

Seeing People Differently

Virtual First Appointments Royal Devon & Exeter Hospital

Presentation to BARS Annual Conference 2021

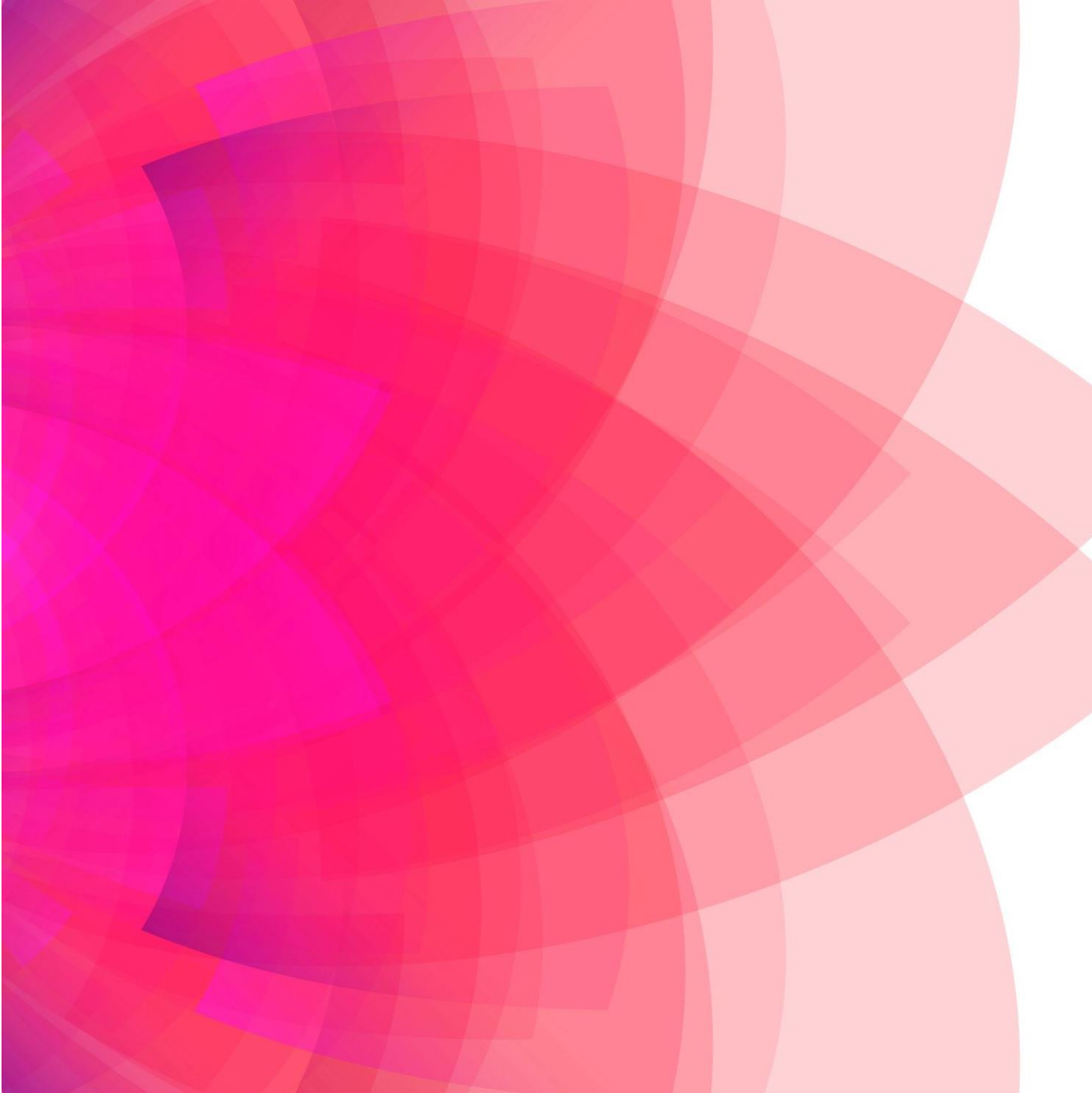
Chelsea Harris, Devon DESP Failsafe Officer

Liz Wilkinson, proud to be BARS President

Ambition

- + To provide an intelligent **'front door'**, **consultant-led hospital eye management clinic** for *routine* referrals from the Diabetic Eye Screening Service (DESP Exeter)
- + To *minimise* unnecessary referrals and *expedite urgent or important* patients appropriately to the eye service and/or diabetic treatment
- + Referrals needing treatment will be managed **directly** into the appropriate pathway whilst those not requiring treatment will be rejected back to screening and/or referred for diabetic care

Why do we
need a
Virtual 'Front
Door'?



DESP Referral into HES

- + DESP refer into Hospital Eye Services (HES) based upon surrogate markers for diabetic maculopathy M1 (DMO), and on retinal photography for progressive retinopathy (R2) or active proliferative retinopathy (R3a)
- + Also refer because they are unable to photograph the retina due to a poor view eg cataract or positioning difficulties
- + Lastly refer for urgent non diabetic reasons eg melanoma, optic disc swelling, vein occlusion or wet AMD
- + *DESP cannot refer to the diabetic service because there is no mechanism in the National Pathway despite the primary cause of retinopathy/maculopathy being poorly controlled diabetes.*

How many referrals need treatment?

Scale of the problem:

DESP referrals add up to between 60 -70 per month to the RD&E

Accepted Evidence:

Most Ophthalmology referrals from Diabetes eye screening services are for Diabetic Maculopathy, however, only about **20%** require treatment.

'It is believed that, of the 52,597 referrals with screen-positive maculopathy, only 20% actually require treatment and a significant proportion of the remaining 80% could be followed up in a technician-led clinic that includes OCT images to exclude any significant diabetic macular oedema.' *

**Scanlon, P. The English National Screening Programme for Diabetic Retinopathy 2003–2016. Acta Diabetol. 2017; 54:515–525*

>48 people per month are seen in a face to face clinic who do not need eye treatment but do need their diabetes sorted out

Use HES for treatment NOT monitoring

Data from Health Intelligence 2019

Information from “*North West London DESP*” only 2.3% of those referred had treatment and <20% were discharged

