

Delivering quality care for people with diabetes

With the focus on Primary Care Trusts to meet the NSF targets and Diabetes UK promising to “name and shame” those PCTs who do not offer a quality Diabetic Retinopathy Screening service, 1st Retinal Screen examines the key issues in delivering a quality Retinal Screening Programme

For many PCTs, establishing a DRS programme has proven to be a complex and difficult process. Whilst the actual screening of patients is important, it is just one part of a DRS service.

Recent figures show that a number of PCTs failed to meet the April 2006 implementation targets for Diabetic Retinopathy Screening, with many PCTs still struggling with the task of establishing a DRS service and at risk of not meeting the targets set for December 2007*.

1st Retinal Screen works with PCTs offering either a fully managed DRS service or modular approach to assist them in meeting their targets.

However, before implementing a DRS service, PCTs must ensure the following are included as part of their DRS programme.

- Construct a diabetes register from client-defined sources with ongoing management of the register;
- Training in patient-listing management to ensure optimum use of the service;
- Booking, call and recall service for managing the patient pathway;
- Retinal screening by highly trained professional staff;
- Image grading and reporting by nationally accredited professionals;
- Controlled access to centrally stored screening reports and images;
- Automated patient referral service.

Establishment of a Diabetes Register

Identifying and capturing information on the right patients is the first step to creating a successful DRS service.

PCTs should establish which organisations should be included and what geographical area should be covered by the screening service. Problems arise when an attempt is made to pin down specific numbers of people eligible for screening. For example, the number of people moving out of or into the area or being newly diagnosed with diabetes must be taken into consideration.

Once the patients have been identified, the system needs to be capable of updating patient data – including screening results, on an ongoing basis.

Ensuring all healthcare professionals involved in the DRS programme have access to patient cross-sector records is essential. By establishing a web-based service that can be

accessed by authorised users over NHSnet/N3, PCTs will be building the foundation of an effective DRS service to ensure the early detection and prevention of sight-threatening diabetic retinopathy and taking an important step towards meeting their targets for 2007.

The commissioning process

Inclusion is essential. Those responsible for commissioning a DRS programme must ensure that all key stakeholders are involved in the planning process.

It is important that a service lead is appointed at an early stage with responsibility for developing the service through consultation with the stakeholders.

Screening

Based on the number of patients estimated to be screened, selecting the number of/and different locations/venues is vital. For PCTs that are struggling with issues of resource and time, the inclusion of screening services by community optometry should be considered. 1st Retinal Screen currently works with community optometrists in Swindon and West Yorkshire to provide additional screening venues, thus offering patients more choice both in time and location.

Retinal Screeners

Retinal Screeners come from a number of professional backgrounds. The NSC has stated a need for trained and accredited screeners. The new City and Guilds National Certificate in Diabetic Retinopathy Screening developed in conjunction with the NSC will ensure that in future all screeners will be trained and accredited in an appropriate fashion.

It is important to be aware that the patient pathway is not straightforward and there are many instances where exceptional circumstances will apply. For example when dealing with people with physical or learning disabilities, mental health problems and those unable to speak or read English.

Grading

From a clinical point of view, disease graders clearly have the greatest responsibility. As with screeners, training and accreditation is paramount and the National Certificate makes provision for this.

As well as a systematic grading process, provision of internal quality assurance (QA) must be included and should be undertaken by the higher-level graders.

Management of positive results

Clearly there will be a need for onward referral and management of those patients identified by the screening programme as having diabetic retinopathy requiring further investigation and possibly treatment.

It has been argued that a DRS programme should be tied to one treatment centre (ophthalmology department). This clearly works against patient choice, and in some cases may compromise existing arrangements for referring patients to more than one hospital. An agreement should be reached at an early stage where patients will be referred and if appropriate more than one destination should be considered.

Prevention

Many programmes forget that a DRS programme has a dual role and that as well as detection, prevention should be regarded as a major factor to be addressed. In some cases, programmes are already identifying cases of people with low levels of retinopathy but where other risk factors for progression, such as high blood pressure and blood sugar levels are present. Once identified, these risks can be highlighted to both the patient and those responsible for their diabetes care and it may be possible to intervene and prevent progression of DR.

By considering the topics discussed in this article and building a detailed requirements plan, PCTs can develop a comprehensive DRS programme to meet their NSF targets as well as being proactive in protection from and prevention of Diabetic Retinopathy.

* National Service Framework for Diabetes includes the target for PCTs to establish Diabetic Retinopathy Screening Services with the requirement that 100% of patients with diabetes aged 12 and older should be offered a screening by December 2007



Contact Details:

1st Retinal Screen

Tel: 01270 765 124

Website: www.1stRetinalScreen.com

CASE STUDY A:

London PCTs on track to meet national targets

In April 2006, Westminster Primary Care Trust (PCT), in conjunction with Kensington and Chelsea PCT, introduced a population-wide Diabetic Retinopathy Screening Programme.

Before the new Diabetic Retinopathy Screening programme started not all people with diabetes registered with GPs in the two boroughs were being screened. Under the new programme, all people with diabetes registered with GPs in Westminster and Kensington & Chelsea are being invited to attend for screening once a year – unless they are already under the care of an ophthalmologist for diabetic retinopathy. Screening is being provided by 1st Retinal Screen, a private company, and is the first arrangement of its kind for the PCT. Screening is provided at five sites including the Westminster Diabetes Centre, which opened in November 2005 as a community-based one-stop shop for people with diabetes.

Westminster PCT's Director of Public Health, Dr Margaret Guy, is pleased with the results. She says:

"We are well on course to meeting the targets that have been set by the Department of Health for retinopathy screening. All people aged 12 years and over known to have diabetes will have been invited to have their eyes screened using digital photography by December 2007. This means that, by March 2008, at least 80% of people with diabetes within our PCT will have been screened."

CASE STUDY B:

Swindon DRS programme

Swindon PCT launched the Diabetic Retinopathy Screening (DRS) programme for Swindon GP practice patients and nine Kennet and North Wiltshire PCT practice patients (now Wiltshire PCT) working with 1st Retinal Screen.

Previously, because of differences in the way optometrists provided the service, there were variations in the level and quality of screening. The introduction of the programme has, for the first time, allowed patients in Swindon access to an organised, structured and regulated programme. Feedback from patients, for example through the local Diabetes UK group, has been extremely positive such that, in the early days, some patients were lobbying their GPs where their practice was reluctant to sign up to the programme.

Screening is delivered from four sites: three in and around Swindon, including one at Specsavers, and a fourth at Savernake Hospital in Marlborough to provide easier access to screening for North Wiltshire patients.

To ensure that key elements of the programme are delivered and developed, the programme is project managed and is supported by clinical and patient working groups. These working groups have ensured the successful and rapid implementation of the screening programme, and will facilitate ongoing delivery.

1st Retinal Screen was the first non-NHS organisation commissioned by the PCT to deliver clinical services to Swindon patients.