Royal Cornwall Hospitals
NHS Trust

Onward Post-Procedure Booking of Glaucoma Patients
Standard Operating Procedure

V2.0

June 2025

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This Standard Operating Procedure (SOP) sets out the process and framework for booking patients outside of the trust standard of 6 weeks for follow-up patients due to an increased clinical acuity in a group of glaucoma patients. This SOP aims to prioritise the booking of a high-risk specific group of post-procedure glaucoma patients to ensure safe care and to prevent recurrence of recent harm and SIs in the same group of patients secondary to delayed follow weeks.

1.2. There have been several serious incidents of glaucoma patients developing irreversible sight loss from delay in their follow up due to lack of capacity, particularly in the post-operative period. This SOP relates to this cohort of patients in the Glaucoma Service that require a specific booked appointment beyond 6 weeks.

1.3. These patients require a directly booked appointment to ensure their treatment plan is adhered to. Should such an appointment get cancelled for any reason, a plan should be in place to book the appointment again directly to prevent delays related harm.

1.4. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

2.1. The purpose of this document is to ensure there is a Standard Operating procedure in place that identifies what cohorts of patients can be booked directly as an outpatient appointment beyond the trust standard of 6 weeks, above which patients are usually required to be placed on a follow-up pending list.

2.2. Currently, post-procedure high risk patients are routinely booked up to 6 weeks as standard process, with post-laser procedure patients being booked up to 12 weeks under consultant request using the code PLA (Planned) on PAS.

2.2.1. An additional cohort of high risk, unstable, post procedure patients have been identified and require an alternative solution, that allows for differentiation of these patients from regular glaucoma follow up patients, and post-laser urgent follow up patients.

2.2.2. This SOP details that this new cohort of patients be referred to as the DGP (Direct booking Glaucoma Procedure) for PAS coding so that they are easily distinguished on waiting lists and can be booked up to 12 weeks post procedure to meet patient safety requirements. If appointment is cancelled for any reason, patients with such code should be booked again directly within a period of 2 weeks and if such an appointment is not available then the consultant must be informed.

In the event of a second cancellation from the trust or the patient, this will need to be noted in the free text comment and 2nd cancellation appointments must only be cancelled with CAL authorisation.

2.2.3. The previous ‘post-laser’ patient cohort will now be referred to as DGL (Direct booking Glaucoma Laser) and will continue to be booked up to 12 weeks.

2.3. This document will identify the roles and responsibilities of staff involved in booking these patients, suggest the related changes and required training to facilitate implementing it and state the agreed process in management of booking patients in this specific scenario.

2.4. This SOP will articulate the specific reasoning and criteria required for patients to fit within this category.

3. Ownership and Responsibilities

3.1. Role of the Governance Lead

The Specialty Governance Lead is responsible for:

- Providing clinical oversight of the process.
- Encouraging, supporting and challenging changes that may be required to the booking process.
- Ensuring its effectiveness for patients and fulfilling service needs.
- Engaging with the Service Manager and Clinical Administration Lead for procedural changes and investigations.

3.2. Role of the Ophthalmology Service Manager

The Service Manager is responsible for:

- Maintaining functionality of the process.
- Escalating issues as they arise to the Governance Lead.
- Investigating incidents that relate to this procedure.

3.3. Role of the Glaucoma Specialist

The Glaucoma Medical Specialist is responsible for:

- Being familiar with the SOP and new codes.
- Identifying patients that require a follow up appointment booked beyond 6 weeks clearly.
- Feedback any issues that arise to the Glaucoma Lead.

3.4. Role of the Booking Team

The Ophthalmology outpatient booking team are responsible for:

- Booking the patients after they attend their appointment.

- Adhering to standards and practices.

- Escalating any issues or queries to the Line Manager or the related clinical team and reporting incidents if this process is missed via the DATIX system.

3.5. **Role Clinical Administration Lead**

The Ophthalmology CAL is responsible for:

- Providing oversight of the bookings.

- Working with the IT team to Identify an audit tool to be able pull the related data from Radar and report it regularly.

- Review radar reports weekly to ensure compliance of the SOP to ensure no patients are booked beyond 3 months.

4. Standards and Practice

4.1. **Booking standard**

- Patients that are identified below are to be booked for an outpatient appointment beyond 6 weeks but no more than 12 weeks.

- Patients must be appropriately identified for Direct Glaucoma Procedure (DGP), Direct Glaucoma Laser (DGL) appointments as clinically indicated and the To Be Seen (TBS) date must be added in the booked appointments' comments. This together with the new codes DGP and DGL should allow management of these patients to be monitored by the CAL and Service Manager.

