

Covid Era Remobilisation of Glaucoma Care in Rural Scotland – The Shetland Virtual Glaucoma Service

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Introduction

Provision of care for chronic conditions such as glaucoma has been worse affected during the COVID-19 pandemic, more so in remote and rural areas. With the risk of irreversible blindness due to glaucoma, we introduced a virtual glaucoma service in Shetland, managing it remotely from Aberdeen to overcome the travel and other restrictions that have affected face to face care provision. This study evaluates remote provision of the Shetland Virtual Glaucoma Service.

Aims

1. To ensure the quality standards for the Virtual Glaucoma Service (VGS) are maintained
2. To evaluate the efficacy and practicality of the service
3. To assess overall patient satisfaction on this new virtual model

Methodology

Study type: Retrospective evaluation of first 100 patient visits through the Virtual Glaucoma Service

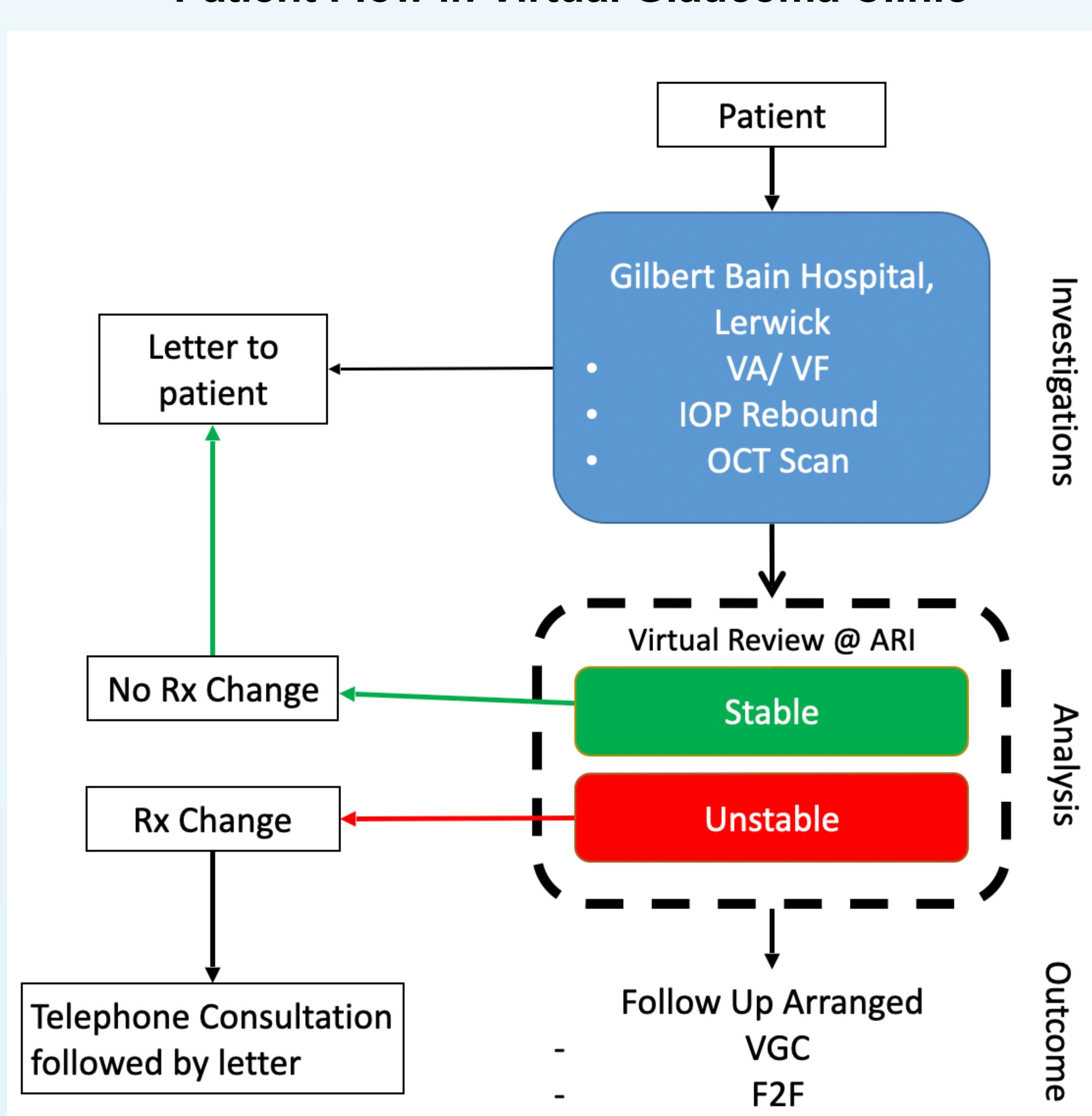
Inclusion Criteria: Glaucoma patients as per the guidelines set out by the Royal College of Ophthalmologists

