Patient experience in the Glaucoma and Medical Retina Services at Moorfields Eye Hospital during the the First Surge of the COVID-19 Pandemic

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Background

The ongoing COVID-19 pandemic has necessitated a dramatic alteration in the management of the Glaucoma and Medical Retina Services at Moorfields Eye Hospital in order to protect the vision of those patients at greatest risk, whilst also minimising risk of contracting COVID-19 for both patients and staff.

There is of course both significant patient anxiety regarding possible deterioration of their ocular conditions and associated visual loss as well as concern regarding contracting COVID-19 or passing to family members through hospital attendance. Variation in patients' age, gender, ethnicity and anxiety levels may also have an impact on the patients' acceptance of in-hospital versus remote consultations.

Clinic capacity and patient pathways need to be significantly reviewed in order to observe social distancing in waiting and clinical areas. The existing approaches to medical management of chronic conditions such as a glaucoma and medical retina disease, need development, in order to provide new pathways in management (including virtual clinic assessment) in order to ensure safe, efficient care in the future.

Purpose

We aimed to evaluate the patient experience with regards to different modes of care delivery during the current crisis; namely face-to-face consultations in the hospital outpatient clinic versus remote consultation with a specialist versus virtual technician-led clinics with remote specialist review. We also aimed to explore concerns about COVID-19, patients eye conditions and levels of generalized anxiety amongst individuals attending outpatient clinics during the first surge of the recent pandemic. in 2020.

Moorfields Eye Hospital NHS Foundation Trust

Methods

We conducted a prospective, non-randomized patient survey. The survey comprised of three demographic questions, nine questions regarding the patients' appointment and their opinions on the acceptability and use of new models of care and appointment systems as well as their anxieties about attending their appointment due to COVID-19 and their ocular condition, and an validated questionnaire to evaluate generalized anxiety levels (GAD-7 questionnaire). [Spitzer *et al.*]

This survey was disseminated to patients attending the Glaucoma and Medical Retina face to face and "virtual" clinics at Moorfields Eye Hospital 8th June and 19th June 2020. Patients who did not attend their appointment were contacted by telephone (SH, DH, DM) with completion of the survey questions by telephone. All survey results were transcribed to an Excel spreadsheet for analysis (SH, DH, DM, AD).

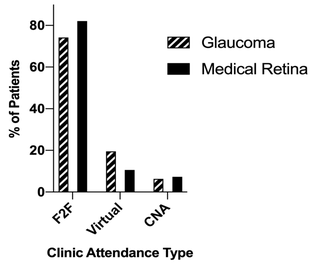
Results

60% black and ethnic minority group

Similar male and female numbers

GL: 50% 50-70 years old

MR: 41% 70-90 years old



Glaucoma (433 respondents)

- 89% preferred not to have remote consultations during the pandemic.
- 90% preferred in hospital appointments after the pandemic.
- 72% were more concerned about vision loss than contracting COVID-19 or exposing family members
- 40% were happy to be guided by their specialist about rescheduling appointments, the rest were anxious about worsening eyesight.

Medical Retina (254 respondents)

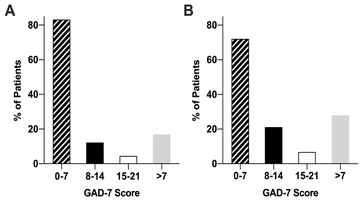
- 81.5% preferred not to have remote consultations during the pandemic.
- 89% preferred in hospital appointments after the pandemic.
- 66% were more concerned about vision loss than contracting COVID-19 or exposing family members
- 47% were happy to be guided by their specialist about rescheduling appointments, the rest were anxious about worsening eyesight.

Subset analyses

We further analysed responses in black and minority ethnic groups (BAME) and those who score highly for anxiety in the GAD-7 questionnaire.

Compare BAME v non BAME: BAME patients more often rank contracting COVID-19 as their biggest fear and are happier to be guided by their specialist regarding appointment rescheduling.

Compare anxious v non-anxious: Patients who have a GAD score >7 prefer to be seen in person and did not fail to attend their appointments.



Discussion

This study has demonstrated that patients are concerned about vision loss, delayed appointments and surgery more than potential exposure to COVID-19. This group of patients preferred hospital appointments over remote consultations. This may partly reflect the increased number of high risk MR/glaucoma patients and glaucoma surgical patients included in our clinic cohorts. We also noted those who score highly on the GAD-7 questionnaire appeared to prefer more face-to-face interactions.

Remote decision-making using data collected from glaucoma and medical retina patients has been shown to be both safe and efficient [Clarke et al, Korteum et al] Remote consultations "asynchronous revew" of previously collected data provides an opportunity to maintain personalized specialist care, reducing the need to lengthy hospital visits and to ensure in-person resources are prioritized for those who require this [Jayaram et al]. Development of diagnostic review processes in ophthalmology is essential for capacity to match demand. Managing patients' expectations with good communication regarding their care is essential to maintain patient confidence and engagement with ophthalmology services.

References:

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Jayaram, H *et al.* The COVID-19 pandemic will redefine the future delivery of glaucoma care. *Eye* **34,** 1203–1205 (2020).

Spitzer RL *et al.* . A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med 2006; 166(10): 1092-1097.

NHS