Audit: Evaluating Referrals to Eye Casualty following the Dissolvement of LOTS (Leicestershire Ophthalmic Triage Service)

Nida Jameel (Medical Student), Mr Ian DeSilva (Consultant)

UNIVERSITY OF LEICESTER

BACKGROUND

- Eye Casualty is a specialist department within LRI with a specific focus on ocular emergencies.
- Approximately 20.6 attendances per 100,000 population are seen annually in the service (~25,000 attendances).

COVID-19 = Community Urgent Eye Service (withdrawn Dec 2022)

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Leicester Ophthalmology Triage Service + LUECS (dissolved)

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Present day

LOTS involved an ophthalmic telephone or virtual triage followed by advice and guidance or referral to Eye Casualty at LRI or a participating Independent Prescribing optometrist (LUECS).

Benefits provided by LOTS virtual/telephone triage:

- **easily accessible community based care**
- **a structured referral programme for potential emergencies**
- **improved patient care and experience.**

Currently there is no equivalent triage service after LOTS was dissolved, and the role of managing or referring community based eye problems fell under the responsibilities of GPs.

OUR AUDIT

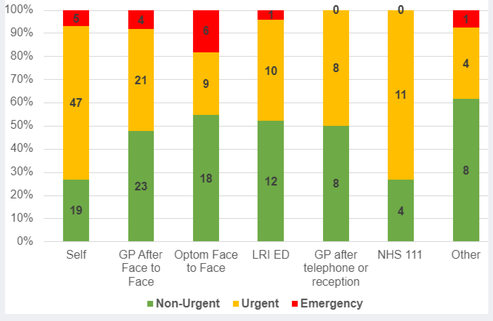
- Resources and time would be wasted if patients who can easily be managed in the community are referred to EC.
- The purpose of our audit is to see whether patients who have been referred to EC by a clinician, such as a GP or an optometrist, have been properly triaged before their referral. We observed how the severity of the final diagnoses varied with referral pathway.
- We wanted to observe how far patients are travelling for urgent assessment and detect if there are any disparities in their income status.

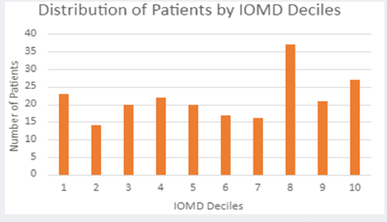
METHOD

1. We devised a questionnaire asking newly presenting patients how they were referred to EC over 7 days, collecting data from 219 patients.
2. Following this we collated the diagnoses and categorised them into either emergency, urgent or non-urgent, defined as follows:
   - Non-urgent: **Self-management or referral to an outpatient clinic**
   - Urgent: **Needs an assessment within 48 to 72 hours**
   - Emergency: **Needs an assessment on the same day to prevent sight/life threatening disease**
3. Using AA route planner, we calculated patients' travel distance to and from EC.
4. Postcodes were also used to calculate patients' IOMD using national data.

RESULTS

Referral Source	n	% Total	% Emergency	% Urgent	% Non-Urgent
Self	71	32.4%	7.0%	66.2%	26.8%
GP after Face to Face	48	21.9%	8.3%	43.8%	47.9%
Optometrist after Face to Face	33	15.1%	18.2%	27.3%	54.5%
LRI Emergency Department	23	10.5%	4.3%	43.5%	52.2%
GP after telephone or reception	16	7.3%	0.0%	50.0%	50.0%
NHS 111	15	6.8%	0.0%	73.3%	26.7%
Other	13	5.9%	7.7%	30.8%	61.5%



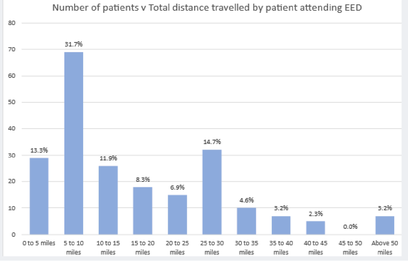


Variation in attendance between districts shows disparity:

- 39.2% of patients were from Leicester City (6.4% greater than its relative population)
- 13.9% were from Charnwood district (2.5% lower than relative population)

KEY POINTS:

- **In this study, 42% of cases were non urgent and should not have been referred to the emergency eye casualty service.**
- **Among the three most common pathways, F2F optometrist referrals were the most effective at identifying emergency sight or life-threatening disease and non-urgent eye presentations.**
- **GP telephone appointments had one of the highest percentage of non-urgent conditions (64%) and 0 emergencies.**



CONCLUSIONS

1. GP consultations ideally need to be face-to-face.
2. Healthcare professionals with a specialty focus can more accurately predict severity.
3. There is a variation in the attendance between different districts suggesting a disparity.
4. Prevalence of ocular disease within the different IOMD deciles must be determined before excluding any disparities.
5. Easy access to a triage service could reduce the large proportion of self-referred patients, therefore reduce waiting times.

NEXT STEPS

- Consider having a robust ophthalmic telephone or virtual triage to support NHS 111, community GP and Community optometrists.
- Increase involvement of community-based optometrists in the care of urgent eye problems.
- GP practices must tighten their referral criteria, treat more non-urgent eye conditions within the community and endeavour for F2F consultations before referral to EC.
- Training of emergency department staff on ophthalmic emergencies and advise provided to patients on self management of some eye conditions.

REFERENCES

- https://www.leicestershospitals.nhs.uk/aboutus/departmentsservices/ophthalmology/eye-casualty-department/
- https://primaryeyecare.co.uk/services/urgent-eyecare-service/
- https://www.loc-online.co.uk/leics-rutland-loc/referrals/cues/