

# The Role of Non Medical Practitioners in Running the Virtual Clinic

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# Outline

- Why?
- Who?
- How?
- Is it safe?
- Examples

# Why: The need

- 8 million people being treated in HES
- 8% of NHS appointments
- 22% increase in demand for glaucoma alone in 10 years
  
- Diabetes is expected to grow by 50% worldwide by 2025
- 10% of the NHS budget/ £ 1.5 million per hour
  
- Diabetic eye disease is no longer the leading cause of blindness in the working population
  - More effective screening
  - More treatment options
  - Better diagnostics

# Why: The need

- High Impact Initiative
- Minimum 85% patients seen in 25 % of their scheduled appointment time
- Demand to be matched by capacity
- Risk Stratification

# Virtual Clinics

- Glaucoma
  - GEC
  - OLGA GEC
- Medical retina MRAC
- AMD
  - EMAC
  - MacTest
- Diabetic retinopathy\*
  - EDAC (Enhanced diabetic assessment clinic)
  - M1RRC (M1 referral refinement clinic)
- Nevus
- Hydroxychloroquine screening

# Who?

- Patients unlikely to require treatment/ FFA
- Often indicated at previous visit

## Medical Retina (diabetic specific)

Risk Strata	Clinical findings / plan	Review timescales	Service arm
Emergency	<ul style="list-style-type: none"><li>Rubeotic glaucoma</li></ul>	1-2 days and clinician to arrange directly	MTC / HES Clinic
High	<ul style="list-style-type: none"><li>Requiring PRP or anti-VEGF</li></ul>	2-4 weeks	MTC / Laser / Clinic
Medium	<ul style="list-style-type: none"><li>Moderate / severe NPDR</li></ul>	3-4 months	EDAC (virtual)
Low	<ul style="list-style-type: none"><li>Moderate NPDR</li></ul>	6-12 months	EDAC (virtual)
Suitable for discharge	<ul style="list-style-type: none"><li>Mild PDR or treated stable PDR</li></ul>	Discharge from HES	To DESP

**These are indicative ONLY and clinical judgment is required to judge personal presentation.**

# Patient information leaflet

- Why have you been offered an appointment in clinic?
- What is the Diabetic assessment clinic?
- What will happen when you attend clinic?
- What happens after you have attended clinic?
- This appointment is to assess your diabetic eye changes only....
- Do you know your last HbA1C (long term blood sugar)?  
If you do, please let us know.
- Also please bring a list of your current medication with you to your appointment.



# How: Method

- OSP/ Nurse goes through a questionnaire including history, diabetes control, vascular risk factors
- Vision
- IOP
- Dilate
- Optos Images & OCT/ urgent patients brought to consultants' attention\*
- Fields\*

