

**Dr Jim Livingstone**  
Director of Safety, Quality and Standards



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

AN ROINN  
**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O  
**Poustie, Resydènter Heisin  
an Fowk Siccar**

## **Rapid Response Report**

### **Subject:**

Preventing delay to follow up for patients with glaucoma

### **For action by:**

Chief Executive, HSC Board  
Director of Commissioning, HSC Board  
Chief Executives, HSC Trusts for cascade to:

- *Medical Director*
- *Consultant Ophthalmologists*
- *CSCG leads*

Chief Executive RQIA for cascade to:

- *Independent hospitals and clinics*

### **For Information to:**

- Chief Executive, Public Health Agency
- Director of Public Health, Public Health Agency
- Director of Nursing, Public Health Agency
- Director of Primary Care, HSC Board
- GP Medical Advisers, HSC Board
- Director of Performance Management & Service Improvement, HSC Board
- Directors of Nursing, HSC Trusts
- General Medical Practitioners
- Opticians
- Professor David Woolfson, Head of School of Pharmacy, QUB
- Professor Linda Johnston, Head of Nursing & Midwifery, QUB
- Professor Hugh McKenna, Head of Life and Health Sciences, UU
- Dr Owen Barr, Head of School of Nursing, UU
- Professor Paul McCarron, Head of School of Pharmacy, UU
- Staff Tutor of Nursing, Open University
- Director, Safety Forum

### **Summary of Contents:**

The purpose of this Circular is to highlight the risk of harm from delayed follow up appointments for patients with glaucoma.

### **Enquiries:**

Any enquiries about the content of this Circular should be addressed to:

Safety & Quality Unit  
DHSSPS  
Room D2.4  
Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ

Tel: 028 9052 2239

[qualityandsafety@dhsspsni.gov.uk](mailto:qualityandsafety@dhsspsni.gov.uk)

**Circular Reference: HSC (SQSD) 28/09**

**Date of Issue: 7 July 2009**

### **Related documents**

N/A

### **Superseded documents**

N/A

### **Status of Contents:**

For completion of actions and assurance template by 5 January 2010

### **Implementation:**

Ongoing

SQSD material can be accessed on:

<http://www.dhsspsni.gov.uk/index/phealth/sqs.htm>

**Working for a Healthier People**

**Chief Medical Officer Group**



INVESTOR IN PEOPLE

Dear colleagues

## **PREVENTING DELAY TO FOLLOW UP FOR PATIENTS WITH GLAUCOMA**


A number of incidents have been identified by the National Patient Safety Agency highlighting the harm to patients with glaucoma suffering visual loss after delays in follow up appointments.

The content of the attached circular at Annex A has been reviewed by relevant professional colleagues in the Department and approved for regional dissemination.

I would ask you to bring this to the attention of relevant practitioners and key health and social care staff within your organisation. They should consider the best practice for their setting and take appropriate steps to minimise the risk to their patients of a similar incident.

I would draw your attention to the attached 'assurance template' which it has been decided to implement as a means of recording the response from the Trusts and Board in circumstances where SQS Circulars require action to be taken by a given date.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jim Livingstone". The signature is written in a cursive, slightly slanted style.

Dr J F Livingstone  
Director, Safety, Quality & StandardsDear colleagues

## **PREVENTING DELAY TO FOLLOW UP FOR PATIENTS WITH GLAUCOMA**

### **Issue**

1. 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.

### **National Context**

2. The National Patient Safety Agency has identified incidents related to delayed, postponed or cancelled appointments for patients with glaucoma which occurred mainly in the hospital out-patient setting. All ophthalmology services and those who commission glaucoma services are now being asked 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 the provision of patient information to minimise the risks of non-attendance or non-compliance with treatment.

### **Local Context**

3. In order to minimise harm to patients with glaucoma suffering visual loss after delays to follow up appointments, the following action should be undertaken -

Directors of Ophthalmology Services/ service managers in the HSC and independent sector and organisations who commission glaucoma services should:

- (1) Review levels of hospital-initiated cancellation of appointments for patients with established or suspected glaucoma through clinical governance forums.
- (2) Review patient 'did not attend' rates in order to identify and audit high risk non-attending patients.
- (3) Identify the number of patients currently awaiting follow up and confirm that 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.

- (4) Develop a system whereby patients can be “flagged” on the booking / appointment system to indicate the clinical priority given to the appointment.
  - (5) Make information on glaucoma available to patients and ensure that there is a straightforward process for patients to reschedule appointments where necessary.
4. The National Institute for Health and Clinical Excellence (NICE) produced a clinical guidance (CG85) on the assessment and treatment of glaucoma on 22 April 2009. Under the terms of the Departments agreement with NICE, the guidance will be reviewed for its applicability to Northern Ireland, and the HSC will be advised of the outcome. At that stage, should any additions be required to this circular, an addendum will be issued.

### **Action required**

5. You will wish to bring the contents of this document to the attention of staff, particularly those involved in governance and risk management within your organisation. Organisations need to be aware of this best practice circular in order to assist in complying with the Quality Standards for Health and Social Care –
  - Criteria 4.3(i) and 5.3.1(a) (the appropriate management of risk);
  - Criteria 5.3.3(f) (implementation of evidence-based practice through guidance), and
  - Criteria 8.3(l) (effective communication and information)
6. HSC Trusts should take immediate action to implement this Rapid Response Report as outlined in paragraph 3 above. By 5 January 2010, Trusts should provide assurance on this action to the HSC Board by completing **Section 2** of the attached template.
7. The HSC Board should complete **Section 1** of the attached assurance template and forward to the Department by 2 February 2010.

## SQS CIRCULARS: ASSURANCE TEMPLATE FOR HSC TRUSTS

Circular number HSC(SQSD) 28/2009 For Implementation by 05.01.2010

(Section 2 is to be completed by HSCT and forwarded to HSCB for consideration. Section 1 should then be completed by HSCB and forwarded to DHSSPS)

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### **SECTION 1:**

To: Director, Safety, Quality & Standards Directorate, DHSSPS

I note the response from the Trust and –

I can confirm that the HSC Board is content the action(s) taken referred to in Section 2 below, complies with the requirements of the above circular.

I can confirm that the HSC Board is monitoring compliance with the above circular and has requested that further action is taken as follows:

I confirm that the Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the Department.

Response submitted by: \_\_\_\_\_ (Name & contact details of person submitting response) on behalf of HSC Board. Date: \_\_\_\_\_

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### **SECTION 2:**

To: Chief Executive, HSC Board

I can confirm that the required actions set out in the above circular have been implemented in full by the due date.

I can confirm that the actions in the above correspondence have been partially implemented by the due date. Work is ongoing in the following areas:

I can confirm that the organisation has been unable to implement any actions of the above circular for the following reasons:

I confirm that the Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the HSC Board.

Response submitted by: \_\_\_\_\_ (Name & contact details of person submitting response) on behalf of \_\_\_\_\_ HSC Trust. Date: \_\_\_\_\_

