Optimising the Eye Casualty Referral Pathway to Reduce Unnecessary Footfall

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Background

The ophthalmology department, much like other departments within a hospital, consistently faces significant strain due to the influx of referrals, many of which are made with inappropriate urgency.

This strain, exacerbated by the shortage of staff within the NHS, often overwhelms the eye casualty unit, potentially leading to mismanagement of time and diverting attention away from truly urgent cases amidst the deluge of referrals. As a District General Hospital, we do not provide a walk-in service for ophthalmic patients; therefore, all patients must be referred through designated frontline access points.

Therefore, our ongoing commitment is to review the current referral pathway, seeking opportunities for enhancement to alleviate this unnecessary burden. By effectively filtering referrals and prioritising urgent cases, we aim to enhance patient care and ensure timely treatment for those in critical need.

Results

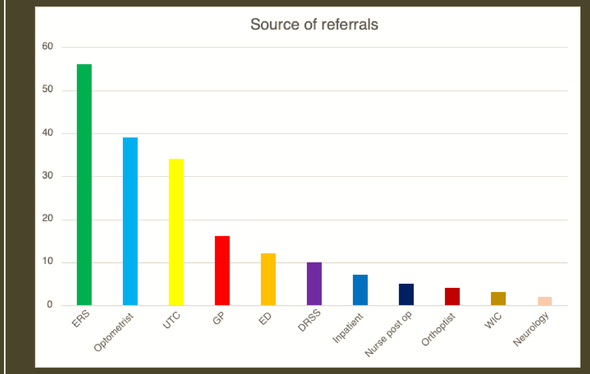


Figure 1: Referral Urgency

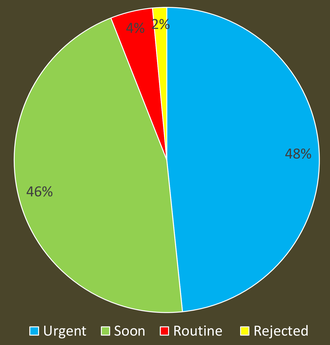
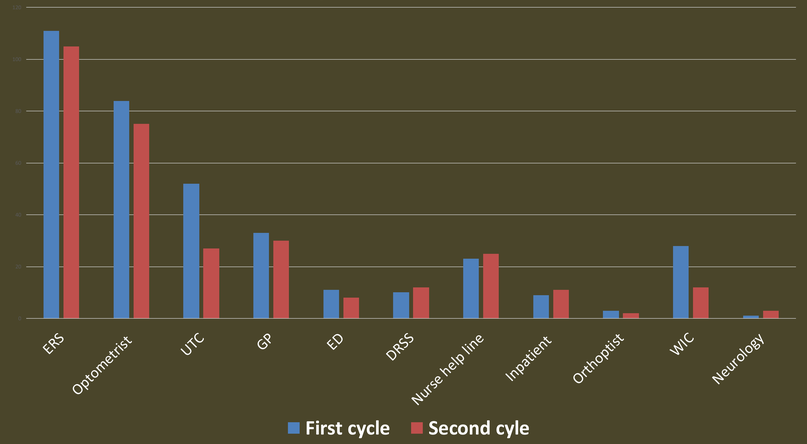


Figure 2: Comparing Cycles



- The analysis of the results showed that the highest number of referrals originated from the NHS e-Referral Services (ERS) and Optometrists.
- The third-place position was held by Urgent treatment centre, which marked the most significant opportunity for improvement due to its accessibility. UTC and Walk in center (WIC) handle patients directly and often triage external referrals. Given their on-site presence and accessibility, they represented a prime target for implementing interventions to enhance the efficiency and effectiveness of the referral process.
- Figure 1 illustrates the urgency of referral as determined by an ophthalmologist following initial triage. 'Urgent' refers to cases requiring review within 48 hours, 'soon' indicates review between 48 hours and 2 weeks, and 'routine' applies to those scheduled beyond 2 weeks.

Aims & Objectives

- To investigate the number of eye casualty referrals.
- to evaluate the efficiency and effectiveness of the current referral pathway.
- To identify potential changes that could reduce the the footfall.
- Implement the findings and evaluate improvements

Interventions:

- Delivered a training session to staff at Ashford Walk-in Centre on 24th June 2024.
- Delivered a training day to UTC staff on 20th January 2025.
- Had meeting with a local optician in August 2024.

Training sessions included:

- Slit lamp examination basics
- Overview of common Ophthalmic emergencies
- Direct Ophthalmoscopy demonstration
- Q&A with case-based discussion

Conclusion

Following targeted interventions, there was a marked improvement in triage accuracy and referral appropriateness from UTCs and WICs. Two dedicated training days proved highly successful, with staff providing excellent feedback.

Nearly 50% of referrals initially classified as urgent were downgraded to 'soon', highlighting a tendency to over-triage at the point of origin.

These findings demonstrate that providing targeted ophthalmic education to frontline staff has a significant positive impact on triage accuracy and reduces inappropriate referrals. This approach improves patient flow and supports more effective planning and resource allocation within the eye casualty service.