4.2. **Glaucoma Patient Process**

- Glaucoma drainage surgery is likely to fail if not monitored regularly within the first 3 months of surgery, and in some cases longer.

- Clinician to indicate clearly that specific post-procedural patient with clinical concern about their stability, and label either DGL or DGP (Direct Glaucoma 'Laser' or 'Procedure' respectively).

- Patient will be given an appointment for up to 12 weeks and not be added to the follow up pending list, by ophthalmology booking team. The patient will have their appropriate DGL or DGP code allocated with a TBS date to ensure that this date is not lost in the event of a cancellation.

- In an ideal scenario, there will be enough 'ring fenced' glaucoma clinic appointments to allow post-operative patients to be allocated their appointments on time. In cases of limited capacity, these high-risk patients will be given priority over routine patients. If any difficulty in booking these patients due to capacity issues or cancellation, then the current process will be followed, and the booking staff / secretary will contact the referring doctor or the relevant medical team or the providing consultant for advice or overbooking.

4.3. **Other patients on FUWL**

- This change is likely to have a negative effect on other patients on the FUWL by means of reducing clinic capacity for these patients to be seen within their TBS date. We acknowledge this.

- The higher risk of this cohort of patients means that their urgency is increased, and that this compromise must be made in our current situation of insufficient capacity.

5. Dissemination and Implementation

5.1 This document will be stored in the Ophthalmology shared file, accessible to all ophthalmology clinical and administrative staff. On commencement and following any amendments to this SOP, an e-mail will be sent to all staff to disseminate any changes made.

5.2 Training will be required for all staff prior to implementation. This will be documented on a sign off sheet.

5.3 All new colleagues will receive this training and sign off during their induction period.

6. Monitoring compliance and effectiveness

Information Category	**Detail of process and methodology for monitoring compliance**
Element to be monitored	Correct patients booked beyond 6 weeks.
Lead	Governance Lead.
Tool	Radar – Follow up waiting list of patients with codes DGP and DGL.
Frequency	Weekly review.
Reporting arrangements	Any issues to be flagged to the Clinicians. This will also be fed back to the Monthly Business and Governance Meeting.
Acting on recommendations and Lead(s)	Any recommendations/changes to this SOP will be reported at the departmental meeting and nurses' meetings and changes implemented.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

The document will be reviewed in no less than 3 years.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Onward, Post-Procedure Booking of Glaucoma Patients Standard Operating Procedure V2.0
This document replaces (exact title of previous version):	Onward, Post-Procedure Booking of Glaucoma Patients Standard Operating Procedure V1.0
Date Issued / Approved:	May 2025.
Date Valid From:	June 2025.
Date Valid To:	June 2028.
Author / Owner:	Fergus Laity, Service Manager, Ophthalmology, Specialist Services and Surgery.
Contact details:	07920 413229.
Brief summary of contents:	Guidance for booking post procedure ophthalmology patients.
Suggested Keywords:	Booking, Glaucoma, Outpatient, SOP, Post-Procedure Booking.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Specialty Governance Meeting. Care Group Governance Meeting. Specialist Services and Surgery Governance Meeting. Care Board.
Manager confirming approval processes:	Ian Moyle-Browning, Head of Nursing (HoN), Specialist Services and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed.
Links to key external standards:	NHS RTT standards.
Related Documents:	Trust Outpatient Booking Policy.

Information Category	Detailed Information
Training Need Identified:	Yes.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical/Ophthalmology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 22	V1.0	Initial issue	Fergus Laity, Service Manager.
June 25	V2.0	Full Update. Transposed to latest Trust template.	Fergus Laity, Service Manager.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Onward Post-Procedure Booking of Glaucoma Patients Standard Operating Procedure V2.0
Department and Service Area:	Ophthalmology, Specialist Services and Surgery (SSS)
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Fergus Laity, Service Manager.
Contact details:	07920 413229.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Service change to reduce mistakes in booking post operative patients.
2. Policy Objectives	Reduce missed patients due to risk.
3. Policy Intended Outcomes	Decreased risk for post operative glaucoma patients, better utilization of slots.
4. How will you measure each outcome?	RADAR uses coded comments in Standard Operating Procedure (SOP).
5. Who is intended to benefit from the policy?	Patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Specialty Governance Meeting. Care group Governance Meeting. Specialist Services and Surgery Governance Meeting. Care Board.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** Activity reports of Post-Procedure Glaucoma patients and their follow-up appointments, from RADAR.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Fergus Laity, Service Manager, Ophthalmology, SSS.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis