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Guy's and St Thomas' NHS Trust, Quay Health Solutions, Partnership Southwark and Visioncall.

INTRODUCTION

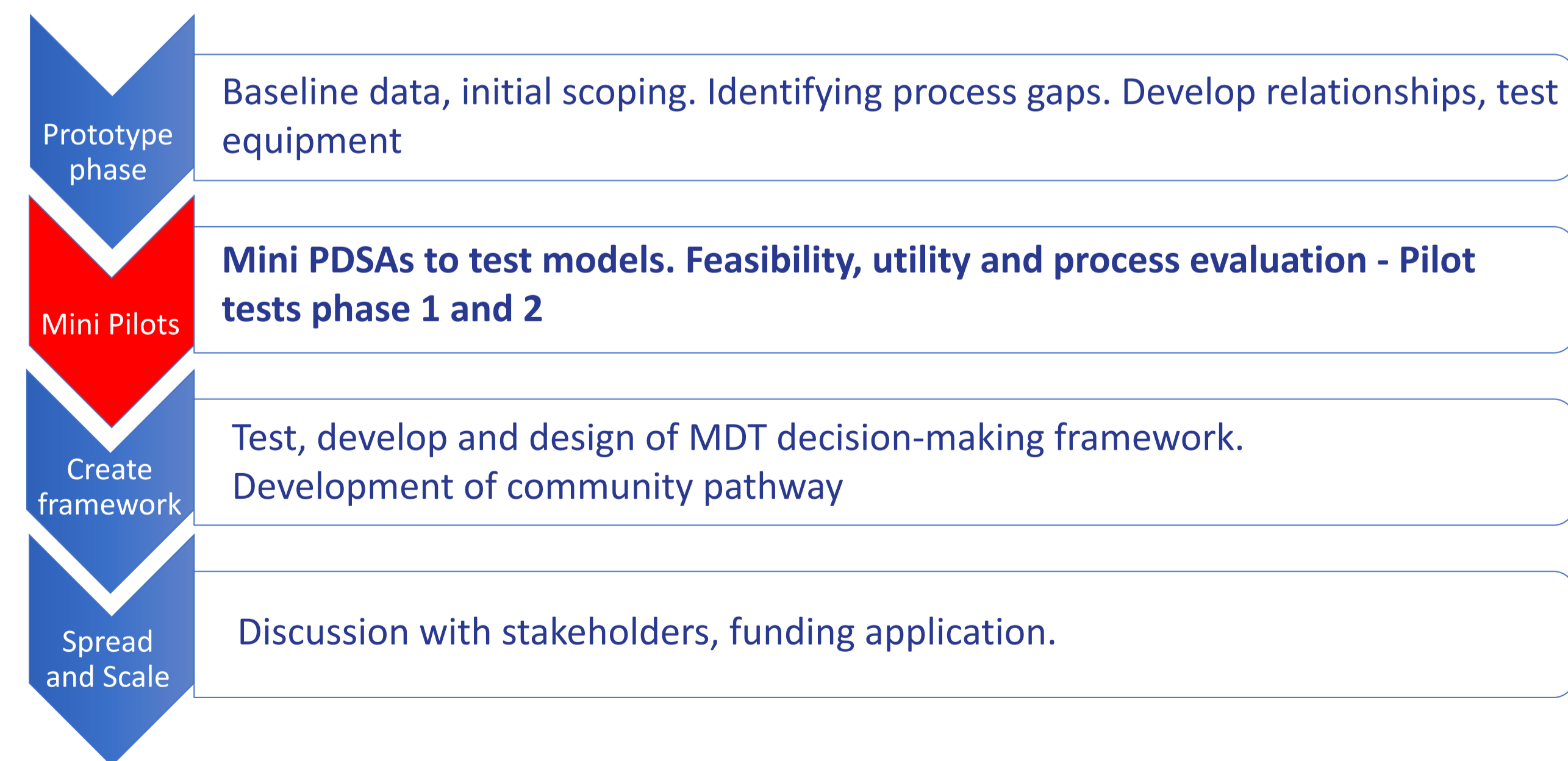
- 64% of care home residents live with vision impairment
- Significant falls risk
- Majority of sight loss in care home residents: Cataracts, glaucoma & retinal diseases
- **Cataract surgery - reduces falls by 34%**
- Glaucoma leads to irreversible blindness
- Medical retinal conditions: Diabetic retinopathy, age-related macula degeneration and retinal vein occlusions
- **Care home residents can have variable access to eye care services & treatments.**



OBJECTIVES

- To develop and evaluate an integrated model of eye care for care home residents
- Collaborative approach between optometrists, care homes, and primary & secondary care to enable personalised patient-centred care.

METHODS



- Rapid cycle Plan-Do-Study-Act Cycles to test delivery of ophthalmology input in Southwark Borough in London
- 3 care-homes (2 residential, 1 nursing) piloted
- Processes compared to historical feedback & hospital-based ophthalmologist clinic attendances (Mar 2019-2020)



METHODS

- 2 phases:
- **Pilot Test Phase 1:** Hospital-like assessments to evaluate feasibility & acceptability.
 - Ophthalmologist and Optometrist attends care home with equipment to review residents
 - **Pilot Test Phase 2:** Develop & test MDT working model between optometrists, ophthalmologists and primary care.
 - Domiciliary Optician provider (Visioncall) Utilised

RESULTS

Scoping Data of Usual Care - Guys and St Thomas' NHS Trust

- 135 appointments per year for local care home residents
- 17% new patients, 83% follow ups
- Did Not Attend (DNA) 26.7%
- Only 8.1% resulted in change in medication