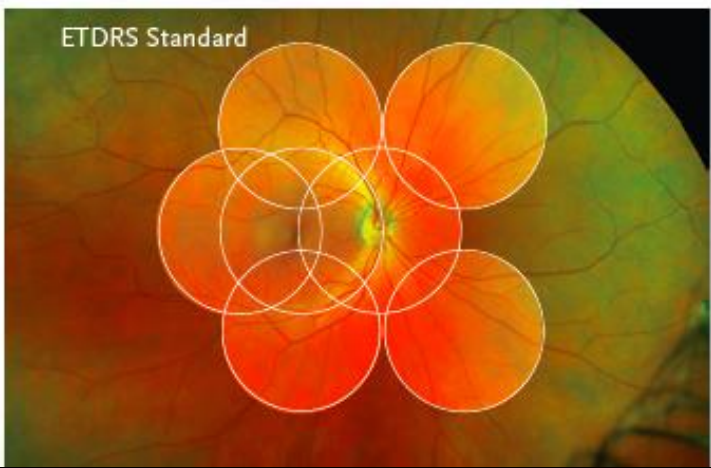
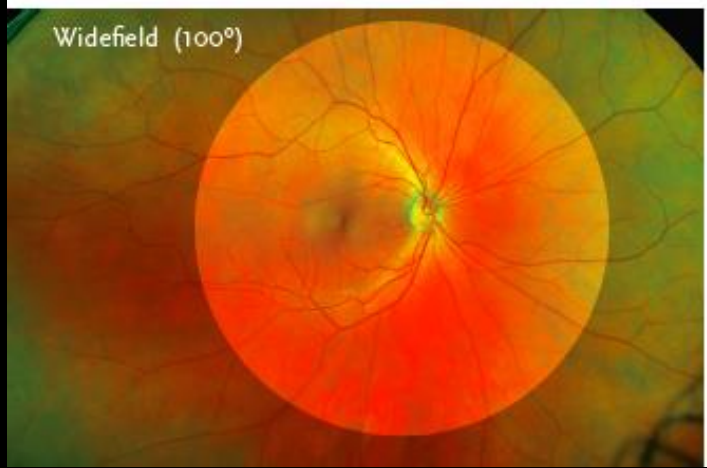
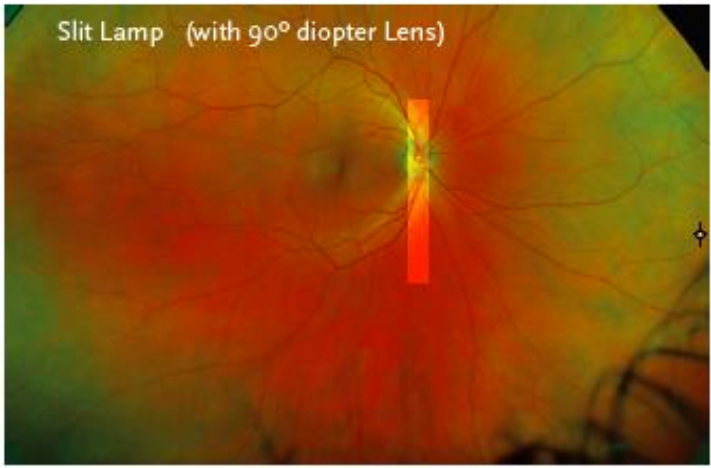
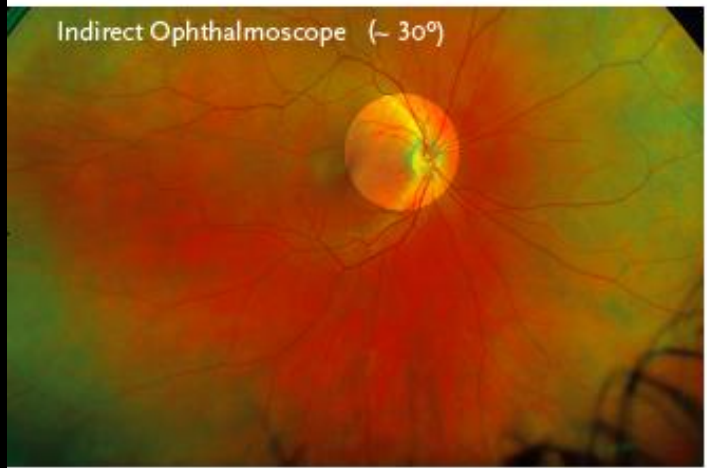
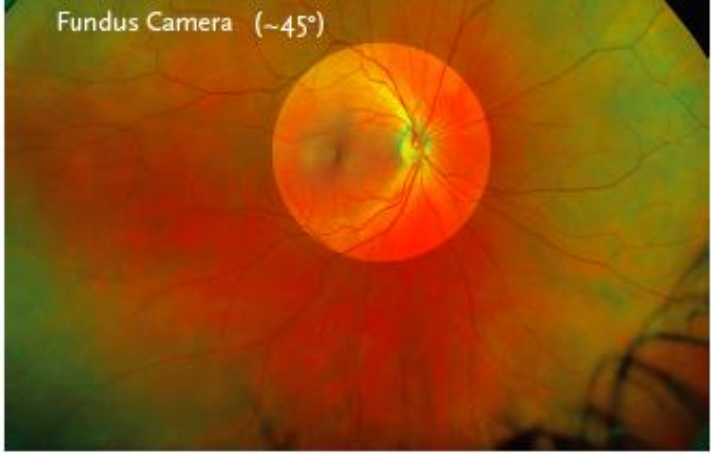
\* not part of SOP

