

Northern Ireland Diabetic Retinopathy Screening Programme



Guidance for Primary Care Practices

Version 1.6

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KEY CHANGES TO THE SCREENING PROCESS

This document describes detailed guidance for primary care practices on the Diabetic Retinopathy Screening Programme in Northern Ireland.

Practices which have used the mobile screening service in the past will find that many aspects of the service will remain as before. However, there are a number of key changes, which all practices will need to be familiar with. These are:

- the introduction of a call/recall system of primary care practices for screening, whereby the Diabetic Retinopathy Screening Service (DRSS) will now initiate contact with the practice. Practices which have not used the screening service in the past, including those in the WHSSB area, will be contacted and offered the opportunity to participate;
- a minimum dataset on all patients to be screened to be completed in advance of the screening clinic. Consideration is being given to how this can be achieved electronically, ensuring compatibility with primary care IT systems to minimise workload;
- the distribution of standardised patient information leaflets with invites for screening. The leaflet will form the basis of informed consent for screening;
- results will be routinely copied to the patient's diabetologist by DRSS, in addition to the GP practice;
- secondary screening clinics are being piloted to assess patients where an inadequate image was obtained, thereby avoiding unnecessary referral to ophthalmology outpatient services;
- responsibility for referral to ophthalmology services for further assessment and treatment will remain with the GP at present. This is being kept under review in the context of the development of ICATS services in this specialty;
- a DNA/CNA policy will be introduced for screening appointments. This will aim to offer a second screening

appointment within 3 months. Patients who DNA for the second time will be returned to the routine screening cycle and offered screening at the next scheduled practice visit. Dependant on the individual circumstances, a third appointment may be offered by DRSS for patients who CNA;

- and arrangements will be established to allow all newly diagnosed patients with diabetes to be referred directly to DRSS at the time of diagnosis so that screening can be carried out within an acceptable time frame.

SUMMARY OF RESPONSIBILITIES OF PRIMARY CARE PRACTICES

RESPONSIBILITY	GUIDANCE
1. Identify practice screening population	A list provided by DRSS will identify patients previously screened, indicating those patients who meet the low risk criteria and who should not be offered screening on this occasion unless there have been changes to their clinical circumstances. The practice should check this list against the practice-held diabetes register and provide details of any newly diagnosed patients, additional patients who now meet the eligibility criteria and any deceased patients, to ensure information is kept up to date.
2. Provide DRSS with completed data collection form on each patient to be screened.	Completed data collection forms (Appendix 1) to be returned to DRSS within 1 month of the initial contact with the practice.
3. Agree mutually convenient dates and times for screening clinics with DRSS	
4. Issue invitation letters to patients to be screened, along with patient information leaflet	Practices to issue letters according to own timing and preferred method (sample letter provided at Appendix 2). Standard patient information leaflets to be used.
5. Organise patient appointments for screening clinic	Appointment schedule to take account of DRSS advice – max 40 patients per day for mobile service or 30 per day for WHSSB service, 9.30am start, 4pm finish, lunch and coffee breaks.
6. Provide DRSS with a final clinic list	To be available in advance of the clinic
7. Provide suitable facilities for the mobile screening service (not WHSSB)	See guidance on required facilities within this document.

RESPONSIBILITY	GUIDANCE
8. Meet and greet patients attending for screening at the practice (not WHSSB)	Complete any missing/incomplete data with the patient at this stage (e.g. details of hospital diabetes clinic they attend).
9. Provide, consent and administer mydriatic eye drops to patients as required (not WHSSB). The practice is responsible for ensuring that staff administering eye drops are competent to do so.	Carried out by practice nurses /auxiliary nurses Eye drops to be used in all patients aged >50 yrs and for other patients at the request of the photographer or if noted necessary from previous screening episodes.
10. Review all screening results when received by the practice	
11. Inform the patient of the screening result if further follow-up is required	
12. Make referral to ophthalmology services where required	Currently happens via GP but will change in context of ICATS developments.
13. Refer all newly diagnosed patients with diabetes directly to DRSS at the time of diagnosis.	A completed data collection form on all newly diagnosed patients with diabetes should be forwarded to DRSS for consideration of best screening option.

