

Balancing Urgency and Capacity: An Audit of Eye Casualty Referrals To Subspecialty Clinics At A Large Tertiary Unit

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Background

Timely access to subspecialty ophthalmology is essential to prevent vision loss in eye emergency patients. Urgent referrals must balance clinical need with service capacity. Discrepancies between requested urgency, booking times, and guidelines can delay critical care or strain resources.

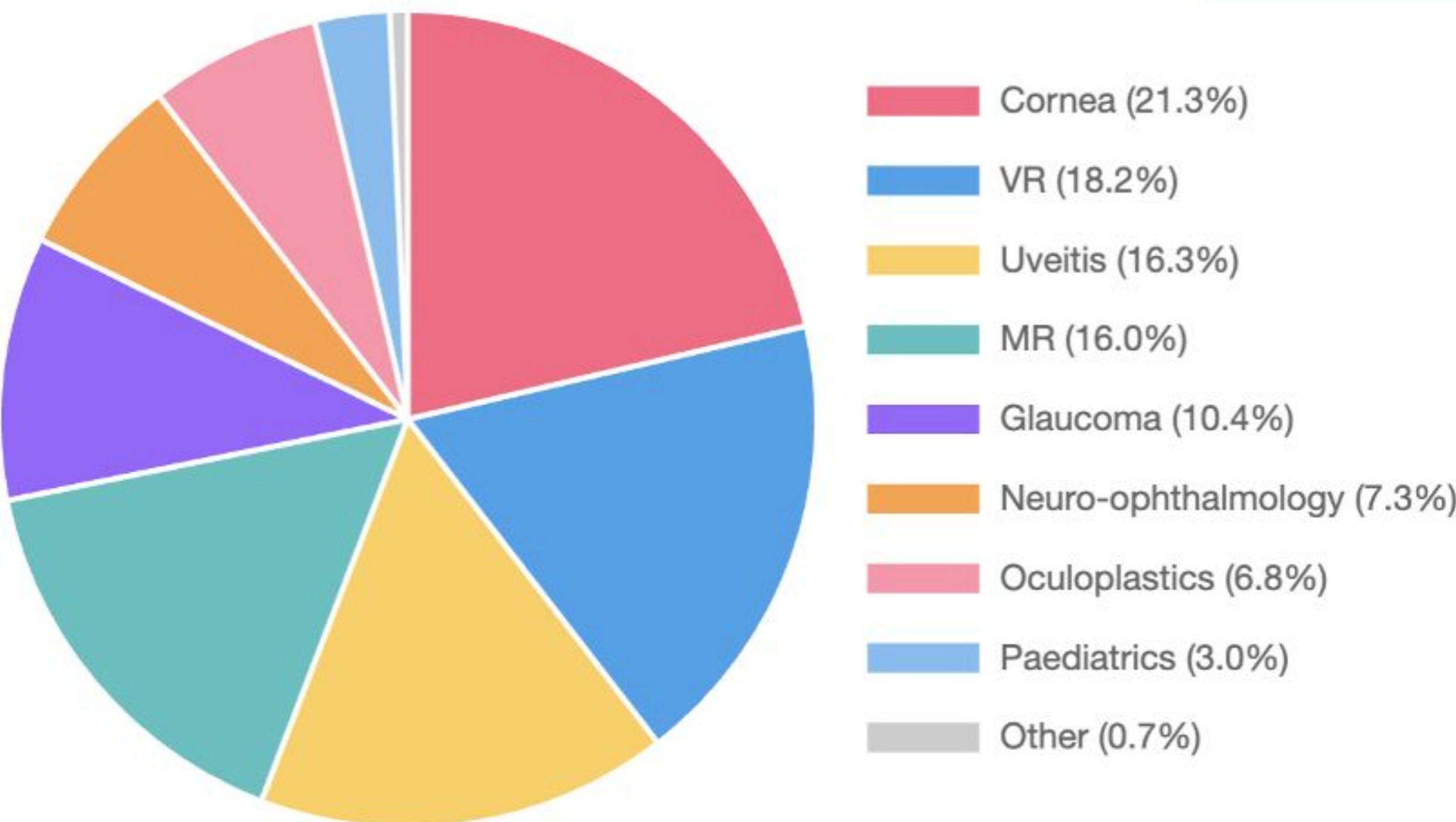
Aims

- To analyse referral patterns including most common conditions leading to subspecialty referrals, referral urgency and temporal trends
- To review referral accuracy and timeframe and compare compliance to Western Eye Hospital (WEH) Handbook
- To develop recommendations to optimise referral pathways and resource allocation

Methods

A retrospective review was conducted of all urgent referrals recorded in the eye casualty referral spreadsheet at WEH.. This system captures patients requiring sub-specialty follow-up within two weeks of an initial A&E visit. The analysis covered an eight-month period from October 2024 to May 2025.