Study period: June 2020 - February 2021

Data collection:

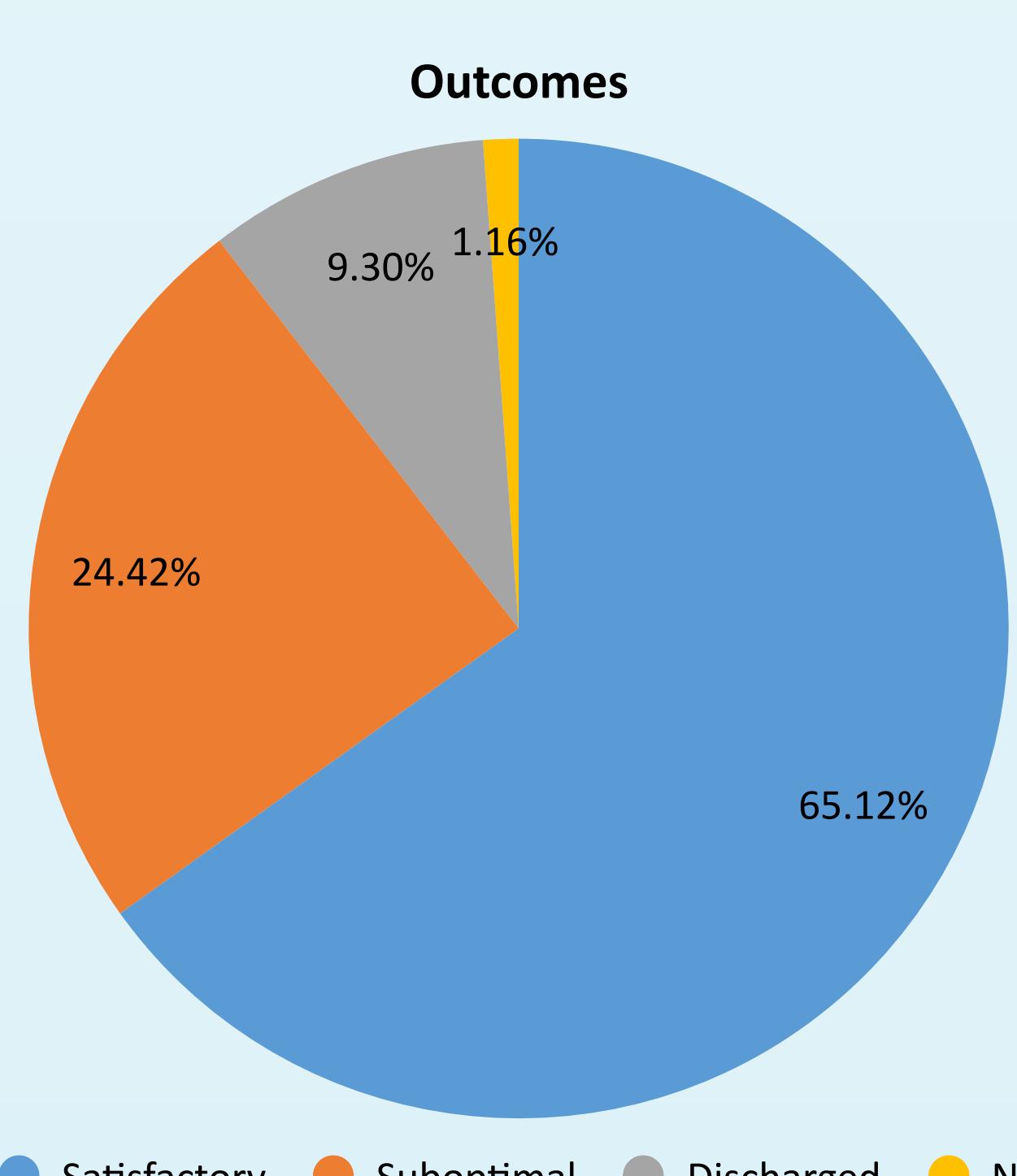
1. 100 consecutive case notes were reviewed
2. Patient satisfaction outcomes

