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Glaucoma is the most common cause of irreversible visual impairment worldwide and its prevalence is on the rise with the aging population. Glaucoma is often a chronic condition characterised by progressive damage to the optic nerve with visual field loss. Within NHS Tayside are already seeing the impact of increasing numbers to our already overbooked clinics. As a glaucoma team we wanted to better understand our service and look at demand and capacity within Tayside, with a view to finding alternative ways to manage our patients. One area of interest was to increase use of our Virtual Glaucoma Clinic (VGC), which had been piloted over the previous year. This poster will look at progress we have made at understanding our service and how we amended our plan to adapt to the COVID19 situation.

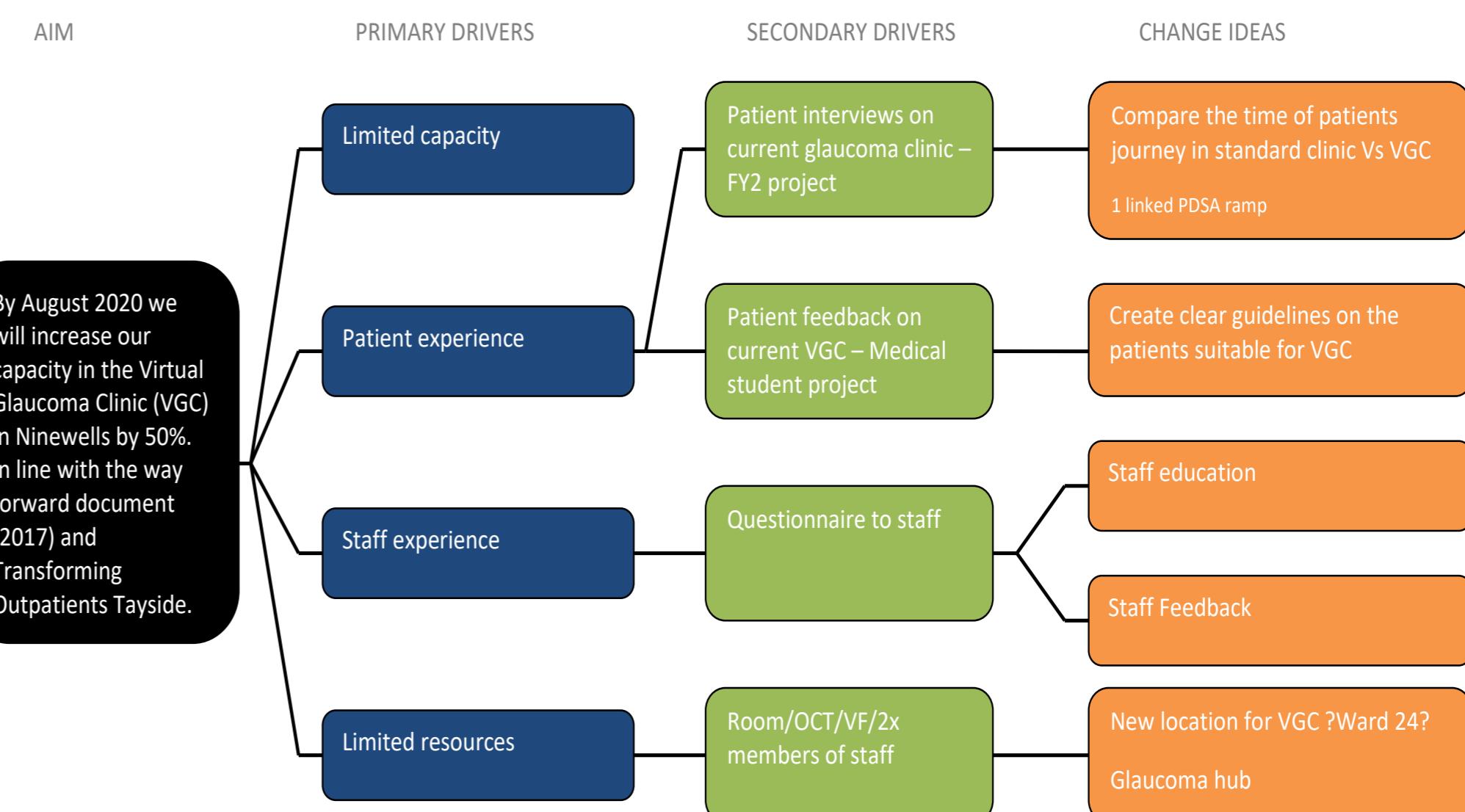
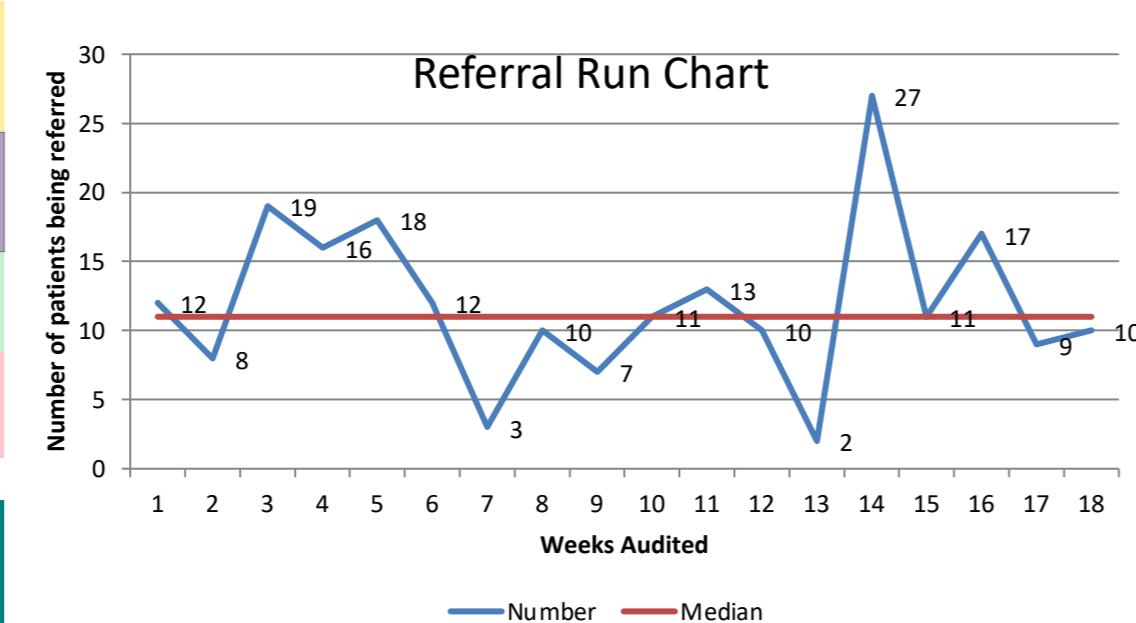
Pre COVID19 AIM: To increase capacity by 50% within our Virtual Glaucoma Service (VGC) in Ninewells, by August 2020, in line with the Way Forward document and Transforming Outpatients Tayside.

