

Gloucestershire Safety and Quality Improvement Academy 2026

Reducing Unnecessary Follow-Up Appointments in Emergency Eye Care Clinics

A. Bushnag - Ophthalmology Department team



Gloucestershire Hospitals
NHS Foundation Trust

The Safety Concern

- Emergency Eye Clinics is experiencing a high volume of follow-up appointments, reducing capacity for new urgent cases.
- Lack of standardised guidance for follow-up decisions led to variability in practice, clinic overcrowding, increased waiting times, and staff pressure.
- This posed a risk to timely access for new acute ophthalmic presentations.

The Aim

To reduce unnecessary follow-up appointments in Emergency Eye Clinics by at least 25%, thereby increasing capacity for new urgent patients, within 2 months of implementing standardised triage and follow-up guidance

Driver Diagram

AIM:
Reduce unnecessary follow-up appointments by 25%, increase capacity for new urgent patients within 2 months

Primary Driver 1:
Clinical Decision-Making

Primary Driver 2:
Triage & Patient Allocation

Primary Driver 3:
Appointment Booking Process

Variability in follow-up decisions

Lack of standardised guidance

Unclear escalation criteria

Inconsistent triage of urgency

Over-booking for reassurance

Limited triage decision support

Automatic follow-up booking

Limited booking feedback loop

Standardised follow-up guidance

Clear discharge vs follow-up criteria

Clear escalation rules

Urgency-based triage algorithm

Short triage sessions

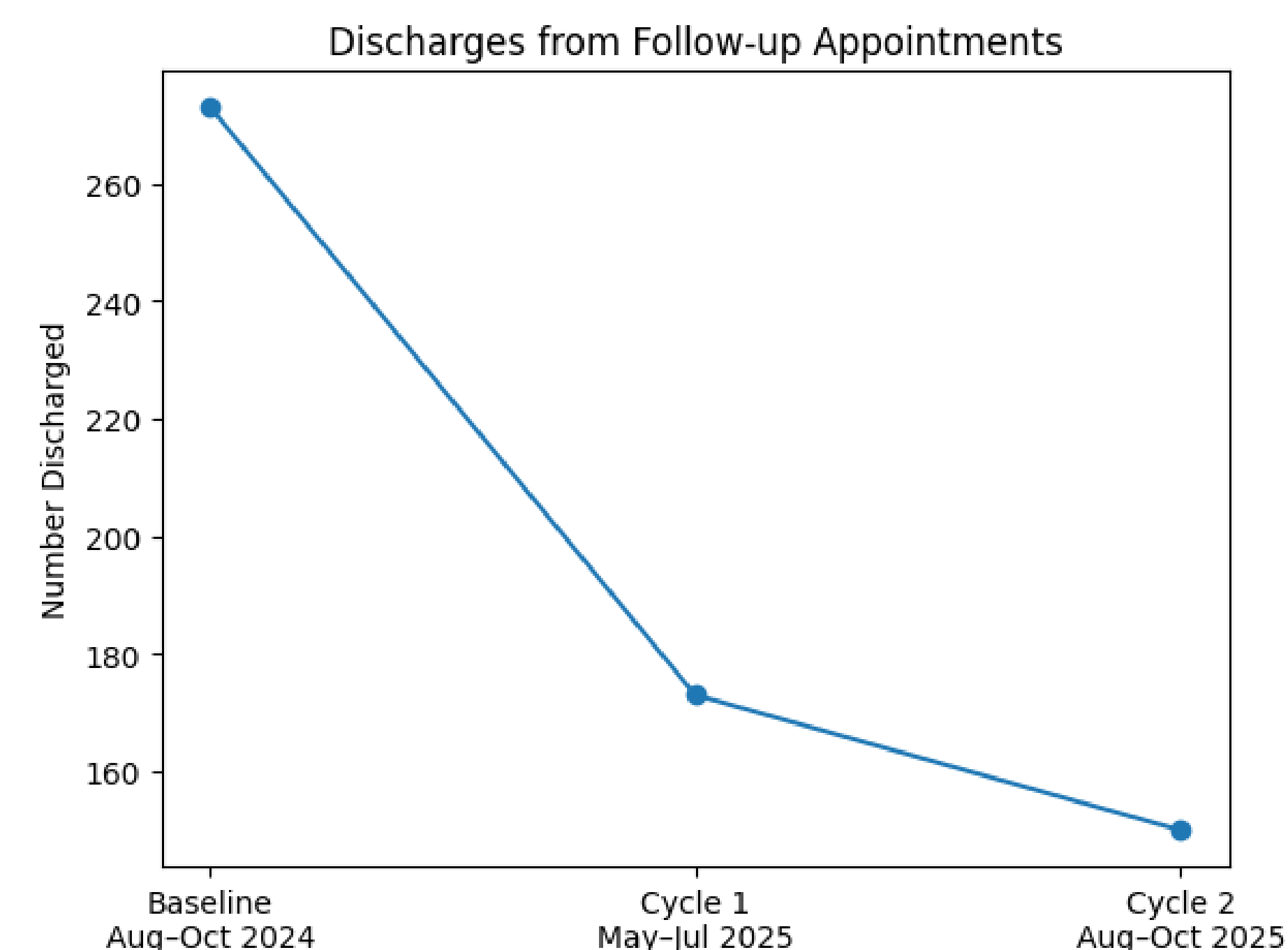
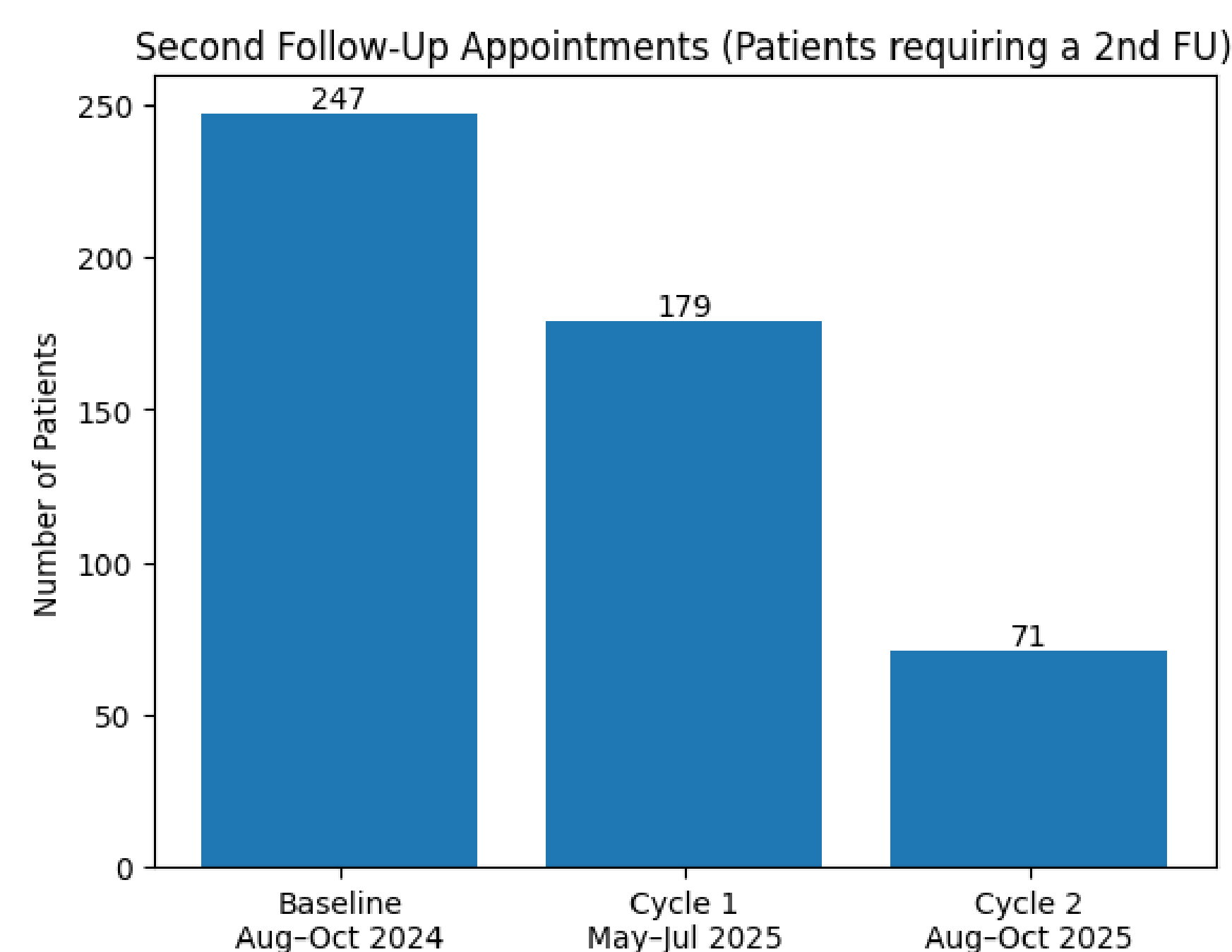
Improve triage-clinician communication

Standardised outcome documentation

Better clinician-patient communication

Outcome

- Decrease FU → Overall FU proportion reduced by 10.6% (41.9% to 31.3%)
- Increase new patients → Increase of +10.6% in new patient capacity (58.1% to 68.7%)
- Improved discharge at FIRST encounter for NEW patients → ➡ Absolute increase of +8.8 % (31% to 40%)
- Decreased second FU booked in EEC by 71.3 %
- Decreased Discharge post first FU encounter by 8.6% (33.7% to 25.1%)