# Method 2

- Review
- Letter
- Data entry
  
- Virtual clinic for 2 visits then face-to-face\*

# Reviewing criteria

- Trained AHPs
- Magnification of 4-6X
- Red free using blend
- Alter contrast brightness using WI function
- Zoom in on suspicious areas
- Autofluorescence
- If in doubt, discuss with me/bring to clinic



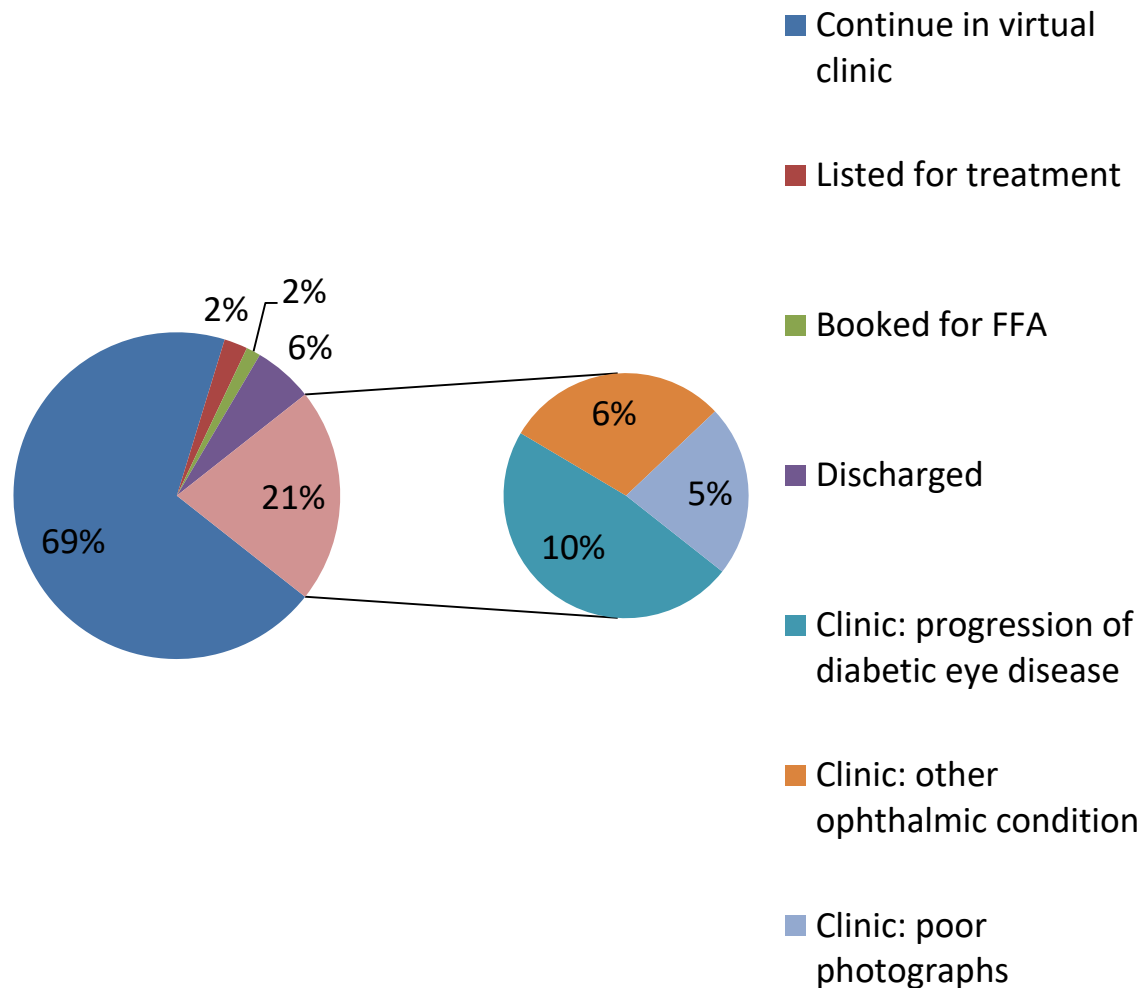
Courtesy  
of  
Optomap

- Optos 200-220
- Clarus
- Mirante
- Heidelberg 55/105/150 (Staurenghi lens is a contact lens)
- Retcam

