UNDERSTANDING BARRIERS TO REGISTERING PATIENTS AS SIGHT-IMPAIRED: USING LOCAL INFORMATION TO IMPROVE SERVICES OFFERED TO PEOPLE WHO ARE VISUALLY IMPAIRED

Aqsa Ahmed (1), Chris Schulz (2), Christina A Rennie (2)

1. Faculty of Medicine, University of Southampton, UK. 2. Department of Ophthalmology, University Hospital Southampton, UK.

INTRODUCTION

The study was based within the ophthalmology department of a teaching hospital with over 100,000 outpatient appointments per year and several satellite clinics in the region. Over 300 patients a year are newly registered as either sight impaired (SI) or severely sight impaired (SSI). This work focuses on the support and information offered to adult patients with visual impairment by staff within the eye unit (EU). We aim to understand the barriers to registering patients as SI and how the service could be improved.

AIMS

- To determine how well the NICE Quality Standard for Serious Eye Disorders, Statement 6, is met and understand the reasons for this.
- To determine the patient experience of their sight impairment and the CVI registration process.
- To identify areas for improvement and make recommendations as to how this might be achieved.

METHODOLOGY

1. Audit of registration as SSI. Retrospective audit of electronic patient records for patients eligible for SSI registration. This data was compared to historical records and a database of CVI registrations.

2. A qualitative analysis of semi-structured interviews, conducted with unregistered patients (n=11) and clinical staff (n=8). These were analysed using an inductive thematic approach, generating themes and codes.

3. A further survey of clinical staff (n=30) assessing knowledge, attitudes and barriers to registering patients and ideas for improvement. Quantitative data was analysed using frequencies, whereas qualitative data were analysed using a thematic approach. Any themes generated were cross-referenced with the results of the interviews.

82.4%

OF PATIENTS ELIGIBLE TO BE REGISTERED AS SSI (N=142) HAD A CVI

Improvements from the survey suggested that the system becomes electronic, increased staff training, increased patient support implementing an ECLO in a virtual capacity and to incorporate local sight loss charities into the service offered.

Within the survey, consultants identified the main barriers to registration including the clinic being too busy, and there being limited time during consultations.

RESULTS - MAIN THEMES IDENTIFIED

Patient Barriers to Registering as Sight Impaired:
- Label, Stigma and Pride associated
- Does not want to Accept Help
- Does not want to Admit they Require Help
- Feel that CVI only offers a financial benefit

Clinician Barriers to Registering Patients as Sight Impaired:
- Limited time
- Clinicians are medically focused in their approach, might forget to offer
- Clinicians have little knowledge about CVI
- Time taken to register a patient = another consultation

Failure of the Clinic (Patient Perceived Barriers):
- Lack of time/delays in clinic
- Lack of Knowledge
- CVI not offered to patients
- Process not explained
- Lack of a holistic approach to patient consultation

Importance of the ECLO:
- Provide support and information for patients.
- Not previously used effectively.
- Strain felt in the absence of the ECLO.

Improvements (from Clinicians & Patient Interviews):
- Make the process more holistic.
- Provide education for all clinicians/staff at the eye unit.
- Patients access sight loss services before registration.
- Replace ECLO with another ECLO/wider team.
- Provide patients with more information through different mediums.
- Streamline services to improve efficiency

DISCUSSION

Whilst the majority of patients were offered registration there is a significant group (approximately 17%) who were not. Understanding the barriers identified can allow us to address this.

It is concerning that staff did not feel they had enough knowledge or time to address the issues of CVI registration and support. The local population is an ageing one where there is a greater incidence of age-related eye disease (1) and increased demand on eye clinic services. These capacity pressures mean that staff focus on the disease and have less time for addressing the whole patient and their needs.

Key recommendations for improvement from the interview and survey focus on addressing capacity issues, ensuring a holistic approach to patient-care, and developing a sustainable model for the ECLO service.

All clinical staff who come into contact with patients should have training in the CVI process and how to support patients and signpost them to sight loss services.

CONCLUSION & RECOMMENDATIONS

The majority of patients at Southampton Eye Unit who were eligible to be registered as SSI were registered. Nonetheless, our data indicated that improvements are required to offer a more holistic service, focusing on patient needs. Recommended improvements include: co-design of the service with patients; implementation of a patient-centred model and appointment of an ECLO.

REFERENCES

1. Admin. Trends in national registration of sight impairment. Available from: https://www.opensight.org.uk/blog-post/trends-in-national-registration-of-sight- impairment. [Accessed 20th December 2020].