1. INTRODUCTION

1.1. Rationale for screening

- 1.1.1. Diabetes is a chronic, progressive condition affecting approximately 3% of the population. There are a number of well recognised complications of diabetes, which can result in long-term ill health, disability and premature death.
- 1.1.2. One such complication is diabetic retinopathy, which is the leading cause of blindness and visual impairment in the UK in people of working age. It is also a major cause of blindness in older people.
- 1.1.3. It is estimated that diabetes causes 50 new cases of blindness each year in Northern Ireland. This leads to increased dependence, potential loss of earning capacity and the likelihood of greater social support needs for those individuals.
- 1.1.4. Sight threatening diabetic retinopathy is often symptom free. Visual loss can be prevented by early detection and treatment, but only rarely can vision which has already been lost be restored. The UK National Screening Committee has advised that screening for diabetic retinopathy be offered annually to all people with diabetes, aged 12 years and over and that the screening test should consist of digital retinal photography within an organised screening programme.

1.2. Screening in Northern Ireland

- 1.2.1. A limited screening service has been in place in Northern Ireland for a number of years. Building on this foundation, a comprehensive screening programme is now being developed to achieve coverage across the whole of Northern Ireland.

1.3. The role of primary care

1.3.1. This document sets out guidance for primary care practices on the diabetic retinopathy screening programme in Northern Ireland. Those who have used the diabetic retinopathy screening service in the past will note that many aspects of the service delivery will remain unchanged. However, there are a number of key differences which all practices will need to be familiar with. This document provides an overview of the programme and outlines the roles and responsibilities of the various providers and professionals involved in its delivery.

1.3.2. This is the first version of this guidance for the screening programme. As the programme itself is expected to evolve over the coming months and years, it is intended that the guidance will be regularly reviewed and revised as necessary.

2. PROGRAMME AIM

To reduce visual morbidity caused by diabetic retinopathy by facilitating early diagnosis and treatment of sight-threatening retinopathy through population screening.

3. PROGRAMME OBJECTIVES

- 3.1. Annual retinal screening should be offered to all eligible individuals with diabetes;
- 3.2. Screening should be carried out by digital photography
- 3.3. Those identified as having a potentially sight-threatening retinopathy should have rapid access to specialist assessment and treatment

4. SCREENING POPULATION

- 4.1. The UK National Screening Committee (NSC) has advised that screening for diabetic retinopathy be offered annually to all people in the UK with diabetes, aged 12 years and over and that the screening test should consist of digital retinal photography within an organised screening programme.
- 4.2. The only individuals with diabetes who should ***not be invited for screening*** are those who¹:
- are under the age of 12 years;
 - have made his/her own informed choice that he/she no longer wishes to be invited for screening;
 - have no perception of light in either eye, from whatever cause;
 - are registered blind or partially sighted due to diabetic retinopathy;
 - are terminally ill and are deemed too unwell to participate;
 - have a physical or mental disability that prevents either screening or treatment;
 - are currently under the care of an ophthalmologist for the follow up and/or treatment of diabetic retinopathy (this includes those who have had laser treatment for sight threatening retinopathy in the past).
- 4.3. It is important that the following individuals are ***not automatically excluded*** from screening call or recall:
- people who have previously not taken up the offer of screening (even repeatedly);
 - people who have had their eyes screened outside the NHS diabetic retinopathy screening programme;
 - people who are registered blind or partially sighted (see above);
 - people who are terminally ill;
 - people who have physical disability;
 - people who have learning or mental disabilities;
 - people who are under the care of an ophthalmologist for management of chronic eye disease other than diabetic retinopathy (this assumes that adequate image capture is possible);

¹ DRSP Screening and Secondary Care Advisory Group. *Inclusion Criteria for Invitation for Screening Version 1*. 15 December 2006.

- people with diabetes within residential care or institutional care (such as prisons).
- 4.4. Ophthalmologists and GPs working together are best placed to determine who will not benefit from, or cannot actually receive, treatment.

