

## INTRODUCTION

- The Tennent Institute of Ophthalmology, Gartnavel General Hospital in Glasgow provides a tertiary referral oculoplastics service to 1.2 million people in the West of Scotland
- Severe restrictions of outpatient clinical activity due to the COVID-19 healthcare crisis has resulted in a considerable decline of oculoplastic clinic appointments. Inevitably, oculoplastic services worldwide have witnessed a significant reduction in admission & referral rates<sup>1</sup>. In our unit, a total of 26,800 appointment have been cancelled in the first three months of the national lockdown alone
- Oculoplastic units across the UK are, therefore, rapidly re-developing their services to encompass modern, efficient methods of functioning including ACRT (active clinical referral triage)<sup>2</sup>, teleophthalmology<sup>3</sup>, enhanced discharge and shared care, to facilitate the continued provision of oculoplastic care during the COVID-19 global pandemic
- Successful implementation of oculoplastics service redevelopment projects require baseline data of the number of patients referred as well as the distribution of referrals, categories of referrals, and treatment outcomes of referrals

## AIMS

- To construct a profile of the oculoplastics service in the Tennent Institute of Ophthalmology, Gartnavel General Hospital, Glasgow, UK
- To target areas for service redesign & improvement

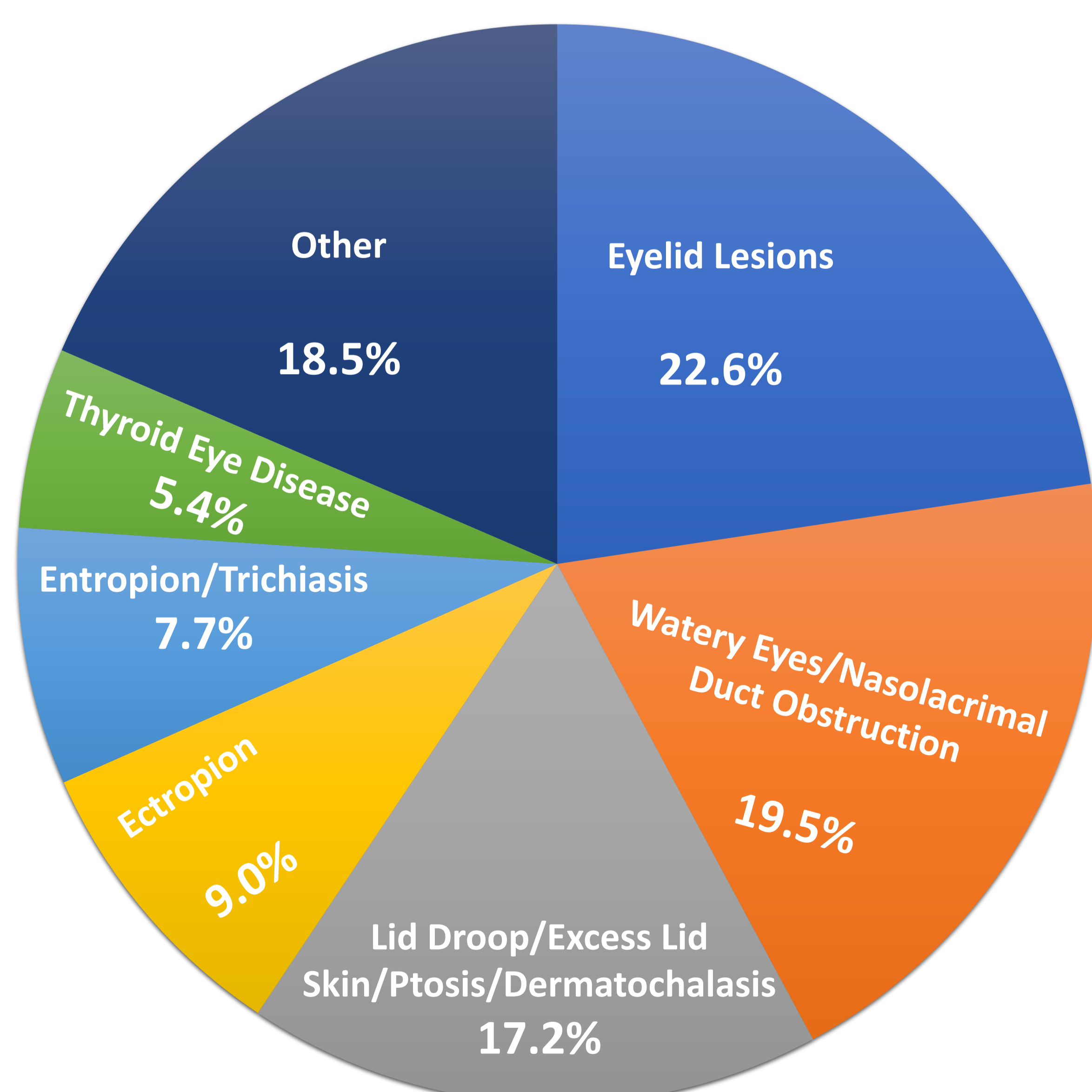
## METHODS

- Retrospective review of clinical records of all patients referred to the oculoplastics service from the 1<sup>st</sup> January 2017 to 31<sup>st</sup> of December 2017 with particular emphasis on:
  - Category of referrals
  - Treatment outcomes at first visit to the service
- Referrals vetted to the Minor Operations clinic were excluded

## RESULTS

- Total of 1581 new patients were seen in the Oculoplastics service over a period of one year.

### REFERRAL CATEGORY



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Referral Category	Treatment Outcomes at First Visit	
	Surgery	Discharge
Eyelid Lesions	95 (26.5%)	109 (30.4%)
Watery Eyes/Nasolacrimal Duct Obstruction	124 (40.1%)	72 (23.3%)
Lid Droop/Excess Lid Skin/Ptosis/Dermatochalasis	136 (50.0%)	69 (25.4%)
Ectropion	83 (58.5%)	27 (19.0%)
Entropion/Trichiasis	82 (67.8%)	9 (7.4%)
Thyroid Eye Disease	18 (20.9%)	14 (16.3%)
Other	70 (23.9%)	70 (23.9%)
Total	608 (38.5%)	370 (23.4%)

## CONCLUSION

- Refinement of current Oculoplastic services and implementation of advanced services such as that of ACRT, teleophthalmology, enhanced discharge, and shared care may aid the continued delivery of oculoplastic care during the COVID-19 global pandemic.
- Eyelid lesions formed the largest category of referral, and only 26.5 % were subsequently listed for surgery.
- Watery Eyes/Nasolacrimal Duct Obstruction formed the 2<sup>nd</sup> largest category of referral, and 59.9% of these patients were treated conservatively.

## FUTURE WORK

- Introduction & adoption of service reform designs tailored to the largest referral categories and largest treatment outcomes observed:

- Development of an Image-Based System for ACRT of patients in the Eyelid Lesion referral category. A pilot study for this has been successfully completed within our department, and an Image-Based Eyelid management service for NHS GGC is now in development.
- Introduction of Video Consultation Clinics for the management of those patients in the Watery Eyes/Nasolacrimal Duct Obstruction referral category. The results of a pilot project on Video Consultation Clinics in NHS GGC have been accepted for publication & are in press



- Further data collection to establish the concordance rates between referral diagnosis and clinical diagnosis at first visit.
- Feedback to referring healthcare professionals with consideration on referral diagnosis and triage of referrals.

## REFERENCES

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