

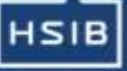
Risk: Medical Directors Perspective

Bill Newman

Medical Director Manchester Royal Eye Hospital, UKOA Board

UKOA Meeting 14th April 2021

January 2020



WWW.HSIB.ORG.UK



LACK OF TIMELY MONITORING OF PATIENTS WITH GLAUCOMA

Healthcare Safety Investigation (2019/001)

January 2020 Edition



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Latest HSIB report highlights 'devastating' impact of delays and pressure on national glaucoma services

By: Communications team | Posted on: 9 Jan 2020

Delays to follow-up appointments for glaucoma patients leaves them at risk of sight loss, warns our new report.

The [report](#) highlights the case of a 34-year old woman who lost her sight as a result of 13 months of delays to follow-up appointments.

NHS Claims 2013 – 2018

Published March 2021

Litigation in ophthalmology against the National Health Service in England, Ophthalmology, Kirthi et al.

Table 1. Most frequent cause and injury codes in ophthalmology. Data includes all claims between 1 April 2013 and 1 April 2018.

	Number of claims	Estimated potential total cost	
		GBP (£M)	Mean cost per claim GBP (£)
Cause codes			
Failure/delay in treatment	375	70.0	187,691
Failure/delay in diagnosis	201	45.8	227,745
Intraoperative problems	103	9.9	96,506
Operator error	102	4.4	43,552
Inappropriate treatment	87	7.2	82,797
Injury codes			
Other visual problems	563	57.7	102,558
Blindness	317	89.0	281,476
Unnecessary pain	120	4.8	39,606
Additional/unnecessary operations	112	7.4	66,057
Other	23	1.1	49,907



Serious Personal Injury

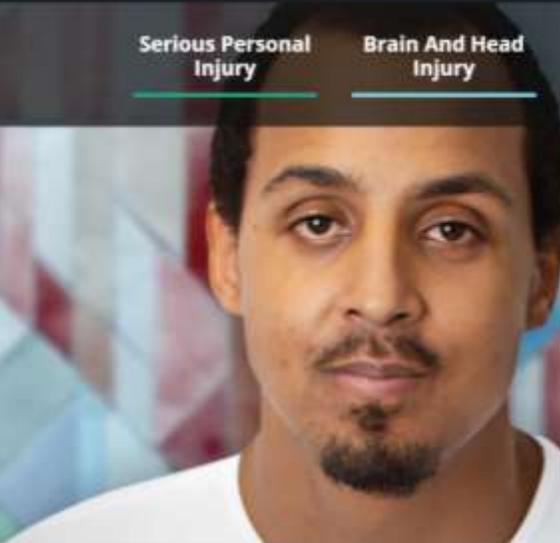
Brain And Head Injury

Medical Negligence

Asbestos And Mesothelioma

Delays to medical treatment due to COVID-19

Read our Google Reviews



Home / Services / Medical Negligence Compensation Claims / COVID-19 and Medical Negligence Claims / [Delays to medical treatment due to COVID-19](#)

Frontline doctors, nurses and support staff have worked tirelessly throughout the COVID-19 pandemic to treat critically ill coronavirus patients.

However, the focus on the virus has caused huge disruption to healthcare services across the UK, with millions of patients with other serious conditions experiencing delayed treatment.

During the peak of COVID-19, almost all routine or elective surgery was stopped, many outpatient appointments and referrals were delayed, and screening and tests for medical

<https://www.novumlaw.com/about/what-our-clients-say/>



Cancer Trial Disrupted Due To COVID-19

Wendy, 56, is an Educational and Child Psychologist from Alkington, near Marchester, who was diagnosed with extremely rare eye cancer in 2017. She is married to Andy and they have two daughters, India (26) and Sofia (22).



Following a routine eye examination, Wendy was referred to a specialist who diagnosed her with ocular melanoma in January 2017, a type of cancer which affects just six in one million people. A few weeks later, she had her right eye removed, followed by radiotherapy and then her prothetic eye fitted.