Patient Flow in Virtual Glaucoma Clinic

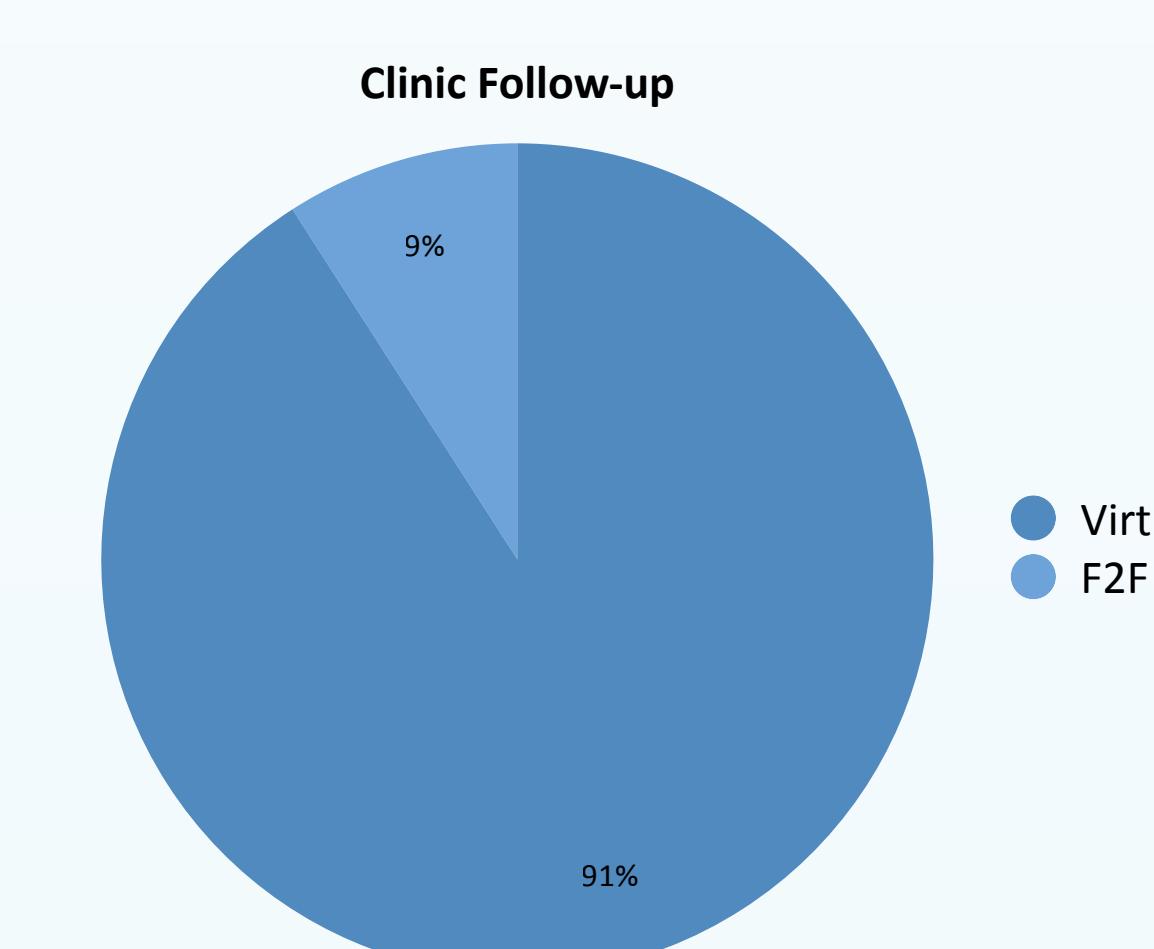