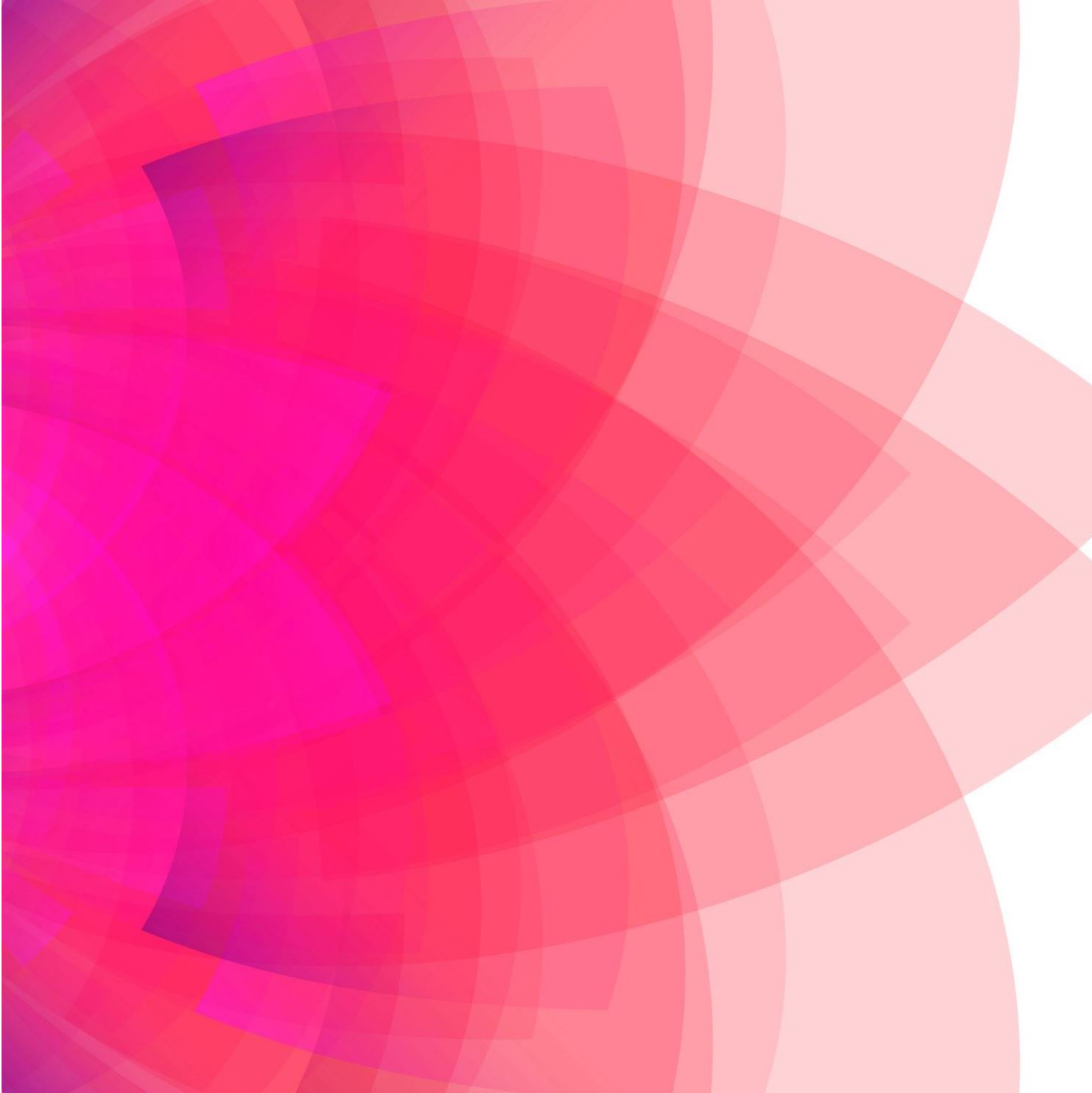
80% were kept under hospital care and recalled on average every three to six months for routine OCT monitoring

Cumulative effect year on year, with Hospital Eye Services struggling to cope with the increasing volume of patients - worsened during Covid

HES Constraints in Late 2020

- + Covid limited physical space to see patients face to face in WEEU.
- + A large and increasing capacity gap, in the thousands pre Covid with the backlog increasing during the second/third wave.
- + Intermittent HES shut down to outpatients due to Covid
- + Diabetic follow up patients are delayed by many months
- + No OCT commissioned within the DESP pathway in Devon.
- + New complex EPR at RD&E = EPIC/MyCare
- + Covid social distancing/home working for DESP staff

Additional Aspirations



Additional Virtual Clinic Benefits

- + Treat the underlying cause not just one complication - **High Risk patients** with progressive retinopathy and high HbA1c can be referred to the Diabetic Team
- + Create **seamless integration** between DESP & HES
- + Move toward new NHSE target for **25% virtual first appt** in HES
- + **Shorten patient waits**
- + **Minimise clinic visits during pandemic** eg imaging & laser planned on same day

Additional Virtual Clinic Benefits

- + **Quicker results** with explanatory letter to patient shortly after their virtual appointment
- + **Mini MDT** - clinic will be part of senior graders' education process with Consultant 1 to 1 time
- + **Quick Access** to decision-making for graders
- + **Clear routes to diagnosis & treatment** - routine Non DR will be put in Right Place Right Time pathways

