

Case Study: Innovation in Eye Care during COVID-19

At a Glance

Challenges:

COVID-19 has disrupted the conventional delivery of eye care services through hospitals and NHS practices. Hospital eye departments were already stretched prior to the onset of the pandemic and as health care providers adapt to operating in a new environment managing volumes of patients in secondary care is difficult. Some patients are now more reluctant to attend hospital settings and would prefer to receive more accessible care closer to home.

Solutions:

LOCs are identifying and developing innovative services to manage different eye conditions and monitoring needs within primary care optical practices, utilising IT systems to facilitate collaboration with secondary care. Examples in progress include: providing post-operative Corneal graft care – Worcestershire and Shropshire LOCs; paediatric referral refinement for suspicious swollen discs – Sandwell and Birmingham LOCs; YAG laser capsulotomy follow up – Dudley LOC.

Challenges

COVID-19 continues to present significant challenges within the NHS. Normal service delivery has been disrupted for all healthcare providers and they are now working towards “recovery”, but in a very different environment and with the likelihood that COVID-19 related restrictions will be with us for a considerable period of time. Eye care is no exception. The long-term impact on eye care is yet to be fully understood but the pandemic has already led to innovation and new ways of working.

Almost overnight people were receiving their care differently from optical practices. Practices closed their doors, introduced telephone triage and donned PPE, offering appointments to those most in need.

The publication and rollout of the COVID-19 Urgent Eyecare Service (CUES) introduced remote consultation, remote prescribing, advice and guidance and referral co-management in optical practice. The service reduced the need for patients to attend their GP surgery, A&E or hospital eye departments, offering urgent eye care closer to home.

As the sector continues to adapt to the changed environment, the challenges in existence prior to the pandemic also remain. Hospital eye departments are under pressure, working at or above capacity to carry out more outpatient appointments each year than any other medical specialism.

The need for new ways of working is evident and, as a result of the pandemic, many systems are engaging and working better together to improve services locally.

Solutions

Building on the successful launch and rollout of CUES in many regions, Local Optical Committees (LOCs) are working to identify and develop additional pathways for delivering care, monitoring and/or referral support for a range of eye conditions. The following are three examples of innovative projects in progress:

Post-operative Care following Corneal Graft surgery to be provided in Primary care – Worcestershire LOC

Worcestershire Acute Hospital Trust (WAHT) typically performs endothelial graft surgery on 50 people every year, all of whom require ongoing care for a number of years following their procedure. With a history of strong working relationships across primary and secondary care, the local corneal surgeons approached the LOC to explore the potential for some of this care to be delivered closer to the patients' home, within optical practice. This would not only release much-needed capacity within the specialist hospital service but also provide convenience for their patients. The WAHT services a large geographical area and many patients were having to travel a long distance to receive their routine follow up care in hospital.

The proof of concept seeks to provide endothelial graft review appointments for years 2,3,4 & 5 in the community, delivered by primary care Optometrists.

“Corneal consultants are keen to work with Optometry with corneal graft management and are talking to a working group with representation from adjacent LOCs, developing a pathway which is safe and workable for all involved.”
Chairs of Worcestershire and Shropshire LOCs

With most post-operative complications occurring in the first year following surgery, it is proposed that routine follow up appointments from 12months onwards should be offered within optical practice, delivered by a small number of primary care optometrists working closely with their secondary care colleagues, with feedback to the corneal consultant following each visit.

The number of optical practices involved will be limited to ensure adequate practitioner learning and development through exposure to a suitable clinical caseload. The hospital team will support local training and offer clinical leadership working closely with the LOC and Primary Eyecare Services. The Opera IT platform will be utilised to facilitate connectivity and two-way sharing of clinical information to allow for clinical co-management.

Referral Refinement for suspicious swollen disc - Sandwell and Birmingham LOCs

Following a high-profile media case a number of years ago, paediatric referrals for suspect swollen discs have increased across England. Whilst an apparently swollen optic nerve head can be a serious sign of systemic disease, a significant number of suspicious looking optic discs can be explained by natural population variation and less serious conditions such as optic nerve drusen. Cautious referrals increase pressure on paediatric appointment availability.

Following the commissioning of the recent CUES service, Sandwell and West Birmingham NHS trust and Birmingham and Sandwell LOC felt the service could be further expanded to include OCT disc assessment in optical practices.

The aim of the service innovation would be to provide timely diagnostic test and assessment in primary care supported by consultant advice and guidance to reduce avoidable hospital appointments, along with an easing of patient and parent anxiety which can arise from referral to hospital.

The service will also lead to an immediate and longer-term improvement in referral quality. A service launch event will include an education element provided by the paediatric team and advice and guidance from the consultant team will be provided, on each case, to the CUES Optometrist and primary referring optometrist (if not the same).

“In addition to OCT disc assessment, Sandwell and Birmingham LOCs are also in discussions with Birmingham and Midlands Eye Centre and Sandwell and West Birmingham CCG about a second service; an adaptation of the LOCSU children's pathway to refine and manage referral of children with possible squint and amblyopia”
Peter Bainbridge - Sandwell LOC

YAG laser capsulotomy follow up – Dudley LOC

Russells Hall Hospital (RHH), part of the Dudley Foundation Trust, is in preliminary discussion with Dudley LOC to consider transferring the follow-up care for people who have had YAG capsulotomy following cataract surgery to primary care optometrists.

Approximately 100 people each year undergo the procedure within RHH, all of whom could be managed in primary care for their follow-up appointment with clinical oversight provided remotely by the hospital team.

“A primary care Post-YAG laser pathway is a very effective way of easing the pressures on secondary care, at the same time allowing greater patient access in the community. This is of even more importance during COVID where many patients are reluctant to attend the HES. A pathway like this is 100% the way forward at a nationwide level”
Shamina Asif –Dudley LOC

Clinical protocols will be developed and tested locally. Patients would undergo a clinical work-up to exclude complications, including macula oedema. The work-up would include dilated binocular examination of the posterior segment, Visual Acuity and Intraocular Pressure.

In the short term, feedback would be via NHSmail but there is ambition to improve the IT integration locally to further improve information transfer and patient management.

Conclusion

This case study offers some innovative examples of how systems are responding to COVID-19 at a local level.

Whilst the [national transformation programme](#) is concentrating on the high volume pathways such as cataracts, glaucoma and medical retina, there is opportunity within local systems to test new ideas. There is strong appetite for collaboration between primary and secondary care and a drive to utilise the skills and expertise of primary care optometrists to provide accessible patient services and lift the burden on hospital eye services.

LOCSU, through the Regional LOC Forums, will continue to invite and share innovation, supporting LOCs to communicate their learning and service evaluation for wider regional and nationwide benefit.