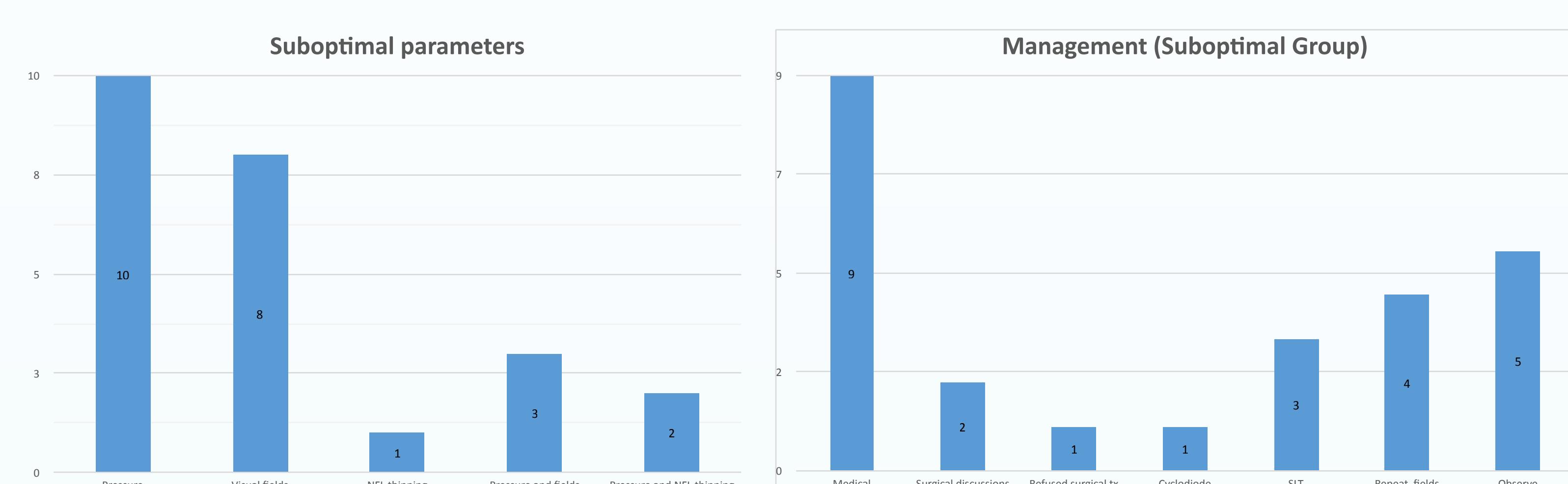


