Report: University Hospitals Bristol NHS Foundation Trust

External Service Review of Ophthalmology Services:

Case Note Review

5 March 2018

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1 Review Team

- Mr Mohit Gupta – Clinical Director, Head and Neck, United Lincolnshire Hospitals NHS Trust
- Mr Nabil El-Hindy – Consultant Ophthalmologist, York Teaching Hospital NHS Foundation Trust

2 Background To the Review

United Services review has been commissioned by the Medical Director of Bristol Eye Hospital to review the clinical practice of one of the Consultants in the Department who was the cataract lead for the Department. There were some concerns about his clinical record keeping and optimisation of cataract pathway in the Trust.

3 Terms of Reference for Review of Ophthalmology Service

Trust Name: University Hospitals Bristol NHS Foundation Trust

To provide the Trust with an external case note review of a selection of outpatient and cataract surgery notes and make recommendations for the consideration of the Chief Executive and Medical Director of the Trust on the related to concerns raised over the professional standard conduct and potential for patients to have come to harm in patients reviewed and consented by Mr Rafik Girgis GMC Number 5179248.

Scope of the review

In relation to the notes reviewed, the College will provide the trust with advice on:

- standard of clinical record keeping
- recording of information at the consent process
- clinical decision making
- consent process
- cataract surgery pathway optimisation

The Review will follow the process set out in "RCOphth Guide to Invited Reviews 2017.

Documentation to be considered

1. Notes from outpatient consultations from 2015-16 and to include a set of patients seen in a clinic; 50 sets of notes.

Other documentation may include (relating to cataract surgery):

- Management structure and overview
- Previous reviews
- Activity data by Consultant
- Reports of other reviews and visits undertaken e.g. Postgraduate Dean's report
- Information regarding services in the referring organisation
- Relevant protocols of clinical care

- Results of clinical audit
- Commissioning arrangements and Clinical Commissioning Group policies
- Waiting list information

This list is not exhaustive and the reviewers may request additional information from the referring organisation.

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The Trust agrees to:

- Formulate an action plan in response to the review recommendations and to respond to the RCOphth's request for information on progress with any action points in the action plan six months after the review.

The College reserves the right to immediately inform the GMC, CQC, or other relevant regulatory body, if it becomes aware of any actions/activities deemed to endanger patient safety.

The College provides the CQC (or other relevant regulatory body) with an annual list of organisations for which an external service review has taken place. The details of an organisation's report will not be shared by the College without notifying the organisation in advance. The College will not share data unless specifically requested and only then with the permission of the Trust unless there is a wider patient safety issue.

The above terms of reference were agreed by the College, the referring organisation and the reviewers on 18 January 2018

4 Local Policy Documents Seen

- The local Cataract Listing Policy
- Commissioning policy for individual funding requests for cataract surgery

5 Review of Cases: Summary and Reviewers' Comments

Both of the reviewers were provided access to the written and print out of electronic patient records or copies thereof.

Both reviewers attended the organisation in person to review the records of the 50 patients as requested.

Each case was reviewed under the following five headings.

Case 1: Standard of record keeping

Findings: The reviewers' findings are based solely on information available in the notes and the following assumptions have been made: -

- If the information is not documented in the notes, then it did not happen.
- Previous notes of any clinical consultation were available at the time when the Doctor saw the patient.

- As the Doctor did not personally consent any patients other than one patient, the decision regarding information at consent was based on the record keeping and clinical decision making, so if the record keeping and clinical decision making was appropriate, it was assumed that the record of information at consent was appropriate.
- There were a group of patients who did not proceed to surgery for various reasons, so in those cases the consent process was not evaluated.

Comments: Standard of record keeping

Out of the 50 patients seen the standard of record keeping was good and planning was also good to excellent in 41 patients.

In one patient, there was no history documented in the notes because the patient could not speak any English.

In four patients who were listed for their first eye, there was no mention of discussion about anisometropia during the consultation.

One patient was listed for cataract surgery but cataract was not mentioned in the examination findings.

One patient with ocular surface disease with cataracts was prescribed treatment for ocular surface disease but not brought back to clinic.

One patient with a macular scar, which had been noted in 2008, was not picked up during the consultation and was not discussed. This was because the patient had a dense cataract but there was previous evidence of a macular scar in the notes.

There were multiple other patients in whom anisometropia was discussed and documented in the consultation and also posterior segment pathologies were picked up in other patients.

Case 2: Recording of information at consent

The reviewers felt that this was appropriate in 34 patients and it was not applicable in 16 of the patients as they did not proceed to surgery.

Case 3: Clinical decision making

The reviewers felt that the clinical decision making was appropriate in 43 out of the 50 patients. Other than three patients when anisometropia was not taken into account, one patient with ocular surface disease who was not brought back or listed, one patient with glare who was not offered surgery, one where no history was done because the patient did not speak any English and one where chorioretinal scar was missed in a patient who had a dense cataract.

Case 4: Consent process

There was only one patient that was consented by the concerned Doctor and the rest of the patients were consented by the nursing staff, so the reviewers could not assess the consenting process of this Doctor. The one consent that was done by this Doctor did include a patient who would end up with an anisometropia but no anisometropia was mentioned on the consent process.

Case 5: Cataract surgery pathway optimisation

The reviewers felt that the cataract surgery pathway optimisation was correct in 34 patients. It was not applicable in 15 patients and in one the anisometropia was not documented on the consent form.

6 Summary of Concerns Noted

On the basis of their assessment of 50 sets of records:-

- In a good proportion of cases, the reviewers were happy with the clinical record keeping and decision making of this Doctor.
- The written and print out of electronic patient records did not show any problems with legibility and it was easy to identify the clinician who had seen the patient.
- There is some evidence of poor record keeping and poor decision making in some cases. The details of which are highlighted above.
- There was lack of evidence to comment about the consenting process because most of the patients were consented by the nursing staff.
- There was evidence of patients with similar pathology being managed appropriately, in most cases, but not in all cases. This particularly pertains to anisometropia and discussions with the patients when being listed for the first eye. There was no evidence of any patients coming to harm as a result of the decisions made by this Doctor.

Other Observations:

Even though it was not in the remit of the terms of reference for the review, the reviewers did notice that there were problems with documentation of other Doctors in the unit when listing patients for cataract surgery. There was also evidence that the departmental protocol for choosing the appropriate lens was not followed by another surgeon in the Department in the patient journey.

7 Recommendations

- The reviewers were assured by the Trust that local protocols and guidelines had been agreed by all clinicians and they were all fully informed about the expected standard of practice in the Department.
- When seeing patients for first eye cataract surgery who have received a glasses prescription, an anisometropia discussion needs to happen in detail and it needs to be documented in the clinical consultation and on the consent.
- The person consenting the patient should ideally be the person seeing the patient in clinic because there was evidence in the review that most of the patients were consented by a different member of staff who did not transfer all the risks from the clinical consultation onto the consent form.

- As is mandatory nationally if a patient cannot speak English, Language Line or a booked interpreter needs to be used to get a detailed history and consultation for the patient and consent the patient as well.

- The Trust needs to ensure that all previous notes for the patient are available at each consultation so that findings from previous consultations can be available to the treating clinician.

- All clinical protocols and guidelines need to be updated regularly and discussed at Clinical Governance Meetings to remind colleagues of the agreed protocols by the department.

- Regular audit of documentation of all clinicians in the Department should be undertaken and discussed in Clinical Governance Meetings.