

Joint Working Project between University Hospital Birmingham NHS Foundation Trust and AbbVie Ltd

“Implementation of an Innovative Glaucoma Stratification Tool: Glauco-Strat-Fast and a Qualitative Evaluation of the Strategic Challenges associated with system wide adoption”.

Outcome Summary

This project was funded by AbbVie Ltd and developed in collaboration with the University Hospitals Birmingham.

Project Aim

Deliver the next stage of the ‘Glauc-Strat-Fast’ programme: implementing the Glauco-Strat-Fast tool & its risk stratification methodology, into glaucoma services within University Hospitals Birmingham and evaluating the strategic challenges and delivery levers identified through the implementation process.

Project Objective

Provide a qualitative assessment of the process, its challenges and delivery levers for success to provide a blueprint for national adoption and spread and support the HSIB recommendation enabling the Glauco-Strat-Fast tool to be implemented as the national standard for risk stratification in glaucoma in the UK, via an evidence-based framework.

Key Achievements

Part 1 - The project started with the employment of a transformation fellow who undertook a comprehensive review of all published global data and literature relating to glaucoma risk stratification tools – specifically evaluating the strengths and weaknesses of these tools.

Part 2 - This was followed by a series of one-to-one semi-structured interviews with glaucoma and service transformation KOLs to elicit perspectives on an effective implementation strategy and successful retention of the Glauco-Strat-Fast stratification tool across all stakeholders aligned to glaucoma service delivery with audio-recorded interviews transcribed verbatim and analysed using thematic analysis.

Part 3 - The key strategic outcomes have been captured in qualitative paper.

Key Learns

As the prevalence of glaucoma continues to rise, risk stratification will have an increasingly important role in providing safe and effective patient management. Overall, this study highlights that clinicians recognise the need for risk stratification and, to some extent, have adopted methods to segment patients into groups sharing similar complexity and care needs. The interviews revealed

a number of barriers and facilitators influencing the successful implementation of risk stratification in glaucoma.

The barriers reported in this study are largely similar to many of those encountered during improvement initiatives in the healthcare sector and include, Limited digital maturity and insufficient technological readiness, Insufficient time, capacity, and resources.

There is a need for a data-driven implementation strategy to support wider adoption of risk stratification, such as demonstrating the clinical need, objectives, and outcomes of stratification and if we are to see the paradigm-changing effects of glaucoma stratification then it is essential to develop technologies that perform this stratification for the clinician.

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