In November 2019, Wendy had MRI and CT scans which showed the cancer had spread to her liver. She was told there were no NHS treatments available. The news was devastating for her entire family who felt there was nothing else they could do.

Contact Our Friendly, Expert Solicitors

Form with fields for Name, Email, and Message, and a 'MAKE AN ENQUIRY' button.

LIVE CHAT 0800 152 2262



Patients not presenting

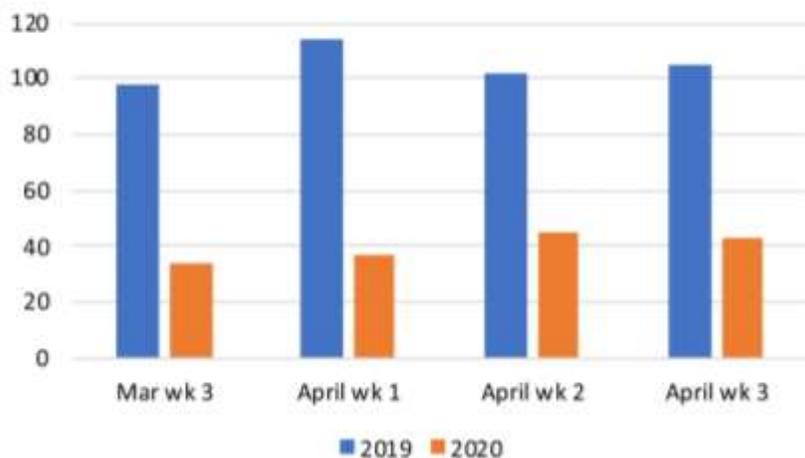
Comment | Published: 13 May 2020

The impact of COVID policies on acute ophthalmology services—experiences from Moorfields Eye Hospital NHS Foundation Trust

Louisa Wickham , Gordon Hay, Robin Hamilton, Jack Wooding, Harry Tossounis, Lyndon da Cruz, Dilani Siriwardena & Nick Strouthidis

Fig. 4: A bar chart showing the number of patients presenting to VRE in March/April 2019 (blue) and 2020 (orange).

From: The impact of COVID policies on acute ophthalmology services—experiences from Moorfields Eye Hospital NHS Foundation Trust



The number of patients presenting with retinal detachment fell an average of 62% compared with same period in 2019.

Original research article

EJO | European Journal of Ophthalmology

Changing clinical patterns of Rhegmatogenous Retinal Detachments during the COVID19 pandemic lockdown in the North West of the UK

European Journal of Ophthalmology
1-4
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DOI: 10.1177/220620202094488
journals.sagepub.com/home/ejo
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Table 2. Distribution of retinal emergencies before and during lockdown.

	Pre-lockdown	During lockdown	p value
Primary RRDs	86	46	
• Macula-on RRD	41/86	15/46	
• Macula-off RRD	45/86	31/46	0.06
• PVR present	2/86	4/46	0.19
• PVD present	75/86	45/46	0.05
PVD haemorrhage	3	2	
Total cases	89	48	

Risk

- **Resource**

- **Already had a backlog prior to pandemic**
- **Initial cancellations**
- **Patients not attending / cancelling the appointment**
- **Reduced appointment slots due to COVID precautions**
 - Estate/ Clinic
 - Visual Fields
 - Imaging
- **Reduced capacity**
 - Staff redeployment
 - Staff illness
- **Patients not being called – delayed appointments**
- **Hospital cancelling the appointments**

Results – Medicolegal

I'm concerned about potential litigation from patients that have been delayed

Pandemic used as an excuse for not adhering to normal HR rules with respect to managing a service during a crisis

Large numbers of inappropriate referrals due to poor vetting / assessment in primary care fuelled by medicolegal fears

personal worry and concern following experience of a consultant colleague separating 'peer in the same boat' from the managerial service lead role and threatening personal GMC referral because of the gap still existing between needed and required in their sub-speciality quoting 'duty of care'. Only a threat and no referral but still another source of worry and concern.