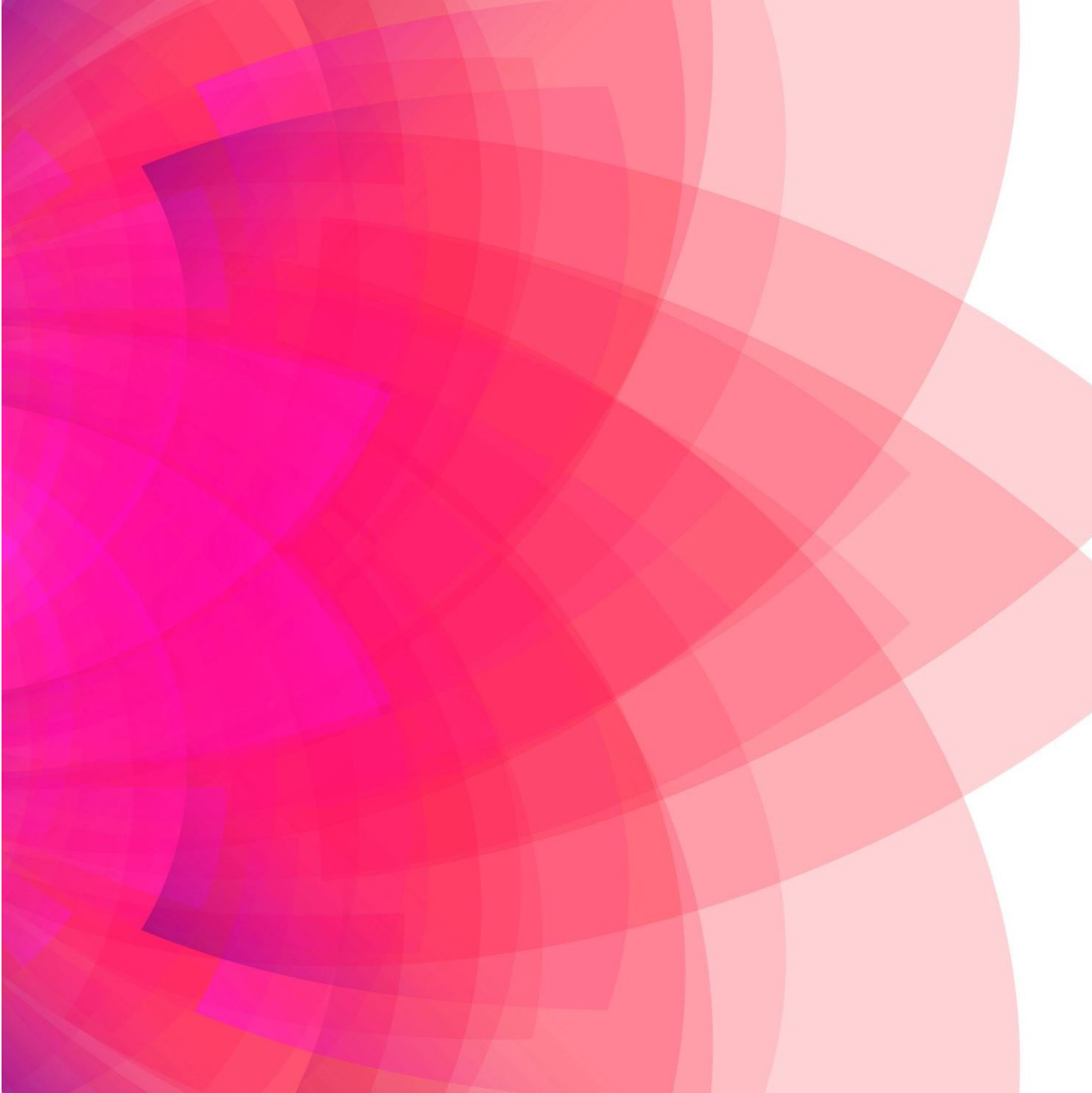
Precedent

(thankyou to Charlotte Wallis and her team)

- + Dorset DESP have been running a 'Referral Assessment Process' for the last 2 years successfully as the initial HES appointment with the only caveat being that R3a referrals must be seen urgently in a Medical Retina clinic not in a virtual clinic.
- + The Exeter Virtual Diabetic Triage would also be for
 - Routine DR referrals
 - Routine non DR medical retina referrals

Urgent DR and urgent non DR would continue to be booked directly into Medical Retina face to face clinics

Trial Clinic Outcomes

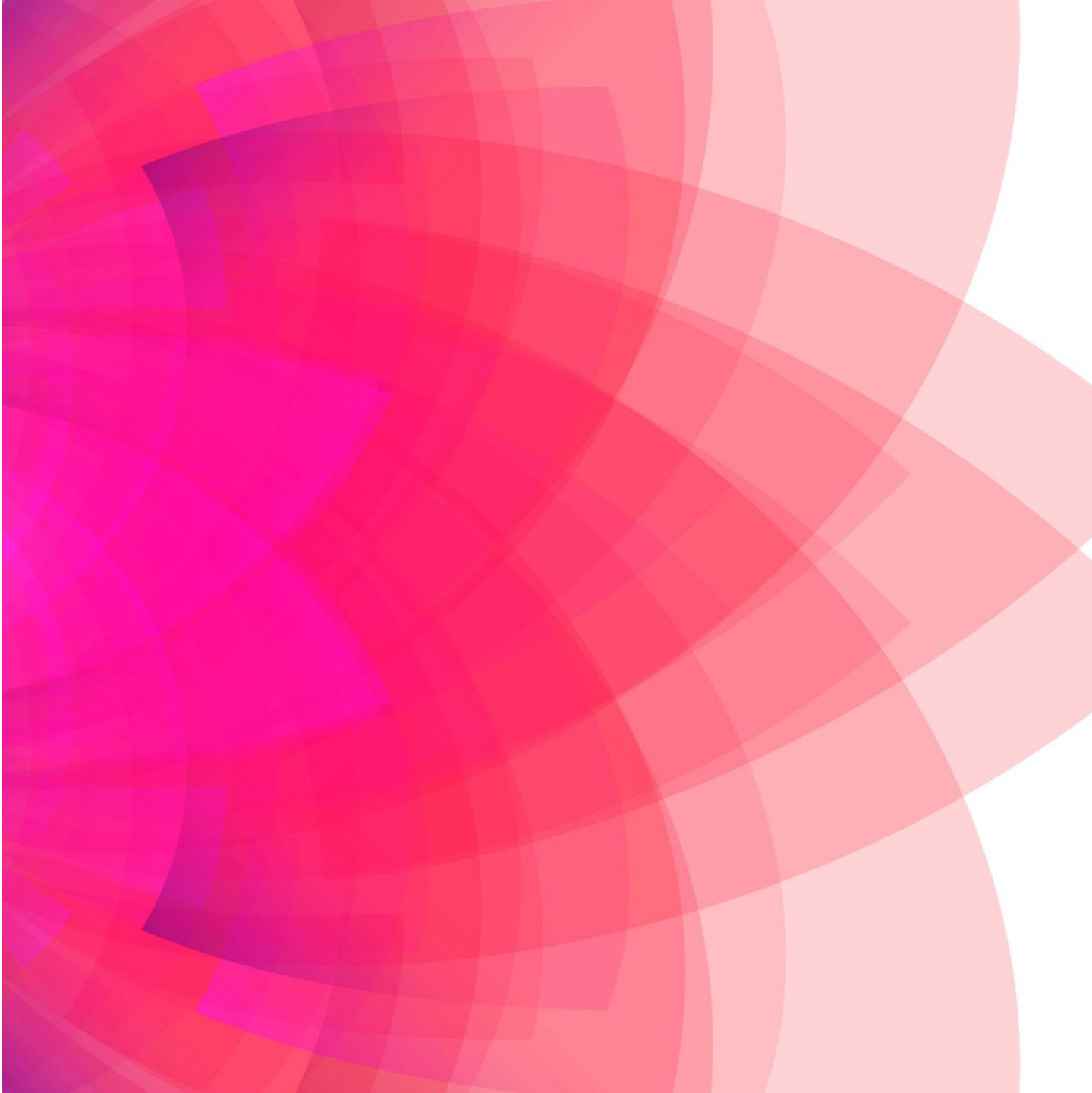


Remote Virtual clinic trialled during Covid to see if, working with the Screening Senior Grader and Failsafe officer, over Teams, we could decrease the number of patients needing HES face to face appointments.

