Glaucoma Specialist Email Advice Service (GSEAS)

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INTRODUCTION

Ophthalmology is a high-volume outpatient specialty[1], albeit communication between primary and secondary care is suboptimal. At York and Scarborough Teaching Hospital NHS Foundation Trust (YSTHNFT), a GSEAS was created to improve relations between stakeholders and the hospital eye service (HES). Since inception in 2019, GSEAS has been quantitatively and qualitatively evaluated, with hope it helps streamline patient management, particularly with outpatient appointment avoidance. Overall, we anticipated GSEAS could help contribute to a model of decentralised ophthalmic care as per *The Way Forward* report[2].

METHODS

GSEAS was publicized by word of mouth. Email correspondences were extracted from Jan - Dec 2020. Data collected included service user type, source of instigation, nature of enquiry, outcome and actions.

Each correspondence was coded as follows:

1. Percentage of enquiries answered ≤ 2 days
2. Outpatient appointment avoided by enquiry
3. Care streamlining - actions taken other than advice

Service users were subsequently invited to a follow-up satisfaction survey, rating experience for speed, satisfaction, usefulness and whether they would recommend GSEAS to others. A free-text box was also included.

RESULTS

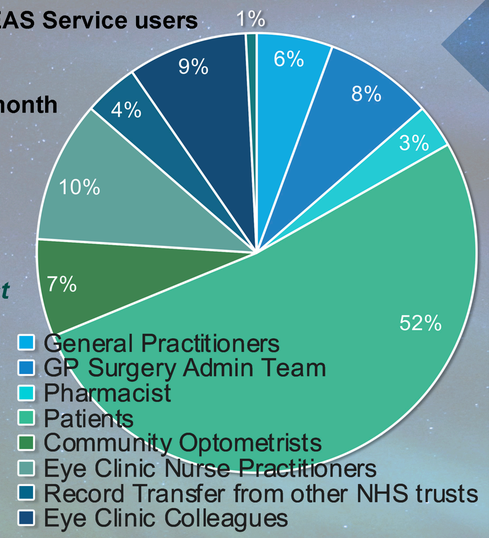
n = 126 emails received in total, ≈ 10 per month
→ n = 28 "not true" enquiries
→ n = 3 "unclear" enquiries
→ n = 98 "true" enquiries

Common themes of "true" enquiries:
Managing red eye, administering medication, referrals to on-call ophthalmologist and chasing appointments

Of n = 98 "true enquiries":
→ n = 79 received a written response
→ n = 16 actioned other than by advice

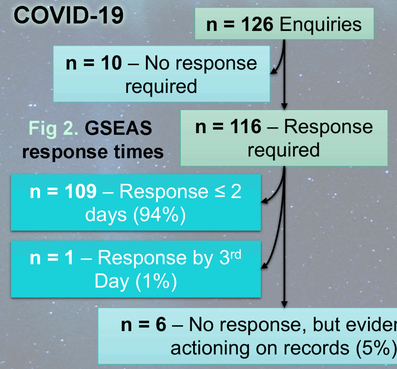
Common actions included:
Appointment expedition, referrals and posting out prescriptions

Fig 1. GSEAS Service users



In 75% of GSEAS enquiries, a possible outpatient appointment was avoided. In one instance, a video consultation was used, avoiding a F2F appointment during COVID-19

Fig 2. GSEAS response times



Questions	Mean Score	Range
What was the speed of response?	9.4	8 - 10
How satisfied were you with the received response?	9.88	9 - 10
How useful did you find the service?	9.72	8 - 10

Fig 3. Of 62 service users, 25 completed the satisfaction survey (40%). 100% of respondents would recommend the GSEAS.

DISCUSSION

62 service users generated 126 enquiries, highlighting continued engagement. Albeit a small sample size, we hope GSEAS will mature over time with the following:

The addition of a telephone line alongside GSEAS increases accessibility, particularly with patients without internet access or with advanced glaucoma.

At present, no patient stratification tool was in place. Stratifying into low, medium and high-risk groups helps determine which queries require a more urgent response.

Current enquiries were answered by five clinicians. In house training for allied healthcare and non-clinical staff can help triaging queries for an appropriate response. This is one example of non-ophthalmologist involvement within HES in line with *The Way Forward* report[2].

At YSTHNFT, we demonstrated GSEAS can bridge communication between service users and the HES. GSEAS has been a novel and cost-effective method of meeting demand with utility to both public and private healthcare.

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REFERENCES

The ROYAL COLLEGE of OPHTHALMOLOGISTS Annual Congress