

Primary Care Clinic

A RETROSPECTIVE QUALITATIVE ASSESSMENT STUDY OF THE PRIMARY CARE CLINIC IN NHS FIFE

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Introduction

- Primary care clinic has been operating in QMH and VHK since 2007.
- Its main objective is to cover general referrals from optometrists and GPs.
- COERU staff initially assess all HES referrals. Where a subspecialty condition is identified, the referral is passed to the relevant consultant to complete the screening. Where the condition should not be seen at a specific subspecialty clinic, the referral should be passed to the on-call consultant to decide if the patient should go to the PCC or a different clinic. (1)
- The Royal college of ophthalmologists recommends redesignating this service as “General Ophthalmology” (2).

Objectives

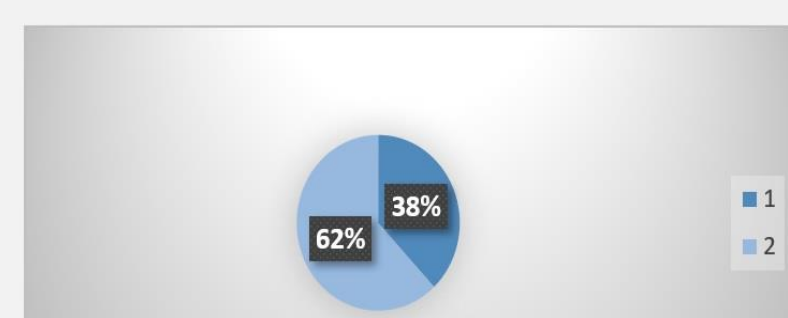
- Identify the percentage of patients who need to be seen in HES over 100 patients retrospective review from 21/02/2020 back to 8/10/2019.
- Identify the pathological trends of patients seen in this period.
- Design and test a possible algorithm to primary care referrals that achieved patient's safety, minimizes exposure and increase efficiency.

Methodology

- 100 consecutive patients obtained from the Trakcare clinic list of 21/1/2020 back to the clinic of 8/10/2019.
- Each case was assessed by Dr A Ali regarding the patient complaint, the reason for referral, the person (GP or Optometrist) making the referral, person vetting the referral, final diagnosis and impression was given by Dr. Ramsay on whether the referral should have been accepted or not .
- Recommendations at the end are based on the referral itself not the diagnosis in this study.

Data Extracted from the study

- Demographics:
- 38% of patients referred were males.
- 62% were females.

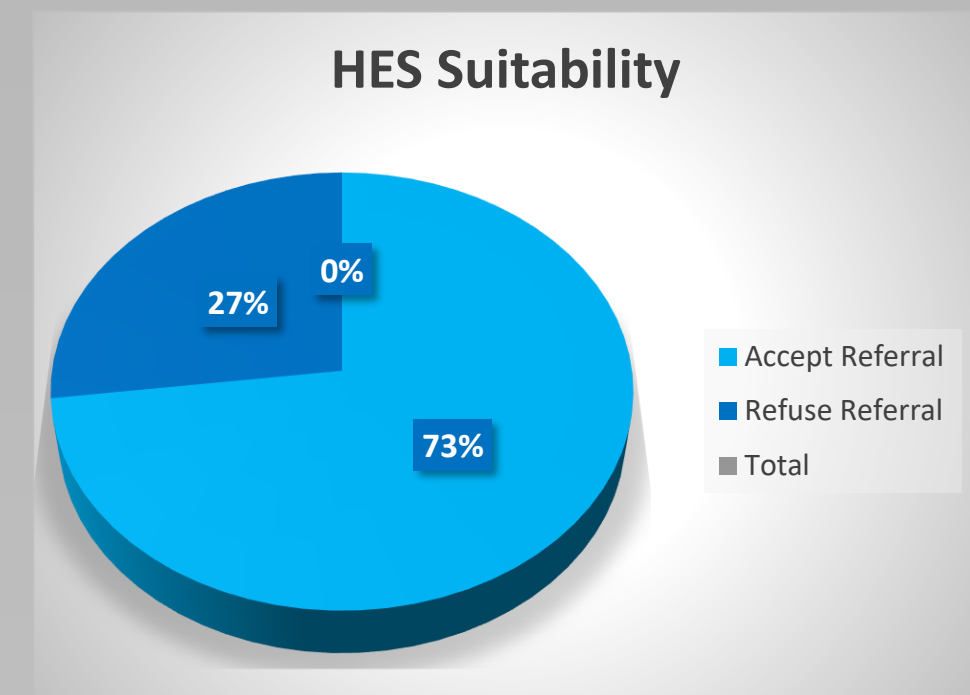


- Mean age of PCC patients : 55.04.
- 25% of patients were in the age group 61-70.
- Scottish national health system provides free eye test for all population.



