



Introduction of Electronic Triage in a Minor Eye Conditions Service in Devon

At a glance

Challenge

High demand for new Minor Eye Conditions Service. Time-consuming paper-based triage system with limited options for sharing patient data electronically.

Objectives

Ensure patients see the right professional at the right time in the right setting. Maintain service to ease workload at local hospital's urgent care department.

Solution

An electronic triage system was created capturing patients details and presenting symptoms. The use of algorithms standardised and assisted in checking eligibility criteria, allowing people to be care navigated to the most appropriate service.

Outcomes

Patients are seen in a timely manner within service specifications and over 20% more patients have been able to access the service.

Introduction

The Minor Eye Conditions Service in Plymouth Devon commenced on 1st October 2018. Originally launched with a paper-based practice triage form, patients were able to access the service by:

- Self-referral
- Care navigation from general practice, pharmacy or minor injuries unit
- Secondary care triage
- Referral from a non-participating local optical practice

Initially 18 practices situated within or surrounding the Plymouth area were involved, managing 3510 patients in the first 10 months of the service.

As well as helping to improve access to eye care locally, Plymouth MECS was also intended to ease the workload at the local hospital's urgent care department.

When the service was in its planning stages it was envisaged that approximately 1% of the Plymouth catchment area would access the service on an annual basis (approximately 3600 people). With almost this number having been seen within the first 10 months it was decided to perform an audit on the activity.



Implementing an electronic triage system allowed for remote audit and more timely evaluation by the service clinical leads to help ensure consistency of triage to make best use of the whole system and primary care expertise.

Audit

Electronic Triage Introduced 11th August 2019

In order to consider the impact of the electronic triage system, the audit covered a period immediately before and immediately following its introduction:

The analysis of all presentations during the period 1st January 2019 to 10th August 2019 equating to 2719 patients seen within the service, and then respectively 11th August 2019 to 31st January 2020 equating to 2847 patients presenting, of which 1637 were seen within the service, 619 patients were signposted elsewhere for care following the use of electronic triage and 591 patients decided not to proceed.

At the same time, the impact on the hospital eye service urgent care walk-in activity was also considered.

Outcome

The introduction of the primary care MECS service in October 2018 led to a significant reduction in demand for the walk-in urgent care service delivered by the hospital and so MECS delivered in its aim to ease the workload at the local hospital's urgent care department.

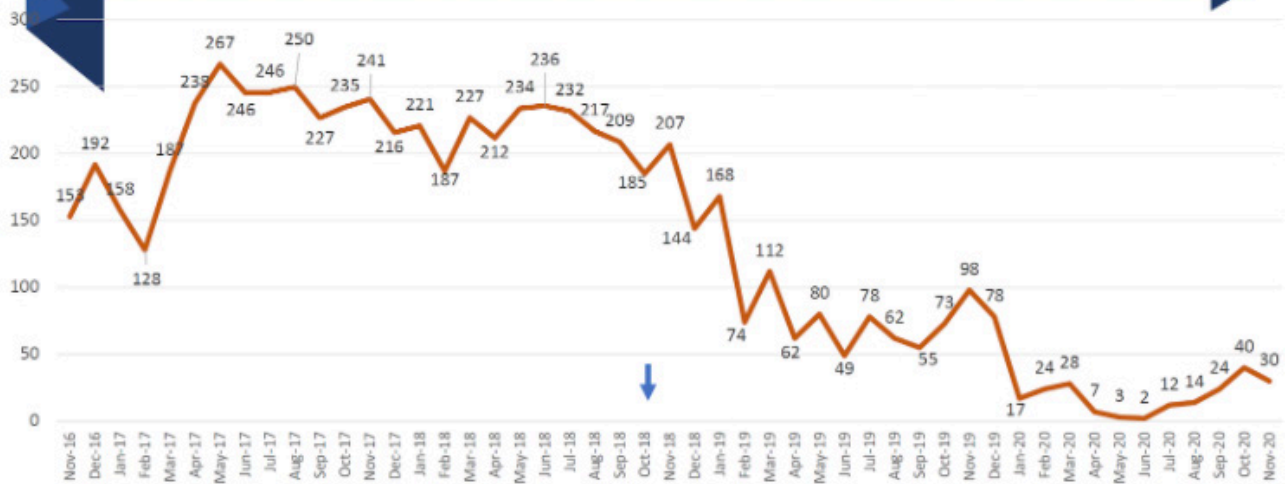
By introducing the electronic triage system approximately 20% of people presenting to MECS were care navigated to another service or managed with very simple advice and guidance to enable self-care to take place.

The introduction of the electronic triage system within the primary care service did not result in an increase to activity in the acute sector.



Secondary Care data

Total Walk -ins per Month – **ALL Ages** (Total 6685)
Dramatic reduction since MECS



Walk in patients **seen by** Doctor / Nurse -ALL Ages





Results and Future Plans

The Primary Eyecare Devon Minor Eye Conditions Service continues to deliver high levels of patient care across the Plymouth area and the introduction of the electronic triage system has helped release capacity for more patients to be seen within primary care optical practices and within the hospital eye service. It has also allowed for the collection of data around where, how and why patients are accessing the service and facilitates audit of the outcome data in greater detail.

“The pandemic has reinforced the value of this service to eye health in the area. The changes we implemented contributed to the service by signposting to the most appropriate clinician or clinical service and allowed us to give advice and guidance to initiate self-care where appropriate. These are only part of the ongoing development of this primary care extended service.”

Jonathan Drew, Operations Director, Primary Eyecare Devon

“We now need to look at provision more widely across the county and at the same time evolve into the next generation of CUES-type services to ensure we are maximising opportunities for patient care within our localities.

We have proven the efficacy of the service, which will make future commissioning decisions robust, and we will take the learnings from our data to develop the next generation of community provision.”

Max Halford, Chair of Devon LOC and Primary Eyecare Devon MECS CGPL