# Re-Audit of Patients with Glaucoma – Are we documenting driving status and advising appropriate patients to inform the DVLA?

J Gill, S Bandyopadhyay, Q Al-Fahed, M Tahhan
Sandwell and West Birmingham Hospitals NHS Trust, United Kingdom

## Aim

For patients with glaucoma, the authors aim to investigate:

(1) Is driving status recorded in the patient record?
(2) Are appropriate patients advised to inform the DVLA of their diagnosis?
(3) Is there documentation in the patient record of any discussions of (2)
(4) What changes in (1) (2) or (3) have we seen since the last audit

## Introduction

Glaucoma is a condition that commonly seen in ophthalmology outpatient departments. The visual field loss characteristic of glaucoma has the potential to affect the ability of patients to drive safely.

Therefore, the ophthalmologist has a duty to be aware of any condition which may affect safe driving. When driving is threatened appropriate information must be provided to the patient including instructions to stop driving and informing the relevant authorities. The importance of documenting any discussions about driving is important not least because the clinician may be asked to provide evidence of discussions having taken place in the unfortunate event of an accident.

The United Kingdom Driver and Vehicle Licensing Agency (DVLA) have issued guidelines stating that patients diagnosed with glaucoma with bilateral visual field defects must cease driving unless confirmed able to meet minimal visual field guidelines (see below). The UK Royal College of Ophthalmologists (RCO) likewise have stated that the subject of driving must be considered in all consultations and appropriate patients given the advice of informing the DVLA. The guidelines also state that any advice needs to be documented in the patient notes.

**DVLA Minimal Visual Field Standards for Group 1 license holders:**

1. $120^0$ on the horizontal with at least $50^0$ extension to the left and right (using a target equivalent to the white Goldman III4e settings)
2. No significant defect in binocular field that encroaches within $20^0$ of fixation, above or below the horizontal

## Method

- Prospective Audit
- May 2019 – July 2019
- Patients with a diagnosis of glaucoma
- Patients presenting to subspecialty glaucoma clinics at 2 sites with recent Humphrey Visual Fields (20-2,performed for that clinic visit)
- Data collection by patient interview and researching electronic medical records
- Paper-based data collection tool

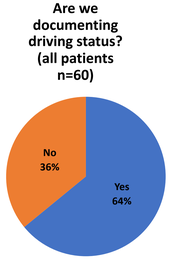
## Results

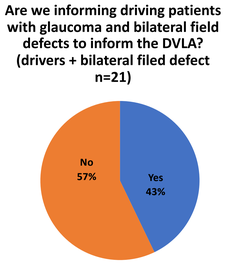
Data collected for 64 patients.

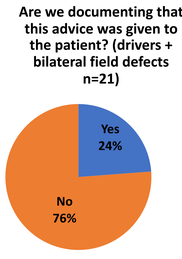
- 4 patients excluded due to diagnosis of OHT or glaucoma suspect (due to no VF loss),
- 60/64 (94%) patients had glaucoma with VF defects
- 40/60 (67%) of glaucoma patients with VF defects admitted to being drivers
- 21/40 (53%) of glaucoma patients, who drive, had bilateral field defects

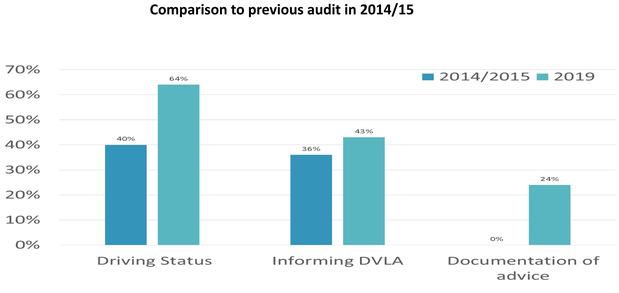
| | Unilateral Field loss | Bilateral Field loss | Total |
|---|---|---|---|
| Drivers | 19 | 21 | 40 |
| Non-Drivers | 4 | 16 | 20 |
| Total | 23 | 37 | 60 |

Table 1: Breakdown of patients according to field loss and driving status




## Discussion

A previous audit with the same aims and methods was conducted in 2015 . The number of patients with glaucoma and bilateral field defects were 24 which is comparable to our number of 21. The audit was presented to the department and ophthalmologists were reminded of complying with the RCO and DVLA guidelines in their daily practice. Nursing staff were also informed of recording driving status in every visit. Our results show that compliance has improved however they still fall short of RCO and DVLA standards. High volume clinics, lack of prompts, movement from paper-based to electronic patient records and lack of knowledge of the guidelines can explain our results.

Robust quality improvement measures are therefore required. Automatic prompts in the electronic patient records have been proposed as a potential solution to improve compliance.

## Conclusion

1. Our two departments continue to fall short of meeting accepted standards related to the glaucoma and driving in all three domains: documenting driving status, informing patients to inform the DVLA and documenting discussions about driving.
2. There is evidence of improvement since the last audit in all three domains
3. There is a need for clinicians to be better informed about the importance of these guidelines and for more robust practical measures to improve compliance.

## References

1. Driver and Vehicles Licensing Agency. Assessing fitness to drive – a guide for medical professionals. 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/783444/assessing-fitness-to-drive-a-guide-for-medical-professionals.pdf
2. Royal College of Ophthalmologists. Vision Standards for Driving. 2019. . Available at:https://www.rcophth.ac.uk/wp-content/uploads/2014/12/Vision-Standards-for-Driving-2019.pdf
3. Audit of Patients with Glaucoma – Are we documenting driving status and advising appropriate patients to inform the DVLA? Internal audit. A Sachdev 2015