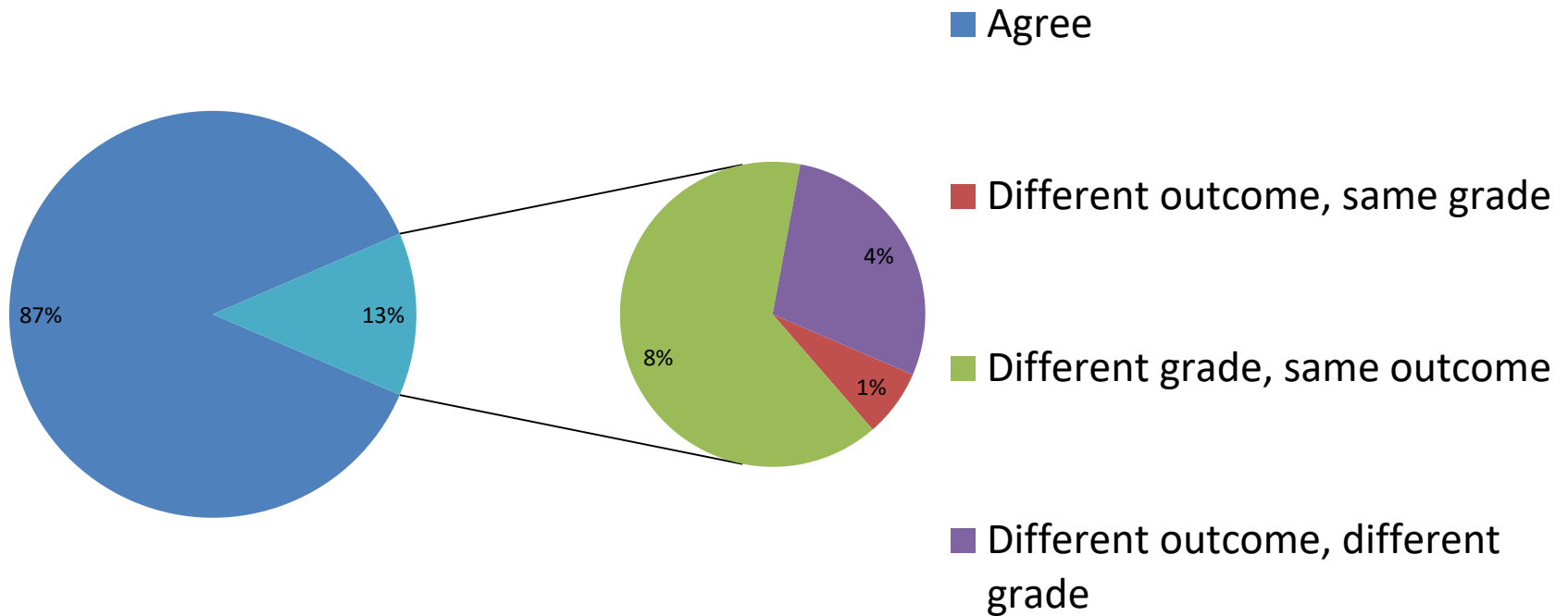
# MREH experience

In an average/ random month

- Upto 40 patients per clinic
- 20 patients reviewed per session
- 69 % stay in the virtual pathway
- 21% referred to the consultant clinic due to
  - Disease progression
  - Poor quality photographs
  - Needing review for another condition
- 2% listed directly for treatment
- 2% booked for FFA
- 6% discharged to DESP



# Concordance between virtual and face to face



# Benefits versus risks

- Capacity
- Experienced, constant staff group
  - Ensure both service pathway development
  - Maintenance of clinical quality
  - Outreach/ evening/ weekend clinics
- Obtaining regular images allows
  - better documentation of retinal change
  - enables future audits.
- Missing ocular comorbidities
  - History sheet
  - Patients informed by letter and at visit



Questions?