



Diabetes Retinal Screening Report 2005

Marina Sinclair
Diabetes Services Co-ordinator

WESTERN ISLES RETINAL SCREENING PROGRAMME 2005

"Diabetic eye disease is the commonest cause of visual loss in adults of working age in the UK" Scottish Diabetes Framework 2002

Diabetes can affect the eye in a number of ways. The most serious eye condition associated with diabetes involves the retina and the blood vessels lying within it. The name of this condition is Diabetic Retinopathy. To reduce the risk of this, good glycaemic and blood pressure control must be maintained. There is also clear evidence that early detection of retinopathy is important to improve the outcome, particularly as it may be symptom less.

Clinical Standards for Diabetic Retinopathy were produced in 2004 stating that area-wide retinopathy screening programmes should be implemented. NHS Western Isles has in fact been running a very successful Diabetic Retinopathy Screening Programme since 1998.

We have found that attendance figures are high compared to national figures. We believe the "door step" service we deliver is a contributing factor to the high attendance. Therefore we continued this practice in 2005 and 13 sites from the Butt to Barra were allocated to screen from. A schedule was agreed with the Mr Richard Clark, Senior Screener in June and the dates were finalised for the 7th Western Isles Retinal Screening Programme to take place from 3rd September to 10th October 2005.

Changes in 2005

Last years report highlighted the need to have extra "free days" to allow flexibility with appointments. Taking this on board an extra 2 days were incorporated into the Service Level Agreement, drawn up with NHS Tayside. In total 2½ "free days" were allocated, ½ day in Uist and 2 days in Stornoway whereby patients from any practice in the island could attend if their original appointment was not suitable. This proved to be very useful in that 52 people chose to re-appointed into these days.

Foot Screening

The 2005 programme was accompanied by the Podiatry Services where tandem screening was provided for all diabetic patients in the Western Isles. This unique service was the first in Scotland whereby the patient had their eyes screened and were then invited to have a foot assessment carried out by a Podiatrist. This proved to be a great success with all patients who attended. A separate report is being compiled by the Podiatry Department.

Improvements To Service

Continuous improvement is always a priority in this programme and over the years with the extra administrative support and new IT equipment we have improved specific areas. One such area was the creation of a clear pathway for second opinions and urgent referrals which in the past had been quite confusing and the turn around time was unacceptable. An example of this improvement became apparent during the screening last year.

The Screener identified a suspicious image and sent it for a second opinion. This was carried out by the Consultant Ophthalmologist in Tayside who recommended an urgent referral (2-4 weeks) to the eye clinic. The images and referral were transmitted to the Diabetes Centre and taken to the Out-Patient Dept where an appointment was allocated and sent to the patient. From the time of the image capture on 9th Sept, to the patient actually being seen at an Eye Clinic on 20th Sept, took only 7 working days! In the past this could have taken well over a month.

Level 1 grading is now carried out by the Screener using the equipment in the Diabetes Centre which was purchased last year. The images are then transferred to Tayside for level 2/3 grading and second opinions are also carried out by the Tayside staff. The results are sent to the Diabetes Centre where a result letter is produced and sent to each individual patient. A copy is also sent to all GPs for their records and the original is filed in hospital care notes. Consultants have found this very useful when consulting with their patients.

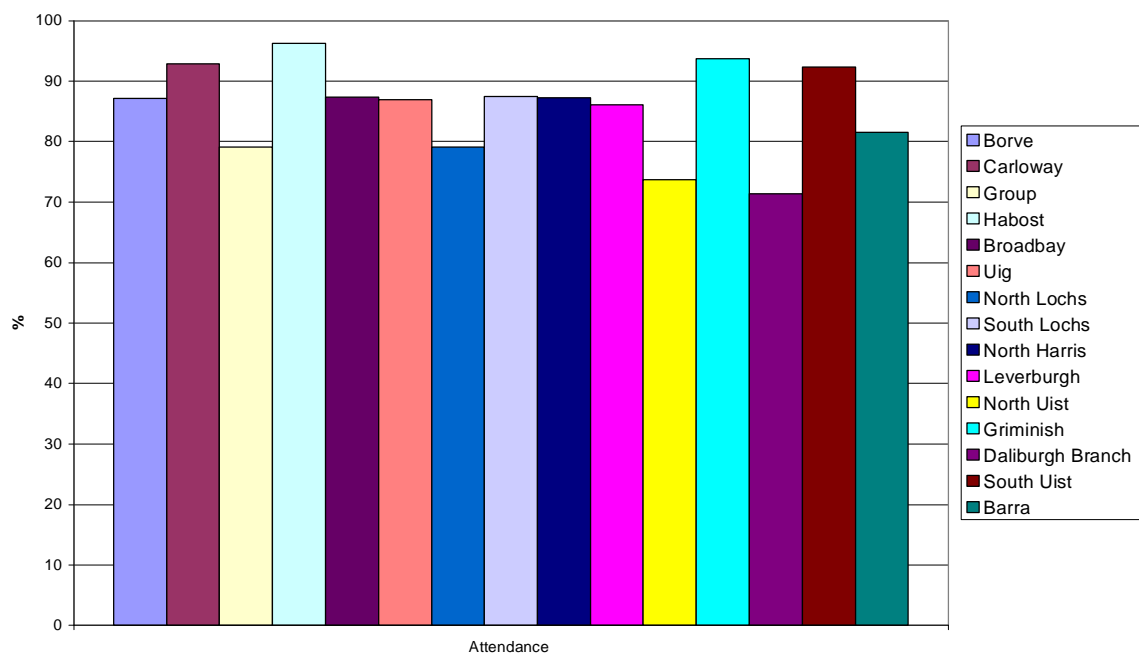
The image capture for the screening programme was completed on the 10th of October 2005. The images then went through the remaining grading process at Tayside and were transferred back to the Diabetes Centre on the 8th of November. With the extra administrative support that the Diabetes MCN has put in place, the results were able to be checked, printed and posted to all patients by 11th of November 2005.

