

Factor Associated with Re-attendance at Emergency Eye Department of Manchester Royal Eye Hospital: A retrospective Analytical Cohort Study

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BACKGROUND:

- Emergency re-attendance is a quality-of-care marker. Often reflecting suboptimal pathways or limitations in the initial clinical assessment.
- NHS ED re-attendance target for general emergency is $\leq 5\%$ reattendance rate
- No study to date has explored the factors associated with re-attendance at the Emergency Eye Department

OBJECTIVES:

To examine demographic, clinical and service-related variables associated with re-attendance rate at a major Eye Hospital.

METHODS:

Study Design: Retrospective cohort analysis

Study Period: Six-week study period (July-September 2024) at Manchester Royal Eye Hospital

Population: 2951 total attendances during the study period

Eligibility Criteria: Re-attendance defined as the second attendance within the 10 days of first attendance

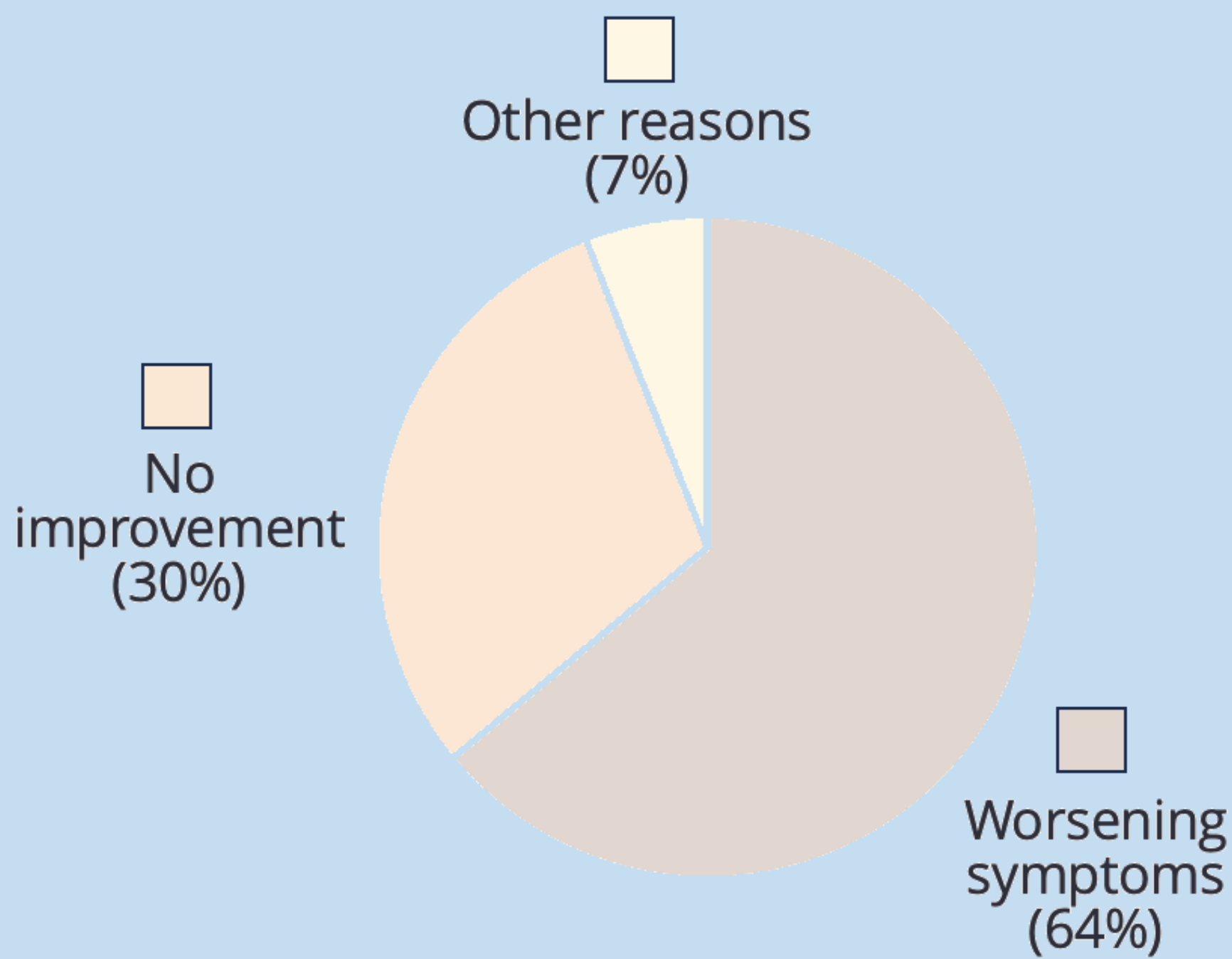
Variables: Age, sex, diagnosis, timing (day/time), clinician grade appropriateness of the management

