



Diabetes Retinal Screening Programme 2004

Report & Recommendations
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RETINAL SCREENING PROGRAMME 2004

Data from the Eye Store 2004

Overall Appointed Patients	846
Did Not Attend	144
No Diabetic Retinopathy	456
Mild BDR	135
Moderate BDR	7
Severe BDR	2
Proliferative Retinopathy	4
Observable Maculopathy	9
Referrable Maculopathy	35
Other Non-Diabetic Lesion (includes laser photocoagulation scars and enucleated)	4
Not Adequately Visualised	16
No Image Recorded	178

This paper is a report summarising the Diabetic Retinal Screening Programme for 2004. The Tayside Mobile Eye Screening unit visits the Western Isles NHS Board area in September each year. Preparation for the visit begins in July when accurate numbers of patients to be screened, are collated and a detailed schedule for the visit is made. Individual appointment letters are prepared in the Diabetes Centre and sent to the GPs for distribution to their patients. From the 4th September 2004, the van travelled to 13 different locations throughout the Western and Southern isles with a final destination in Stornoway where it continued screening until Friday 8th of October.

In total the Eye Screening Van visited 13 different sites and screened for a total of 23.5 days, allowing only 1 half day in Uist and 1 half day in Stornoway for patients from any practice to attend. The Retinal Screener felt that more "free" days were need in Lewis and some practices needed more time to screen all their patients. Overall 23.5 days is not adequate time to screen the allocated patients. With the expected annual increase in diabetes, this is something we need to take into consideration when planning the 2005 visit.

Every GP Practice sent an up to date list of all their diabetic patients over the age of 12 years who were fit to be screened, to the Diabetes Centre. Appointment letters are prepared at the Centre and sent to each Practice, who then allocate times and send them out to the patients. Advertising prior to the van visiting an area took place. Local papers including Guth Bharraidh (Barra), Am Paipear (Uist) and De Tha Dol (Harris) printed the schedule relevant to their area. The Stornoway Gazette also prints the schedule the week before and the week during the screening to remind patients of the service.

2004 saw the introduction of eye drops for a minority of patients, where the image capture was not of a gradable quality. We informed all patients in writing of the possibility of this

being carried out and the necessary precautions required eg, "your vision may be blurred and you will not be able to drive for approximately 2 hours." Out of 702 patients screened, 102 of them required eye drops; 97 of them had taken the necessary precautions and were able to have them done on the day, but 5 had to come to the Diabetes Centre at a later date to have drops instilled.

The results come back to the Diabetes Centre around November, at which point they are sent to each GP practice for distribution to their patients

IT and the Diabetic Register

Ideally we should be able to run accurate figures from the Diabetes Register, but for two reasons this has not yet been possible and GP cooperation is vital for acquiring patient data. Firstly the system we use for the Diabetes Register is old and there is very limited IT support available to help resolve problems when they occur. Secondly we have a number of patients who did not consent to placing their names on the Register, so relying exclusively on the electronic register would miss out that group. Due to our relatively small numbers it has been possible to collate numbers manually, however we are aware that as the incidence of diabetes increases we can't and shouldn't continue to work in this way. We hope to resolve this problem by the implementation of the SCI-DC (Scottish Care Information - Diabetes Collaboration) system. SCI-DC aims to deliver effective IT solutions to Diabetes Services in NHS Scotland. Many other health boards in Scotland are already using this and we hope to start using it here within the next few months.

During 2004-05 investment was made to upgrade the IT resource for the retinal screening programme. The local ICT team have been working with SCI-DC Scottish Implementation Team to upgrade equipment and software. We are currently using the 'Tayside Eye Store' software provided by Ninewells Hospital. A national software development programme is underway co-ordinated by the Scottish DRS Planning Group. New hardware was purchased and hold our eye screening records. A new server meeting national specifications was purchased and installed.

Images are required to be kept for a period of 6 years and therefore new equipment was purchased to hold the Western Isles Eye Store files. It was bought to a particular specification as recommended by The Retinal Screening Programme Manager in Tayside. The new PC is held in the Diabetes Centre and allows the Retinal Screener to perform the first stage of grading the results before sending the images to Tayside for the next 2 stages of grading. Although the equipment was not here in time for us to benefit during 2004, it will be used for this purpose in 2005, which will speed up the results process.