- New eye diagnosis - 19%
- Need for cataract surgery - 32%
- Family members present to support
- GP available for joint decision making
- Consultant ophthalmologist reviewed conditions
- Trainees developed eye examination skills
- Mental capacity assessment for decision-making made in patients' optimal environment
- Better informed risk assessments regarding anaesthetic risks

Table 1. Utility for patients - time taken for examinations

	Usual care	New model per patient
Time away from their room	6 hours	Average 32 minutes
Time for clinical examination	45 mins - 1 hour	Average 16 minutes

Table 2. Feasibility of new model

	Usual care	New model per patient
Visual acuity	71.7%	100%
Pressure measurement	54.5%	100%

- Only 15% required further appointment outside care home
- Hospital eye service referral indicated in 19-23% - half of which were for consideration of cataract surgery
- Out of 23 patients, 7 referrals (33%) were avoided because patients were clinically too frail or not able to comply with treatments

RESULTS

	Usual care	New model per patient
DNA rates	26.7%	0%
Discharge from need of routine secondary care follow up	8.4%	32%

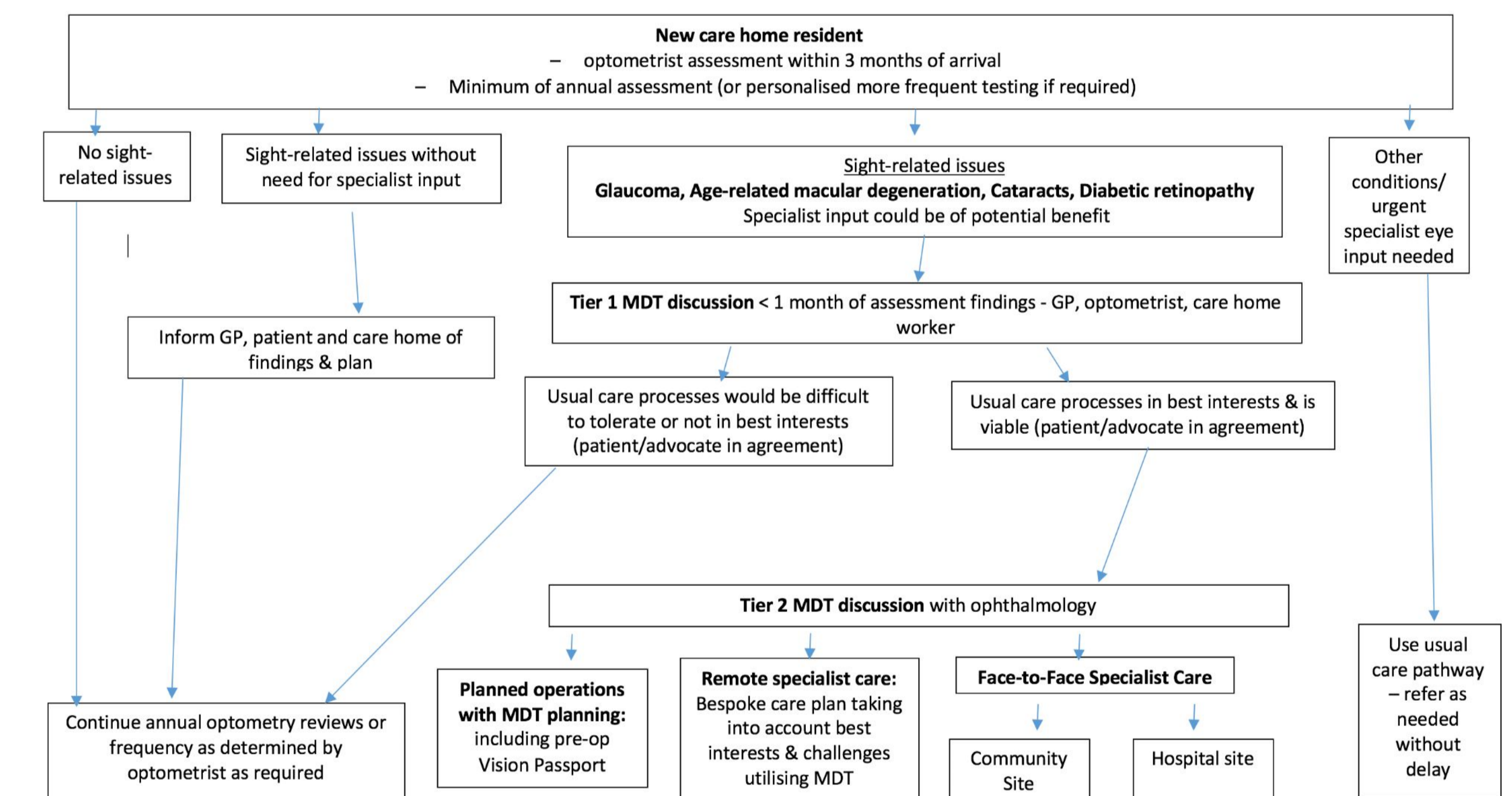
Table 3. Utility for system

	Usual care	New model per patient
MDM discussion with GP	0%	100%
Time needed for MDM discussion with GP	Not usual practice	Average 4 minutes per patient

Table 3. MDM discussions in new model

- Education needs identified and training provided
- Immediate access to MDT decision-making
- Pre-operatively cataract planning could be facilitated via MDT discussion
- 2 tiers of MDT discussion to improve time efficiency for all professionals developed (Figure 1).

Figure 1 - Proposed New Model Pathway



Conclusions

- Eye assessments are better tolerated & are more efficient when performed at care homes rather than in hospital settings
- A collaborative integrated approach enables
 - personalised decision-making
 - whilst improving system efficiencies
 - opens opportunities for teaching/training to further improve care, knowledge and skills of the MDT caring for this complex group

Contacts

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