

CORRESPONDENCE



Quantification of missed hospital appointments and related harm for prisoners attending ophthalmology services

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over course of his/her follow up. After failing to attend one appointment, there is a 72.6% chance that the patient will fail to

TO THE EDITOR

There are currently ~83,430 prisoners in England and Wales (as of May 2018), representing a four-fold increase since 1990 [1]. Although prisoners are at a higher risk of health issues [2–4], there are few studies exploring their need for ophthalmic care, particularly focusing on their ability to access these services and the impact of any restriction.

In this retrospective study, 163 incarcerated patients at a tertiary ophthalmic unit were identified through electronic medical records and their attendance records and medical notes were reviewed. There were a total of 1398 appointments (1284 were clinic appointments and 114 appointments were for procedures or surgeries). Mean follow up was 17.8 months with an average of 3.8 hospital appointments. Basic patient demographics are shown in Table 1. For outpatient appointments, patients failed to attend 556 of 1284 appointments (43.3%); of these 188 were did not attend (14.6%) and 371 were patient cancellations (28.9%). Each prisoner had an 83.4% chance of failing to attend at least one appointment

Table 1. Patient demographics.

Total number of patients for analysis		163
Gender (% male)		98.8
Mean age at first visit ± standard deviation (years)		51.5 (±15.3)
Mean duration of follow up ± standard deviation (months)		17.8 (±28.2)
Mean number of outpatient appointments attended per patient ± standard deviation		3.8 (±5.5)
Sub-specialty		Number of patients
Anterior segment		27
Glaucoma		49
Medical/Vitreo-retinal		34
Neuro-Ophthalmology		13
Ocular motility		12
Unknown		11
General		10
Oculoplastic		4
No pathology		3

Table 2. Cases of potential exposure to harm.

Sub-specialty	Cases of exposure to potential harm	Comments
Glaucoma	Right trabeculectomy for primary open angle glaucoma. Missed second post-operative follow up and was seen 33 days later.	IOP of 36 in right eye on day 2 post-trabeculectomy, massaged to 10
	Left trabeculectomy for primary open angle glaucoma. Failed to attend 1 week and 5 weeks post-operative appointment. Eventually required needling of bleb and missed 1 week post needling.	
	Laser peripheral iridotomy performed for acute angle closure glaucoma. Patient missed 1 and 2-week appointment post laser. Was eventually seen 4 months after laser whereby it was noted that the IOP was not under control. Patient then cancelled phacoemulsification with goniosynecholysis three times.	Post laser IOP was 26. Eventually patient moved to Leicester. Unclear if follow up was arranged.
	Angle closure glaucoma treated with bilateral YAG peripheral iridotomies. Missed immediate post-laser appointment, seen 6 weeks post-laser.	
Medical retina	Proliferative diabetic who had 2 courses of pan-retinal photocoagulation. Missed post-laser appointments both times.	
	Proliferative diabetic retinopathy. Missed urgent PRP.	Eventually had PRP 2 weeks later than planned.
	Proliferative diabetic. Missed post PRP appointment.	
	Proliferative diabetic. Missed 2 sessions of PRP and missed post-laser appointment.	
	Proliferative diabetic. Missed 2 sessions of PRP.	
Vitreo-retinal	Proliferative diabetic. Missed post PRP appointment.	
	Proliferative diabetic. Missed 3 sessions of PRP and missed post-laser appointment.	
	Optician referral for macular-on retinal detachment. Missed first appointment and 3 subsequent re-arranged appointments.	Patient was never seen – visual outcome unknown
	Vitrectomy in 2014 for penetrating eye injury. Missed 2 week and 4 weeks post-operative appointments. Later had vitrectomy with sutured lens in 2015. Again, missed 2 and 4 weeks post-operative appointments.	
	Outpatient appointment detected chronic retinal detachment on ultrasound scan. Then lost to follow up.	
	Proliferative diabetic. Missed first 2 sessions of PRP and then lost to follow up. Re-presented 4 years later with a vitreous haemorrhage. Seen in VR clinic but was unable to have pre-operative assessment and biometry due to prisoner officers unable to wait. Treated with vitrectomy and endolaser. Patient then lost to follow up.	Last recorded post-operative VA was 3/60.

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attend at least another. 255 appointments were re-arranged and subsequently attended with a median delay of 31 days (inter-quartile range 14.0–62.8). The magnitude of delay of 1.46 (inter-quartile range 1.17–2.18)- meaning that patients on average had to wait 46% longer than planned to be seen. Of the 114 procedures episodes, 21 were unattended (18.4%). When the procedures were rearranged, there was a median delay of 14 days (range 4–43) and a median magnitude of delay of 1.58 (range 1.1–4).

Overall, 55.2% (90/163) of all prisoner patients were lost to follow up. Notes review highlighted 15 cases where delay in review could have resulted in harm (Table 2).

In conclusion, our study shows that prisoner patients experience very poor access to hospital healthcare and has a potentially high rate of exposure to harm. This potentially represents a systematic compromise of care in this particular patient group.

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COMPETING INTERESTS

The authors declare no competing interests.

ETHICS APPROVAL

The database used provided observational data of standard care of patients and was defined by the National Health System as a service evaluation (<http://www.hra-decisiontools.org.uk/research/>) and as such ethics committee approval is not required. The data forms part of an ongoing service evaluation (Project Number: 20-429 C). This study complied with the Tenants of the Treaty of Helsinki

ADDITIONAL INFORMATION

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