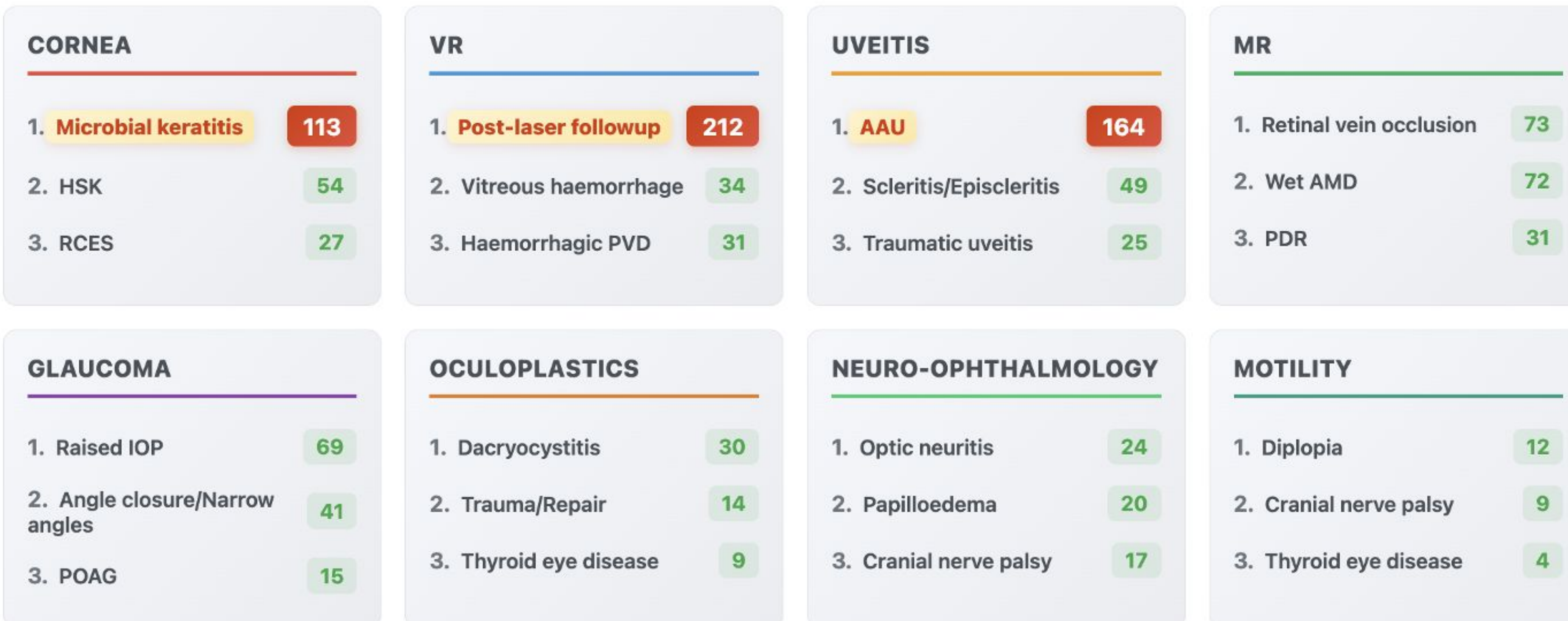
Data collected included referral date, day of the week, patient demographics, requested urgency timeframe, actual appointment date, subspecialty, and clinical condition. A three-way comparison was made between the clinician requested timeframe, the actual timing of the appointment, and the recommended timelines outlined in the local WEH handbook.



