



Diabetic Eye Screening News

Who are The Staffordshire and Shropshire Diabetic Eye Screening Programme?

The Staffordshire and Shropshire Diabetic Eye Screening Programme (SSDESP) is part of the English National Diabetic Eye Screening Programme (ENDESP).

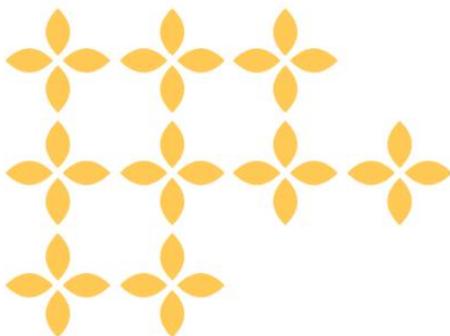
We have a dedicated, highly skilled team who work incredibly hard to ensure patients are offered an appointment and are seen to timescale also ensuring that the patient and their GP receive the results within 3 weeks of screening.

What is Diabetic Retinopathy?

Diabetic Retinopathy occurs when diabetes affects small blood vessels, damaging the part of the eye called the retina. It can cause the blood vessels in the retina to leak or become blocked. This can affect your sight.

Why is screening important?

Eye screening is a key part of diabetes care. Prior to Diabetic Eye Screening Services being established Diabetic Retinopathy was the main reason for sight loss in the working population. When the condition is caught early, treatment is effective at reducing or preventing sight damage.





What we do and who needs Diabetic Eye Screening

As a service, we work alongside local GPs to ensure all people with diabetes are referred to our service. We also work closely with Hospital Eye Services to ensure timely referral and treatment for those requiring Hospital Eye Care.

We offer a multitude of screening appointments in the community to prevent patients from having to go to Hospital Eye Services until we feel treatment may be required. These tests are detailed below:

- Routine Digital Screening (RDS) - This screening is offered to patients aged 12 or over when they are diagnosed with having diabetes and is the pathway most of our patients are in. This consists of images being taken of the back of the eyes to check for any changes. How often a patient is invited depends on the results from their previous screening examinations.
- Optical Coherent Tomography (OCT) – OCT is used for examining the layered structure of the back of the eye (the retina) and is used to determine if there is any ‘swelling’ (macular oedema). Macular oedema is harder to detect on the traditional 2D digital photographs used for screening.
- Slit Lamp Biomicroscopy (SLBIO) - SLBIO appointments are made if photographs taken during your routine eye screening did not give a clear enough view of the back of your eyes. The Slit Lamp allows for a 3D examination of the back of your eyes.
- Digital Surveillance (DS) - DS appointments are made to closely monitor any changes found during your annual routine diabetic eye screening test. Digital Surveillance screening can be offered every 3, 6, 9 or 12 months depending on the type and progression of the changes to your eyes. If images of your retina show signs of improving, you may be returned to routine annual screening. However, if images of your retina confirm signs of serious changes, you may be referred to a Hospital Eye Service for further investigation or treatment.



We also directly refer patients to local Hospital Treatment Centres if referable diabetic eye disease is detected during screening.

Patients who have had a confirmed diagnosis of Diabetes Mellitus continue to be at risk of sight threatening diabetic retinopathy regardless of how well their diabetes is controlled. This also includes patients who have controlled their diabetes by weight loss (either natural weight loss or bariatric surgery) or those who have had pancreatic transplants or similar. These patients should therefore be coded as “diabetes in remission” rather than “diabetes resolved” to ensure that they continue to be referred to our service to receive essential eye screening.

NHS Diabetic Eye Screening Programme - Extended Screening Intervals

From October 2023 the NHS Diabetic Eye Screening Programme (DESP) has started to invite people at lower risk of diabetic retinopathy for screening every 2 years instead of every year. This change is based on a recommendation by the UK National Screening Committee (UK NSC) following a large study showing it was safe to invite people in this lower risk group every 2 years.





People eligible for diabetic eye screening who have had two successive eye screens, showing no signs of diabetic retinopathy, will start to be offered screening every 2 years. Anyone at higher risk of diabetic retinopathy will continue to receive more regular screening.

This change is already in place in Scotland, Wales, and Northern Ireland.

While this is a routine screening programme to support good eye health in people with diabetes, anyone that notices any changes to their eyesight should contact their optometrist or optician straight away. They should not wait for their next diabetic eye screening appointment.

Events

We have a dedicated Patient Engagement and Communications Team who are actively engaging with patients, attending events, and helping to plan screening events aimed at targeting patients who have not been attending their Diabetic Eye Screening.

The Staffordshire and Shropshire Diabetic Eye Screening Programme organised a mass 'Drop in' Clinic at Port Vale Football Club on the 29th July 2023. We contacted patients within a 4 mile radius of the venue who had not attended screening in the last 3+ years.

