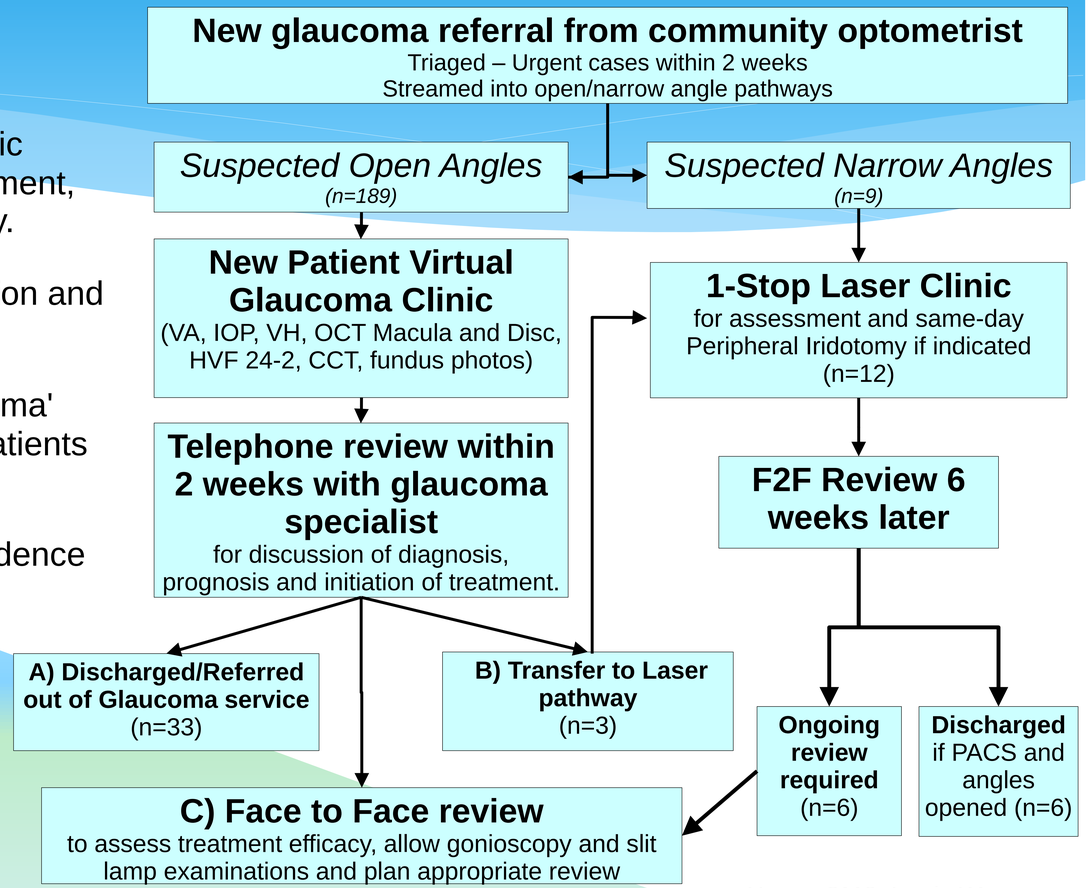
Establishing a Virtual Clinic System for New Patient Referrals in Glaucoma is Safe, Effective and Efficient

- **The problem:** COVID-19 pandemic caused a backlog of new referrals and reduced clinic capacity due to social distancing limitations. Solutions to reduce patient time in the department, reduce doctor face-to-face (F2F) appointments were required without compromising safety.
- **What's new?** Modified Virtual Glaucoma Clinic (VGC) protocols to allow safe investigation and rapid assessment of **new referrals**
- **What we did:** New patients triaged and streamed to technician-led 'New Virtual Glaucoma' investigation clinics with a subsequent telephone review or 'One Stop Laser Clinics' (for patients with suspected narrow angles)
- **We found:** Significant savings in time and increased patient throughput without any evidence of patient safety being compromised.



RESULTS: In 3 months (Sep-Nov 2020) with 198 new referrals:

Halved consultant PAs required (F2F review only = Avg 8 patients/PA. VGC + telephone review = Avg 16patients/PA)

DOUBLE the number of patients seen in 12 weeks (Traditionally with Dr F2F this would have taken 25 weeks)

40% reduction in average patient visit time duration: (45 mins new VGC vs 75 mins F2F)

50% discharge rate for narrow angle patients treated in 1-stop laser clinic (n=12)

20% discharge rate for referrals were at the telephone review stage (n=25 discharged, n=8 transferred to other ophthalmic specialty)

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No relevant declarations of interest