

# Health and Wellbeing Board

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1 October 2014

## Diabetic Eye Screening Programme Rotherham

### Introduction

This report from the South Yorkshire and Bassetlaw Screening and Immunisation Team and is in response to request from the Rotherham Health and Wellbeing Board.

### Background to the Diabetic Eye Screening Programme

The NHS Diabetic Eye Screening Programme was introduced to reduce the risk of vision loss in people with Diabetes. Everyone with Diabetes who is 12 years of age or over should have their eyes screened once per year to check for signs of Diabetic Retinopathy.

There are 3 types of Diabetic Retinopathy:

#### Background retinopathy:

Small blood vessels in the back of the eye become blocked or may bulge or leak blood or fluid. This does not affect the eyesight but it needs to be carefully monitored, so that any early changes are detected early and treatment can be offered to stop it becoming more serious.

#### Maculopathy:

The macula provides central vision and is essential for clear detailed vision. If the background retinopathy described above is in/around the macula the fluid leakage causes swelling which can lead to loss of vision. This is more common in people who have Type 2 Diabetes (those who need Insulin) and if left untreated can cause blindness.

#### Proliferative retinopathy:

As background retinopathy develops, large areas of the retina are deprived of a proper blood supply because of the blocked or damaged blood vessels. This stimulates the growth of new blood vessels to replace the blocked ones. The new vessels are very weak so bleed easily. The bleeding causes scar tissue that then shrinks and pulls on the retina leading to it becoming detached and causing blindness. This is more common in people who have Type 1 Diabetes (those who do not need Insulin)

### Screening

Newly diagnosed diabetic patients are referred to the local programme by their GP and booked onto a new patient clinic list as they require a longer appointment.

For subsequent annual screens the patients are sent an invitation letter, which asks them to phone to book an appointment for screening at a time to suit their convenience.

When a patient arrives for screening he/she is given eye drops to enlarge the pupils and then photographs are taken of the retina. Results from screening are:

- No retinopathy
- Background retinopathy
- Degrees of referable retinopathy

Treatment is dependent on the outcome of the screening.

### **Barnsley and Rotherham Diabetic Eye Screening Programme**

The joint Barnsley and Rotherham programme was commissioned in 2007, to service the population of Barnsley and Rotherham. The programme provider is Barnsley Hospital Foundation Trust.

In line with the national trend the diabetic population in Barnsley and Rotherham is increasing year on year. The programme currently has 27,707 patients registered, 25,906 are eligible for screening. Those not eligible for screening are managed in line with the national programme guidance relating to exclusions and suspensions. This list of patients are reviewed and validated every 3 months by the failsafe team within the programme, to ensure they still meet the criteria for exclusion/suspension.

The programme is currently commissioned on behalf of Public Health England via NHS England South Yorkshire and Bassetlaw (SYB) Area Team, to the national service specification for Diabetic Eye Screening.

There are a number of screening sites/venues in Rotherham including:

- Rotherham Hospital Diabetes Centre
- Anston, Swallownest, Clifton Medical Centre, Greasborough, Kilnhurst, Kimberworth Park, Kiveton Park, Maltby Service Centre, Parkgate, Rawmarsh, Swinton, Treeton, Wath Upon Dearne.

### **Performance**

Programme performance is reported nationally on a quarterly basis and also into the quarterly SYB Programme Board. The quarterly programme board is chaired by a member of the SYB Screening and Immunisation Team and membership includes representation from Commissioners, Programme Providers across SYB, SYB Area Team, the national Quality Assurance Team and the IT software provider.

Any performance issues are escalated as required to the SYB Screening and Immunisation Advisory Group (SIAG) NHS England Public Health

Commissioning Local Delivery Group and South Yorkshire Commissioners group.

Directors of Public Health are represented at SIAG and this provides their assurance/information on the performance of each of their Screening/Vaccination and Immunisation programmes in their area.

The Diabetic Eye Screening programme in Rotherham is currently underperforming in some areas. These are being monitored via an action plan, with a monthly update report submitted to the SYB Screening and Immunisation Team.

#### Invitations:

100% of the eligible population should be offered an invitation to participate in screening on an annual basis (every 12 months)

Historically invitations for screening were managed through a closed model of invitations. The providers sent out the invitations and appointments based on their available clinic capacity/staffing/camera availability at that time. Which in addition to reducing the number of appointments they could offer also resulted in a backlog meaning patients were being seen within 14 months instead of the required 12 months.

Action taken by the provider to address this issue includes changing the invitation model to an open model, increasing clinic capacity, operating an accelerated service and recruiting staff. It is expected that improvements in this standard will be reflected in the data from September 2014 onwards.

#### Uptake:

The combined programme uptake currently is above the Public Health Outcomes Framework standard of 70% but below the stretch achievable target of 80%. Each individual programme uptake shows a similar picture. The programme provider has recognised that there are a number of patients who repeatedly do not attend for screening (DNA). In attempting to address this they have surveyed the patients who DNA and have acted upon some of their findings including offering clinics at evenings and weekends, phoning the patients the day before the screening appointment to act as a reminder, engaging with/visiting GP Practices who have high numbers of DNAs from their practice, asking them to reinforce the importance of screening with individual patients and, in addition, offering practices health promotion materials to advertise the programme and visiting Practice Manager meetings to promote the programme. Data cleansing of practice lists of registered patients is undertaken on a regular basis to ensure that the diabetic patient list held by practices reflects the list held by the programme and vice versa. The programme will also participate in the newly formed SYB Health Promotion meeting facilitated by the SYB Screening and Immunisation Team. This meeting brings together a number of providers across from both the cancer and non-cancer screening programmes and other stakeholders following a 'Do once and share model' in an attempt to work collaboratively towards

improving coverage/uptake and access to all screening programmes in SYB, especially for those groups with known health inequalities

#### Slit Lamp Biomicroscopy (SLB):

SLB is a procedure that allows an examination to see the front of the eye (including the retina) in order to detect any problems with the eye.

SLB should be offered within 14 weeks of screening. Compliance with this standard has varied over the last few months. 12 patients outstanding (Dec 2013) being the highest and 3 patients outstanding in the August report (Planned appointment 15 weeks after screening) This is monitored by the Screening and Immunisation Team on a monthly basis and is improving

#### **Quality Assurance Review**

All cancer and non-cancer screening programmes are subject to an external quality assurance review. A new national framework has been developed to support the quality assurance review process. The Barnsley and Rotherham Diabetic Eye Screening programme review (planned for October 2<sup>nd</sup> 2014) will be the first programme in SYB to be quality assured in this way.

The one day review will consider the overall quality of the programme provision and where applicable the reviewers will make recommendations where they feel the quality of that provision can be improved. The provider will then be expected to address the recommendations from the visit via an action plan that will then be monitored by the QA team and the SYBSIT. A copy of the report will also be provided to the Director of Public Health by the Quality Assurance Team

#### **Recommendations**

Rotherham Health and Wellbeing Board are asked to note the content of this report.

**South Yorkshire and Bassetlaw Screening and Immunisation Team  
October 2014**