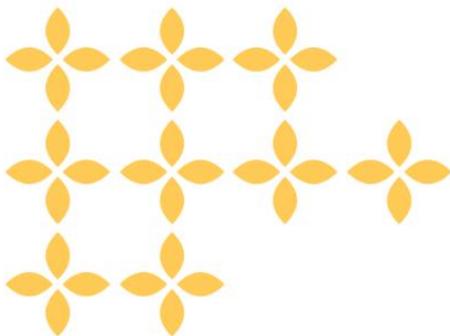
Other parties such as Diabetes UK, Dieticians, Diabetes 8 Care Service and Diabetic Teams involved in the North Staffs Diabetic Network were asked to join the event to engage with the patients whilst they were waiting for their appointment.

All patients were sent an SMS text reminder, manually via our service, within one week of the event taking place. We invited 1110 patients and 18.7% of these patients have either attended, booked an appointment at an alternative screening venue or are otherwise no longer on our database for other reasons.



Below is the breakdown:

Type:	No:	%
Number invited	1110	100%
Number attended	110	10%
1 patient left before completing screening due to being unwell, 2 patients were screened that weren't invited but attended with relative or friend		
Screened with outcome of Annual recall	91	82.7%
Screened with outcome of Refer to OCT	9	8.1%
Screened with outcome of Refer to SLB	6	5.4%
Screened with outcome of Refer to HES Urgent	2	1.8%
Screened with outcome of Refer to HES Routine	1	0.9%
Attended but screening not complete	1	0.9%
Invited but did not respond	901	81.1%
Invited but chose an alternative screening venue	61	5.5%
Invited but requested to opt out	5	0.5%
Invited but since passed away	14	1.3%
Invited but since moved out of area	7	0.6%
Other	14	1.3%





Key Figures - between 01/04/2022 – 01/04/2023

112,595 Invites were sent to patients.

93,791 Appointments were booked.

79,009 Appointments attended.

Number of patients who did not attend their appointments = 10,703

11% of all appointments booked were not attended.

The importance of Screening when pregnant

Who – 1-2% of all pregnancies have T1 or T2 diabetes and 6-9% have gestational diabetes. Pregnant patients with type 1 or type 2 diabetes are offered additional tests for diabetic retinopathy this is because the risk of serious eye problems is greater in pregnancy.

We do not offer screening to patients who have gestational diabetes.

Why – Pregnant patients who already have retinopathy, poor diabetic control or a history of recent poor control are at greater risk. The more severe the retinopathy is at the start of the pregnancy, the greater the chance of it worsening. In some cases, these changes need hospital treatment.

Rapid improvement in diabetic control and high blood pressure may also be associated with worsening of retinopathy.

How - Pregnancy can sometimes cause rapid progression of diabetic retinopathy, the condition affecting small blood vessels in the retina. Retinal photographs can detect these changes early and ensure prompt referral if treatment is needed. Diabetic retinopathy is treatable, especially if it is caught early.



When:

Trimester one	<ol style="list-style-type: none"> 1. No retinopathy detected rescreen at 28 weeks 2. Non referable retinopathy detected rescreen at 16-20 weeks 3. Referable retinopathy detected referred to Hospital Eye Screening
16-20 Weeks	<ol style="list-style-type: none"> 1. No retinopathy or non-referable retinopathy detected rescreen at 28 weeks 2. Referable grades will be referred to Hospital Eye Services
28 weeks	<ol style="list-style-type: none"> 1. No retinopathy or none referable retinopathy detected we will discharge back to annual screening 2. Referable retinopathy will be referred to Hospital Eye Services

Risk factors:

- Large increase in control during first trimester
- Severity of DR at conception
- Co-existent hypertension
- Poor metabolic control at conception
- Longer duration of DR – 15 years+



Pregnant patients can reduce the chance of any retinopathy developing or progressing by keeping good control of their diabetes and blood pressure and not smoking during pregnancy. Poor metabolic control at conception can cause retinopathy to progress at an increased rate. Patients should aim for HbA1C of 53 mmol/mol (7%) for 6-8 months prior to conception.

If a patient has good diabetic control prior and during the pregnancy and has a low HbA1c then the chances of them developing severe problems during their pregnancy are low.

Common Misconceptions

“I don’t need to attend for my Diabetic Eye Screening appointment because my vision is fine.”

Diabetic Eye Screening is all about early detection and prevention. There are no signs or symptoms of diabetic retinopathy until it is in its advanced stages, this makes attending diabetic eye screening appointments even more important. The only way we can detect Diabetic Retinopathy is through looking at the blood vessels at the back of the eyes. This allows us to provide onward referral for treatment before you have noticed any vision changes.

