



PROVIDING A SIGHT SCREEN

Diabetic retinopathy screening is an essential part of the National Service Framework for diabetes, which was created to ensure that all diabetes sufferers receive the surveillance they need

Grant Duncan, programme manager at 1st Retinal Screen Limited, arrived in the field of ophthalmic photography through “studying photography and audiovisual technology, with every intention of working as a commercial photographer. However, my first job was as a medical photographer, and I fell in love with the clinical side of that work. I gradually specialised in ophthalmic photography, and eight years ago, got involved in screening people for diabetic retinopathy, which in my opinion is one of the few truly diagnostic fields of medical photography.”

Duncan explains that “the current method of choice for diabetic retinopathy screening in the UK is digital retinal photography. The National Service Framework (NSF) for Diabetes, produced at the turn of

the millennium, dictated that all sufferers will receive regular surveillance for the long term complications of diabetes. At around the same time the National Screening Committee (NSC) worked on devising a national programme for diabetic retinopathy screening. They developed a set of standards including grading criteria, recommendations on specific camera and software applications to be used, and quality assurance.”

Initially, plenty of money was invested in the project. As Duncan outlines, “the DH provided £27m at the time of the NSF to set up local screening programmes, based on the recommendations of the NSC. This was to be used for camera equipment, software and hardware. It was a one off provision of capital spread over three years, designed to get things off the ground. However, initially,

1st Retinal Screen have identified 12 different management processes, all of which are provided by their software:

- Identify those who would benefit
- Extract data from Primary Care
- Extract data from Hospital Ophthalmology
- Operate Invitation & Recall (handling exceptions)
- Book Patients into Appointments
- Undertake Retinal Screening
- Grade Images
- Issue Results reports and Refer
- Triage Referrals
- Monitor Treatment & Discharge into Screening
- Produce Reports
- Prevention Initiatives

some of the suggested per patient costs for screening were a little underestimated. It is all very well providing capital for the cameras, but it has been left for the NHS to provide the revenue to staff those cameras. My feeling was that although it was well funded in terms of capital, most trusts struggle to find the revenue to operate these services.”

Duncan feels that success lies in utilising the independent sector’s superior management skills for setting up the screening programme, although he is loath to criticize management within the NHS. “Accusations have dogged the NHS that management is where things fall down, but it can be a bit unfair, as often the management is good, but spread too thinly over various projects. With an independent provider such as ours, you get the management experience, and the previous experience of several members of our team who have all been involved in setting up retinopathy screening in the past.”

As well as a visit to www.1stretinalscreen.com, Duncan also recommends the NSC website (www.nscretinopathy.org.uk), claiming that it “provides essential guidance on diabetic retinopathy screening programmes”. When asked for a key piece of advice on the successful establishment of a screening service Duncan suggests that “Success or otherwise does not rely on software alone. Indeed the software contracted under the NHS Purchasing and Supply Agency (PaSA) does necessarily cover all the management processes required [see box] as identified by 1st Retinal Screen” ■

FURTHER INFORMATION:

Grant Duncan, programme manager at 1st Retinal Screen, spoke with George Wright