

Tele-Ophthalmology: Emergency Eyecare Treatment Centre (EETC) Model

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Introduction

EETC model (as modelled in NHS Forth Valley):

Services/staff involved: community optometrists, 6 Hubs staffed by experienced optometrists (1 independent prescriber (IP) and 1 non IP optometrist per hub), 1 tele-ophthalmologist, Urgent Referral Clinic (URC) staffed by ophthalmologists.

1. Patients are triaged by community optometrists
2. If patient needs to be seen face to face, they are referred to a Hub for an appointment
3. If ophthalmology input is required, NearMe (Attend Anywhere) video link is used to contact Tele-ophthalmologist – live images seen by ophthalmologist
4. If hospital review is required, tele-ophthalmologist arranges a review in URC

Aims

To describe the novel tele-ophthalmology model of emergency eye care.

Methods

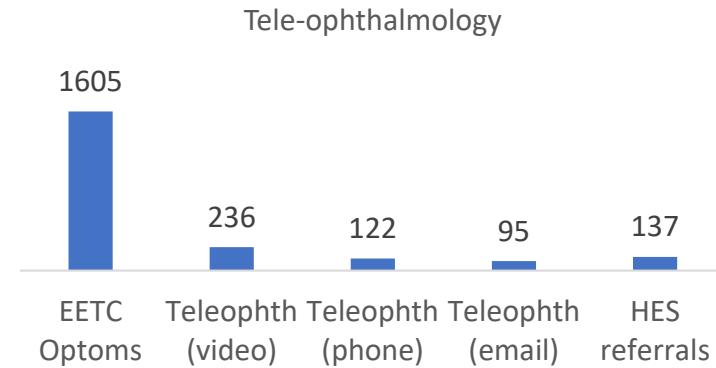
Following prospective data was collected (3rd April 2020 – 28th June 2020):

- Total number of patients seen across all the Hubs
- Referrals to the tele-ophthalmology
- Referrals to the hospital URC clinic
- Number of patients seen in URC over 3 months period in pre-EETC conventional model and EETC model

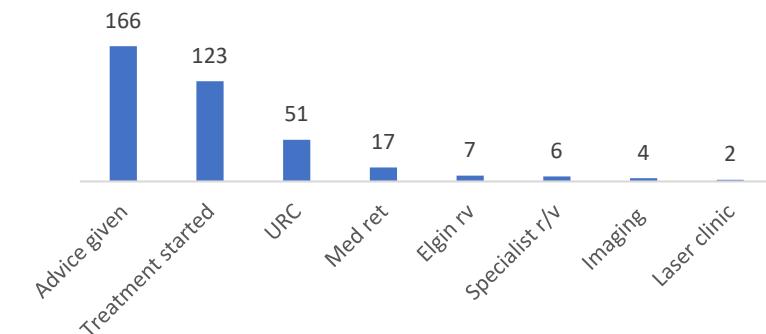


Results

Face to face (F2F)	1405
Phone	653
Total patient interactions (F2F and phone)	2058



Tele-ophthalmology consultation outcomes



Total number of patients seen in Urgent Referral Clinic over 3 months period

Pre-EETC model	1007
EETC model	244

Conclusions

The EETC model proved to be an efficient and patient centered model. It significantly reduce the pressure on Hospital Eye Care services by enabling a large proportion of ocular emergencies to be managed in the community with ophthalmology input where required.

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