by first staff that referred for surgery.”

“Felt confident in surgeon’s expertise.”

"Now I can live normally."

Overall, patients appeared satisfied with the quality of treatment and the information they received.

### Feedback and Complaints

Most respondents stated that they would feel comfortable raising concerns or making a complaint if needed.

Some patients reported being aware of how to provide feedback or complaints, while others were unsure or could not remember the process.

No significant concerns relating directly to clinical treatment were identified within the questionnaires reviewed. However, isolated concerns relating to administration and referral processes were reported such as one patient reported an administrative delay within the referral process prior to reaching the clinic, which they attributed to initial paperwork not being processed by reception staff at their GP practice. The issue was subsequently identified and resolved, allowing the patient to proceed with their referral and receive an appointment at the clinic. Another patient highlighted a lack of choice within the referral process and felt they would like more involvement.

Overall, patients appeared generally satisfied with the service provided.

## 5.1 Patient Post-surgery follow-up feedback

Amongst the 24 patients a total of 7 patients had undergone eye surgery, from which 4 provided post-surgery feedback.

The post-surgery survey focused on patient's recovery and outcomes, information and communication, care and support experience of patients.

### Recovery and Outcomes

Overall, patients reported positive experiences and outcomes. All patients rated their post-surgery experience positively. Patients generally reported feeling well after their surgeries, and the majority stated that they were able to see better out of both eyes.

There were minor complications reported by two patients:

"Both eyes are done now. The first eye had no problems but the 2nd which was done 2 weeks ago, had a bit of a problem and has had a follow up scheduled for next week."

As a result, only one eye had improved at the time of the interview. This was the only patient who required urgent care elsewhere following surgery. The second appointment was organised and efficient, and the patient reported that the doctors explained what was wrong and sent information to the on-call doctors for

follow-up. The doctor also followed up with the patient to ensure they had attended the subsequent appointments they required.

Another patient reported that they had surgery on both eyes and were generally doing well. They stated that their vision had improved but that their eyes remained sensitive to sunlight. This possibility was in the discharge information leaflet.

Three patients expressed that they were pleased with their eye surgery. One patient stated they were somewhat pleased, explaining that they would be happier once their vision had been fully restored and a follow-up appointment had been scheduled to address this. One of the three patients described the positive impact the surgery had on their daily life:

“Now I can live normally, but I will still need a second operation on my other eye. Now I feel more confident”

## Information and Communication

There is enough information given to the patients from the practice pre- and post-eye surgery. One patient, however, reported difficulty understanding information prior to surgery because ‘the interpretation was not in Polish so was difficult to understand’, which they felt affected their ability to make an informed decision.

The majority of patients felt they were informed on what to expect post-surgery. Patients were given “a big leaflet” to assist them with questions and/or concerns post-surgery, which was found helpful. In addition, eye drops were provided. A patient stated, “It was excellent information on what to do after being discharged. And all the instructions for eye drops were given.” There was no confusion for patients when using their eye drops.

CHEC provided all patients with an emergency number to contact, in addition to information on how to make a complaint.

## Care and Support Experience

There have been minimal follow-up appointments needed at CHEC New Cross clinic. A phone number is provided to patients if a follow-up needs to be arranged. Nothing was reported that could improve the experience.

All staff members provided a positive experience for patients. Staff treated patients with care and respect while remaining efficient, helping to provide a comfortable and relaxed atmosphere. The quote below is a patient’s direct experience with the staff:

“The nurses & receptionists were kind. It went better than I had expected. It was quick and easy. I felt confident in the surgery experience. It put me at ease.”

# 6. Staff Feedback

This section is based on 10 staff members' collective feedback.

The staff survey focused on the appointment system and accessibility, support for patients, communication and feedback, treatment and care, the environment including working environment and facilities, training and support.

## Access and Appointment System

Staff described that patients are typically referred to the service by opticians or GPs, particularly for ophthalmology issues such as suspected cataracts. One staff member noted that "opticians – suspected cataracts" are a common referral route, while another stated that GP's may refer patients to opticians for initial tests. The manager explained that referrals are received through an online portal used by GP's and opticians, after which patients are triaged and booked into the appropriate appointment.