Outcomes (rounded up)

- + 30% were under care already
- + 30% could go straight to laser
- + 20% could be seen virtually with Optos & OCT
- + 10% could be excluded from screening
- + 10% needed F2F for grading & listing (cataract/capsule opacification)

Virtual Clinic Design Process



What is the new Virtual Pathway design?

- + Virtual clinic for all the **non-urgent referrals** from DESP for both diabetic and non diabetic medical retina referrals.
- + **Urgent referrals** will continue to be booked directly into Medical Retina Clinics.
- + The clinics will be based in Tiverton Community Hospital with the Senior Grader and Failsafe Officer from DESP joining on Microsoft Teams.

What is the new Virtual Pathway design?

- + Retinal images will be viewed on cloud based Spectra software.
- + Patient history and blood tests including HbA1c will be viewed on EPIC EPR
- + A management plan and outcome will be decided on the day by the Consultant Ophthalmologist.
- + EPIC EPR will be completed by the Consultant Ophthalmologist.
- + Letter, generated by EPR, will follow shortly after checking by hospital secretary.

Possible Outcomes

+ **Already Under Care**

- Already under care – reject
- Already under care – book further virtual follow up
- Already under care – book further face to face urgent follow up

+ **New Needs Treatment**

- Focal laser – book for OCT & Optos + focal laser
- PRP - book for OCT & Optos + PRP
- Cataract surgery – book face to face for grading & listing
- YAG caps - book face to face for grading & listing

+ **New Needs Assessment – may need treatment**

- Face to Face/ Virtual Diabetic or Med Ret clinic – OCT & Optos
- Face to Face/ Virtual VR clinic – OCT & Optos

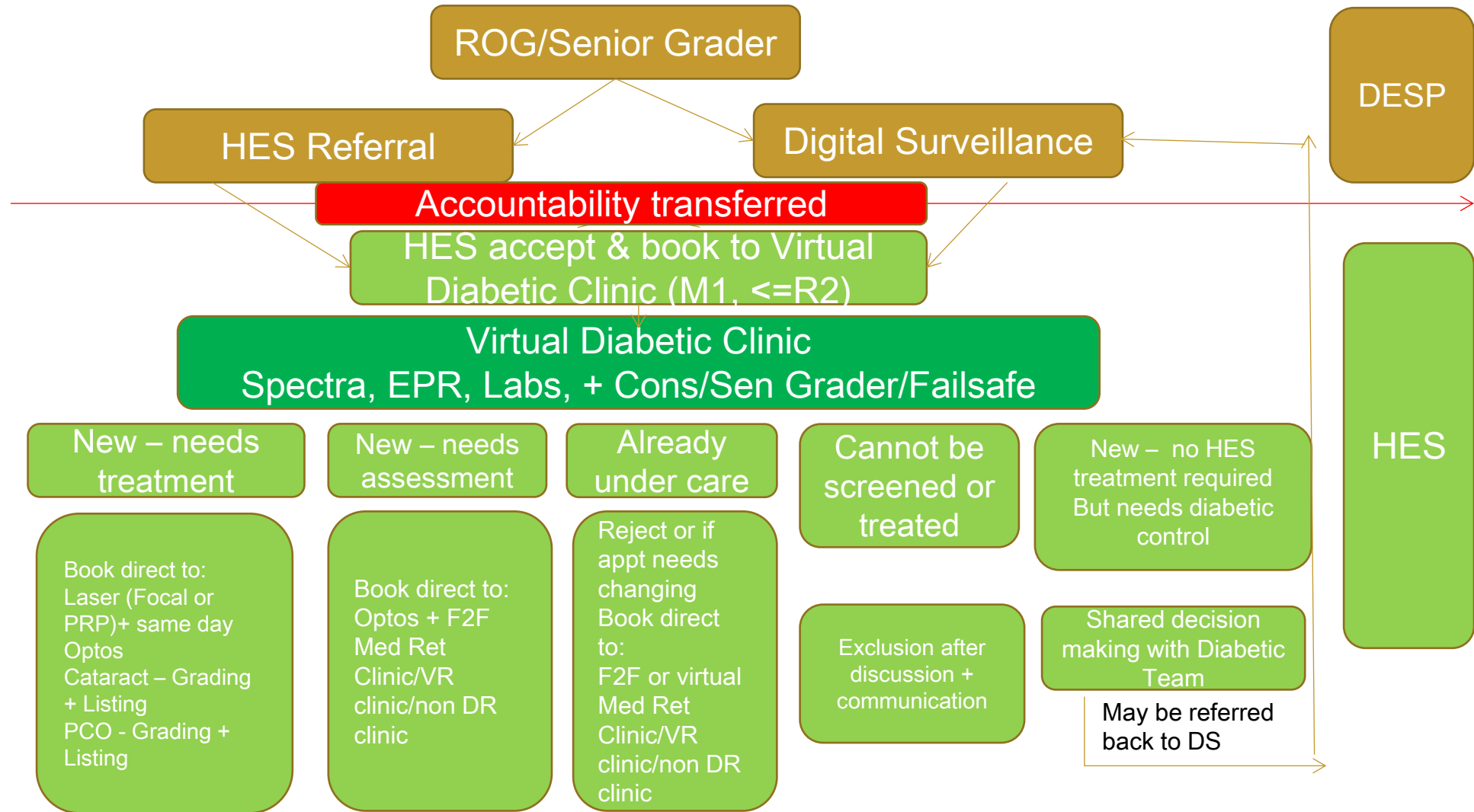
+ **Uncontrolled diabetes with DR - no treatment will be needed from HES for >1 year**

- Refer to Diabetic Team directly & may refer back to DS

+ **Cannot be screened/treated**

- Exclude from screening – communicate with patient/carers/GP

Virtual First Appointment Design



Can you spot
what's
missing?



Hold on there!



