The impact of the COVID-19 pandemic on hospital emergency ophthalmology services- a BEECS multicentre study

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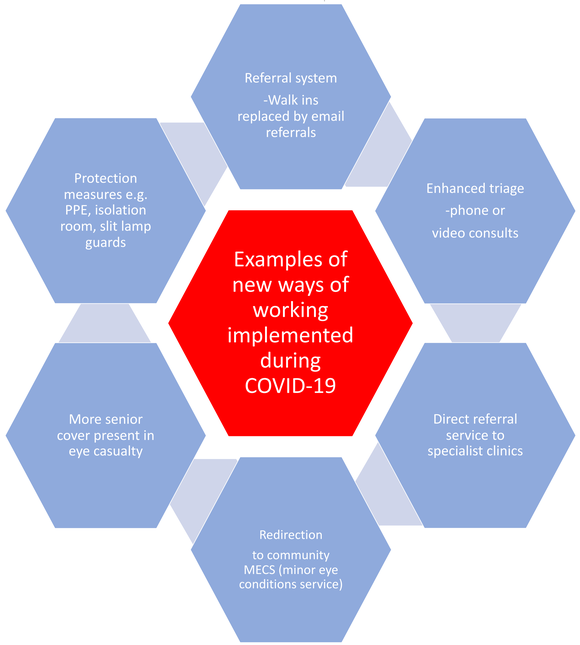
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Purpose:

The coronavirus 2019 (COVID-19) pandemic led to significant changes in the provision of NHS hospital eye services. Guidance from the Royal College of Ophthalmologists recommended elective activities were scaled back whilst hospital emergency eye care services (HEECS) continued for those at high risk of significant visual deterioration. This study aims to provide a multicentre overview of the impact of the pandemic on HEECS activity in England.

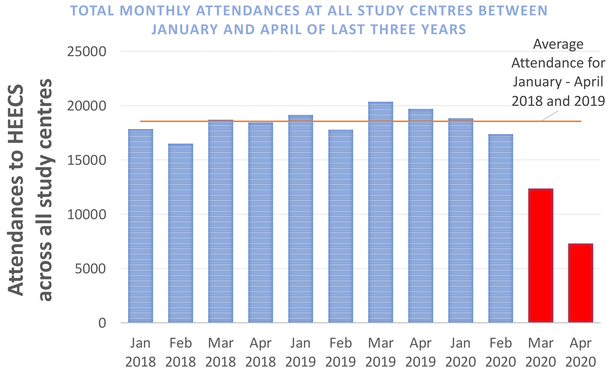
Methods:

Data were collected from consecutive face to face patient attendances at thirteen NHS HEECS sites across England during the COVID-19 lockdown between 23/03/2020 and 19/04/2020 (period '2'). This was compared to period '1' between 06/01/2020 and 02/02/2020 during which an initial British Emergency Eye Care Society (BEECS) study on HEECS attendance was undertaken.



Results:

The total number of HEECS attendances reduced by 68% during period 2 compared to period 1 and was most pronounced amongst those <25 and those >65 years of age. In period 2, there was a 60.1% and 51.4% reduction in presentations of non-urgent and sight or life-threatening conditions respectively. There were also fewer diagnoses of blepharitis, dry eye, conjunctivitis and chalazion. Innovations included video triage, email referral and commissioning community-based optician-led emergency services.



Conclusions:

This is the first multicentre study demonstrating the impact of COVID-19 on England's HEECS. Lower attendances can be partly attributed to effective triage of non-urgent cases. Conversely, the reduction in presentations of sight or life-threatening conditions highlights a potentially missed subset of patients who may have come to harm through delayed presentation. Positive changes including technology-based remote consultation, improved triage systems, and community emergency services offer direction on how the burden on HEECS can be reduced post COVID-19.

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