Conclusions

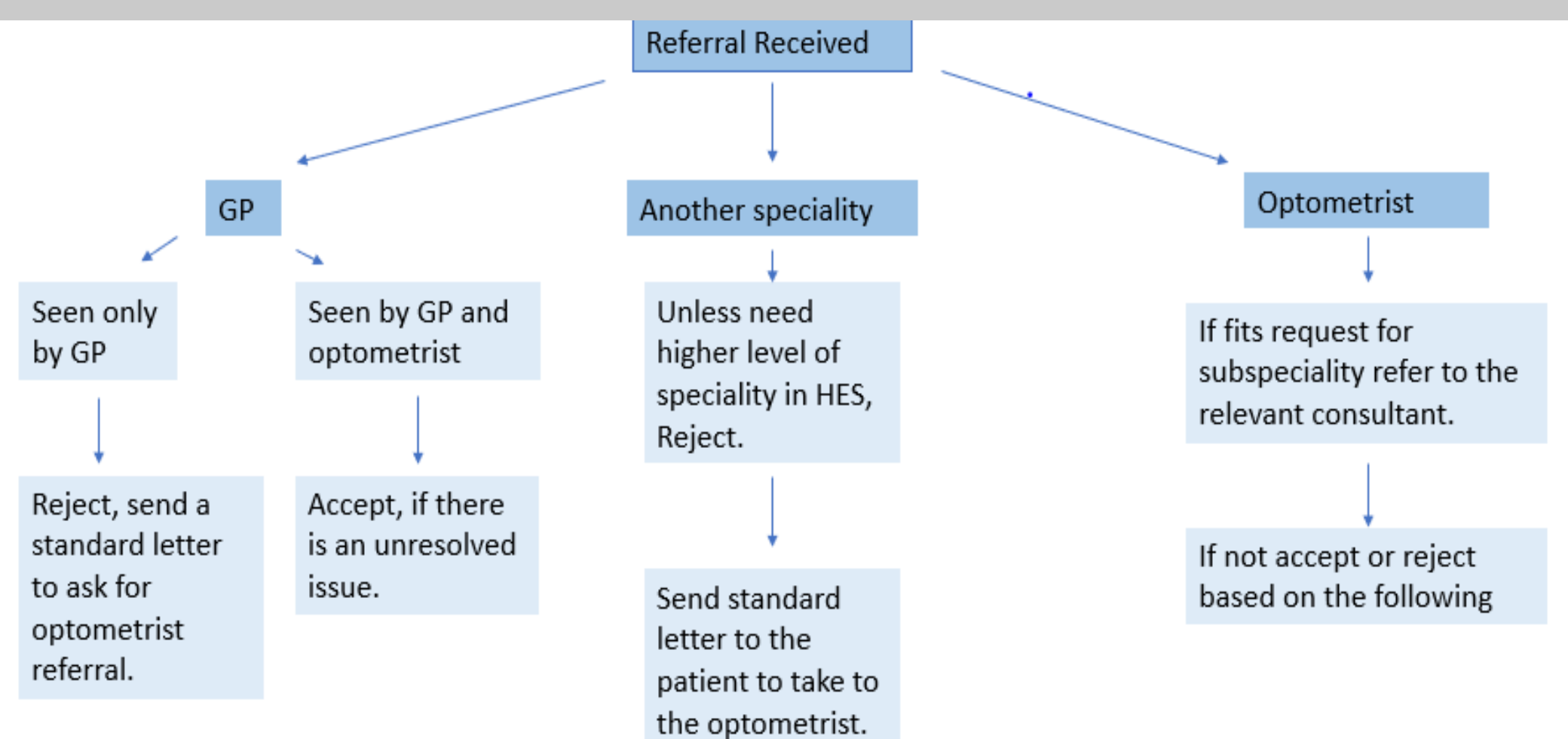
- 27% of the referrals shouldn't have been seen in HES based on the content of the referral letter. (the outcome was discharge for 24 patients, 3 had reviews or tests which turned out to be normal.)
- 73% of cases should have been seen in HES.



Outcome of the referrals:

- 50% were discharged at first visit to the hospital.
- 7% Didn't attend

Suggested Referral Algorithm



Optometrist Referrals

Accept	Reject
Worried or unsure	NAD
>18 with worrying symptoms	No treatment needed
Persistent Pain	Referral for establishing baseline
Featuring possible severe pathology or possible neoplasm	Non-specific VF loss where retina and optic disc normal
Unexplained reduction of VA	Isolated accidental finding unlikely to progress
Macular referral without OCT	
Needed test missing	
Possible sight emergency threatening progression	
Admin error might lead to negligence	
Single eye	
VF defect suggesting known ophthalmic or neurological pathology	

Applying recommended algorithm

- All patients who were recommended to be accepted actually needed HES visit.
- Only 2 of the patients recommended to be rejected were found to have a pathology requiring HES visit.

References

- A. A. Khan, M. Z. Mustafa, and R. Sanders, “Improving patient access to prevent sight loss: Ophthalmic electronic referrals and communication (Scotland),” Public Health, vol. 129, no. 2, 2015, doi: 10.1016/j.puhe.2014.10.010.
- Royal College of Ophthalmologists, “Ophthalmic Services Guidance. Primary Eye Care, Community Ophthalmology and General Ophthalmology,” no. February, pp. 1–17, 2019.