Updated virtual clinic guidance for diabetic eye screening patients

9 June 2021

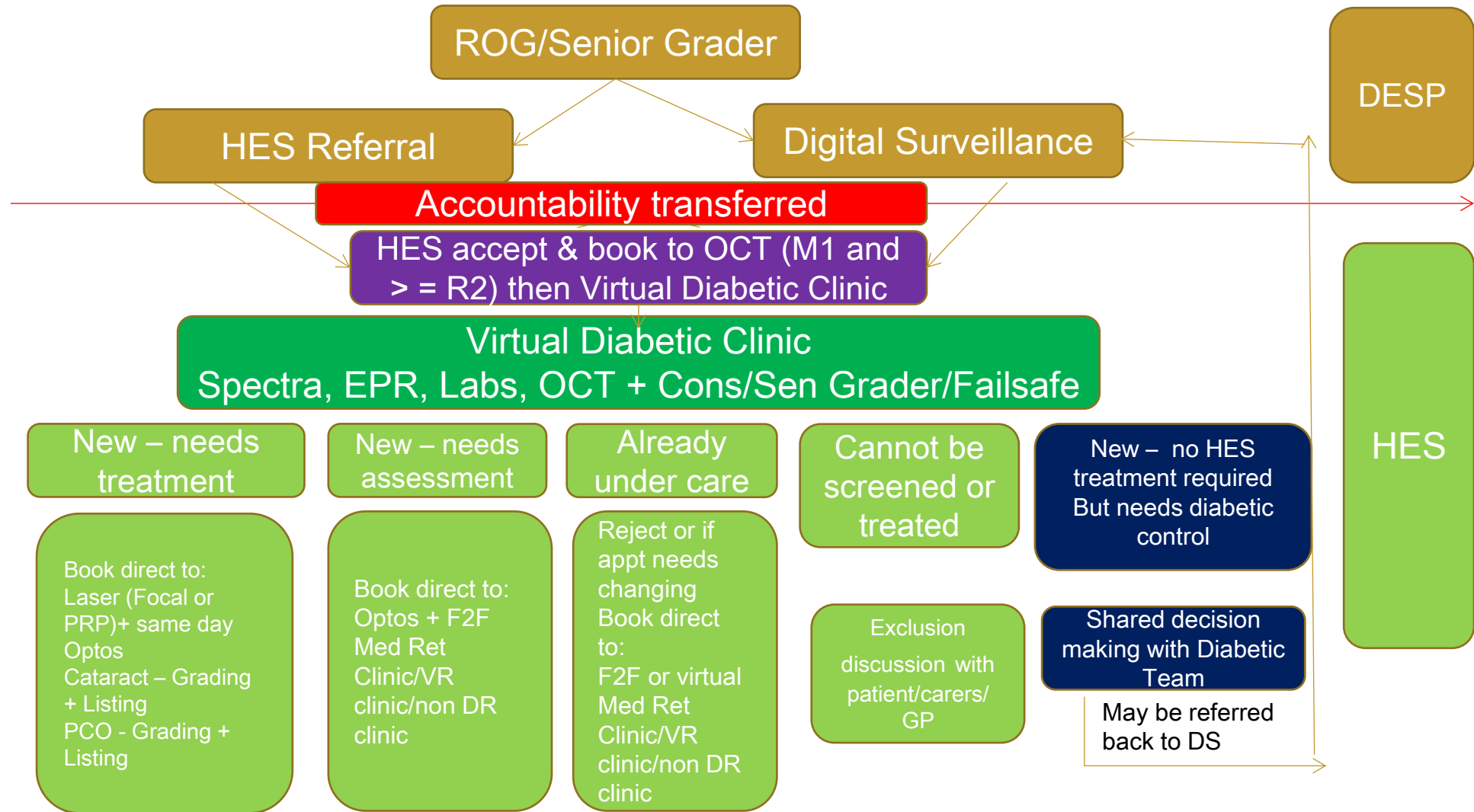
- + Both the College and the [English NHS Diabetic Eye Screening Programme](#) (DESP) have received reports that a small number of Hospital Eye Services (HESs) have been rejecting new referrals or discharging patients referred by the DESP based only on a triage of the original screening photos and/or a telephone consultation.
- + Any patient who has been referred to the HES by the DESP must have a decision on whether it is safe to discharge the patient from the HES, back to the care of the DESP, based upon all of the following:
 - + the referred patient's screening images
 - + additional imaging e.g. optical coherence tomography (OCT) for Maculopathy (M1) referrals and
 - + pertinent clinical information which has been collected following the referral.



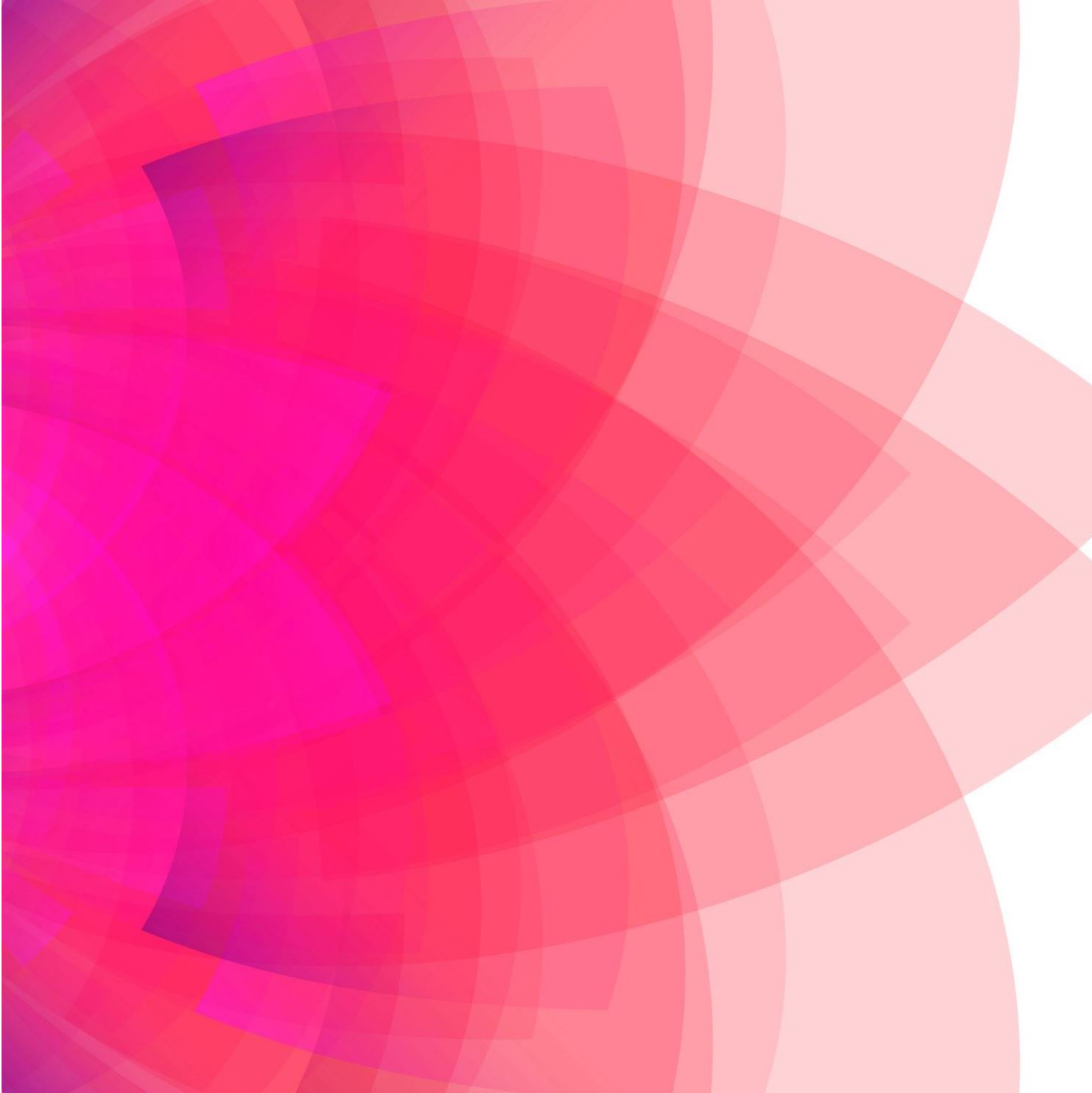
sorry.