Administration

The screening programme requires a considerable level of administrative support to prepare for the screening visits and appointments, to act as a central control while the programme is underway and to record and notify of results, update medical records and liaise with Tayside on any difficulties or problems. This requires handling in excess of 5000 individual records and appointments. There are prescribed standards to be met set down by QIS Retinal screening Standards and during 2004 these were met. This would not have been possible without additional investment in administrative support.

Extra admin support was provided again this year, 20 hrs per week from September 04 to March 05. This enabled efficient co-ordination of the Screening Programme without too much disruption to the daily activities of the Diabetes Centre. Using the Eye Store, individual results were produced and posted to patients within 11 working days of them being delivered to the Diabetes Centre. Prior to this, copies were sent to each Practice and a further copy is currently being filed in hospital notes. The screening finished on the 8th of October and the results arrived at the centre on 27th October. By the 11th of November all 702 patients who attended for screening had been sent a result.

Changes in 2004

It was highlighted the previous year that there was a lot of confusion over whose responsibility it was to inform the patient of their result, with the effect of long delays in patients receiving them, if even at all. The Retinal Screening Committee was set up to look at these problems and to put systems in place to improve patient care. Everyone agreed it should be like other screening programmes such as cervical and breast, where the results are sent out centrally and not via the GPs. It was felt that the Diabetes Centre was the obvious centre point for the Screening Programme. This system which was fully implemented before the beginning of the programme in 2004 demonstrated that the anticipated improvements were achieved with clearer communications between patients, GPs, screening unit and the Resource Centre. The service improved on reporting times from the previous year.

In previous years those patients whose results indicated that a second opinion was required were normally referred to Dr. Macrea, Consultant Ophthalmologist. It was agreed with Dr. Macrea that the Tayside Eye Screening Centre would provide second opinions therefore negating the need to refer to the local ophthalmology clinic. This amendment achieved a number of benefits:

- Second opinions were given much faster than was previously achievable
- It reduced Dr. Macrea's workload

- Only patients who require further treatment were referred to ophthalmology
- Reports were available weeks and in some cases months earlier than previous years
- Patients were referred for treatment much sooner as a consequence.
- The system is now more cost effective

Discussions have taken place with Mr. R Doig, Optometrist, Stornoway, about providing a local service for those patients who DNA on their programmed appointments, are away from the islands during that time or otherwise are unable to attend the screening van. Training has been provided for Mr. Doig at Ninewells Hospital Dundee who attended a screening course in January 2005. To provide this service investment will be required in digital imaging equipment and a case is being prepared. Further discussion is required before formal proposals are drafted but it is hoped to have this service established during 2005 – 06

RETINAL SCREENING ATTENDANCE FIGURES 2004

Attendance Figures

Practice		Number of days	Patients Appointed	Patients Attended	% Patients Attended	Patients DNA	% Patients DNA
W90007	Borve	1	29	26	89.66	3	10.34
W90026	Carloway	1	26	24	92.31	2	7.69
W90031B	Group	3.5	157	130	82.80	27	17.20
W90031S	Habost	1	28	27	96.43	1	3.57
W90172S	Springfield	2.5	93	70	75.27	23	24.73
W90172A	Archway	2.5	106	83	78.30	23	21.70
W90064	Uig	1	20	18	90.00	2	10.00
W90079	North Lochs	1.5	63	53	84.13	10	15.87
W90083	South Lochs	1	15	13	86.67	2	13.33
W90098	North Harris	1.5	61	48	78.69	13	21.31
W90101	Leverburgh	1	35	32	91.43	3	8.57
W90115	North Uist	1.5	62	55	88.71	7	11.29
W90120M	Griminish	1.5	59	47	79.66	12	20.34
W90120B	Branch Surgery	0.5	10	8	80.00	2	20.00
W90134	South Uist	1	41	33	80.49	8	19.51
W90149	Barra	1	41	35	85.37	6	14.63
TOTALS		23.5	846	702	82.98%	144	17.02
National Target					60%		

Attendance Over The Years

YEAR	Patients Booked	Patients Attended	ATTENDANCE %
1998	536	497	93%
1999	394	349	89%
2001	698	573	82%
2002	729	580	86%
2003	755	605	80%
2004	846	702	83%

Miscellaneous Information

Patients with Small Pupils	144
Dilated Drops used	97
Already attends Eye Clinic	93
Re-Screen in Diabetes Clinic (eye drops)	5
Re-Screen with Slit Lamp(eye clinic)	12
Referred to Eye Clinic	20