Patients are informed of appointments through a range of methods. Staff reported that this includes:

- online systems
- letters sent in advance
- phone calls or text message reminders

One response highlighted that "appointment letters [are sent] from head office in advance," while another noted that patients may receive text message reminders and confirmation calls, particularly if urgent. The manager also confirmed that patients are informed of appointments through online systems, telephone contact and written correspondence.

Staff reported that waiting times are approximately 8 weeks for appointments from the time of referral, including consultations and some procedures. The manager similarly mentioned that waiting times currently vary according to appointment type but can be up to 8 weeks from referral.

Staff highlighted that patients can access appointments through a variety of methods. The manager noted that this flexibility allows patients to book appointments in a way that suits them, although patients occasionally book the incorrect appointment online due to multiple types listed. They suggested that a way to improve this would be by patients only having access to the appointment that they need to book.

## Support for Patients

Staff described a range of support available for patients with additional needs.

In relation to language support, one staff member noted the use of a "language iPad… to get in touch with interpreters." Another response mentioned that patients may bring a friend or relative, or that interpreters can be arranged if needed. The manager also confirmed that the clinic has access to an online interpreting service to support patients who require language assistance.

Support for patients with disabilities was also highlighted. Staff referred to:

- wheelchair access
- lifts
- accessible toilets
- hearing loop systems

One staff member explained that patients are assessed for mobility issues, as they are required to get on and off the operating table independently. The manager similarly explained that the clinic provides wheelchair access, disabled toilets and lift access throughout the building.

Staff explained that carers are able to accompany patients. The manager added that carers can also be involved in the discharge process and aftercare planning where appropriate.

The manager also highlighted the availability of a free patient transport service and described the clinic driver as providing outstanding customer service and maintaining good communication with both patients and the clinic regarding any delays.

## Communication and Feedback

Communication with patients was generally described positively.
One staff member stated that communication is “very good,” while another noted that systems such as text reminders and letters already work well. Patient communication preferences are recorded, with one response stating that this is “noted on patient file” and that “all information is checked every appointment to keep up to date.”

The manager also explained that patients are asked how they would prefer to be contacted and that these preferences are recorded on their patient records. They noted that patients are generally well informed about their care and receive follow-up support where required. The manager suggested that routinely providing patients with the clinic’s direct telephone number may help reduce waiting times when contacting the service.

Feedback is collected in a number of ways. Staff mentioned:

- feedback at reception or on discharge
- email follow-up
- electronic systems such as iPads in reception

One response noted that “patient feedback [is collected] at the desk on discharge & emails can be followed up.” The manager added that patients are also encouraged to complete the ratings Radar survey about their experience.

They further explained that the complaints policy is displayed at reception and that patients are provided with a complaints email address, followed by both a telephone call and written response from management where complaints are received.

## Treatment and Care

Staff described a clear process for assessing and treating patients.
Patients are seen by clinical staff and assessed for treatment suitability. One response noted that patients are:

> "seen by the doctor and they assess fitness for surgery and options for treatment given."

The manager similarly explained that patients are assessed by clinical professionals, such as optometrists, who determine whether they are suitable candidates for surgery.

Information about treatment is provided both verbally and in writing. Staff reported that:

- surgeons explain procedures and risks
- booklets or written information are provided

One staff member stated that:

> "the surgeon must discuss all aspects of the surgery & complications that could occur."

The manager added that patients receive consultations with both an optometrist and a discharge nurse, who explain treatment options, procedures, risks and aftercare requirements, supported by written information.

Post-operative care includes:

- explanation of medication (e.g. eye drops)
- instructions on how to use treatment
- written discharge information

One response noted that "comprehensive notes are given to take away," and another mentioned that patients are given a helpline number in case of complications. The manager further explained that patients are discharged by specialist nurses and receive follow-up care through partner opticians. They also confirmed that patients are provided with an out-of-hours clinical contact number should complications arise.

## Environment and Facilities

Staff feedback on the environment was generally positive, with comments such as:

- "great, comfortable"

- “facilities great”

The manager similarly rated the environment positively and stated that the clinic has “all facilities we need to give great patient care.”

However, several issues were raised. One staff member highlighted that:

- “signage must be addressed as a lot of patients cannot find us.”

The manager echoed this concern, noting that improvements to the external signage have already been identified and raised internally.

