



Data matters - including all patients with diabetes

The foundation of any quality DRS service is the Diabetes / DRS register. However, with the UK population more mobile than ever, establishing an accurate and effective DRS register is giving some PCTs cause for concern. Phil Kirby, director of 1st Retinal Screen, examines the issues surrounding a DRS register and discusses how these issues can be resolved.



When creating a DRS register it is essential that the right patients are identified; updates to patient data including screening results are captured and healthcare professionals involved in the DRS process have access to the patients' cross sector record to ensure they receive the best possible care.

If these issues are not addressed early, they can affect the accuracy and efficiency of the DRS service offered by a PCT.

The majority of the information held within a DRS register is obtained from General Practice records and it is vital that this information is regularly updated. For any PCT creating a DRS register it is essential to check that the GP clinical systems interfacing the register can be configured appropriately.

The interfaces will need to securely deliver to the DRS Register details of patients, changes to patients' addresses, registrations of patients recently diagnosed with diabetes and other relevant administrative and clinical data.

In addition, issues of data quality within GP systems mean that in some cases, an additional number of incorrectly coded patients must be identified and added to the list. The issues of patient confidentiality also need to be taken into consideration.

PCTs must look to additional information sources including cross sector services, such as hospital outpatient systems (including ophthalmology and diabetology), to ensure that the right patients are identified and that their medical information is up-to-date.

Getting things right from the start

With responsibility for establishing local DRS services falling to individual PCTs and a requirement for each service to provide the National Screening Committee (NSC) with regular updates, including a comprehensive annual report, the importance of getting things right from the start is paramount.

1st Retinal Screen's customers benefit from a service that addresses these issues and provides ongoing reporting against the NSC Standards. The register is constructed and maintained through the extraction of a locally agreed data set drawn from GP clinical systems and hospital outpatient systems (including ophthalmology and diabetology).

Our recommended core DRS dataset ensures that the right people are included and that constraints such as mobility and language constraints are taken into account. To avoid inappropriate screening, participating hospitals are asked to identify the patients under ophthalmology care for Diabetic Retinopathy.

Updates in patient data are then captured from these various systems on a regular basis.

The issue of control and how GPs are able to monitor their patient's progress through the DRS process is also paramount. In some cases a single result letter is the only communication a service may provide to the GP.

General practice must always be in control

It is vital that the general practice is always in control. After the establishment of the DRS Register, Practices must be able to view the patients highlighted for the programme and confirm which patients should be included. Patients should remain within the programme until the practice updates their status.

Once a patient has attended a screening, the results and images should be forwarded to the DRS register which their general practice can then access. In cases where the patient requires referral, both the patient and the general practice must be notified and the information placed on the DRS register.

Ensuring all healthcare professionals involved in the DRS programme have access to patient cross section 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 intervention of sight threatening diabetic retinopathy and taking an important step towards meeting their targets for 2007.

Further information on patient consent can be obtained from the NSC's website at www.nscretinopathy.org.uk and download the document: "Fact sheet: transfer and management of patient information in diabetic retinopathy screening programmes Version 2.0, July 2005."

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