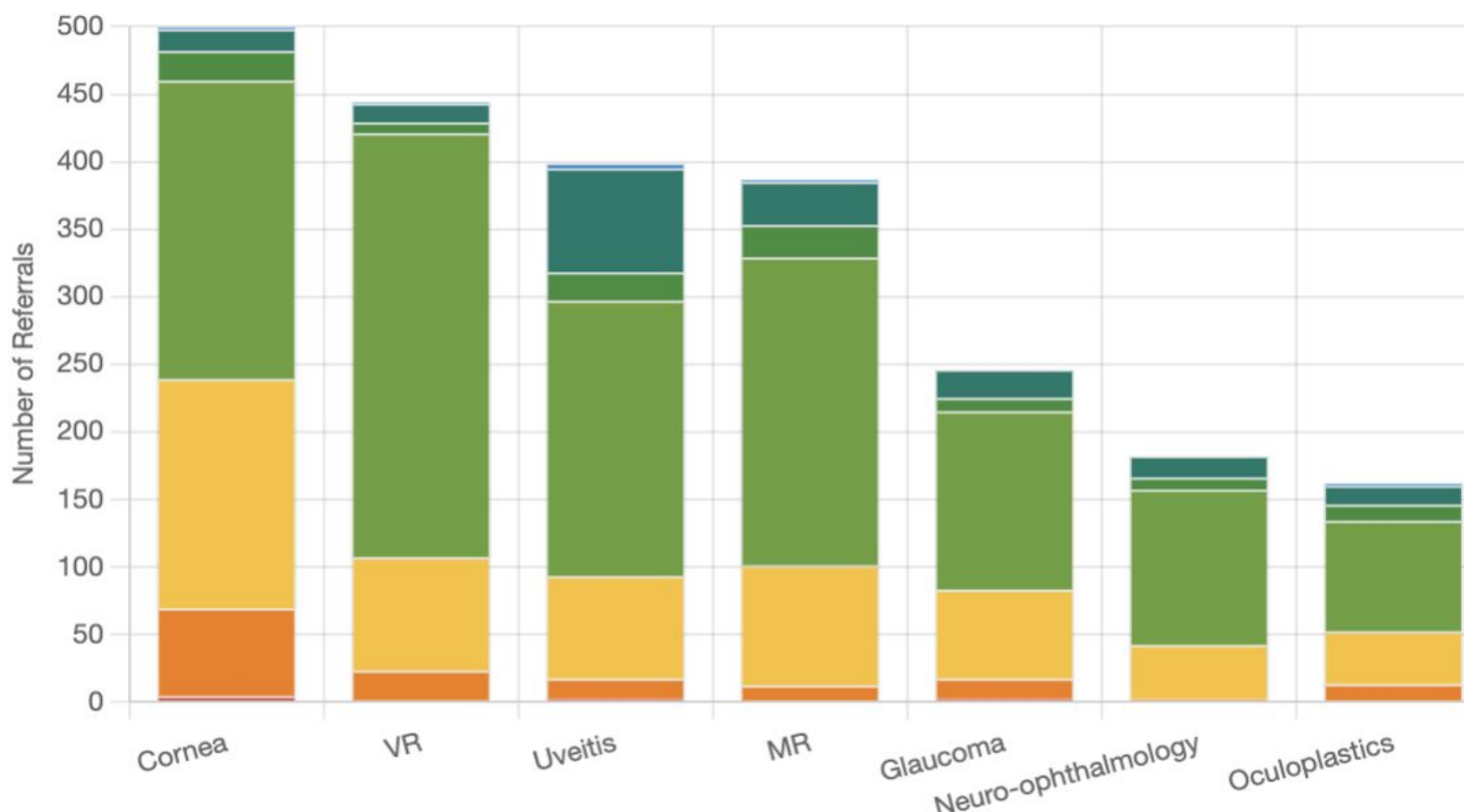
Results

A total of **2,540 referrals** were identified, with referral volume increasing steadily over the study period with **higher weekday demand**, especially Mondays. The cohort had median age of 54 years. **Cornea** received the highest proportion of urgent referrals (21%), followed by **vitreoretinal** (18%), **uveitis** (16%), Around 50% of referrals **requested review within 1–2 weeks**; cornea showed the greatest acute demand, with 47% requested within 1 week. The most common conditions were **post-retinopexy follow-up** (n=212), **anterior uveitis** (n=164), and **microbial keratitis** (n=113). Comparison of requested, actual, and guideline timelines showed variable compliance. Some pathways (e.g. post-retinopexy, wet AMD) aligned well, whereas microbial keratitis demonstrated major discrepancies, with delayed appointments (mean ~8 days) despite 2-day guideline recommendations. Compliance with requested timeframes varied by subspecialty, **highest in medical retina (82%) and lowest in vitreoretinal and neuro-ophthalmology (<50%)**. When breached, delays were longest in neuro-ophthalmology (~3 weeks), with cornea and vitreoretinal delays typically exceeding one week, highlighting significant capacity pressures in these services.