Other concerns included small or poorly displayed call buttons.

## Working Environment

The working environment was described very positively across responses. Staff referred to:

- “good team spirit”
- staff getting on “extremely well”
- a supportive environment

One staff member stated that they feel supported by management, responding “yes, 100%” when asked if they feel comfortable raising concerns.

The manager also described the clinic as having a “great team” and a “very supportive” working environment. They highlighted regular support for managers, including weekly regional meetings with colleagues and senior management.

## Training and Support

Staff reported that training is available and generally sufficient.
One response noted that training includes “e-learning & face to face”, and that management can be approached for training if needed.

The manager explained that staff receive regular one-to-one meetings and personal development opportunities. They also noted that a dedicated clinical educator signs off clinical staff on all competencies before they are permitted to work independently in theatre.

Wellbeing support was also mentioned. One staff member described having "freedom to speak [about] any concerns", and access to support such as therapy sessions. The manager stated that they currently receive the support required to carry out their role effectively.

# 7. Recommendations

Based on the analysis of all feedback obtained, Healthwatch Lewisham has made a list of recommendations. Below each recommendation we have included the response from CHEC New Cross.

**1. Improve Language support**

Communication was identified as a key strength of the service, with patients frequently describing staff as friendly, reassuring and informative. The clinic already provides interpreter and translation support where required. However, feedback indicated that language barriers can affect how well patients understand information before and after treatment. One patient reported difficulty understanding the pre-surgery information provided because it was not in their native language.

The service should review how information about available interpreter and translation support is communicated to patients and consider whether key patient information could be made available in commonly requested languages where appropriate. This may help ensure patients are able to access and understand information throughout their care journey.

*The clinic will continue to strengthen communication with patients who have limited English proficiency by improving awareness of the interpreter and translation services already available. Patients will continue to be encouraged to attend appointments with a family member or friend, where appropriate, in addition to using the professional interpreting services offered by the clinic. This combined approach will help ensure patients fully understand information before and after their treatment. While discharge documentation is currently only available in English, in line with standard practice across NHS hospitals in England, staff will continue to provide verbal explanations with the support of interpreters where required to ensure patients understand their discharge instructions and follow-up care.*

## 2. Enhance Pre-treatment Information and Understanding

Patients generally reported positive experiences and described staff as reassuring and supportive throughout their treatment journey. Despite the manager mentioning that the treatment process as well as the risks are explained, we found that a small number of patients felt that they had not received sufficient information about the risks and benefits of treatment or what to expect during surgery.

The service should consider reviewing how this information is discussed with patients before treatment to help ensure all patients feel fully informed and confident about their care and treatment decisions.

*The clinic will continue to ensure that patients receive comprehensive information about the risks, benefits, and expected outcomes of cataract surgery at multiple stages of their care pathway. During the cataract assessment, clinicians explain the risks and benefits as part of the patients are provided with a cataract information booklet containing detailed information about the procedure. On the day of surgery, the operating surgeon again discusses the procedure, confirms consent, and provides patients with a further opportunity to ask questions before treatment. To further enhance patient understanding, the service will review how this information is communicated to ensure it is delivered consistently and in a way that is easy for all patients to understand. Staff will continue to encourage patients to ask questions throughout their care journey and will reinforce key information where needed. We will also continue to undertake regular mock CQC inspections to provide assurance that consent processes and patient information standards are being consistently implemented. In addition, we are exploring the introduction of direct observations of the consent process as part of routine consent audits, to assess the quality and consistency of information provided to patients and identify further opportunities for improvement.*

### 3. Improve Signage, Directions and Accessibility Information

Staff reported that some patients have experienced difficulties locating the clinic, and observations identified opportunities to strengthen signposting within the building, particularly between reception areas as there was signage for the ground floor reception but no signage to upstairs reception. There was also a note on the upstairs reception saying to go to the reception downstairs which would be inconvenient for patients as they would have to go back and forth.

Additionally, the visibility of some accessibility features needs improvement such as the hearing loop which was not easily visible behind reception.

The manager acknowledged that signage had been identified as an area for improvement and advised that this had already been raised internally. The service should continue reviewing external signage and directions to the clinic, alongside directional information within the building, to support patients in locating and navigating the service as easily as possible. Information about accessibility features, such as the hearing loop, should also be made more visible to patients.

