

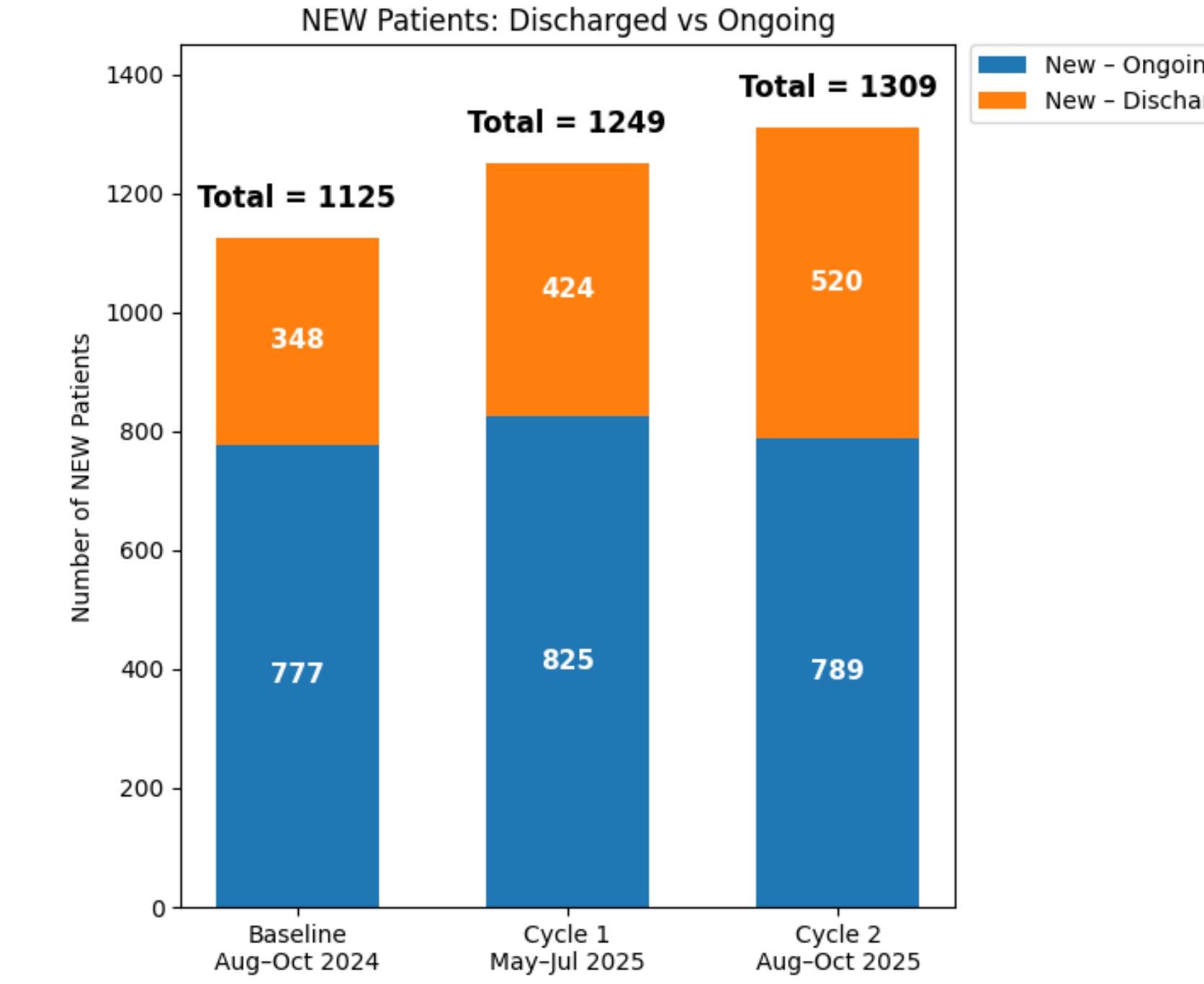
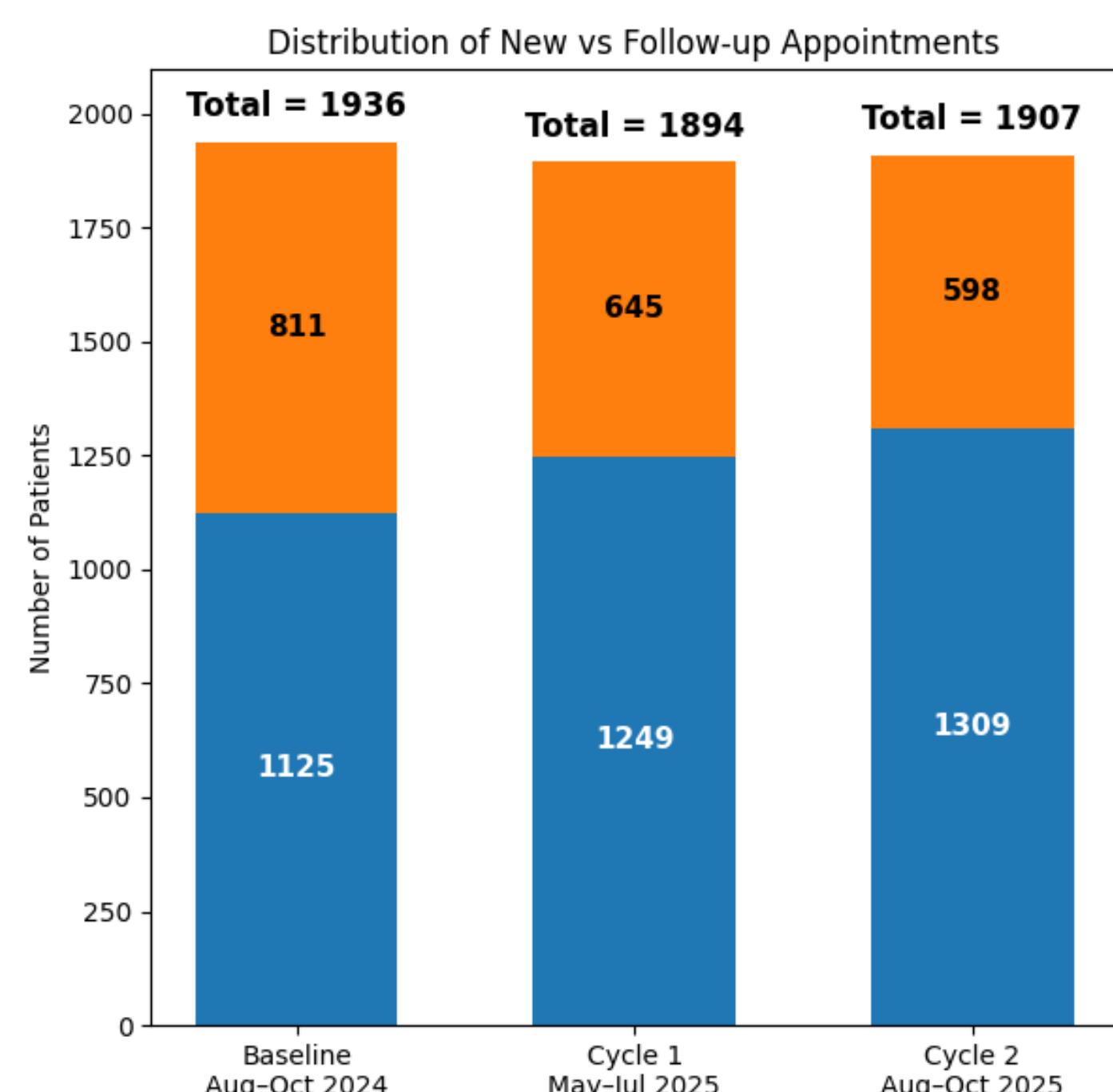
**Gloucestershire Safety and Quality