

DORSET DIABETIC EYE SCREENING PROGRAMME

Diabetic Eye Screening Office
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I wish to exclude the following patient from the Dorset Diabetic Eye Screening Programme for the reasons ticked below (Please see the reverse of this form for guidelines on exclusion):

NAME.....
 ADDRESS.....
 POST CODE..... TELEPHONE.....
 DATE OF BIRTH..... NHS No

The patient would be untreatable if diabetic retinopathy were to be found as would not be suitable for outpatient treatment and the risk of GA would be too high	
The patient is terminally ill (includes dementia, severe heart failure, cancer, severe COPD etc).	
The patient has no vision in either eye	
The patient has physical and/or mental disabilities which would make him/her unsuitable for screening either in an optometry practice or in a hospital setting.	
Other reason: please explain	

Name of GP
 Signature.....
 Date

Practice Stamp

EXCLUSION FROM SCREENING

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.

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.

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.

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.