5. SPECIAL ARRANGEMENTS DURING THE ROLL-OUT PHASE OF THE PROGRAMME

- 5.1. The capacity of the Diabetic Retinopathy Screening Service (DRSS) has already increased to help meet the demands of the new screening programme. It is anticipated that this expansion will continue until a comprehensive, quality assured programme is in place and accessible to all eligible individuals in Northern Ireland.
- 5.2. During this roll-out phase, it is recognised that the service will not be able to provide annual screening to all eligible individuals. In order to manage the service demand equitably at this time, the Project Board have taken the decision that population screening will be carried out on the basis of clinical risk during this roll-out period².
- 5.3. Under this interim arrangement, individuals considered to be at low risk of developing sight-threatening retinopathy in the next 3-4 years will be offered screening at an extended interval of not more than 30 months. This equates to patients only missing one screening cycle. Although an extended screening interval is offered, these patients are still being actively managed within the programme. As the programme continues to expand during the roll out phase this extended interval will move towards 24 months.
- 5.4. The clinical risk criteria for this low-risk group are evidence based and have been agreed by the Project Board as follows:

² DRSP Primary Care Advisory Group. *Roll-out of the Programme during the Implementation Phase: Recommendations to the Project Board on Population Coverage*. 24 March 2006

Low risk group

Individuals with Type 2 diabetes (aged 40+ years at diagnosis) who fulfil all of the following criteria:

- diagnosed in last 5 years
- not on insulin therapy
- no retinopathy at last screen

- 5.5. DRSS will advise on which patients meet these low-risk criteria, based on the clinical information they currently hold (see section 7.2.3) on previously screened patients.
- 5.6. Screening will be offered to all other eligible individuals at an interval as close to annually as is possible, as the expanding service capacity allows at any given time.

6. HOW THE PROGRAMME WILL BE DELIVERED IN NORTHERN IRELAND

6.1. Local level

- 6.1.1. Capture of digital images for the purpose of diabetic retinopathy screening will be carried out in primary care settings across Northern Ireland.
- 6.1.2. In the Eastern, Northern and Southern Health and Social Services Board areas, image capture will mainly take place in primary care practices, delivered via the mobile screening service provided by the Royal Group Hospitals Trust (DRSS). Plans are being developed to facilitate a limited number of screening sessions in community or hospital settings for patients who 'Do Not Attend' or 'Can Not Attend' their scheduled appointment.
- 6.1.3. In the Western Health and Social Services Board area, image capture will be delivered by a small number of optometrists trained by DRSS. They will be employed on a sessional basis to capture images and undertake level one grading at six sites in the WHSSB area.

6.1.4. Although the model of service delivery varies slightly between Board areas, all will operate to agreed regional quality assurance standards and be subject to performance monitoring.

6.2. Regional level

6.2.1. Some level one grading of images will be carried out at local level as appropriate. All level two and level three grading, as required for quality assurance purposes, will be undertaken at the NI DRSP Regional Centre by a trained team of graders.

7. THE SCREENING PROCESS

The roles and responsibilities of primary care and DRSS, for the screening visit to primary care practices, are outlined below.

7.1. Call/recall of primary care practices

7.1.1. A regional call/recall system for primary care practices will be introduced for the screening programme. DRSS will initiate contact with the practice four months in advance of its next anticipated screening visit.

7.1.2. Practices which have previously used DRSS will be offered screening visits on a rolling cycle, based on the dates of their last visit. Within these practices, eligible patients should be offered screening according to the clinical risk criteria for the roll-out phase as outlined above (section 5.3).

7.1.3. Practices which have not previously accessed DRSS will be contacted and initially offered screening for all eligible patients who meet the general inclusion criteria. As no practices in the WHSSB area have not previously accessed DRSS, all practices in this area will be contacted on an agreed roll-out cycle with all eligible patients being invited for screening.

