Evaluating the effectiveness of LOTS (Leicester Ophthalmology Triage Service) and LUECS (Leicestershire Urgent Eye Care Service) services and their potential to return to Leicester.

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Geographic Diagram Of Leicester, Leicestershire and Rutland (LLR)
Source: https://leicesterleicestershireandrutlandhwp.uk/

Introduction

The annual attendance rate to the emergency eye department was estimated to be 31 per 1,000 population (De Silva et al., 2022). The LOTS (Leicestershire Ophthalmology Triage Service) and LUECS (Leicestershire Urgent Eye Care Service) were set up in Leicester to continue to provide community urgent eye care akin to CUES (COVID-19 Urgent Eyecare Services).

The study's aim was to investigate the effectiveness of outcomes and safety of all referrals to the LUECS service.

Methodology

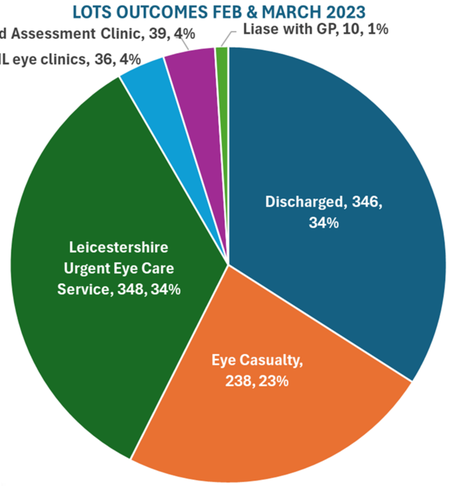
LOTS involved a virtual triage whilst LUECS was a face-to-face consultation with a community independent prescribing optometrist. LOTS operated under the guidance of the university hospitals of Leicester emergency eye department (EED) and received referrals through a dedicated telephone or video service. Patients could self-refer or be referred by other community services (such as GPs, local pharmacists and optometrists). Patients with suitable presentations were offered a choice of local community LUECS optometrists.

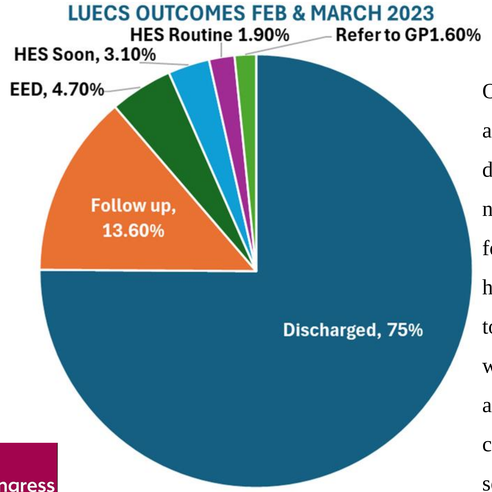
We conducted a cross-sectional study by collecting referral forms from both LOTS and LUECS services and analysed patient diagnoses and outcomes from the LUECS consultation. Patients referred to EED and those that presented following discharge from LUCES within 1 month were identified and recorded using the local trust's electronic platform for patient attendances (NerveCentre).

Results

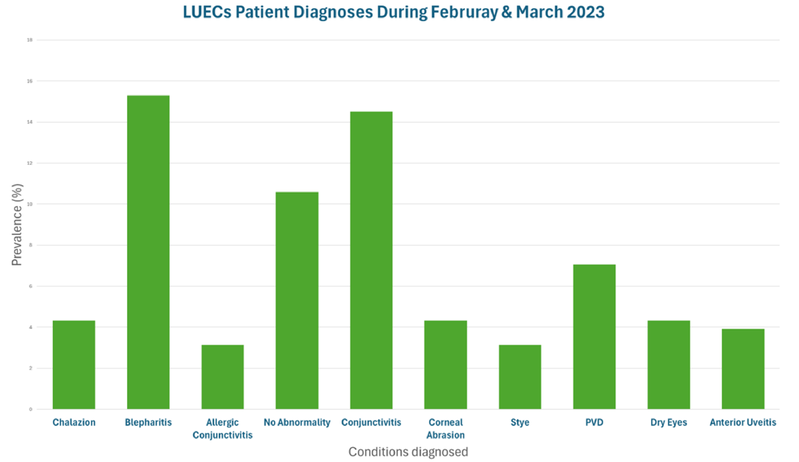
Of 1,017 patients using the LOTS service, 34% (n=346) were discharged, 24% (n=238) referred to eye casualty and 34% (n=348) were referred to LUECS. Of the latter, only 4.7% were subsequently referred on to eye casualty, meaning total overall referred to eye casualty of 25% (n=250).

The most common conditions that presented to LOTS/LUECS include Blepharitis (13%), closely followed by Conjunctivitis (12%).





Of those referred to LUECS, 75% were discharged after their consultation. 4 patients seen and discharged by LUECS re-attended Eye Casualty, but none had sight-threatening conditions. 13.6% were followed up in the same community practice to assess how their conditions progressed. 4.7% were referred to EED (Emergency Eye Department/Eye Casualty), which included 2 cases of retinal tears, 2 cases of acute anterior uveitis, 1 case of chemical injury, 2 cases of corneal ulcers and the others were non-serious eye injuries.



As shown in the bar chart* above, the 3 most prevalent diagnoses that LUECS optometrists identified were 1) Blepharitis, 2) Conjunctivitis, and 3) No Abnormalities which amounts to approximately 40% of patients referred to LUECS.

*only 10 out of 44 most prevalent conditions have been included in the bar chart

Discussion/Summary

- The LUECS service demonstrated an effective way to manage patients with low risk of sight loss in a community setting with 95% of these referrals not requiring onward eye casualty referral.
- It showed good safety profile, with no cases of sight loss or sight-threatening conditions that presented following assessment and management solely in the LUECS service.
- LOTs and LUECS provided additional benefits to the system by providing patient convenience, reducing health inequalities to access, reducing the burden on stretched GPs and other community services, utilizing the skills of the local optometry workforce, and having a positive impact on the environment by reducing unnecessary travel to a tertiary EED department.
- Their potential return to LLR will need to be assessed alongside financial and environmental statistics from when these services ran to gain a holistic picture of their overall effectiveness.

References

De Silva, I. *et al* (2022) 'Patterns of attendances to the hospital emergency eye care service: a multicentre study in England', *Eye* 36, 2304–2311. Available at: https://doi.org/10.1038/s41433-021-01849-8

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