Evaluation of Referrals to an Ophthalmology Department and its impact on Post-COVID service planning

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Aim
The aim is to review referrals that are processed through CDU within the ophthalmology department at ARI.

The objectives:
• To ascertain CDU workload
• To investigate areas of improvement, and find areas to improve service provision

Method
Data was collected prospectively over a two-week period. CDU staff completed a proforma for every “interaction” including a phone call, email or via a SCI store referral. Data obtained included: CHI number, referral type, source of referral and outcome. A total of 525 interactions were made during the two weeks of data collection (figure 2).

Follow-up data (such as diagnosis and clinic seen) was collected using other sources of electronic information such as Eye Health Network, Eye Advice Email and SCI Store.

Results
Out of the 520 referrals, 40% resulted in a URC appointment. Telephone and email accounted for 2/3rd of referrals (figure 3) and of those referrals 64% were from optometrists (figure 4).

The most common sub-specialties referred are shown in table 1. About half of URC patients were discharged upon their first visit and of those who required follow-up appointments, a large proportion are anterior segment conditions. (table 2).

Conclusion
It is clear that CDU is pivotal in triaging urgent referrals, providing clinical advice to community optometrists, and accepting only appropriate cases to HES thus reducing the footfall at the eye clinic. For post-COVID service planning we see a role for teleophthalmology, shared electronic patient records and “Near Me” clinics. This paradigm shift allows timely assessment of patients whilst preventing unnecessary visits to hospital.

References
1. Reopening and redeveloping ophthalmology services during Covid Recovery – Royal college of Ophthalmology interim guidance 2020

Introduction
The COVID pandemic has changed how eye departments across the UK provide care, as such new solutions are required to provide high quality care to our patients.

The Clinical Decision Unit (CDU) was established in 2007 at NHS Grampian as a triage service, taking referrals from primary care and inpatients through telephone, email, and SCI Store (Trakcare). Patients who require an urgent review are seen in the Urgent Referral Clinic (URC).

The ophthalmology department based at Aberdeen Royal Infirmary (ARI) serves a population of about 500,000 with an annual attendance of 48,000 at the eye clinic.

This service improvement project looks at the type, source of referral into CDU, and the outcome of referral. The results will help plan service provision within our eye department at ARI.

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Discussion
CDU is a busy service receiving 52.5 referrals per day on average. 40% of referrals were seen in URC with a 64% coming from optometrists.

Over 50% of patients seen in URC were discharged the same day. This suggests a role for tele-ophthalmology between primary and secondary care. Community optometrists are encouraged to send images to CDU for evaluation. “Near Me” clinics are already setup within oculoplastics and teleophthalmology clinics are being set up involving community optometrists for anterior segment issues.

This study has highlighted areas for resource allocation particularly follow-up patients in cornea, medical and surgical retina clinics.

Limitations include a very short 2 week duration and the data collected excluded out of hours work and routine referrals out-with cataract and glaucoma referrals.

Conclusion
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