Implementation of ophthalmic diagnostic hubs after COVID-19 pandemic: efficiency, DNA and attendances

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Introduction

National Outpatient Transformation Programme and FRCOphth The Way Forward 2017 indicate the need for ophthalmic diagnostic hubs.

The hub at Solihull is technician-led, enabling consultants to virtually triage patients. glaucoma, medical retina, neuro and HCQ patients.

Methods

- Retrospective study using mixed methods prior to implementation across 24 months, and after across 16 months.
- Quantitative: wait list times, patient flow.
- Qualitative: patient feedback and responses for DNA

Results

Efficiency

- The hub sees 646 patients/month. 161% increase compared to previous outpatient system
- Reduced average time spent at appointment (previously hours vs 15-20mins at the hub)
- Prior to implementation the longest wait time was 925 weeks and 6000 patients waiting over 24 weeks to be seen in March ’21. After implementation, there was a decrease of 95.3% by November ‘22.

DNAs

- DNA rate at the hub is 11.8%
- 53% of which were ethnic minorities and 49% from postcode in an area of deprivation
- 82.9% of non-attenders are of Asian ethnic background, indicating barriers to healthcare

Discussion

- Diagnostic hubs are a workable model, health inequities still exist (affirming findings from previous studies). Further considerations need exploring (e.g. patient demographics and catchment areas) as these may have different contributory factors for non-attendances.
- Continue engaging with most deprived end users, corresponding with findings that index of deprivation is associated with non-attendance.

Ophthalmic diagnostic hubs **improve efficiency** compared to traditional outpatient set-ups

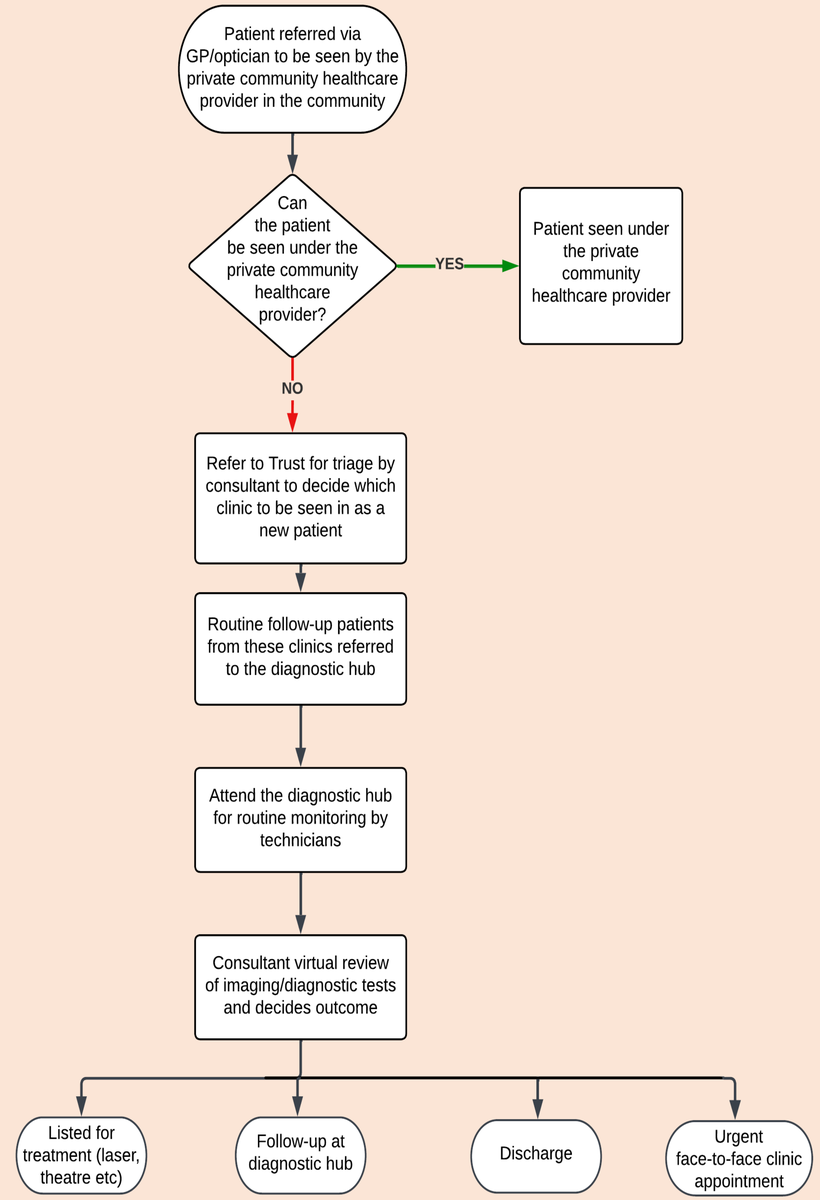


Fig 1. Flowchart of patient journey into and through the hub