

DORSET DIABETIC EYE SCREENING PROGRAMME

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DORSET DIABETIC EYE SCREENING PROGRAMME (DDESP) EXCLUDING PATIENTS FROM SCREENING AND PATIENTS WISHING TO OPT OUT: INFORMATION FOR PRIMARY CARE

Dr Wendy Gatling, Clinical Director, DDESP, Dorset PCT

From 1.1.2007 in line with the NSF targets, all patients with diabetes should be offered diabetic eye screening by digital photography. In Dorset, the invitations for screening will be sent out through the central screening office using the Dorset diabetic patient register. Some patients may not be suitable for screening and a few will want to opt out of screening. This information needs to be carefully documented and included in the Dorset register. The criteria for exclusion have been outlined by the National Screening Committee (available at www.nscretinopathy.org.uk).

SCREENING FOR SIGHT THREATENING DIABETIC RETINOPATHY: WHO SHOULD BE SCREENED?

The national screening programme is for all adults with diabetes and children from the age of 12 years.

WHAT IS AN ACCEPTABLE SCREENING TEST FOR DIABETIC EYE DISEASE?

The criteria for an acceptable screening test are laid down by the national screening committee.

Screening test must be either digital photography or slit-lamp bio-microscopy until the end of December 2006. After this digital photography only may be counted and two field digital photograph with mydriasis is recommended. Direct Ophthalmoscopy should not be counted for any quarter of 2005/06 or later. National Factsheet 13 NDST November 2005

If digital images are ungradeable, then slit lamp biomicroscopy (SLB) is acceptable and may be counted.

EXCLUSION FROM SCREENING

Mechanism for exclusion

The mechanism of exclusion is for the GP to complete a paper exclusion form and send to the screening office. A copy of the form is at the end of this document and is also available on our website (www.dorsetdiabeticeyescreening.co.uk) or from the screening office.

All children with diabetes aged <12 years

No action required as the diabetic eye screening software will automatically identify and allocate first screening invitation for twelfth birthday

Adults

Consider carefully before excluding a patient from screening as you will need to justify your decision. In summary, any patient unable to be treated with laser treatment for sight threatening diabetic retinopathy should be excluded from screening as there is no point identifying an untreatable problem. Laser treatment is usually undertaken in the clinic with the patient seated at a slit lamp. The patient needs to be fully cooperative e.g. keep their eyes still when requested. Laser treatment can be undertaken, in special circumstances, under general anaesthetic but the patient must be fit enough to tolerate the GA.

Terminal Illness or other serious problem

Patients reaching the end of their lives may be excluded from screening. The timing of this decision needs to be made with care. Quality of life and patient well being are factors to be considered. The patient, carer and /or health care professional may make this decision but the exclusion form should be signed by the GP. Terminal illness can include a wide variety of illness such as dementia, severe heart failure etc not just cancer. *Action: complete exclusion form and send to screening office and code as 8I6F (diabetic retinopathy screening not indicated) on your primary care system.*

Blindness – no vision at all

Patients on the blind or partially sighted register should still be screened. Only patients with **no vision in either eye** should be excluded. Treatment of diabetic retinopathy may help to preserve sufficient vision in the visually impaired to help maintain independence. *Action: complete exclusion form and send to screening office and code 2B6B (right eye completely blind), 2B7B (left eye completely blind) and 8I6F (diabetic retinopathy screening not indicated) on your primary care system.*

Disabilities

Screening programmes are subject to regulations under the Disability Discrimination Act so we must take care not to exclude people on the issue of mobility alone. The optometrist can screen some patients with disability by digital photography or slit lamp biomicroscopy without problem. The screening office can provide information about wheelchair access for the optometrists.

Some patients with disabilities will be unable to get their chin on the slit lamp or keep still enough, making digital photography or SLB physically impossible. The position of the camera or slit lamp in some optometrist practices may prevent screening occurring but the equipment in a hospital setting may be more flexible and make standard screening still feasible. Some patients may need to be permanently allocated to hospital screening. *Action: please write to Dr Wendy Gatling, Clinical Director DDESP to make referral for hospital screening and she will liaise with hospital screeners and ophthalmologists to arrange the screening. Please describe in full detail why hospital screening is required so the most appropriate arrangement can be made.*

Other patients e.g. people with learning difficulties will be unable to cooperate despite best efforts. Most GPs will be able to make a judgement in relation to exclusion from screening but if you are unsure, we recommend discussing the case with one of the local ophthalmologists or Wendy Gatling, clinical director. *If exclusion decision made, complete exclusion form and send to screening office and code 8I6F (diabetic retinopathy screening not indicated) on your primary care system with the comment “disability prevents screening”.*

ATTENDANCE AT A GENERAL EYE CLINIC

These patients must still attend for diabetic eye screening by digital photography. Eye examinations in general clinics do not count for screening as they are not based on digital imaging and are not subject to the quality assurance necessary for the national screening programme. Patients attending a specialist ophthalmologist for diabetic eye disease will not need screening but the assessments undertaken in the clinic need to be recorded on the DDESP software. We need to submit an annual report which includes numbers of patients under specialist review and receiving treatment for retinopathy.

PATIENTS WISHING TO OPT OUT OF SCREENING

Temporarily opting out

Some patients may want to delay screening or temporarily opt out of screening e.g. if they are having chemotherapy. This opt out will be for a maximum of 12 months. *Action: please ask the patient to sign the temporary opt out form and send to the screening office and code 8I3X (diabetic retinopathy screening refused) on your primary care system.*

Opting out longer term

Some patients will opt out of screening for their own personal reasons. These patients need to have a clear understanding of the risks of developing retinopathy: in type 1 diabetes, lifetime risk of sight threatening retinopathy (STR) is 50% i.e. 1 in 2 patients and 30%, 1 in 3 patients in type 2 diabetes. Patients will be sent a further invitation at the interval chosen (1, 2 or 3 years) to give them the option of rejoining the screening programme. They may wish to opt out again, but I believe it's important for the patient to reconsider at a regular interval. *Action: please ask the patient to sign the 'opt out' form and code 8I3X (diabetic retinopathy screening refused) on your primary care system. We will write to the patient at the interval they have requested (maximum interval 3 years) to confirm, they still want to opt out.*

FORMS

Exclusion from screening form

Opt out consent form – temporary

Opt out consent form – longer term