

# European Society of Ophthalmology



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**Project Abstract**

**Title of Project: *Managing intravitreal injection clinics in a tertiary hospital within an ever-changing treatment environment***

As Leeds Centre for Ophthalmology is a large tertiary teaching hospital, we provide the full gamut of ophthalmic services that should be available in any advanced teaching hospital. One of the busiest sub-specialities within our department is the Medical retina service.

Advances in the management of common sight-threatening retinal conditions have caused a paradigm shift. The treatment for age-related macular degeneration has moved from nothing to anti-VEGF injections. While the majority of diabetic macular oedema patients used to receive macular laser, the primary management modality is now anti-VEGF injections. Patients with retinal vein occlusions have also benefitted from anti-VEGF treatment. However, success of anti-VEGF injections has increased the burden on the service providers immensely. There is increasing evidence that most patients would need continuous monitoring and regular injections. This results in ever increasing numbers of patients attending the department with very few people being discharged. In addition, the population as a whole is getting older and living longer.

The current medical retina injection service is run by a mixture of consultants, nurse practitioners, optometrists and orthoptists. As the number of injections being delivered is increasing exponentially, we need to reorganise the service to deliver safe care. At present capacity, significant proportion of patients are not receiving treatment at correct intervals due to lack of injection capacity. With newer drugs and expanding indications, it is obvious that current mode of treatment delivery cannot keep up with demand. In addition, this increased capacity has to be delivered within an environment of squeezed budgets.

The aim of the project is to devise strategies for restructuring the injection service so that it can cope with the increasing demand. The plan is to collect data on the patient journey within the department to identify bottle-necks in order to improve efficiency. Data will also be collected on newer methods of working like virtual clinics, 2-stop clinics, limited review or hub-and-spoke practice. Data from the near-miss events would be collated to identify gaps in present practice. Lessons learned will be presented within the department and recommendations adopted.

**Benefits to the patients:**

- Better delivery of streamlined care
- Safer service with fewer clinical or administrative errors
- Capacity improvement providing patients choice of appointments
- Service may be delivered closer to home
- Better care due to improved compliance to injection intervals

**Benefits to NHS:**

- Increased capacity
- Reduction in errors or near-miss events
- Improved patient satisfaction
- Reduction in "Did not attend" rate
- Future-proofing the service