2nd Virtual First Appointment Design



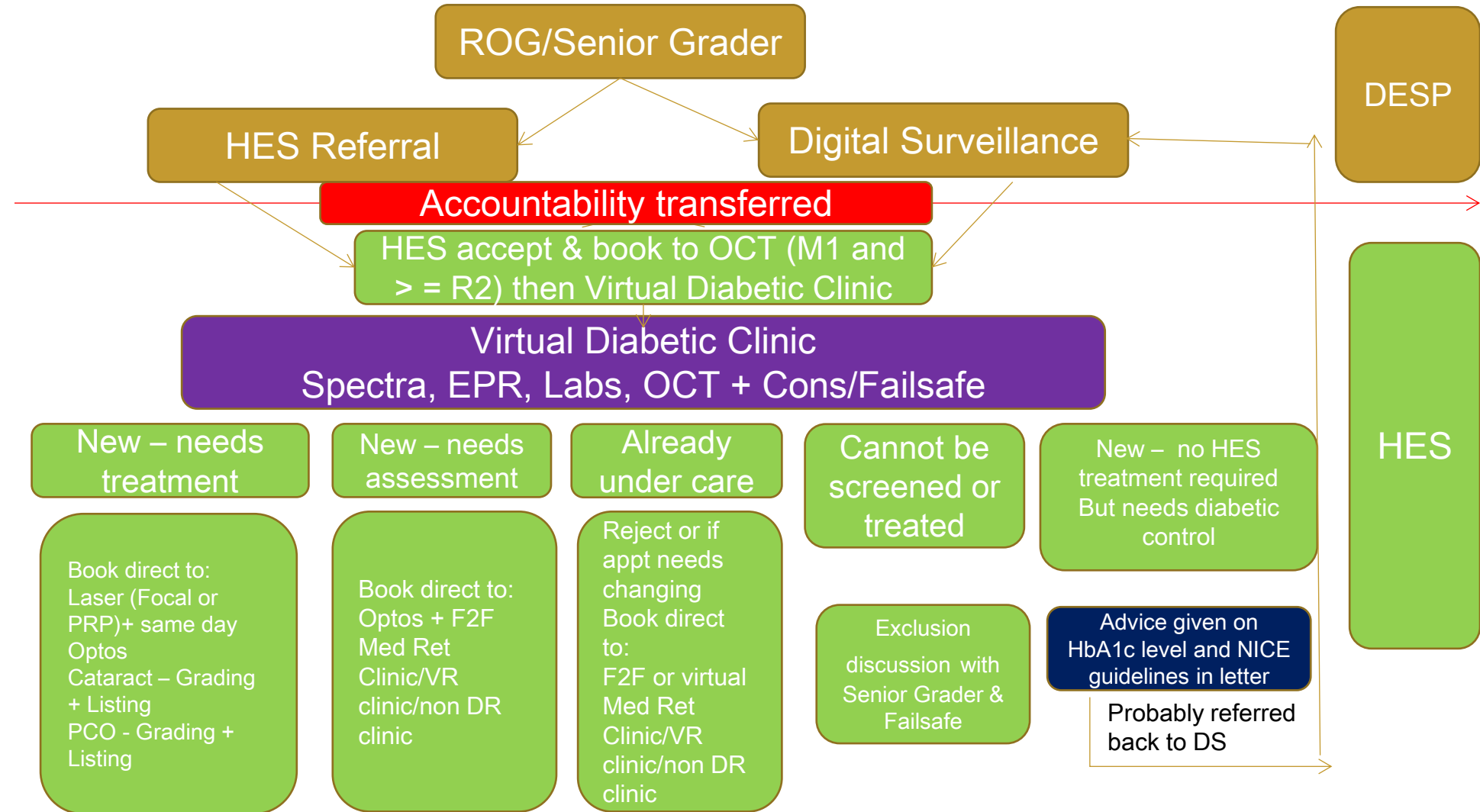
What we
learnt



Immediately understood

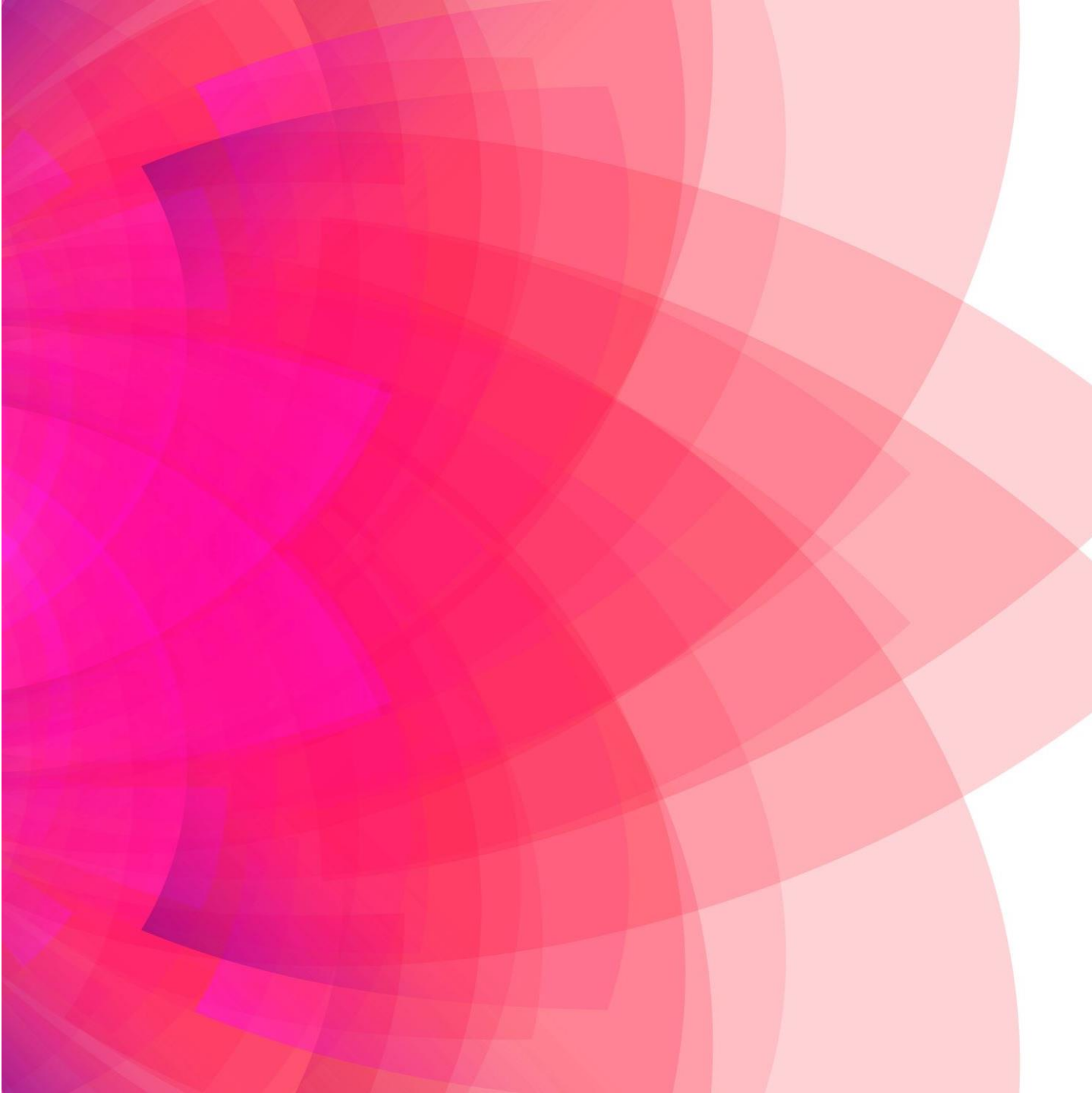
- + Need to add OCT
- + No buy-in from Diabetic colleagues
- + No need for Senior Grader/Failsafe for whole clinic
- + We'd need to audit (started by Chelsea Harris)

Amended Virtual First Appointment Design



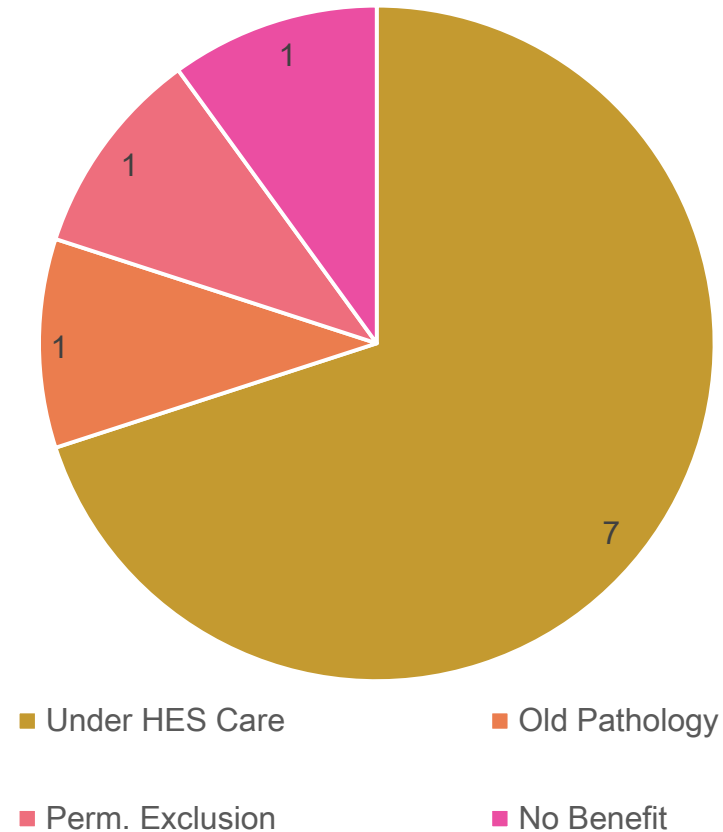
Data from Virtual Clinic

*As per protocol, those patients who were referred Urgently were not eligible for the Virtual Clinics as they require a Face-to-Face initial assessment.



