National Ophthalmology Database

UK Age-related Macular Degeneration Audit

Equality and Diversity Impact Assessment

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Document authors	Beth Barnes
Approved by	Martin McKibbin
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Introduction

The form contains the assessment of whether the design, methodology and patient sample inclusion/exclusion criteria of the National Ophthalmology Audit Programme has any impact on different patient groups.

The UK Age-related Macular Degeneration (AMD) treatment audit aims prospectively to collect, collate and analyse a standardized, nationally agreed dataset from all providers of treatment for the wet or neovascular form of AMD (NvAMD) in the UK, subject to local Caldicott Guardian approvals. The audit aims to provide benchmarks for the standards of care and a powerful quality improvement tool to enhance patient care and outcomes. Building on the existing achievements of the Royal College of Ophthalmologists' National Ophthalmology Database (RCOphth NOD) Project, the UK AMD audit will utilise validated measures of quality to discriminate between provider organisations. Key site level outcomes measures will be presented on the NOD audit website (www.nodaudit.org.uk), allowing providers and commissioners to compare performance against local and national peers and giving patients a basis for making an informed choice about their preferred treatment location. Aggregate data will be included in an annual report, available on the RCOphth NOD website, and certain elements and outcomes of the audit will be submitted for peer reviewed publication in the medical literature.

The AMD Data Set includes all the data associated with the initiation, delivery and outcomes of treatment for NvAMD including demographic details, ocular co-pathology and systemic co-morbidities, time from referral to the start of treatment, visual acuity in both eyes, number of injections, follow-up delays and complications of treatment. This data is routinely collected within electronic medical records as part of ongoing clinical care.

Key goals

The audit will provide real-world benchmarks for the standard of care given to patients with NvAMD, both for visual acuity outcomes and key clinical care processes. This will enable providers and commissioners to compare local clinical outcomes and processes with those achieved in other sites. Key benefits of the audit include:

- Empowering patients to make an informed choice about their preferred treatment location.
- Highlighting the best visual acuity outcomes achievable in real-world practice and the key care processes that deliver these outcomes
- Reducing variation in the NvAMD treatment outcomes.

Project Lead: Mr Martin McKibbin, Clinical Lead for the National Ophthalmology Database AMD Audit, The Royal College of Ophthalmologists.

Equality and Diversity Impact Assessment

1. Does the National Ophthalmology Audit Programme methodology affect participation in the audit more or less favourably on the basis of any of these patient characteristics?	Yes / No / N/A	Comments
Race	No	Eligibility for inclusion in the audit is based on instances of treatment for adults. An Electronic Medical Record (EMR) that collects the data will be used to recruit all patients undergoing treatment, with data extraction for the UK AMD audit at least annually. Data collection will occur as a by-product of routine clinical care, with all clinical staff entering relevant data directly into the EMR. The EMR systems used in the eye clinics at over half of NHS Trusts are all linked to the hospitals' 'patient administration system' (PAS) and automatically download all demographic data to avoid duplication of data entry. PAS data are highly reliable for the age, gender and postcode of patients but are less complete as sources of Race and Ethnicity data, which are recorded for only 50% of patients in EMR systems at present. The RCOphth AMD dataset already includes many data variables required for monitoring of sub-groups (e.g. gender, smoking status, levels of visual impairment, and comorbidities such as diabetes mellitus). Current evidence suggests that the NvAMD phenotype and treatment burden varies between Racial groups and so this data will be collected to explore this further. However, it is acknowledged that the data may be incomplete and that the current EMR systems may not distinguish accurately between Race and Ethnicity.

Ethnic origins (including gypsies and travellers)	No	Eligibility for inclusion in the audit is based on instances of treatment for adults. Patients of any ethnic origin are eligible for inclusion. Demographic data contained within the AMD dataset includes age and biological sex. Race and ethnicity will be extracted from hospital systems. However, it is acknowledged that the data may be incomplete and that the current EMR systems may not distinguish accurately between Race and Ethnicity.
Nationality	No	Eligibility for inclusion in the audit is based on instances of treatment for adults in the UK. Patients of any nationality are eligible for inclusion.

Gender	No	Eligibility for inclusion in the audit is based on instances of treatment for adults in the UK. Patients of any gender (biological sex) are eligible for inclusion. Demographic data contained within the RCOphth AMD dataset includes gender and other variables. Analyses will be undertaken probing access from a range of viewpoints including: • Variations in degree of visual impairment in the eye for treatment • Variations in degree of visual impairment in the patient (better eye) • Variations in rates of second eye treatment • Variations in visual acuity disability in second eyes due for treatment These analyses will be performed for different variables including Gender.
Culture	No	Eligibility for inclusion in the audit is based on instances of treatment for adults in the UK. Patients of any culture are eligible for inclusion.
Religion or belief	No	Eligibility for inclusion in the audit is based on instances of treatment for adults in the UK. Patients of any religion or belief are eligible for inclusion.
Sexual orientation	No	Eligibility for inclusion in the audit is based on instances of treatment for adults in the UK. Patients of any sexual orientation are eligible for inclusion.

Age	Yes	Eligibility for inclusion in the audit is based on instances of treatment for adults in the UK. Demographic data contained within the AMD dataset includes age. Analyses will be undertaken probing access from a range of viewpoints: • Variations in rates of access to surgery per head of population aged over 65 years • Variations in actual vs. expected surgery rates per head of population over 65 years These analyses will be performed for different variables including age.
Disability	No	Eligibility for inclusion in the audit is based on instances of treatment for adults in the UK. Patients of any disability are eligible for inclusion.
2. Is there any evidence that some groups are affected differently?	Yes	Partly given their longer life expectancy, NvAMD seems to be more common in women. The disease phenotype also varies according to Race, with the sub-type of polypoidal choroidal vasculopathy being more common in people of Asian and Black origin. Treatment burden and outcomes for eyes with this disease phenotype may be different.
3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4. Is the impact of the audit likely to be negative?	No	The audit is expected initially to identify variation between providers in terms of the baseline characteristics of the local patient population, the visual acuity change and state after treatment and key care processes. Some providers will have better outcomes than others initially. The audit aims to identify the relative contribution of baseline characteristics and care processes to the differences in outcomes. By identifying and disseminating best practice, it is expected that the audit

		will improve outcomes across all providers.
If so, can the impact be avoided?	NA	
What alternatives are there to achieving the audit without the impact?	NA	

Submitted by: Lynne Sander, NOD AMD Project Manager

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