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Audit of elderly people's eye problems and non-attendance at hospital eye service

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Because eye disease is common in elderly people¹ and the number of people aged ≥ 80 in Britain is increasing,² outpatient referrals to the hospital eye service will probably rise. Many studies have discussed the reasons why people do not keep their outpatient appointments and ways in which non-attendance could be reduced. Few have given details of the morbidity that arises in patients who have not kept appointments.³ Could general practitioners have an important influence on non-attendance?

Patients, methods, and results

A manual audit covering September 1991 to June 1992 was made of all records of patients aged ≥ 75 in a general practice with four partners and 6314 patients. The records were extracted, and notes were made of the number of patients under the care of the hospital eye service; the diagnosis made by the consultant ophthalmologist in each case; the number of patients registered as blind or partially sighted; and the number of patients who had not kept follow up appointments with the hospital eye service in the preceding 10 years. An attempt was then made to contact all those patients who had not kept appointments. When possible, reasons for their non-attendance were obtained, and those who agreed were sent an appointment to attend the hospital eye service. One year later the records of the non-attenders were analysed again to determine the outcome of this intervention.

Of the 838 patients aged ≥ 75 , 69 were registered as partially sighted and 22 as blind. Altogether 199 patients were attending the hospital eye service. Forty two were under review because they had glaucoma and 72 because of cataracts; 59 had macular degeneration; and 26 had other eye disorders. A total of 49 patients had not kept follow up appointments after having attended at least once. The table shows the results of the repeat analysis of the non-attenders 12 months

later. Of the 14 patients who had been given a further appointment, 10 had treatable eye conditions: six had cataracts extracted and four had glaucoma. One of the patients with glaucoma was registered as partially sighted.

Twenty two of the non-attenders gave reasons for not keeping their appointments: 10 had not received an appointment; six had not understood that further attendance was necessary; and six had found their experience as an outpatient upsetting and did not wish to return. Ten non-attenders gave no reason, three could not be interviewed because of dementia, and 14 had died. No one admitted to having forgotten their appointment.

Comment

We found that a quarter of the elderly people in our practice were attending the hospital eye service. If this proportion is representative of the situation in the rest of Britain it implies a heavy workload on outpatient services in eye departments, which is reflected in the long waiting lists for this specialty. The audit also showed that a quarter of the patients had been lost to follow up at the hospital's eye department. This was attributed partly to a flaw in communication in the outpatient department, which has now been corrected through the introduction of full computerisation, and partly to human frailty, which intensifies with age. The findings emphasise, however, that staff must give more time to, and be more patient with, elderly people to ensure that instructions are fully understood. Appropriate leaflets printed in large type may also help.

The patients who were "retrieved" had suffered appreciable morbidity. If the outpatient department notified general practices of non-attenders the general practitioners or their staff could follow up these patients, especially those with progressive disease.

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Eye disease in 49 elderly patients lost to follow up with hospital eye service

Disorder	Agreed to reattend (n=14)	Unwell or refused to reattend (n=21)	Died during audit (n=14)
Cataracts	6	6	3
Macular degeneration	3	11	5
Glaucoma	4	1	3
Other disorders	1	3	3