7.2. Identifying eligible patients and data collection

- 7.2.1. The primary care practice is responsible for identifying the patients to be screened at each visit, using the practice diabetes register.
- 7.2.2. To facilitate this, the practice will be provided with a list of patients previously screened by DRSS, indicating those patients who meet the low risk criteria for the roll-out phase (based on the current information held by DRSS). These patients should not be offered screening on this occasion unless there have been changes to their clinical circumstances. DRSS should be made aware of any newly diagnosed patients, additional patients who now meet the eligibility criteria and any deceased patients to ensure that this information is kept up to date.
- 7.2.3. A minimum dataset is required on each patient prior to screening. This allows the image to be viewed in the wider context of the patient's clinical condition and an appropriate management decision to be taken.
- 7.2.4. A copy of the patient data collection form will be provided by DRSS (Appendix 1). The practice must complete a data collection form for each patient to be screened and return these to DRSS within 1 month of receipt.

7.3. Arranging the screening visit

- 7.3.1. For practices using the mobile screening service, DRSS will allocate the required number of screening days to the practice on return of the completed data collection forms. The actual dates of the visit will be agreed with the practice and the arrangements confirmed in writing
- 7.3.2. In the WHSSB area, the practice will be allocated the required number of appointments for its patients at an appropriate clinic. The practice will be requested to

rearrange any cancelled appointments prior to the clinic and refill appointments where possible.

7.4. Facilities required by primary care practices for screening via the mobile service

7.4.1. For practices using the mobile screening service, the following facilities are required to accommodate a screening visit by DRSS:

- A room of approximately 3m x 3m or larger on the ground floor with access to a power point and the ability to black-out the room. Please note that beige vertical blinds are usually not sufficient;
- Wheelchair access to the premise;
- A parking space near the wheelchair access point of the building.

7.4.2. If a practice has concerns about the ability to meet the above requirements, this should, in the first instance, be discussed with DRSS. Responsibility to provide suitable accommodation lies with the primary care practice, not DRSS. If the practice premises are unsuitable and the practice is experiencing difficulty in sourcing an alternative, this should be discussed with the Primary Care Unit in the relevant Board.

7.5. Offering screening to patients

7.5.1. Primary care practices are responsible for inviting patients for screening appointments. A sample invitation letter, giving important patient information is included at Appendix 2.

7.5.2. All patients to be offered screening must be provided with the programme's patient information leaflet at the time of invite. This describes the rationale and process for screening, allowing the patient to make an informed choice as to whether or not they attend.

7.6. Scheduling appointments

- 7.6.1. Appointments should be scheduled between 9.30 am and 4.00 pm. This allows time for setting up and dismantling equipment, as well as saving the images captured. Earlier start times or later finishes may be arranged by special agreement with DRSS, and may depend on geographical location.
- 7.6.2. Approximately 7 patients can be screened per hour by the mobile screening service. A **maximum number of 40 patients can be invited for screening per day**, with the schedule allowing DRSS staff to have 30-45 minutes for lunch, as well as morning and afternoon coffee breaks.
- 7.6.3. In the **WHSSB area**, appointment times will be longer as administration of eye drops and level one grading of images will also be carried out by the optometrists at this stage. Here, approximately **34 patients per day** will be screened (30 of which to be allocated by the GP and 4 allocated by DRSS to accommodate newly diagnosed patients, DNAs and CNAs). These numbers may increase as the service develops.
- 7.6.4. Please note that patients vary in their mobility and ability to co-operate. This will affect the time required to capture images. Appointment schedules should allow a little more time for patients with special needs.
- 7.6.5. The practice must provide a final appointment schedule to DRSS prior to the screening clinic.

7.7. Consent for screening³

- 7.7.1. The Diabetic Retinopathy Screening Programme recommends that every patient will receive the patient information leaflet when they are invited to attend screening. The leaflet contains information about the screening programme and will support patients in making an informed decision on attending for screening.
- 7.7.2. Health professionals should ensure that patients have read the information, and offer the opportunity to ask questions.
- 7.7.3. The health professional, this being the practice nurse/optometrist/photographer, carrying out the procedure is ultimately responsible for ensuring that the patient is genuinely consenting to what is being done.