Improvement Academy 2026**

# Reducing Unnecessary Follow-Up Appointments in Emergency Eye Care Clinics

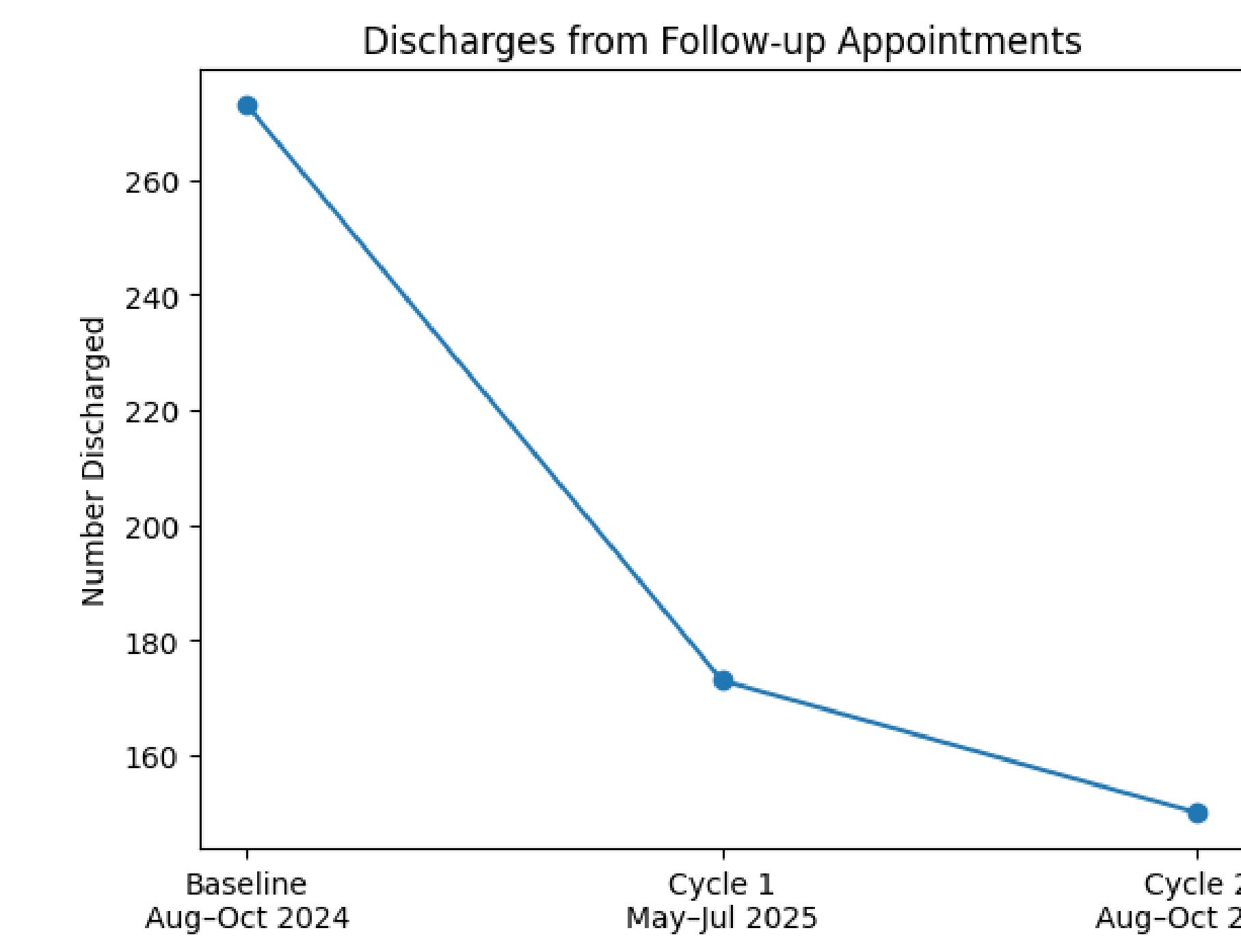
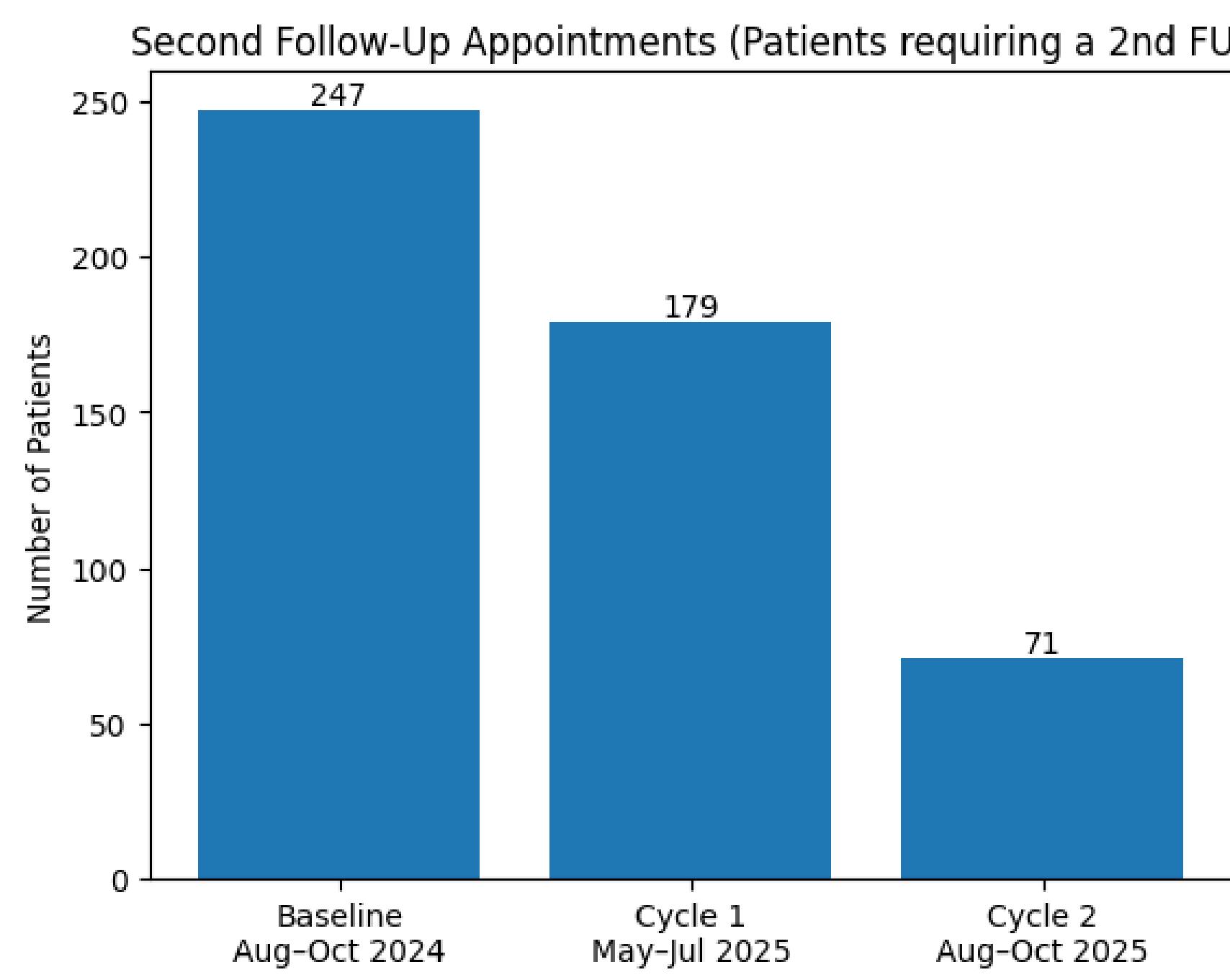
A. Bushnag - Ophthalmology Department team

