

Deterioration Of Sight Caused By Delay In Review Or Treatment: Frequency and morbidity

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Background

Reports of a capacity shortfall in ophthalmic services brought about by an expanding and ageing population coupled with the rise in cost-effective treatment options leading to associated negative impacts on patient outcomes continue to place increasing pressures on the hospital eye service.

In 2016 we reported that patients in the UK were suffering preventable harm due to health service-initiated delay at a minimum rate of 14 cases per month, with a likelihood of the true rate being between 16 and 22. This was occurring in patients of all ages, most consistently in those with chronic conditions with 78% of patients experiencing permanently reduced vision and 26% eligible for sight impaired or severe sight impaired registration challenging the NHS aspiration to provide high-quality care that is safe, effective and focused on patient experience in pursuit of timely and compassionate care for every person who uses and relies on its services. A second nationwide surveillance study three years later confirmed similar findings with 130 case reports, but increases in patients experiencing permanent visual loss and reaching the threshold for sight impairment or severe sight impairment registration.

In addition to pre-existing service pressures the cessation of normal clinical practice during the coronavirus pandemic and reduced capacity in the return to normal service provision may have increased the number and length of delays. Concerns are not diminishing among those responsible for providing the hospital eye service making now a timely opportunity to re-examine the current situation to quantify the magnitude of any changes in morbidity caused by harm due to delays.

Statement Of Research Questions

1. To identify the frequency of patients presenting with loss of vision or visual function to the hospital eye service caused by a delay in receiving ophthalmic care.
2. Describe the patterns of severity and the associated eye diseases and conditions
3. Describe the demographic characteristics of the patient population and report the resulting visual loss/morbidity

Case Definition

* Irreversible deterioration of vision in at least one eye of 3 lines of Snellen acuity or 15 letters on the ETDRS chart or deterioration in the visual field of 3 decibels due to a delay in ophthalmic review or care caused either wholly or partially by the health service including any delays related to COVID-19
* Patients whose vision has irreversibly deteriorated to below that measured on the Snellen chart to counting fingers or worse following a delay in ophthalmic review or care caused either wholly or partially by the health service including any delays related to COVID-19
* Patients who have required a surgical intervention that would have been unnecessary or avoidable should appropriate follow up taken place

Please exclude:

* Patients who are listed for routine cataract surgery where sight loss is expected to be temporary
* Harm due to delays caused solely by the patient’s failure to attend (DNA) are not included
* Patients 18 years old or under