We acknowledge the need to improve signage to the building. This has already been identified internally and has been raised with the estate manager for review. The service is currently awaiting refurbishment works, which are expected to provide an opportunity to further improve signage and wayfinding to the building. The service will also discuss with the booking team the inclusion of location details within appointment reminder text messages to support patients in finding the clinic more easily before they attend. In addition, accessibility features, such as the hearing loop, was already made more visible through improved signage, and staff will continue to proactively inform patients of the support available where required.

### 4. Strengthen Awareness of Feedback, Complaints and Advocacy Support

Some patients were unsure how to provide feedback or make a complaint about the service. Observations found that information displayed within the clinic was primarily focused on collecting patient feedback and ratings of patient

experience, while information explaining how to make a formal complaint was less prominent. No information regarding advocacy services was displayed.

The service should review its complaints process information and continue promoting available feedback and complaints processes to ensure patients can easily identify how to raise concerns should they need to do so. Consideration should also be given to displaying information about advocacy services, which can provide independent support to patients who wish to raise concerns or navigate the complaints process. This may help ensure all patients feel informed and confident about sharing their experiences and accessing support where required.

*A robust complaints process is already in place, and complaints leaflets are available in the waiting areas for patients and visitors. The clinic will ensure that complaints information is displayed more prominently alongside existing patient feedback materials. Staff will be encouraged to continue proactively providing patients who are verbal with information on how to give feedback, raise concerns or make a complaint, and how to access advocacy support where appropriate. In addition, the service will discuss with the Complaints Manager how best to inform patients about advocacy services available within their local area, to ensure they are aware of the independent support that may be available to them.*

**5. Increase Awareness of Transport and Accessibility Support**

The clinic offers a free patient transport service; however, feedback indicated that not all patients were aware of this support. One patient reported arranging alternative transport following treatment as they did not feel confident using public transport after surgery.

The service should review how information about the available patient transport service is communicated before treatment. This may help ensure patients are aware of the support available and can make informed travel arrangements for attending and returning home from appointments.

*The clinic will continue to ensure patients are informed of transport availability during cataract assessments, where appropriate. Free patient transport is available for eligible patients who have mobility difficulties or meet the service's eligibility criteria for additional support. Staff will continue to discuss transport*

*arrangements with patients before treatment to ensure they are aware of the support available, understand the eligibility requirements, and can make appropriate travel arrangements for both their surgery appointment and their return home following treatment.*

# 8. Glossary of Terms

| | |
|---|---|
| CQC | Care Quality Commission |
| AR | Authorised Representative |
| CHEC | Community Health and Eyecare |

# 9. Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Lewisham, The Albany, Douglas Way, London, SE8 4AG

Telephone: 020 3886 0196

Email: info@healthwatchlewisham.co.uk

Website: Healthwatch Lewisham

**Appendix 1: Discharge Information Leaflet for patients.**

CHEC
healthcare for local people
www.chec.uk

NHS
Providing NHS Services

## Instructions for patients being discharged after cataract surgery

PATIENT LABEL

**Who should I contact if I need support following my operation?**

**For concerns or queries about your operation or for emergency out of hours support please call the number below *(If we are closed, please hold, and select option 1 to speak to an on-call clinician, do not hang up)***

**Clinical Helpline Number**

**0344 264 4162**

### What to expect after your operation?

- Once the anaesthetic wears off, your eye(s) may water and feel gritty or irritated.
- Your vision will be blurry for the rest of the day and possibly the next week.
- You may be sensitive to light and may experience symptoms such as flickering lights.
- Your eye(s) may appear slightly red or 'bloodshot' this is normal and will go away on its own over the next 2-3 weeks.
- By the next day, your eye(s) should feel comfortable, but your vision may not yet be improved, this is normal.

**Pain:** If you feel any pain or discomfort in the eye(s) operated on you should take your usual pain relief. If the pain persists or is unbearable, please call the clinical helpline number above.

**Vision Loss:** If you notice any loss of vision, you should call the Clinical Helpline as above. Do not wait for your next appointment.

