THE INTEGRATION OF COMMUNITY AND ACUTE CHILDREN’S EYE SERVICES IN GALWAY 2016
GERALDINE MCBRIDE, SENIOR ORTHOPTIST, UNIVERSITY HOSPITAL GALWAY, FARAH Loughrey, SENIOR ORTHOPTIST, PCCC GALWAY OPHTHALMIC SERVICES, ORNA O HALLORAN ORTHOPTIST, UHG AND DR GERALDINE COMER, HOSPITAL OPHTHALMIC PHYSICIAN, UHG

Aims:
- Primary aim for PCCC Galway was to ensure that children currently undergoing treatment were being assessed and treated. The number of existing children awaiting assessment and treatment by summer 2015 was 2383.
- Secondary aim for PCCC Galway was to reduce the new patient waiting lists. The number of children awaiting first assessment was 1559. Children were on the ophthalmic waiting lists from 2013.
- The aim for University Hospital Galway was to ensure services for children were maintained in a community setting, and prevent the transfer of all 3942 children into an acute hospital ophthalmology unit.

Introduction:
- Community children’s eye services were partly suspended in Galway from November 2014 due to the retirement of an Orthoptist.
- The existing model of eye care in community Galway was the use of a nurse to assist the Orthoptist. The gold standard is the use of an Orthoptist to support an Orthoptist in the delivery of children’s eye care. This has been the model at UHG for 25+ years.
- Orthoptist are healthcare professionals specifically trained to assess vision in children of all ages, with all stages of development. Orthoptists are autonomous practitioners who can screen for vision defects and squints, and refer to an Ophthalmologist only those with defects.
- The Orthoptist will then independently manage the eye conditions in conjunction with the Ophthalmologist.

Actions taken:
- Agreement from PCCC Galway to allocate £50,000 for the delivery of children Ophthalmic services from UHG.
- Joint working arrangement between the community and acute hospital Orthoptists and Ophthalmologist.
- Phase 1 Saturday clinics were arranged in a Galway City Health Centre by 3 Orthoptists (2 hospital and 1 community) and a Hospital based Ophthalmologist. Phase 1 was the assessment of existing patients.
- A DNA (did not attend) policy was agreed in advance of the clinics by Director of Public Health Nursing, Medical and Orthoptic eye personnel and PCCC management. The child would be discharged from the community eye service if they failed to attend one appointment. A subsequent referral from a public health nurse or GP would be required to re-access the service. The DNA rate for the Saturday clinics was 21% (495 children).
- Phase 2 Saturday clinics has now commenced for the new patient waiting list. 196 children have been called, 104 children attended (53%). 60 children were discharged after 1st assessment (58%). 22 children (37%) were discharge after the orthoptist’s assessment and 38 children required a joint orthoptist and ophthalmologist assessment (63%).

Outcomes:
- Initially 8 clinics were delivered by 3 orthoptists.
- 896 children were offered appointments, 625 attended (70%).
- 461 children (74%) were discharged from the community eye service after this one orthoptic appointment.
- 22 clinics were then delivered by 2 orthoptists and an ophthalmologist.
- 1517 existing children were offered appointments. 1061 attended (70%).
- 846 required a joint assessment with the Orthoptist and the ophthalmologist (80%).
- 449 children (42%) were discharged following this appointment.
- 1405 children (58%) were discharged from the service.
- Phase 1: Total cost to assess and treat/discharge existing patients £41,005. €17 per child offered or €24 per child seen.
- Phase 2: Total cost to date, €1976, €10 per child offered or €19 per child seen.

Conclusions:
- The targeted use of an Orthoptist as the primary assessor of vision in children referred to an Ophthalmic service is an efficient and effective use of resources.
- The joint Orthoptist/Ophthalmologist model for evaluating children with identified eye defects is the established model of care in the acute Galway setting. Following this integration project we have proven it to be the correct model to be introduced into Community Galway eye services replacing the pre-existing Nurse/ Ophthalmologist model when full community based eye services are restored in 2017.