7.8. Use and administration of mydriatic eye drops

- 7.8.1. For practices using the mobile screening service, the practice must provide nurse assistance and the dilating drops required for their patients. It is the responsibility of the practice to ensure that the person identified to administer the drops is competent to do so.
- 7.8.2. Eye drops are routinely administered to patients aged over 50 years to facilitate the capture of adequate images (Tropicamide 1%, 1-2 drops in each eye with a wait of 15 minutes before photography). On occasions, the photographer may request that eye drops be repeated or are administered in a younger patient in order to obtain a better image.
- 7.8.3. Information on eye drops is included in the patient information leaflet. The advice that patients **should not drive for at least 2 hours** should be reinforced by the person administering the drops, along with advice on potential complications.

³ DRSP. *Informed Consent to Screening*. Version 1.2. 15 December 2006.

7.8.4. The person administering the eye drops is responsible for ensuring the patient is informed and has consented to this procedure.

7.9. Receiving the results

7.9.1. Standard format results letters will be issued to the practice manager by DRSS and copied to the patient's diabetologist where applicable.

7.9.2. The practice must inform the patient of all results where referral for assessment or treatment is advised.

7.9.3. GP's are encouraged to inform **all** patients of results in writing. Standards letters for informing patients of results are being developed and will be circulated to practices when available.

7.10. Management of individuals with inadequate images

7.10.1. Secondary screening clinics are currently being piloted and will be used to assess patients where an inadequate image was obtained. This will prevent patients being referred unnecessarily to ophthalmology outpatient services.

7.10.2. These patients will be contacted directly by DRSS with an appointment to attend a secondary screening clinic. The GP will also be informed.

7.11. Referral for further assessment and treatment

7.11.1. At present, responsibility to refer to ophthalmology services will remain with the GP. This will be kept under review in the context of the development of ICATS services in this specialty.

8. DNA / CNA POLICY

- 8.1. It is recognised that people with diabetes often have multiple appointments to keep and may have periods of poor health, making it difficult to attend screening appointments. A DNA/CNA policy has been developed to accommodate such patients.
- 8.2. Patients who do not attend (DNA) their scheduled screening appointment will be identified from the screening list provided to the photographer. Further appointments will be offered as follows:
- after one DNA, DRSS will offer an appointment to the patient to attend for screening within 3 months;
 - after a second DNA, the patient will be returned to the routine screening cycle and be offered screening at the next practice visit. The GP will be informed.
- 8.3. Where possible, practices should attempt to accommodate patients who can not attend (CNA) their screening appointment within the practice's scheduled visit from DRSS. Where this is not possible, further appointments will be offered as follows:
- a second appointment will be offered by DRSS within 3 months;
 - dependant on the individual circumstances, a third appointment may be offered by DRSS;
 - if this is still unsuitable for the patient, they will be returned to the routine screening cycle and offered screening at the next practice visit. The GP will be informed.
- 8.4. Patients who DNA from hospital eye clinics should not be routinely referred to the screening programme. These patients should be re-referred to the ophthalmologist concerned.

- 8.5. Patients who DNA on more than one occasion from screening appointments should not be referred to the hospital eye service.

9. ACCESSING SCREENING FOR NEWLY DIAGNOSED PATIENTS

- 9.1. Once a practice is participating in the screening programme, details of all newly diagnosed patients with diabetes should be forwarded directly to DRSS at the time of diagnosis, with a completed data collection form.
- 9.2. These patients will be offered screening at either the next practice visit (if scheduled within 3 months), or at an alternative clinic. DRSS will advise appropriately.

10. RETINAL ASSESSMENT IN PREGNANCY

- 10.1. It is recognised that progression of diabetic retinopathy with proliferative disease can occur during pregnancy and is more common in those women with background retinopathy at presentation.
- 10.2. CREST guidelines on the Management of Diabetes in Pregnancy⁴ recommend that all women with diabetes should have retinal assessment at booking and regularly during pregnancy.
- 10.3. This sits outside the remit of the Diabetic Retinopathy Screening Programme and such patients ***should not be referred to DRSS***. They should continue to be managed within current antenatal arrangements with ophthalmology services. Retinal assessment, as outlined above, should be carried out regardless of when the patient last attended the DRSS.

