

Appropriateness of outpatient follow-up  
for patients with cardiac disease in  
Lambeth, Southwark and Lewisham.

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## 1. Summary

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The aim of this study was to identify and describe the outpatients with a cardiac problem in Lambeth, Southwark and Lewisham whose follow-up may be inappropriate.

Four cardiology and two medical outpatient clinics were selected. The study design was a cross sectional case note survey. The study sample comprised 184 outpatients who fulfilled the inclusion criteria and attended during the week beginning July 3<sup>rd</sup> 1995.

The main outcome measures were; duration of follow-up, cardiac diagnoses, co-morbidity, grade of attending staff, discharge rates, reason for attendance, reason for further follow-up.

Thirty percent of patients were assigned as "routine attenders". Compared to other patients, they had been attending longer, were less likely to fail to attend and more likely to be assigned to further routine follow-up. Further routine follow-up was recommended equally by juniors and consultants. Eighteen percent of patients had two consecutive routine follow-ups appointments. They had been attending even longer. Compared to other patients, they were actually more likely to be seen by a consultant although this did not reach statistical significance. They did not however differ significantly from other patients in terms of case mix.

Some cardiology outpatient follow-up may be inappropriate. In specialties like cardiology where juniors are experienced, consultants may be equally responsible in perpetuating routine follow-up. There are several potential vehicles for change which could be monitored through contracts. There may be potential for considerable resource savings by reducing inappropriate follow-up although further work is required on the use of "routine follow-up" as a proxy for inappropriate follow-up.

## Key Words

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Cardiology  
Outpatients  
Follow-up  
Appropriateness