**The Safety Concern**

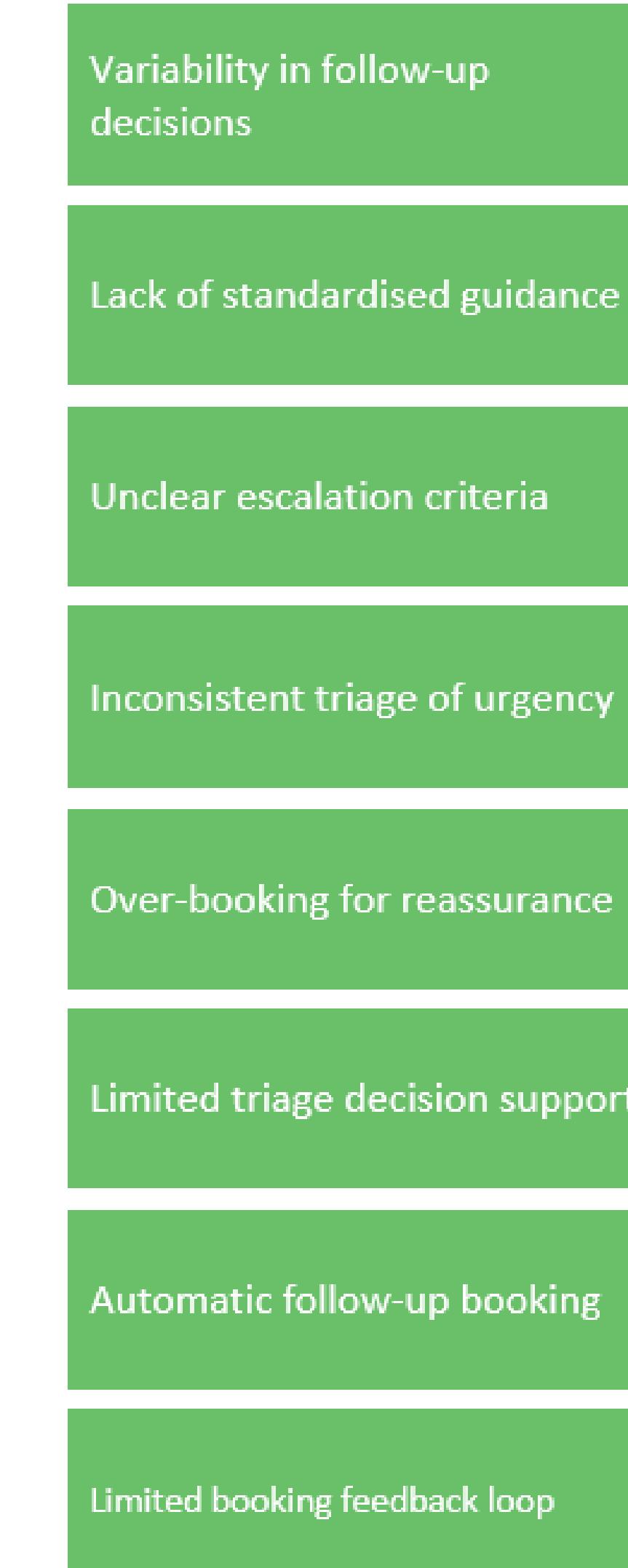
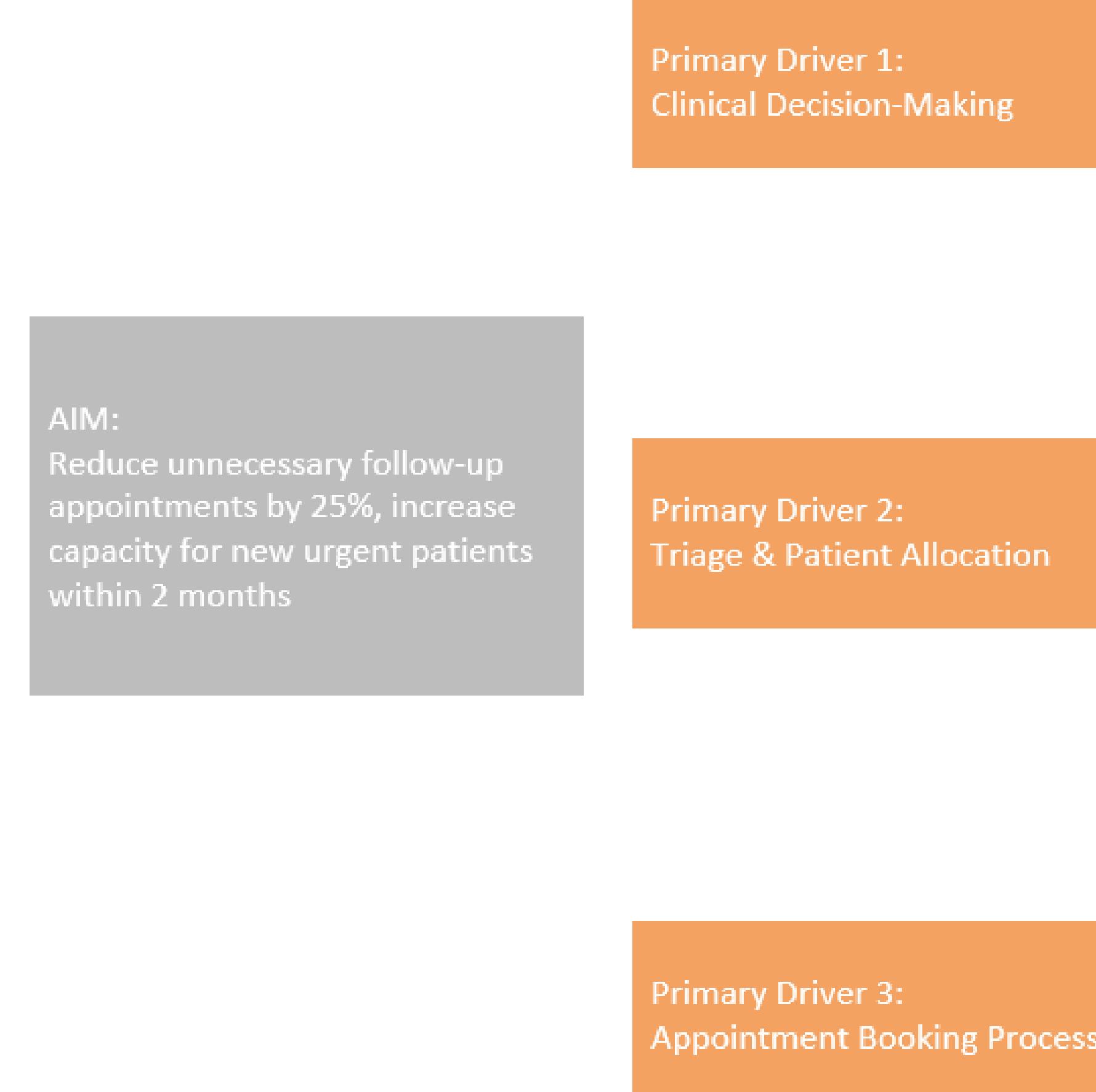
- Emergency Eye Clinics is experiencing a high volume of follow-up appointments, reducing capacity for new urgent cases.
- Lack of standardised guidance for follow-up decisions led to variability in practice, clinic overcrowding, increased waiting times, and staff pressure.