⁴ CREST. *Management of Diabetes in Pregnancy*. September 2001.

APPENDIX 1

DIABETIC RETINOPATHY SCREENING SERVICE PATIENT DATA COLLECTION FORM *(NB. this form may be subject to revision)*

Complete one form for each patient to be screened. Please print clearly

A Patient identification: MUST be completed by GP Practice

GP Name: Patients Name:
Address: Address:
Post Code: Post Code:
Phone: DOB:
GP Code: Home Phone Number:
CHI Number:
Date of screening:

B Previous History:

(i) Diabetes: Age at diagnosis _____ Duration _____ Treatment: Diet/Tablets/Insulin
(please circle)

Is this patient attending a hospital diabetic clinic Yes No If **YES** please specify
Hospital _____ Consultant _____

(ii) Eyes:

Visual Acuity (if known) R L

Is this patient attending a hospital ophthalmology clinic Yes No If **YES** please specify
Hospital _____ Consultant _____

Has the patient a history of: glaucoma cataract diabetic retinopathy laser high BP
(Please circle)

Has this patient been seen by DRSS before? Yes No (Please circle)

Drops inserted (tick if yes) R L **Time:** _____

Details of all newly diagnosed patients should be forwarded directly to DRSS at the time of diagnosis. These patients will be offered screening at either the next practice visit or an alternative screening clinic. DRSS will advise.

APPENDIX 2

DIABETIC RETINOPATHY SCREENING PROGRAMME

Sample Patient Invitation Letter

(patient name & address)

Dear *(insert patient name)*

The Diabetic Retinopathy Screening Service will soon be visiting this practice to carry out eye screening. This is now offered to all people with diabetes over the age of 12 years in Northern Ireland as part of routine diabetes care.

Please read the enclosed patient information leaflet which will explain why it is important to have your eyes screened and should answer any other questions you may have.

An appointment has been made for you on:

--

Please phone the surgery if you are unable to attend and we will try to rearrange your appointment.

The screening test should only take 10-15 minutes. It may be necessary to put drops into your eyes (this usually only applies if you are aged 50 or over), **IF YOU RECEIVE DROPS YOU ARE STRONGLY ADVISED NOT TO DRIVE FOR AT LEAST TWO HOURS AFTERWARDS.**

While it is completely your decision to attend for eye screening, I would encourage you to do so.

Yours sincerely

APPENDIX 3

Patient Information Leaflet

Diabetic Retinopathy Screening Programme Information for patients

As you have diabetes, your GP has arranged for you to attend the Diabetic Retinopathy Screening Service. This service is free and is provided as part of your diabetes care.

What is diabetic retinopathy?

This occurs when diabetes damages the small blood vessels in the part of the eye called the retina. These blood vessels can become blocked or leaky, affecting how the retina works. Sometimes abnormal 'new vessels' grow which are weak and bleed easily. In the early stages, these changes will not usually affect your sight. However, if left untreated, the retinopathy may get worse and your vision may be affected.

Why is it important to screen for diabetic retinopathy?

Screening for diabetic retinopathy can detect changes in the retina at an early stage, before you are aware of them. If detected in time, treatment is very effective at preventing loss of vision in the majority of people. It is therefore important to have your eyes screened and attend all screening appointments.

Do all people with diabetes need to be screened?

Yes! People with diabetes aged 12 years and over should have their eyes screened. Regardless of how your diabetes is controlled, whether you attend your GP or a hospital consultant you still need to attend for screening.

I am already going to an eye clinic. Do I still need to be screened?

Only people who are already attending a hospital eye clinic for treatment of diabetic retinopathy do not need to be screened. If you are attending an eye clinic for another condition, then you do need to attend for screening. If in doubt, please speak to your GP or practice nurse.

