

## **Diabetic Eye Screening Programme (Buckinghamshire)**

### **Information for primary care practitioners**

The Buckinghamshire Diabetic Eye Screening Programme (DESP) provides a systematic, quality assured diabetic retinopathy screening service for all people with diabetes mellitus (DM) from the ages of 12 and above, in line with national recommendations. The aim of retinal screening is to detect diabetic retinopathy early and refer appropriate patients for further management, to reduce the risk of developing blindness.

#### **Overview:**

Diabetic retinopathy is the commonest complication of DM and is one of the leading causes of blindness in the working age population in developed countries. In the absence of systematic screening, the condition would not be detected for a very long time, as it often does not impair vision till quite late in the disease process.

The Buckinghamshire DESP uses mainly fixed site screening cameras at Milton Keynes Hospital, Wycombe Hospital, Stoke Mandeville Hospital, Amersham and one mobile outreach camera which covers South Buckinghamshire.

Systematic screening involves digital photographs taken after the pupils are dilated (with Tropicamide 1%® eye drops).

Depending on the pathology found, up to three graders may look at one set of images before issuing a final report. These images are looked at by professionals including trained screener/graders, optometrists or ophthalmologists.

The whole programme, which serves approximately 40,000 people with DM in its catchment area, is administrated centrally in its office based in Milton Keynes hospital.

Based on the outcomes of this reporting process, people with DM may either require re-screening in 12 months or referral to ophthalmology for further management of certain conditions.

#### **Eligible people:**

- All people with DM aged 12 and above are offered annual screening
- This process is in addition to 'eye tests' by opticians and does not replace them. Neither do opticians' eye tests replace systematic retinal screening

#### **Structure of local service:**

- The programme covers all of Buckinghamshire and parts of Bedfordshire and Hertfordshire
- The service office is in Milton Keynes Hospital
- It has a dedicated programme manager, and clinical lead (see below)
- People from Milton Keynes, Aylesbury, Amersham and High Wycombe are referred to the respective hospitals if ophthalmology input is required

#### **The process of screening and reporting:**

- Visual acuity is measured
- Tropicamide 1%® eye drops are used to dilate the pupils
- Two photographs of each eye are taken and recorded
- The images are then graded, looking for evidence of diabetic retinopathy
- A secondary grader grades 10% of 'normal' images and all abnormal images. If there is disagreement, then a third 'arbitration' grader looks at these images
- All 'normal' and background retinopathy (R1) is rescreened in 1 year

- Pre proliferative retinopathy (R2) and Maculopathy (M1) is referred to ophthalmology and needs to be seen within 13 weeks from the date of screening.
- All proliferative retinopathy (R3) is referred urgently to ophthalmology and required to be seen within 2 weeks
- A report is sent to the patient's GP and a letter is sent to the patient
- All ungradeable images are referred for slit lamp biomicroscopy

### The role of primary care:

- Once a person is diagnosed with DM, their name and details should be added to the practice diabetes register and a referral sent to the retinal screening service - by letter (by internal mailing system where appropriate) to The Diabetic Eye Screening Programme, Maple Unit, MK General Hospital, MK6 5NG

#### **Only the following basic information is required:**

Full name, Date of Birth, Full postal address, telephone numbers and NHS number

- Ensure that **all patients with DM aged 12 and above have been referred** for retinal screening (**for patients who wish to opt out-please see below**)
- Encourage patients to attend retinal screening. Be aware of myths/misunderstanding around lack of need to attend and explain true facts to patients
- Ensure that the attendance is recorded as well as the results with READ codes on the patient electronic record. 'Under the care of the screening service' is not appropriate if they have not attended in the last 15 months
- Ensure glycaemic control, blood pressure, lipid profile and smoking are addressed to reduce further risks
- **Patients with retinal changes should receive intensive management of the above factors**

### 'Opt outs' and DNAs:

- Patients who wish to 'opt out' should inform the DESP office admin team. They will be sent an opt-out form to complete.  
If 'opt-out' is for medical reasons, the admin team will ask the GP to confirm the medical condition.

Patients who do not attend (DNA) an appointment sent to them are sent a letter inviting them to call and book their own alternative appointment. If they DNA this appointment, no further appointment is sent at this time. The next invitation will be 12 months later. The GP is informed that they have missed two appointments and will be re-invited next year.

**Please note they can re-refer themselves back in at any time before that and should be encouraged to do so, by calling the screening office**

### Useful contacts:

**Clinical Lead:** Dr Suri Dhanoa 01908 660033  
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**Programme Manager:** Greg Keetch 01908 826947  
[Greg.keetch@mkhospital.nhs.uk](mailto:Greg.keetch@mkhospital.nhs.uk)

**DRSS Office Admin Team:** 01908 243090/243735

**National website:** <http://diabeticeye.screening.nhs.uk>