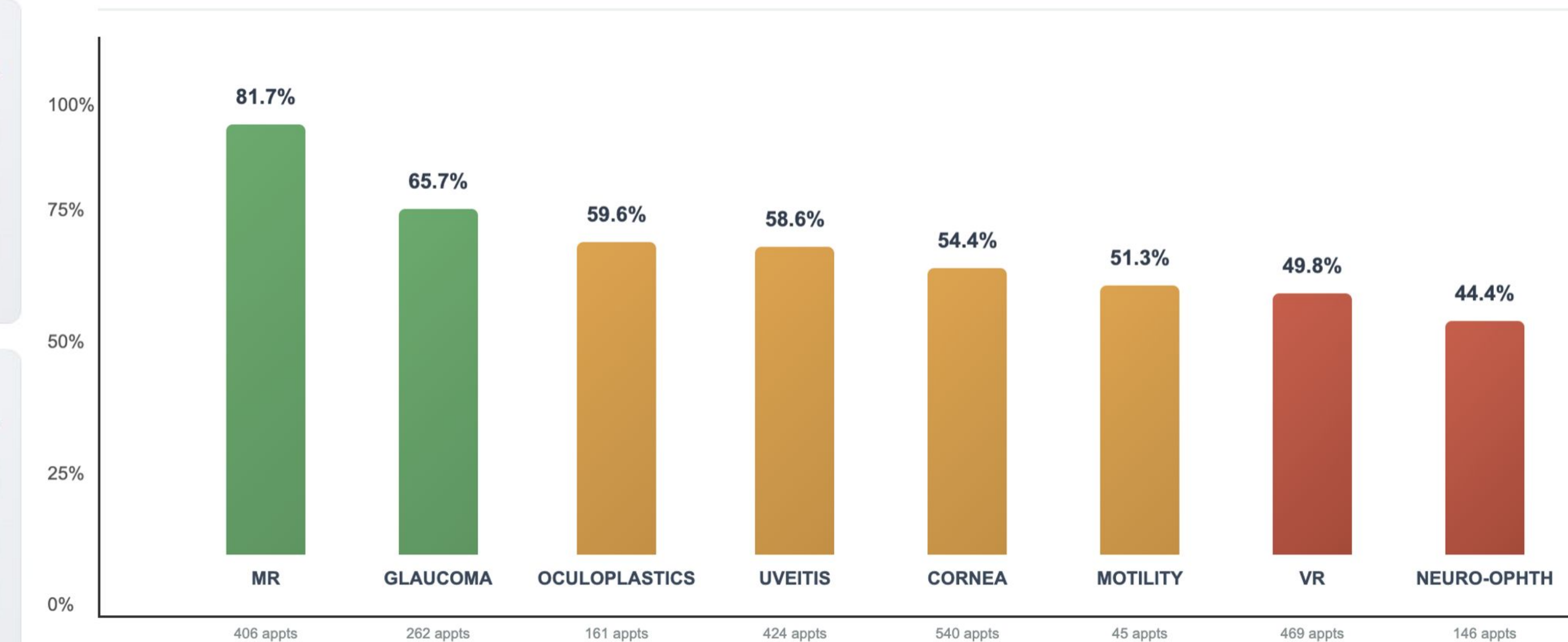
Top 3 Referral Conditions by Subspecialty



Urgency by Subspecialty



What % of appointments were booked within requested range?



Discrepancies between requested vs actual performance

Rank	Condition	Total Cases	Specialty	PERFORMANCE		Clinical Standard
				REQUESTED	ACTUAL	
1	Post-laser followup	212	VR	2 weeks (77.4%)	14.5 days	2 weeks
2	AAU	164	UVEITIS	2 weeks (33.5%) 4 weeks (14.0%)	16 days	1-2 weeks if severe/fibrinous, 6-8 weeks if routine
3	Microbial keratitis	113	CORNEA	1 week (30.1%) 2 weeks (14.2%)	8 days	Within 2 days

Conclusion

This audit of 2,540 urgent A&E referrals shows a busy and growing service that is largely meeting requested timeframes, with medical retina and glaucoma performing best. Targeted improvements can build on these strengths: a dedicated post-laser pathway to ease vitreoretinal demand, realignment of the WEH handbook with deliverable capacity, teaching to improve referral accuracy, and rapid-access or advice routes for neuro-ophthalmology and vitreoretinal services. Together, these changes offer a practical route to safer, timelier subspecialty care at Western Eye Hospital, and may help inform wider service planning across the region.