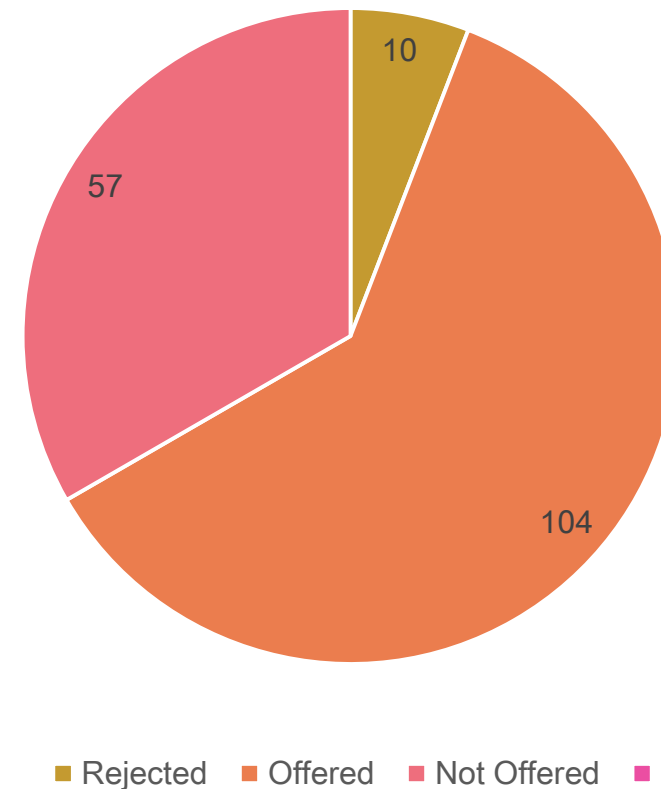
- + 01/03/2021 – 13/08/2021 171 patients were referred routinely to the RD&E from Devon DESP.
- + 10 of these referrals were rejected. This means 93.6% of referrals were accepted successfully
- + Out of the 10 rejected, 7 were already under HES care, 1 was a referral of an old pathology already known to HES, 1 was deemed unsuitable for screening and has since been excluded by their GP, and 1 was deemed to be of little benefit to the patient in the long-term.