**Feeling Unwell:** If you are feeling generally unwell, contact your local general practitioner (GP) and show them your discharge information regarding your operation.

www.chec.uk Head Office: 0344 264 4160

Community Health and Eyecare Ltd. 1-6 Star Building, Oliver's Place, Fulwood, Preston, PR2 9BT

## Post Treatment Advice

- After your surgery we would like you to go home and take it easy.
- Start your eye drops tomorrow morning.
- If you were given a protective eye shield, wear it for the first 24 hours and then at night for 7 days unless instructed otherwise. To clean the shield, simply rinse it under the tap and dry with a clean tissue.
- For the first week following your operation please avoid dusty and dirty environments.
- For the first two weeks please do not rub or press your eye. You should avoid swimming, contact sports, heavy manual lifting and wearing eye makeup.
- When showering or washing your face and hair, please try to keep water out of the eye.
- On leaving the hospital you may continue all your other usual activities unless you are advised otherwise. However, please discuss with your doctor if you are unsure about a particular activity.
- If you have stitches in your eye or lids, the doctor or nurse will discuss with you whether they need to be removed and when this will happen.
- If applicable, new glasses will be discussed at your follow-up appointment with the optometrist. Before then there is no problem with wearing your current glasses if you wish.
- Vision, redness, and any discomfort should be improving gradually.

**If your vision becomes significantly more blurred, you experience increasing pain, redness or notice an opaque discharge from the eye, please call the Clinical Helpline Number below immediately.**

**Clinical Helpline Number:**
**0344 264 4162**

# Eyedrops

## *INSTILLATION OF EYE DROPS:*

**To instill the eye drops, follow these steps:**

1. **Wash your hands thoroughly with soap and water.**
2. **Check the dropper tip to make sure that it is not chipped or cracked.**
3. **Avoid touching the dropper tip against your eye or anything else; eye drops and droppers must be kept clean.**
4. **While tilting your head back, pull down the lower lid of your eye with your index finger to form a pocket.**
5. **Hold the dropper (tip down) with the other hand, as close to the eye as possible without touching it.**
6. **Brace the remaining fingers of that hand against your face.**




If you are using more than one type of drop in the same eye, remember to leave a five-minute gap between drops to allow the first drop to be absorbed. Otherwise, the second drop will wash the first drop out, causing it to have been ineffective.

Only administer the number of drops advised by your nurse, which is usually just one drop.

If you feel that you may have missed your eye when instilling a drop, you can safely try again immediately. Any excess volume will simply run out of your eye and will not cause harm to your eye.

If you are using an eye ointment at the same time as your eye drops, always use your eye drops first and leave a five-minute gap before using the ointment.

Store your drops as instructed, whether that is at room temperature (never near a radiator) or in the fridge.

# Your Aftercare Medications

You may not have been prescribed all the medications listed below. The nurse discharging you will only complete what is relevant for you. Check the labels on your medications and check the expiry date on the bottles before use.

**IF YOU NEED ADDITIONAL BOTTLES OF THE PRESCRIBED MEDICATION, PLEASE RETURN TO THE CHEC HOSPITAL SITE IN WHICH YOU HAD YOUR OPERATION.**

| Medication | Breakfast | Lunch | Dinner | Bedtime | Duration |
|---|---|---|---|---|---|
|  **Maxitrol Eyedrops** *Steriod and Antibiotic drops* | ✖ | ✖ | ✖ | ✖ | Week 1 |
| | | | | | Week 2 |
| | | | | | Week 3 |
| | | | | | Week 4 |
|  **Voltaral or Yellox eyedrops** ***Anti-Inflammatory drops*** *You may be asked to take either of these anti-inflammatory drops if you are diabetic* | | | | | Week 1 |
| | | | | | Week 2 |
| | | | | | Week 3 |
| | | | | | Week 4 |
|  **Acetazolamide Tablets** *To help reduce pressure inside the eye* | | | | | Day 1 |
| | | | | | Day 2 |
| | | | | | Day 3 |
| | | | | | Day 4 |
| **ARTIFICIAL TEARS** USE WHEN EYE FEELS GRITTY, DRY, ITCHY, OR MILD DISCOMFORT. Put 1 drop in both eyes 4 times daily, or more. | **Notes:** | | | | |
| **Discharge Practitioner** | **Name:** | | **Sign:** | | **Date:** |

## Clinical Helpline Number:

## 0344 264 4162