

# Rapid Response Report

NPSA/2009/RRR004

From reporting to learning

11 June 2009

## PREVENTING DELAY TO FOLLOW UP FOR PATIENTS WITH GLAUCOMA

### Issue

Primary open angle glaucoma is a progressive eye disease affecting about 2% of adults over the age of 40 years and is capable of causing severe sight loss. The risk of sight loss from glaucoma is greatly reduced by early detection, medical or surgical treatment to reduce intraocular pressure. Stability of the condition can never be assumed and lifelong follow up at regular intervals is essential. Follow up requires expert input, including careful reading of intraocular pressure and interpretation of visual fields and optic disc morphology.

### Patient safety incidents

Between June 2005 and May 2009, the National Patient Safety Agency (NPSA) received reports of 44 glaucoma patients who experienced deterioration of vision, including 13 reports of total loss of vision, attributed to delayed follow up appointments. A further 91 incidents related to delayed, postponed or cancelled appointments for patients with glaucoma, but the level of harm is not known. These incidents occurred mainly in the hospital out-patient setting.

On 22 April 2009, the National Institute for Health and Clinical Excellence (NICE) released formal guidelines for the assessment and treatment of glaucoma, which make a number of recommendations for clinicians about optimal treatment and follow-up standards. To complement these clinical guidelines, the NPSA is asking NHS organisations to review their systems and processes to minimise the risk of avoidable sight loss for patients with established or suspected glaucoma. This means robust booking systems which respond to clinical priorities (such as post-operative patients who may have widely fluctuating intraocular pressures that require more frequent monitoring) and giving patients information to minimise risks of non-attendance or non-compliance with treatment.

**For IMMEDIATE ACTION by directors of ophthalmology services/ service managers in the NHS and the independent sector and organisations who commission glaucoma services.**

**The deadline for ACTION COMPLETE is 10 December 2009.**

### Local organisations should:

1. Make NICE guidelines on glaucoma available to all relevant staff and develop an action plan to implement the recommendations.
2. Review levels of hospital initiated cancellation of appointments for patients with established or suspected glaucoma through clinical governance forums.
3. Review patient 'did not attend' rates in order to identify and audit high risk non-attending patients.
4. Identify the number of patients currently awaiting follow up and confirm there is sufficient capacity within the local health community to meet this number in terms of outpatient appointments and any specialist investigations e.g. visual field and optic disc imaging.
5. Develop a system whereby patients can be 'flagged' on the booking/ appointment system to indicate the clinical priority given to the appointment and monitor activity to ensure compliance with NICE follow-up intervals.
6. Make information on glaucoma available to patients and ensure that there is a straight forward process for patients to reschedule appointments where necessary.

### Further information

Supporting information on this Rapid Response Report, is available from [www.npsa.nhs.uk/rrr](http://www.npsa.nhs.uk/rrr). Further queries should be directed to Michael Surkitt-Parr, Clinical Reviewer, NPSA via email [rrr@npsa.nhs.uk](mailto:rrr@npsa.nhs.uk) or telephone 020 7927 9890.

**The NPSA has informed:** NHS Organisations, the independent sector, commissioners, regulators and relevant professional bodies in England and Wales.

### Gateway reference: 11994

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