- This posed a risk to timely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


**Outcome**

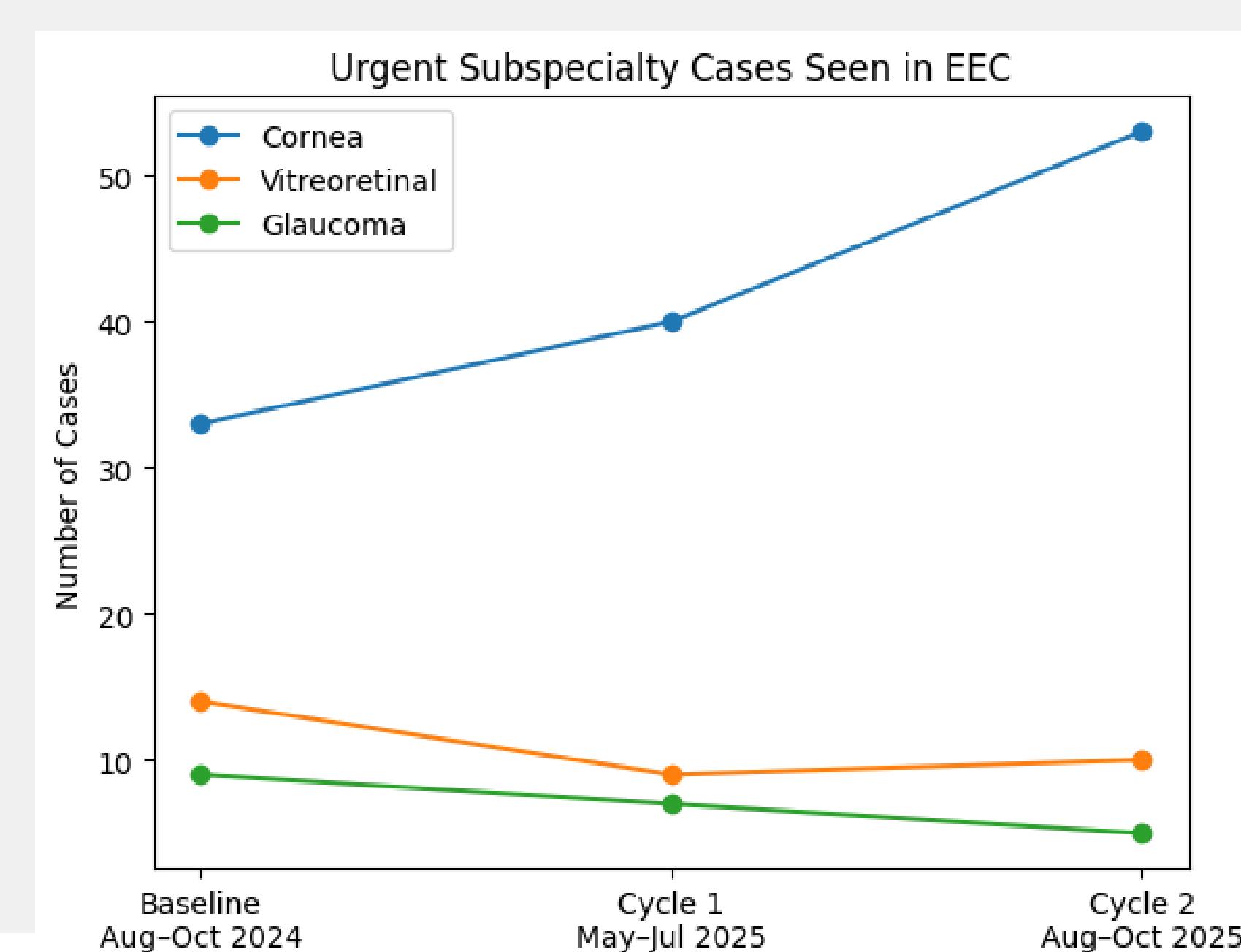
- Decrease FU → Overall FU proportion reduced by 10.6% (41.9% to 31.3%)
- Increase new patients → Increase of +10.6% in new patient capacity (58.1% to 68.7%)
- Improved discharge at FIRST encounter for NEW patients → Absolute increase of +8.8% (31% to 40%)
- Decreased second FU booked in EEC by 71.3%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

**Driver Diagram**

**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