Assessing Utilisation of Follow-Up Appointments for Bacterial Conjunctivitis in General Practice

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INTRODUCTION

Approximately 1% of all appointments made in British General Practice can be attributed to infective conjunctivitis [1,2]. Bacterial conjunctivitis is largely a self-limiting condition, for which antibiotics are seldom indicated [3]. Despite this, prescriptions are often inappropriately supplied. In English general practices alone, there are 3.4 million prescriptions annually dispensed for topical ocular antibiotics. This equates to a yearly NHS-funded expenditure of £4.7 million [4].

The current NICE guidance recommends primary care providers to opt for management with self-care measures and a follow-up appointment. Arranging follow-up with the patient enables General Practitioners to verify the diagnosis as well as resolution of symptoms [3].

METHODS

SystmOne records were used to quantify bacterial conjunctivitis episodes and assess if follow-up appointments were scheduled. The first audit loop assessed all episodes (n=41) between 4 November 2021 to 4 November 2022. After the completion of this loop, the results were shared through a departmental meeting. A second loop was later completed and evaluated all episodes (n=58) between 19 April 2023 and 19 October 2023.

RESULTS

In the first audit loop, 34.1% of episodes (n=14) received follow-up. The remaining 65.9% of episodes (n=27) did not have follow-up scheduled. In the second audit loop, follow-up rates declined to 12.1% (n=7). The remaining 87.9% of episodes (n=51) were not booked for follow-up.

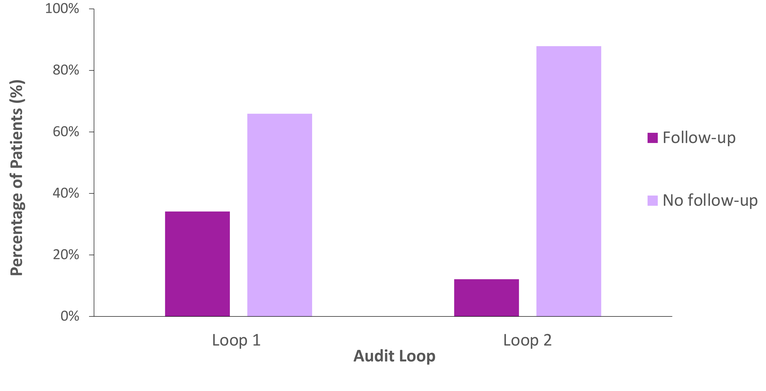
Table 1:
Follow-up outcomes in first audit loop

Outcome	Patient episodes (n=41)
Follow-up scheduled	14
No follow-up scheduled	27

Table 2:
Follow-up outcomes in second audit loop

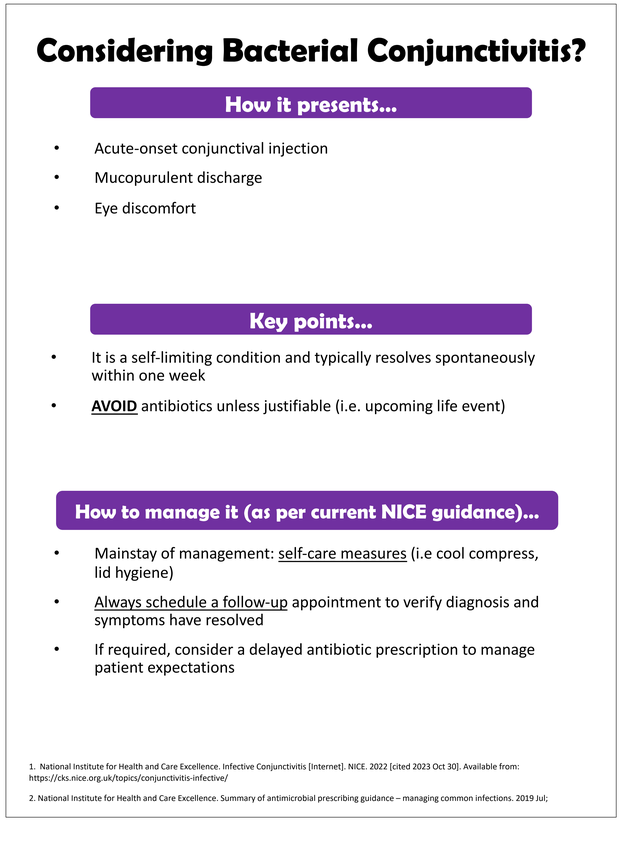
Outcome	Patient episodes (n=58)
Follow-up scheduled	7
No follow-up scheduled	51

Figure 1: Follow-up percentage in the first versus second loop



CONCLUSION

Figure 2: Poster aid implemented in consultation rooms



Follow-up had significantly diminished in the second cycle. This could be attributed to the increased rates of management with antibiotics in the second cycle, leading to a possible lack of perceived need for follow-up. Additionally, an increased number of telephone consultations were utilised in the second cycle, which would limit the ability to assess for resolution through examination.

A third audit loop will be performed following the implementation of poster aids in consultation rooms.

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