Results

Clinical Outcomes:



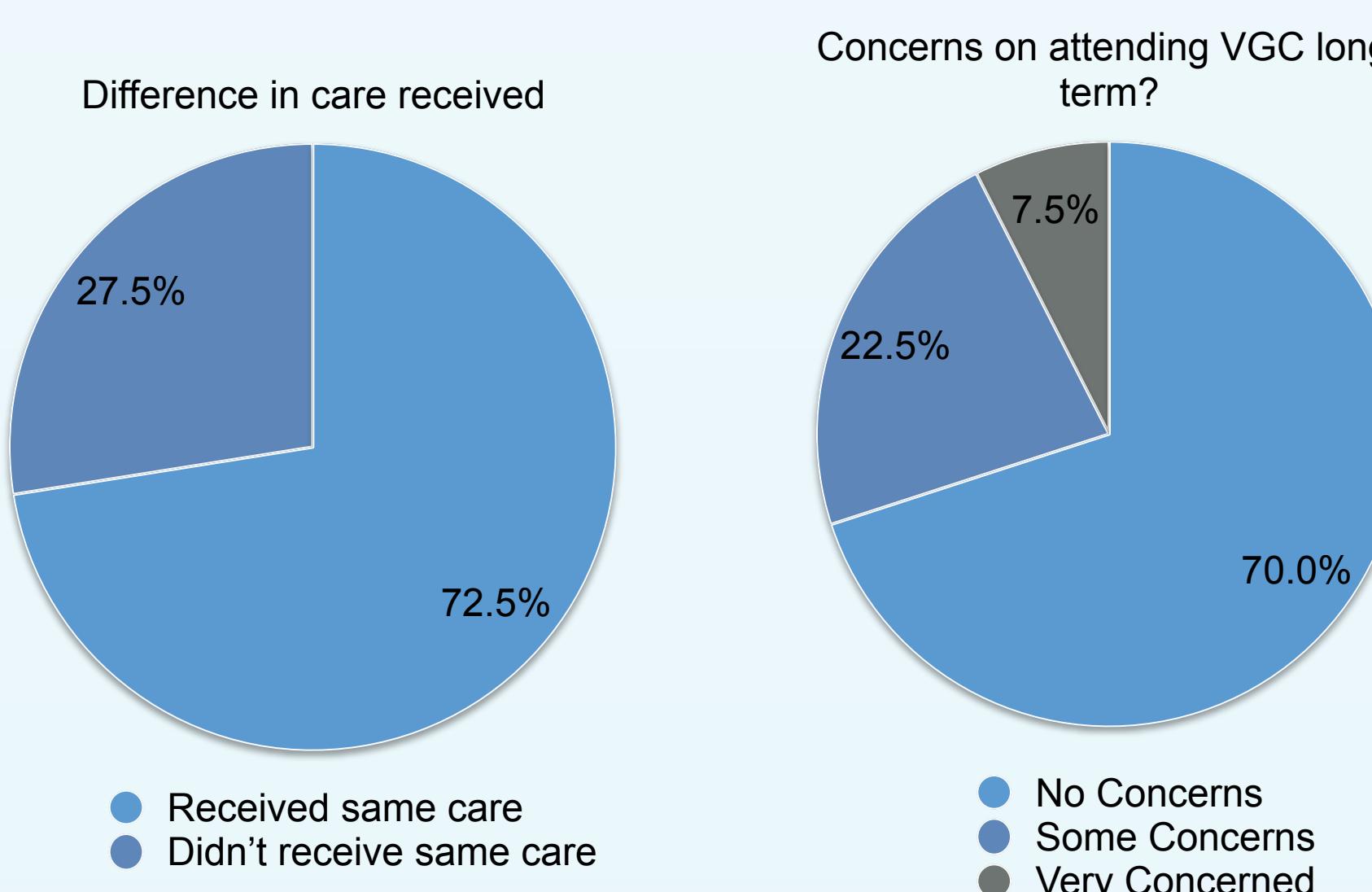
- 86 patients
 - 2/3 stable
 - 1/10 discharged
 - 1/4 progression or suspected progression
- Suboptimal group/ Suspected Progression n = 21
- Discharged group; n = 8



1. Higher number of patients presented with suboptimal pressures (42%) followed by progression of visual field defects (33%). Small number presented with multiple issues.
2. 4 patients required further intervention at ARI and 1 patient required to be seen face-to-face due to inability to conduct visual field test
3. 90% of patients continue to be followed-up within the virtual glaucoma service

Patient Satisfaction Survey:

1. 70% of patients had no concerns with the new virtual model
2. 73% of patients felt there were no difference in care with the virtual model
3. Only 63% of patients received an outcome letter, of which 90% felt reassured from the letter
4. 70% of patients had no concerns with attending the VSG long term



Conclusion

Key Points:

86 patients were seen during this period, 8 discharged. 70 remaining in VGS.

Safety and efficacy:

- Staff and patient safety- Travel: reduced risk of COVID to patients and staff
- Timely identification of suboptimal patients and onward referral
- Saving costs – travel, accommodation, etc
- Flexibility to hospital footfall

Patient Satisfaction:

- Majority were happy and understood why service was implemented

Limitations:

Disjointed access to Electronic Patient Records (EPR) - multiple platforms required to access specific data

Recommendations:

- Majority of patients can be managed virtually and few Shetland patients need to come to Aberdeen
- Unified Electronic Patient Records (EPR) to streamline services and allow for seamless access across health boards
- Aim for 100% of patients to receive a post VGS feedback letter and provide contact details on who to contact regarding queries

References

1. Royal College of Ophthalmologist. Ophthalmic Service Guidance. Standards for Virtual Clinics in Glaucoma Care in the NHS Hospital Eye Service November 2016