Statistical Analysis:

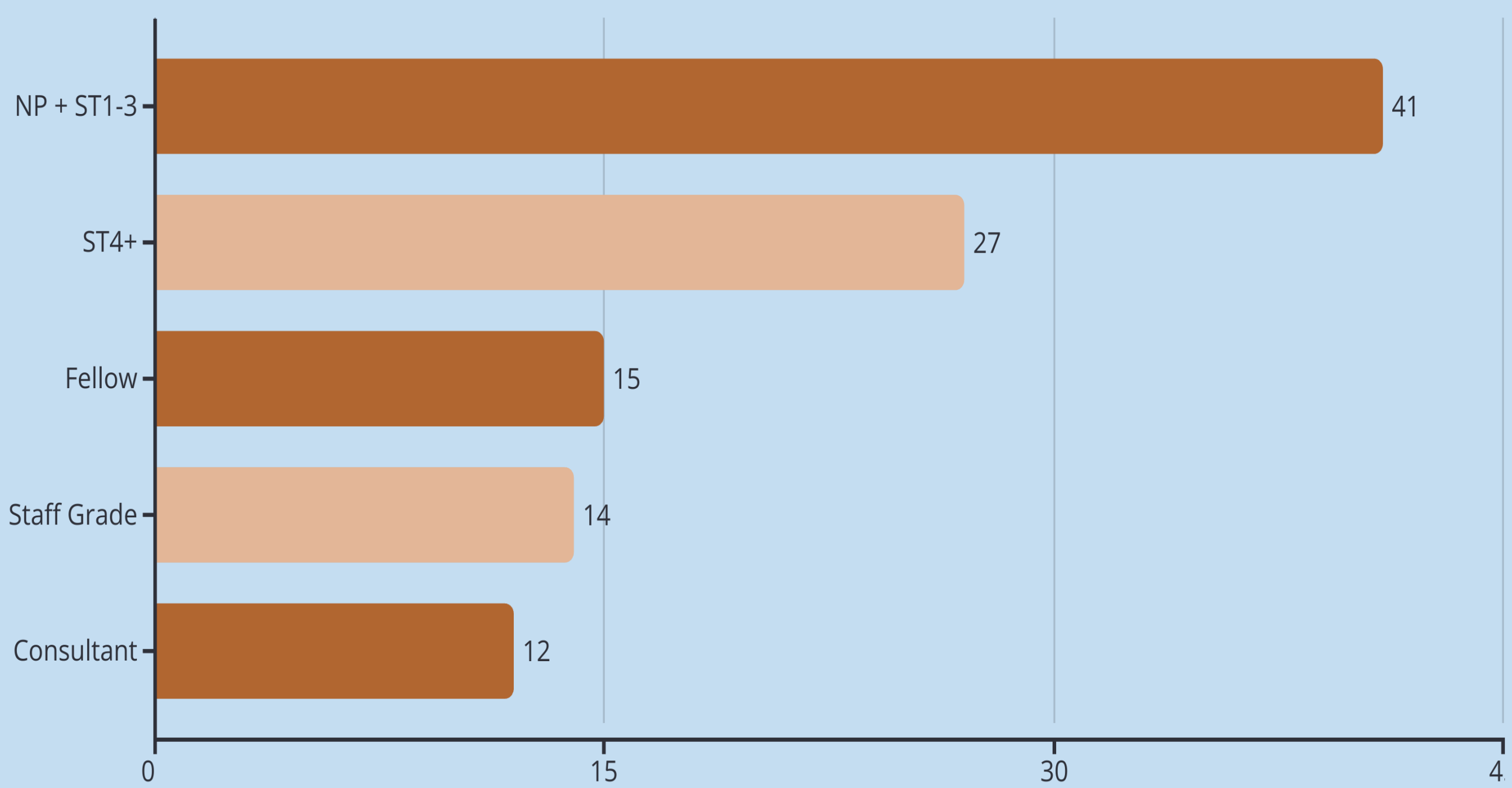
- Graph Prism was used to perform the statistical analysis
- A confidence interval of <0.05 was considered statistically significant

RESULTS:

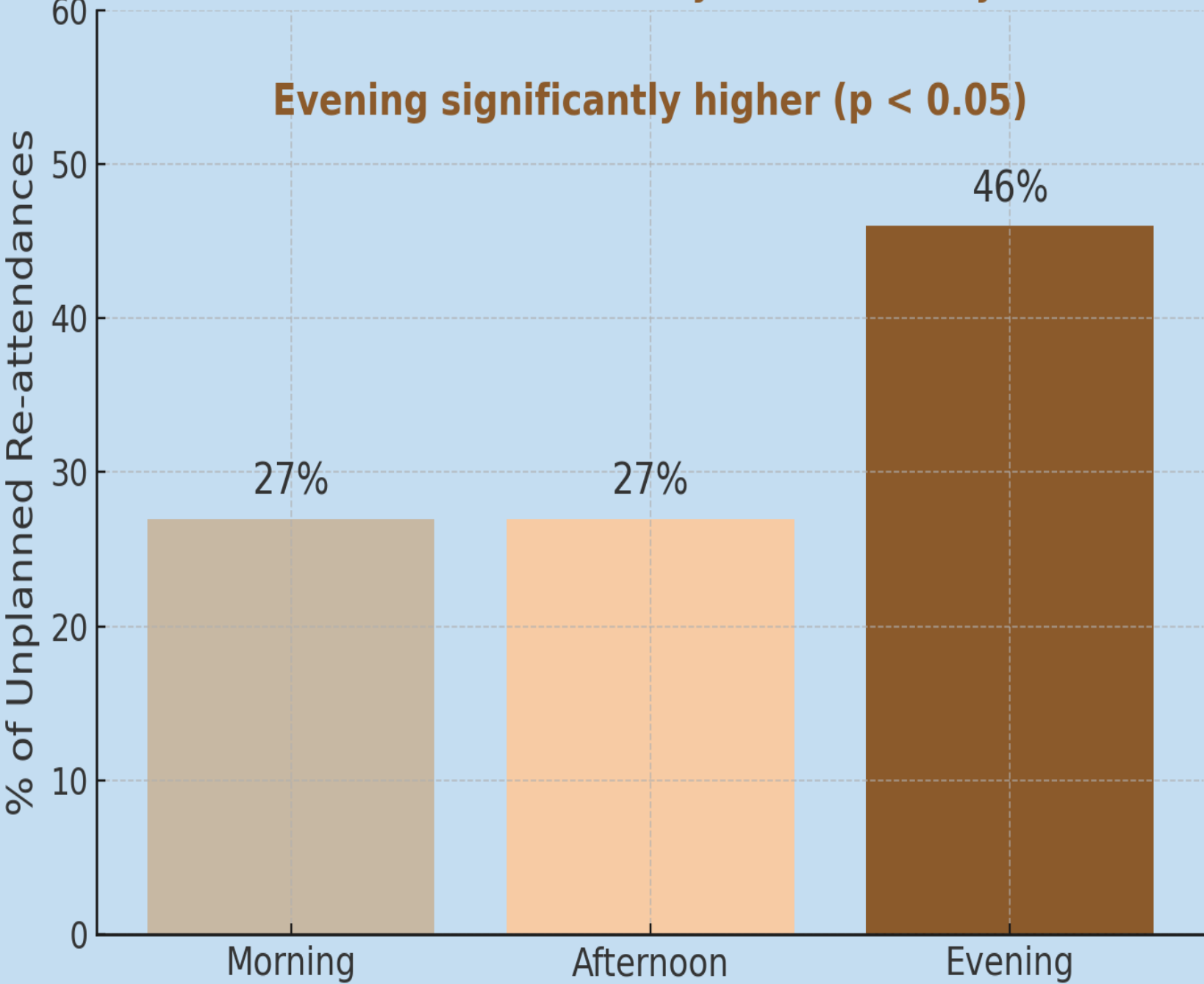
Primary Reasons for Unplanned Returns



Unplanned Re-attendances: Clinician's Grade



Re-attendances by Time of Day



Key findings :

- Total Re-attendance Rate: 9.8% overall (290/2,951 attendances), exceeding the NHS target of $\leq 5\%$.
- Time of Day: Evening attenders were significantly more likely to re-attend compared with morning/afternoon ($p < 0.05$).
- Primary Reason for Unplanned Returns: Worsening symptoms (64%) followed by lack of improvement (30%).
- Clinician Grade: Patients first seen by junior clinicians were significantly more likely to re-attend than those seen by senior staff ($p < 0.05$).

CONCLUSION & RECOMMENDATIONS:

- Re-attendance rate (9.8%) exceeds NHS target ($\leq 5\%$).
- Evening attenders and junior-led reviews were significantly more likely to return.
- Most unplanned returns were due to worsening or persistent symptoms.
- Stronger senior oversight, improved patient education, and revised guidelines are needed.



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