Rejections



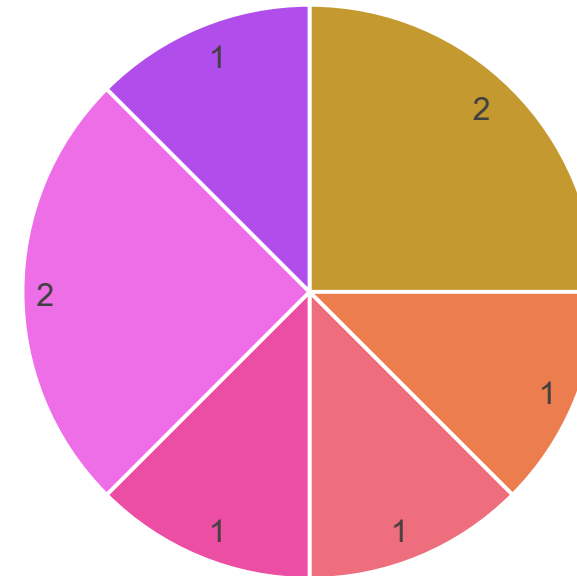
- + 161 referrals of Diabetic patients from DESP were accepted by HES
- + But not all these patients would be suitable for a Virtual Clinic due to co-morbidities
- + 104 or 64.6% newly referred of accepted referrals were offered an appointment in the virtual first appointment clinic

Breakdown of Referral Outcomes



- + Of the 104 patients referred within the relevant time frame, 8 have yet to be seen (7.7%); meaning a successful uptake rate of 92.3% of appointments
- + Of these 8 who have yet to be seen by HES, 5 patients have DNA'd at least one appointment offered; 4.8%
- + 3 patients have DNA'd their offered appointments 2 or more times; 2.9%
- + 3 patients have cancelled their offered appointments at least once due to transport issues or being unable to attend the appointment that was offered; 2.9%

Yet to Attend



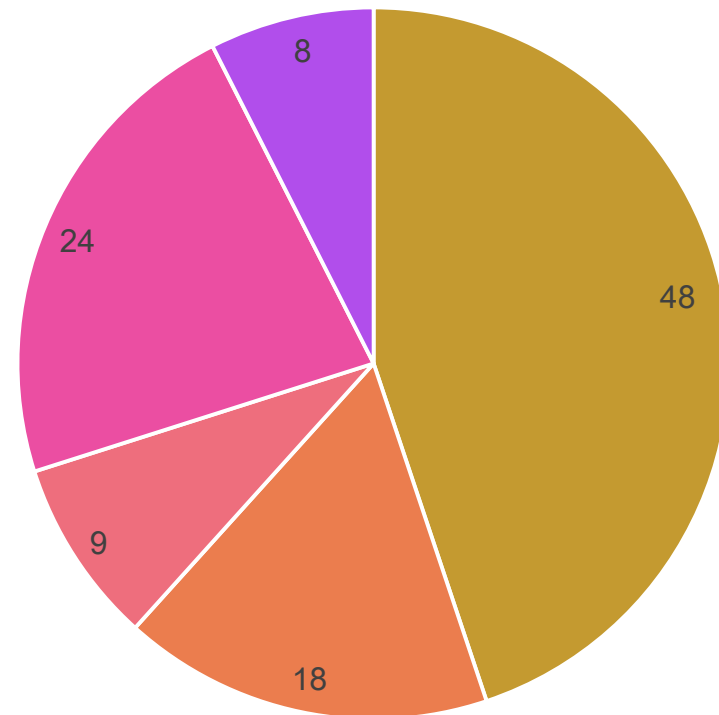
■ 1x DNA ■ 2x DNA ■ 3x DNA
 ■ 4x DNA ■ 1x Pt Cx ■ 2x Pt Cx

If a patient DNA's three or more HES appointments, they are usually discharged.

- + discharged from HES care following attendance: 48%
- + referred for treatment following attendance: 18%
- + F2F clinic appointment following attendance: 9*%
- + virtual follow-up following attendance: 24%

*these were often to explain treatment options to patients who had not previously needed treatment or who were unable to be assessed using the virtual clinic equipment

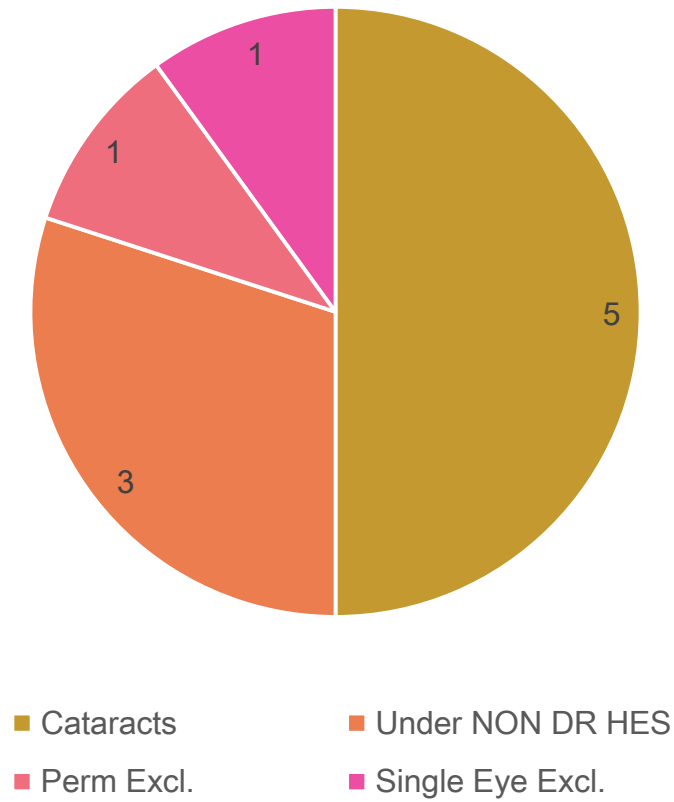
Outcome of Appointments Relating to DR



■ Discharged
 ■ Treatment
 ■ Face to Face
■ Follow Up
 ■ Yet to Attend

- + Since attending a Virtual Clinic appointment, 1 patient has been permanently excluded from the screening process, and 1 patient has had a single eye marked as unsuitable for screening moving forward: 0.96% respectively
- + 5 patients seen in the Virtual Clinic are currently waiting cataract assessment/surgery: 4.8%
- + 3 patients seen in the Virtual Clinic have been discharged back to DESP for DR screening, but have remained under HES care for a non-DR condition: 2.9%

Outcomes of Appointments
NON DR Related



Other outcomes/feedback

- + 1 Patient Query re Laser – improved communication
- + HES Laser consultant – improved listing
- + No safety signals/adverse events
- + 2 Wet AMD noted in North Devon clinic
- + Support from Devon DESP Programme Board for further roll out

Thankyou

+ Any Questions?