

## DORSET DIABETIC EYE SCREENING PROJECT PROGRESS REPORT – APRIL 2005

### **Organisation**

North Dorset Primary Care Trust is the lead Primary Care Trust for the Dorset Diabetic Eye Screening Project (DDESP). The Executive Group of the DDESP meets on a monthly basis and is chaired by Mr Denis Elkin, the Project Director. The members of the Executive Group are Dr Wendy Gatling, Acting Clinical Director; Mrs Lynne Lacey, Project Manager; Mr Rob Dawson, IT Project Manager and Mr Steve Taylor, Optometric Advisor. A representative of the Dorset and Somerset Strategic Health Authority attends the meeting together with representatives from Somerset.

A wider “stakeholders” group is held twice a year, attended by optometrists, consultant diabetologists, consultant ophthalmologists, a patient representative, a diabetes nurse specialist, GP diabetic leads and representatives from Primary Care Trusts.

### **Optometrists**

There is currently an optometry based diabetic eye screening service in Dorset that has been working very successfully for 20 years although payments to the optometrists did not begin until 1993. The design of the system for Dorset has therefore been based on building on this optometry based service but incorporating the new requirements for all diabetic eye screening to be undertaken using digital imaging by December 2006. From 1 April 2005, the National Screening Committee recommendation is that direct funduscopy is no longer acceptable for routine diabetic eye screening and all Dorset optometrists providing screening have been trained in the use of Slit Lamp Biomicroscopy. The standard Dorset diabetic eye screening report form has been redesigned to incorporate both the changes in the method of screening and the new national grading system.

There are currently 12 optometry practices across the county who have expressed interest in being involved in Phase 1 of the scheme and the Project Manager has spoken to each of these practices and is keeping them informed of the progress to date. A training programme is being set up at the hospital for the optometrists and technicians who will be capturing images and a further consultant-led training session for grading will be undertaken by the optometrist.

### **IT**

A software specification was drawn up in the autumn of 2004 and two approved software suppliers (Digital and Orion) were asked to demonstrate their systems at a demonstration day in December. The demonstration was attended by the Executive Group, IT representatives from Dorset and Somerset, Diabetologists, GP Diabetic Leads, Ophthalmologists and Optometrists from across both counties. Following this demonstration it was clear that although either product was fundamentally suitable, neither one could meet the full range of requirements for our system at that time, particularly with regard to automatically populating the diabetic eye screening database from primary care. A small technical group was set up made up of IT specialists from Dorset and Somerset and has produced a more finite Functional Design document relating to the Technical Infrastructure. The group has now met with both suppliers who are providing quotations against this document and we anticipate quotations should be received during May and hope to sign a contract with one of the suppliers in June 2005.

In order to populate the diabetic eye screening database, it is planned to extract data electronically from the computer systems in GP Practices and in Secondary care. A specialist software company is working with Orion and Digital on this issue. The five Dorset PCTs have been contacted for advice and assistance on this data extraction and are discussing this with their Clinical Governance teams and Caldicott Guardians. The LMC is clarifying the consent issues with the National Screening Committee in order to advise GPs across the county. It is hoped the central collating system will be populated and operational in early 2006.

**Process**

Documents have been drafted indicating the roles and responsibilities of all parties involved in the screening process (patients, optometrists, hospitals, GPs, diabetic eye screening collating centre, etc) and these include the service pathways in a diagrammatic form. Protocols relating to these pathways have been drafted and further protocols are being written relating to the clinical aspects of grading.

**Secondary Care**

Meetings and an Information Day have been held with clinicians and managers from the three acute Trusts and each Trust has been looking at its working patterns and changes needed in order to accommodate this service. Members of the Executive Group will continue to have regular liaison meetings with the teams at the acute Trusts as the project progresses. The secondary care clinicians plan to have a Dorset-wide multi-disciplinary team meeting twice a year.

**Quality**

A quality assurance programme has been discussed and the Executive Group is working with a local organisation that will manage this. It is planned that each optometrist undertaking grading will be sent 250 patient images per year, through the software system, and these will be graded against a "gold standard" set.

**Data Collection**

Using the QMAS return for the year ending 31 March 2005, each PCT is providing anonymised data from the DM8 quality target for the GMS contract. For comparative purposes, some PCTs are also provided data from MIQUEST. Each optometrist providing diabetic eye screening is undertaking a quarterly audit that will indicate numbers of patients recalled as well as numbers screened.

**Interim System**

As the implementation of the central software has been delayed, an interim service is currently being set up in order to allow those optometrists who already have cameras to start using them for the screening programme. The optometrist will use the camera software to take and grade images and these will be issued an ID number and e-mailed to the hospital for second disease grading. The standard Dorset optometrist report form will be completed and posted to the hospital who will match these to the images and undertake second disease grading. The hospital will then send a report to the optometrist, the GP and the patient. All second disease grading will be undertaken at Poole Hospital until such time as the other acute Trusts have a trained screener/grader in post.