We keep getting asked to sign a box saying it is safe for each patient to wait more than three months to be seen. How can we know that?

We are advising on how long we can defer patients but that does not mean we advocate deferring patients - it's just damage control/triage. I'm concerned that the Trust will see this as condoning the situation and from a medicolegal point of view as recommending delays for individual patients who may subsequently lose vision

Risk: mitigations

The screenshot shows the RCOphth website with the following content:

- Header:** The Royal College of Ophthalmologists logo, navigation links (Home, The College, News, Contact, Sitemap), and social media icons (LinkedIn, Twitter, Facebook, Members Area).
- Search Bar:** A search box with the placeholder text "I am looking for..." and a search icon.
- Navigation Menu:** A dark blue bar with links: About Us, Events & Courses, Education & Training, Examinations, Standards & Publications, Professional Resources, For Patients.
- Breadcrumbs:** Home > About Us > RCOphth COVID-19 guidance on restoring ophthalmology services > RCOphth COVID-19 clinical guidance and national information
- Main Content:**
 - Section Header:** RCOphth COVID-19 clinical guidance and national information
 - Text:** RCOphth is publishing continually updated guidance and advice for ophthalmology services during the COVID-19 pandemic. On this page are clinical guidance and national advice.
 - Text:** For guidance on recovery and restoration of services, visit RCOphth guidance on restoring ophthalmology services
 - Text:** For webinars and podcasts related to COVID-19, visit COVID-19 e-resources
 - Section Header:** INFORMATION WILL BE SUBJECT TO CHANGE AS GOVERNMENT GUIDANCE UPDATES
 - Text:** Protecting Patients Protecting Staff UPDATED 300320 sets out our core principles of organising ophthalmology services during COVID-19
 - Text:** Medical undergraduates and direct ophthalmology sets out RCOphth's stance on government guidance and the commitments of medical schools to ensure the safety of their students.
 - Section Header:** PPE Guidance
 - Text:** UPDATED RCOphth PPE for ophthalmology 090420
 - Text:** UPDATED RCOphth PPE Principles for ophthalmic staff protection 090420
 - Text:** NEW PPE and staff protection requirements for ROP screening and treatment 090420
 - Text:** NEW PPE in Oculoplastic-procedures 170420
 - Text:** PHE guidance
 - Text:** UKSCRS-RCOphth COVID revised Cataract ASGP guidance 220520
 - Text:** UKEGS COVID Surgery Guidance RCOphth 290520
 - Text:** Use of perimeter for testing visual field during COVID19 300720
 - Section Header:** RCOphth COVID-19 clinical guidance
 - Text:** Paediatric Services Rapid Advice on use of apps 090620
- Right Side Widgets:**
 - Green Widget:** Back to "RCOphth COVID-19 guidance on restoring ophthalmology services"
 - Dark Blue Widget:** RCOphth COVID-19 clinical guidance and national information. Includes a link to COVID-19 e-resources.
 - Dark Blue Widget:** Twitter. Text: "We are looking for someone with a positive, can do attitude and is committed to excellence and high standards in at... https://t.co/hj0x0Yiaug". Below it: "From our 'Beovu - can we use it safely' to our 'Practice Variation and Medicolegal"

• Risk Stratification

- Surgery
- Outpatients

• New ways of working

- Virtual clinics
- Telemedicine
- Enhanced optometry services
- Mutual Aid between trusts / providers
- Use of Independent Sector

• Review of Risk Stratification

• Documentation

- Why did you do that ?
- When did you do that ?

Complaints and Litigation

- **Complaints**
- **Health Service Ombudsman**
- **Litigation**
- **Planning**
- **Documentation**
- **New world of virtual meetings – The camera/ microphone/ record might be on**

Thank you

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