

Why do patients default eye clinic appointments after referral from the screening programme?

A Hamid¹, S K Golar¹, S Jacob^{1 2}, S Bellary^{1 2}

¹Departments of Diabetes and Ophthalmology, Heartlands Hospital, Birmingham, UK

²School of Health and Life Sciences, Aston University, Birmingham, UK

Purpose

Appointment statistics show that a significant proportion of patients referred for treatment following diabetic retinopathy screening (DRS) did not attend their appointments.

The purpose of the audit is to characterise this cohort of patients and develop new pathways to improve attendance.

Method

This is a retrospective audit of patients who did not attend (DNA) eye clinic appointments at University Hospitals Birmingham following referral from DRS for referable retinopathy. Patients who DNA clinics between 01/01/2018 to 31/12/2018 were included. DR pathology for referral was obtained from last screening and additional demographic and clinical data including age, sex, ethnicity, post code, blood results, blood pressure were collected by accessing electronic health records (I-CARE). Necessary approvals from the governance team were secured.

Results

Data for 189 patients (Men 55%, Women 45%) were analysed. Mean age was 59 (15) years with over a third of patients aged >65 years.

Discussion

Despite the improvements and the overall success of diabetic retinopathy screening programmes, the cohort of patients who DNA eye clinic appointments following referral are clearly not getting the right treatment on time. This has huge implications for patients and local health economy.

Precise reasons for non-attendance is not totally understood. This study shows that non attendance is not limited to one ethnic group although more common in minority and deprived ethnic communities.

This cohort was also found to have poor attendance at diabetes review clinics and have an adverse metabolic profile suggesting that lack of education and socio cultural factors may be underlying contributory factors to non- engagement.

Conclusion

Patients with history of non-attendance at diabetic eye clinics were commonly from deprived and ethnic minority communities in this study. These patients also have shown poor engagement with diabetes care and have poor metabolic control. Further research is needed to explore the reasons for non engagement and to develop new strategies to reach out to this cohort. Meanwhile we are looking at additional appointment reminders for these patients.