Practice Attendance Figures

Practice	Number of Days	Appointed	Attended	Attendance %	DNA/ Canc	DNA %
Borve	1	39	34	87.18	5	12.82
Carloway	1	28	26	92.86	2	7.14
Group	4	158	125	79.11	33	20.89
Habost	1	27	26	96.30	1	3.70
Broadbay	5	214	187	87.38	27	12.62
Uig	1	23	20	86.96	3	13.04
North Lochs	1.5	67	53	79.10	14	20.90
South Lochs	1	16	14	87.50	2	12.50
North Harris	1.5	55	48	87.27	7	12.73
Leverburgh	1	36	31	86.11	5	13.89
North Uist	1.5	61	45	73.77	16	26.23
Griminish	1.5	64	60	93.75	4	6.25
Daliburgh Branch	0.5	7	5	71.43	2	28.57
South Uist	1	39	36	92.31	3	7.69
Barra	1	38	31	81.58	7	18.42
Free Days						
All Practices*	2.5	52	47	90.38	5	9.62
TOTALS	26	872	741	84.98%	131	15.02 %

* Patients screened on the "free days" are incorporated in their own Practice column.

Practice Attendance Graph



Annual Attendance Figures

Year	Patients Booked	Patients Attended	Attendance %
1998	536	497	93%
1999	394	349	89%
2000	NO SCREENING		
2001	698	573	82%
2002	671	580	86%
2003	755	605	80%
2004	846	702	83%
2005	872	741	85%

Notes

- ◆ 1999 screening numbers reduced as only patients who did not attend the eye clinic in the previous 12 months were called
- ◆ 2000 no screening due to screener staff shortages in NHS Tayside
- ◆ 2001 onwards invited all patients for screening regardless of attendance at the eye clinic.

Annual Attendance Graph

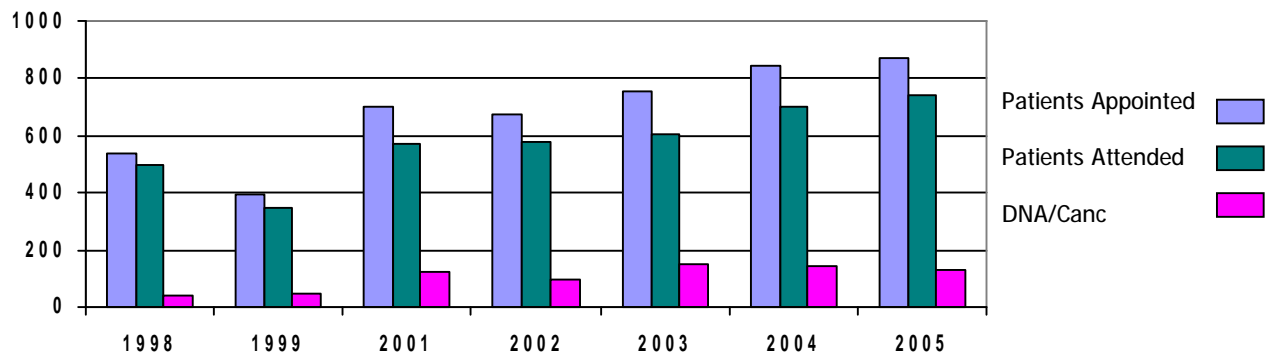


Image Grades 2005

Grade	Number	Miscellaneous	Number
No Diabetic Retinopathy	476	Dilation with drops	146
Diabetic Retinopathy - Mild	226	Re-screen Slit Lamp	13
Diabetic Retinopathy - Observable	9	Referred to Eye Clinic	28
Diabetic Retinopathy – Referable	0	Attends Eye Clinic	106
Proliferative Retinopathy	5		
Maculopathy – Observable	12		
Maculopathy – Referable	51		
Other Non-Diabetic Lesion	2		
Not Adequately Visualised	8		
No Images Recorded (Patients unsuitable for the eye van screening)	8		