Audit of the appropriateness of follow-up appointments from the Emergency Eye Clinic at East Lancashire Hospitals NHS Trust.

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Introduction

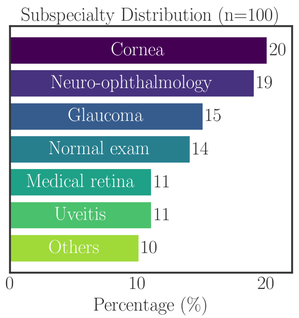
- The Emergency Eye (A&E) Clinic manages **acute ophthalmic presentations**. Once patients are stabilised, they should either be **discharged with appropriate safety-netting** or **referred to the relevant subspecialty clinic** for ongoing follow-up.
- Unnecessary A&E follow-up appointments increase pressure on the service, add stress for staff, and reduce capacity for patients with **true ophthalmic emergencies**.
- Ensuring that follow-up decisions are appropriate is therefore important for both **patient safety** and **service efficiency**.
- This audit aimed to assess whether follow-up decisions from Emergency Eye Clinic visits were appropriate and in keeping with local practice, and to identify opportunities to reduce unnecessary A&E review appointments.

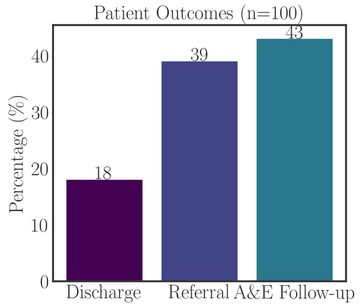
Methods

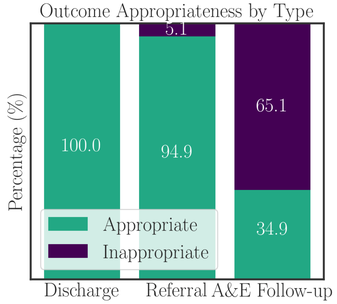
- A **retrospective case-note audit** was conducted of all **weekday Emergency Eye (A&E) clinics** over an **11-day period** (**12 clinics, 29 September–9 October**).
- All attendances were identified from clinic lists.
- Exclusion criteria were:
  - repeated attendances for the **same problem**, and
  - cases where the **clinic letter was not available on the system**, so the diagnosis, outcome or follow-up plan could not be reliably determined.
- Data collected included:
  - patient type (**new / follow-up**),
  - diagnosis,
  - subspecialty category,
  - outcome (**discharge, referral, or A&E follow-up**),
  - and number of A&E visits for the same problem.
- Each outcome was judged as **appropriate or inappropriate** against **consultant-agreed standards**, including:
  - discharge with safety-netting when safe,
  - direct subspecialty referral where indicated,
  - and restricting A&E follow-up to **short-term review only**.

Results

- **120 attendances**: **70/120 (58.3%)** new, **50/120 (41.7%)** follow-up.
- **100/120 episodes (83.3%)** were included in the final analysis, while **20/120 (16.7%)** were excluded.
- Among the 100 included episodes, there were **72 different diagnoses**.
- Outcomes were:
  - **Discharge: 18/100 (18%)**
  - **Subspecialty referral: 39/100 (39%)**
  - **A&E follow-up: 43/100 (43%)**
- Overall, **70/100 (70%)** outcomes were judged **appropriate**, while **30/100 (30%)** were **inappropriate**.
- The main problem area was **A&E follow-up**, where only **15/43 (34.9%)** were appropriate and **28/43 (65.1%)**were inappropriate
- Patients kept under A&E follow-up had repeat attendances for the same problem (**mean 2.91, median 2, range 1–12**)







- A focused sub-analysis of the **28 patients inappropriately kept under A&E follow-up** showed that these patients most commonly mapped to:
  - **Neuro-ophthalmology: 36%**
  - **Glaucoma: 21%**
  - **Cornea, uveitis and medical retina:** each **10–11%**
  - **One case** was in the **“normal eye exam”** group
- The ideal outcome for these 28 patients would have been:
  - **Discharge with safety-netting: 7/28 (25%)**
  - **Direct subspecialty referral: 20/28 (71.4%)**
  - Only **one case (3.6%)** genuinely required further A&E follow-up, but at a more appropriate interval of **2 weeks** rather than **3 days**.
- Review of the subsequent attendances in these 28 patients showed **no cases** in which a serious new diagnosis was made, or urgent treatment was initiated at the repeat visit.
- Most were documented as **stable** or **unchanged**, suggesting that **earlier discharge with safety-netting** or **direct subspecialty referral** would have been safe.

Conclusions

- Over an **11-day period**, **120 attendances** were identified, with **100 episodes** suitable for detailed analysis.
- Most patients were either **referred to subspecialty clinics (39%)** or **kept under A&E follow-up (43%)**, while only **18%** were discharged.
- Overall, **70%** of outcomes were appropriate and **30%** inappropriate.
- **Discharge and referral decisions were generally appropriate**, but **A&E follow-up was over-used: 28/43 (65.1%)** of patients kept in A&E could have been discharged with safety-netting or referred directly to a subspecialty clinic.
- Inappropriately retained patients were most commonly linked to **neuro-ophthalmology, glaucoma and anterior segment** pathways.

Recommendations and Action plan

- **Introduce clear A&E outcome guidance** and standardise **safety-netting and clinic letters**.
- **Optimise discharge, follow-up and booking practice**, limiting A&E review to appropriate short-term follow-up only.
- **Improve processes for requesting, tracking and acting on investigations**.
- **Support decision-making, escalation and learning when in doubt**.
- Strengthen **education and regular case-based teaching**.
- **Standardise documentation for new glaucoma diagnoses**.
- Improve triage and feedback for **“normal eye exam” cases (16%)**.
- Review **clinic capacity and efficient use of time**.

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