SUCCESSES + OPPORTUNITIES AFTER 7 YEARS
BESPOKE VULNERABLE ADULT OPHTHALMOLOGY CLINIC

Mr. Sabry Bridan[1]
Miss Caitlin Georgia Howey[2]
Mr. Samer Elsherbiny[1]

1. Machen Eye Unit, South Warwickshire University NHS Foundation Trust, Warwick
2. Warwick Medical School, Warwick

INTRODUCTION

With an estimated 982,000 individuals in the UK living with dementia[1] and over 1 million with learning disabilities[2], the need for specialised ophthalmic care is becoming increasingly critical. Many vulnerable adults are unable to access eye care services.

It is estimated that 60% of vulnerable adults have a refractive error, with almost 10% considered to have partial or severe visual impairment[3-6]. This is compounded by a growing life expectancy, leading to a surge in unmet eye care requirements.

WHAT DID WE AIM FOR?

A bespoke Vulnerable Adult Ophthalmology Clinic (VAOC) was designed to address the needs of vulnerable adults which could not be accommodated in a 'typical' outpatient clinical setting. Constructed in 2017, presented is an evaluation of our VAOC 7 years on.

METHODOLOGY

Retrospective review of 120 consecutive patients referred to the VAOC was conducted.

The following data was collated for each individual patient:

- Demographic data
- Systemic diagnoses
- Ocular diagnoses
- First clinic visit outcomes
- Source of referral
- Time-to-first VAOC
- Type and timing of any interventions carried out on the patient



Ophthalmic diagnoses were either singular or combinations of:

- Glaucoma
- Wet age macular degeneration
- Diabetic retinopathy screening
- Cataract

Or lack of suitable community refraction venues

Time to first appointment in the VAOC averaged 23 weeks, ranging from 1 day to 104 weeks.

Diagnostic imaging and / or biometry was possible on 80 patients

A cohort of 25 patients was scheduled for examination under anaesthesia (EUA) combined with one or more of the following procedures: cataract surgery and/or retinal laser treatment. To date, 10 of these planned procedures have been successfully completed.

RESULTS

Of the 126 patients known to the VAOC, data for 120 patients were available for submission:

53 Males and 67 Females

Average age: 71.8 years (Range: 20-101)

96 patients were internal referrals from other clinics within the eye department

Systemic diagnoses were either singular or combinations of:

- Neurological disorders (Dementia, Alzheimer's, Parkinson's and post-cerebral vascular event
- Learning disability
- Autism Spectrum Disorder
- Severe psychiatric illness and / or personality disorders
- Syndromic diagnoses
- Severe musculoskeletal disorders

Please scan the QR for references

CONCLUSION

The VAOC designed to accommodate the unique needs of vulnerable adults, has demonstrated significant patient and carer satisfaction. The tailored approach, characterised by dedicated space, extended appointment durations, and a multi-disciplinary team (MDT) comprising an ophthalmologist, orthoptist, optometrist, technician and clinic nurse, contrasts favourably with conventional clinical settings which are often confined and overburdened.

Reliance on a comprehensive MDT has limited the operation frequency to a monthly slot. This, compounded by pandemic-related disruptions has resulted in substantial referral-to-appointment wait times. Furthermore, there is a critical absence of a formal anaesthetic assessment pathway for patients requiring EUA and/or surgical interventions.
Limited availability of theatre capacity further exacerbates this issue. Patients with complex needs undergoing EUA, diagnostic procedures and interventions necessitate extended theatre time, impacting the financial viability of standard clinical sessions and contributing to prolonged delays.

The data collected will be used to inform a specialist commissioning of the VAOC service, advocating for the creation of a streamlined anaesthetic pathway and justify increased clinical sessions to reduce patient wait times.