- Demonstrates sustained reduction in unnecessary follow-up workload
- Clinic capacity successfully redirected toward new urgent presentations
- Indicates improved clinical decision-making and reduced precautionary follow-ups

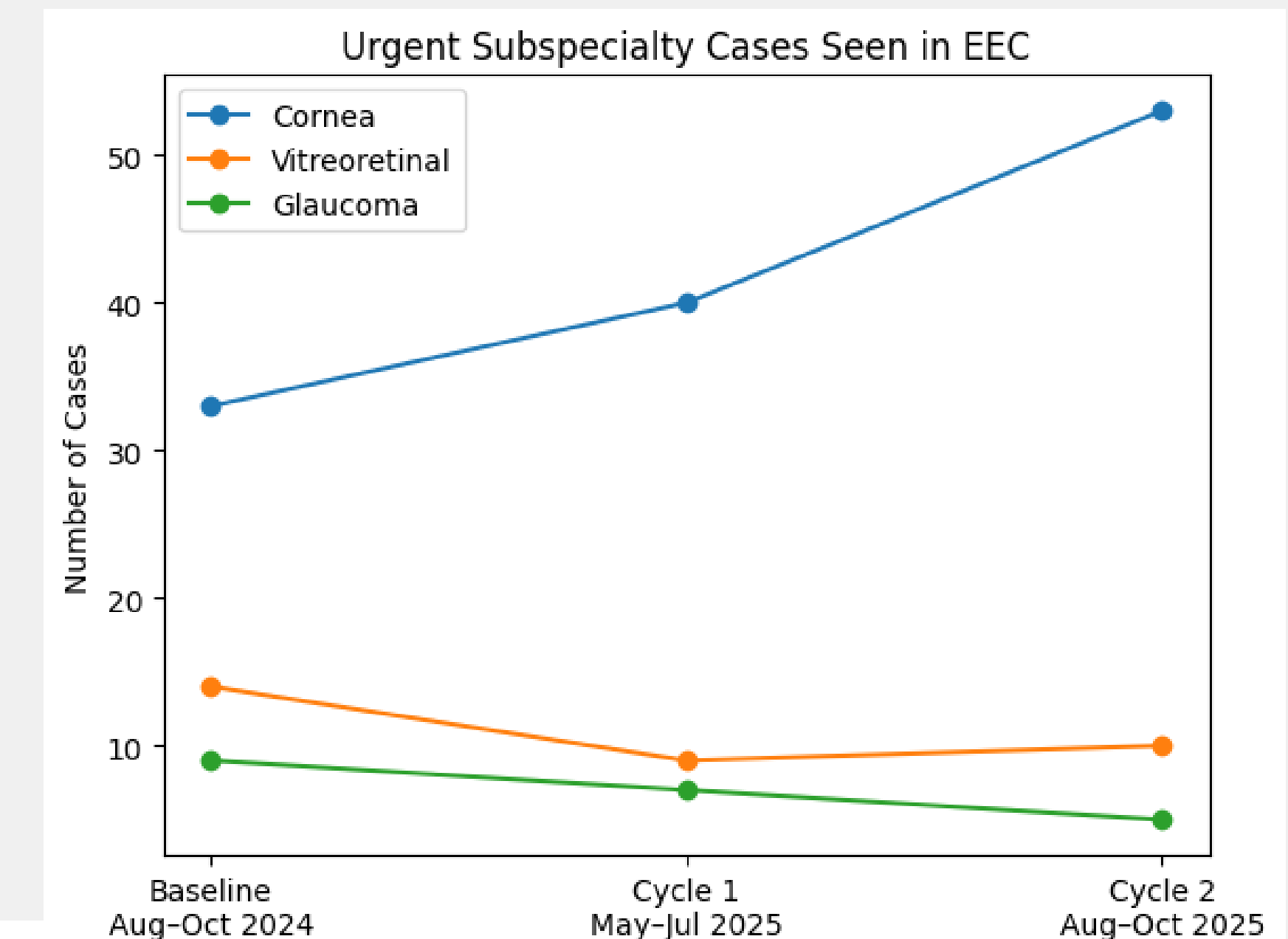
Measures

- Outcome Measure:
 - Number of follow-up appointments booked per patient
- Process Measures:
 - Proportion of patients discharged at first visit
 - Proportion of new vs. follow-up appointments
- Balancing Measures:
 - Re-attendance rates

Remarks

- Corneal cases rebooking into EEC increased from 33 → 53, representing a +61% increase over the study period
- The divergence between subspecialties highlights an opportunity to further refine routing of urgent cases
- Improve rebooking pathways for known subspecialty patients
- Reduce re-entry of known cases as “new” EEC attendances

- Enable direct, expedited access back to subspecialty clinics where appropriate
- Refine clinical decision-making at triage
- Enhance senior input to filter urgent cases directly to subspecialty services
- Strengthen signposting to community pathways to reduce hospital attendances



#TheGSQIAWay