I am already going to my optometrist (optician). Do I still need to attend my screening appointment?

Yes. It is important that screening is carried out within an organised programme which is monitored to make sure it is of a high standard.

Will I still need to go to my optometrist (optician)?

Yes. You should still visit your optometrist every year to have a sight test for glasses. This test is free to people with diabetes.

What actually happens at retinopathy screening?

The screening test involves two photographs being taken of the back of each eye using a special camera. The test is painless and takes about 15 minutes. If you are over 50 years of age you will need to have drops put in your eyes about 15 minutes before the test to dilate your pupils. This helps to get a good quality photograph. Eye drops may also be used in a small number of younger people. If this is needed, the photographer will discuss it with you when you attend.

Do the eye drops have any effects?

The drops may cause some stinging for a few seconds only. After about 15 minutes your sight will become blurred and it may be difficult to focus on objects near you. This blurring can last for several hours making it unsafe for you to drive.

YOU ARE STRONGLY ADVISED NOT TO DRIVE A MOTOR VEHICLE FOR AT LEAST TWO HOURS AFTER RECEIVING EYE DROPS, AND UNTIL YOU FEEL COMPETENT TO DO SO.

Very rarely, the drops can cause a sudden rise in the pressure within the eye. This is recognised by:

- Pain or severe discomfort in or around the eye;
- Redness of the white of the eye;
- Worsening or persistent blurred vision a few hours after being screened.

If you have any of these symptoms you should return to your GP or go to an Accident and Emergency Department. Treatment is very successful and will prevent further episodes in the future.

How will I get my result?

You will not get your result at the end of the screening test, as the photographs will need to be looked at by a specially trained person. A report will be sent to your GP within 4 weeks and you can contact your GP who will inform you of the result.

Who else will receive my screening result?

If you attend a hospital diabetes clinic, the result will also be sent to the consultant providing your care. Nobody else will receive your result unless you give permission.

What happens next?

Most people will just be invited for screening again in a year's time. However, you will be contacted for further assessment if:

- the photographs are not clear enough to give an accurate result;
- you have diabetic eye changes which need follow-up or treatment at a hospital eye clinic;
- other eye conditions are detected by chance that need more investigation.

What should I do if I have any concerns about my eyes between screening appointments?

Do not wait for your next screening appointment. Get advice from your GP or optometrist (optician).

What happens to my photographs and details after screening?

The screening service will keep your photographs and details for at least eight years. This can be useful in order to compare your most recent photographs with previous ones. They will also be used to monitor the quality of the screening programme.

What happens if diabetic retinopathy is found in my eyes?

Depending on the level of diabetic retinopathy changes, you may be referred to an eye clinic for further assessment. Otherwise, you will be invited for screening again in a year's time.

Is there treatment for diabetic retinopathy?

Yes. Laser treatment is very effective at preventing loss of vision in most people, if carried out at the right time. The specialist at the eye clinic will explain this to you.

WHETHER OR NOT YOU HAVE DIABETIC RETINOPATHY, IT IS ALWAYS IMPORTANT TO MAINTAIN GOOD CONTROL OF YOUR BLOOD GLUCOSE LEVELS AND BLOOD PRESSURE.

GOOD NEWS ABOUT DIABETIC RETINOPATHY

- It is a treatable condition.
- Screening is important because early signs of retinopathy usually do not cause any symptoms
- Everyone with diabetes should have both eyes examined regularly for this condition
- The test to detect damage to the eye is free
- The test is painless
- The test only takes about 15 minutes
- If found in the early stages, loss of vision can be prevented.

For further information on diabetic retinopathy speak to your GP or optometrist (optician) or contact:

Diabetes UK

Telephone: 028 9066 6646

Website: www.diabetes.org.uk

APPENDIX 4

Contact Details for Diabetic Retinopathy Screening Service

Mr Eamonn Quinn

Operational Manager

eamonn.quinn@royalhospitals.n-i.nhs.uk

Telephone: 02890 636435

Miss Julie Best

Personal Secretary

julie.best@royalhospitals.n-i.nhs.uk

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