Method:

A 'deep-dive' look into our service was set up, covering:

- Establishing current number of patients in Tayside currently within service, diagnosed as glaucoma/ocular hypertension/glaucoma suspect
- New patient referral audit
- Consultant questionnaire around potential use of VGC
- Patient feedback from current VGC
- Patient journey time within Consultant led and Virtual Clinics

Clinic type	Average Time
Caroline Cobb	1 h 42 mins
Stewart Gillan	1 h 25 mins
Virtual glaucoma	52 mins



Process Change:

Covid19 resulted in massive change in how outpatients are managed, by way of reducing hospital attendances where possible, risk stratification of patients and finding new ways of managing existing conditions. This led to a pivoting of our TQUIP project and adjustment of our aims in setting up a reactive response to our increased waiting times and reduced capacity. Facilitated by the Scottish Government, an initiative was set up whereby patients are seen by their community optometrist for a glaucoma health check and the data reviewed by the hospital team for a decision. This involved waiting list review and clinical note review to establish glaucoma patient risk.

COVID AIM: By December 2020, 60% of our return glaucoma patients will be seen by their community optometrist for Community Virtual Review

Results:

- Dr Cobb sent 69% of the waiting list from March 2020-December 2021 to be reviewed by community optometrist
- Dr Gillan sent 74% of the waiting list from March 2020-February 2021 to be reviewed by community optometrist
- This has led to approximately 900 outpatients being moved from the hospital to community setting

Conclusions:

- An effective alternative to the hospital based VGC has been created, allowing glaucoma care to continue within the restrictions of COVID19
- Those with low to medium risk glaucoma can be effectively managed using a 'shared care' model, whilst freeing up valuable capacity to ensure the higher risk patients can be seen in secondary care

Key Learning Points:

The TQUIP project allowed us to engage as a team to develop a better understanding of our service and consider innovative ways to manage our patients. Therefore, when COVID19 arrived we were well prepared to embrace change and implement alternative ideas. This has been facilitated by the Scottish Government's recognition of the problem and their provision of funding and support to put this in place. When we reflect on our experience within the TQUIP process, our long term hope was that lower risk patients could be managed by means other than the conventional hospital clinic and this new process will potentially pave the way for further progress in this area.

Achievements:

- We worked well as a team to ensure patient safety through all the changes within the department due to COVID19
- Providing a service closer to the patient's home
- Reducing the number of patient who will come to harm from a delayed appointment

Next Steps:

- Audit Community Virtual Review, including uptake, quality of data and numbers of patients requiring subsequent hospital review.
- Evaluate patient feedback of new process
- To risk-stratify our patients in the glaucoma service.
- Maintain team involvement in glaucoma pathways for upcoming ophthalmology EPR