Relationship between the Diabetic Eye Screening Service and General Practice

Introduction

This document outlines the role of general practice within the Diabetic Eye Screening Service. It is intended to support the effective delivery of national screening programmes at local level and outline the needs and expectations of the Diabetic Eye Screening Service.

Aim

The overall aim of the programme is to reduce the risk of sight loss from people with diabetes. To achieve this, an equitable and high-quality diabetic eye screening service is offered to all eligible patients and prompt treatment arranged, if required. This is part of a systematic national programme (NDESP) that meets nationally determined standards and is commissioned by NHS England.

Service Description

The diabetic eye screening service is commissioned, managed and delivered in accordance with guidance published by Public Health England and is commissioned by NHS England in accordance with the NHS public health function agreement and service specification no.22, NHS Diabetic Eye Screening Programme.

The service invites all eligible people with diabetes from the general practice held registers, for annual screening, with the intention of achieving a minimum uptake of 75% and working towards an uptake of >85%. By offering annual screening and enabling diabetic retinopathy to be detected early prompt treatment can be put in place. There are a small number of patients who are invited more frequently and are seen in surveillance clinics, linked to the screening programme.

This programme can be delivered by different models in several ways e.g. technician screeners / optometric based or fixed / mobile sites. Available sites where patients are screened can include general practices, opticians, community hospitals, acute trust and mobile vans. Each of these have advantages and disadvantages, with the aim being that the provider will operate a model that will maximise the informed uptake of the screening offer in a safe and cost-effective manner.

Organisations from across the pathway have a responsibility to work together to ensure that uptake from screening is maximised and the risk of sight loss in people with diabetes is reduced.

General Practice Responsibilities

NDESP screening is the only type of screening that is nationally approved and quality-assured by the NHS - it is a fundamental part of the standard diabetes care pathway which GPs are required to refer their patients to (NICE):

https://www.nice.org.uk/guidance/ng18/chapter/1-Recommendations (1.2.110 and onwards)
For the programme to operate efficiently it is crucial that general practices provide the information and support as detailed below:

- **Maintain accurate records**: Keep accurate records of patients with a confirmed diagnosis of diabetes mellitus (not including gestational diabetes) on the practice database, ensuring they are correctly coded. Promptly inform the screening service of all eligible people with diabetes on diagnosis or registration (immediately inform the service if women with diabetes become pregnant, if known).

- **Health promotion**: To actively promote screening to patients with diabetes, at all contact points.

- **Promote screening**: To actively promote the importance of attendance for screening when notified about DNAs and opt-outs.

- **Newly diagnosed diabetic patients**: To inform the service of all patients newly diagnosed with diabetes within two weeks of diagnosis. This is in order for the service to invite the patients for screening as soon as possible and to meet the three-month standard for new patient screening.

- **New patients**: To inform the service about all new patients registering with the surgery with an existing diagnosis of diabetes within two weeks of registering with the practice.

- **Provide information**: Practices should provide information to the screening programme of relevance for the treatment of their patients, which could include past medical history and details of any adjustment needed to accommodate the patient for screening, e.g. where the patient has a disability, co-morbidity, has a terminal illness or language barrier.

- **Deaths**: Notify the service immediately of any patients who have died, to prevent invitations being sent to the deceased patients' families.

- **Booking appointments**: To check that patients have booked appointments for screening when they are due or overdue (the screening service notifies each case to GP practices).

- **Failure to attend appointments**: When a patient fails to attend their appointment, further invites are sent to give patients additional opportunities to be screened. Should the patient still not attend then the practice will be advised of the failure to attend and screening will be postponed. Sight threatening diabetic eye disease could be missed through non-attendance and it would be helpful if practices would reinforce the need for these patients to attend.

- ** Provision of suitable accommodation**: Where practices provide accommodation for screening a secure room should be provided for the duration of the clinic with adequate ventilation, heating and illumination. The room must have the facility for the lighting to be dimmed, should have a minimum size of 3m x 3m and there should be a separate area for patients to wait.

- **Incident support**: Where an incident occurs involving a specific practices patient(s) that practice will work with the service and other stakeholders to fully investigate the incident and if required act on the recommendations.

**Diabetic Eye Screening Service Responsibilities**

For the programme to operate efficiently it is important that the diabetic eye screening service provide the information and support for general practices as detailed below:

- **Maintain a database of eligible people with diabetes**: Keep a database of patients with a confirmed diagnosis of diabetes mellitus (not including
gestational diabetes) in practices covered by the service that are eligible for diabetic eye screening.

- **Maintain accurate records:** The service with update the database with details of newly diagnosed diabetic patients, new patients and deaths as soon as possible after being notified by general practice.

- **Health promotion:** To promote diabetes care and services.

- **Newly diagnosed diabetic patients:** The service will offer screening appointments to all patients they are informed about within three months of being notified by general practice. Should there be specific reasons why a quicker appointment is needed this may be requested and the service will attempt to accommodate this.

- **Booking appointments:** The service will book all appointments for screening which may include appointments at one or all of the following: general practices, opticians, community hospitals, acute trust and mobile vans.

- **General practice appointments:** Where appointments take place at general practices the following is applicable:
  
  - Prior to the use of general practice for screening the service must assure themselves that the provided accommodation is of a suitable standard. The room provided should be secure for the duration of the clinic with adequate ventilation, heating and illumination. The room must have the facility to be dim, should have a minimum size of 3m x 3m and there should be a separate area for patients to wait.
  
  - On the day of the screening clinic the service should arrive in enough time to fully set up the clinic, screen those patients booked and operate within the existing surgery opening times.

- **Failure to attend appointments:** When a patient fails to attend their appointment, further invites are sent to give patients additional opportunities to be screened. Should the patient still not attend then the practice will be advised of the failure to attend and screening will be postponed.

- **Screening results:** Confirmed screening results should be sent to the general practice and patient by letter within three weeks of the screening appointment.

- **Referrals:** Should a referral be needed this will take place automatically and the general practice will be notified of this in the results letter and of the outcome once the patient has been seen.

### Acute Trust Responsibilities

For the programme to operate efficiently it is important that acute trusts provide the information and support for general practices as detailed below:

- **Referrals:** Should a referral be needed this will take place automatically and the acute trust should accept this and meet the relevant waiting time target as detailed in national guidance (including Royal College of Ophthalmologists and NICE).

- **Results:** Once seen by an acute trust the general practice and service should be notified of the outcome.

### Governance

The commissioning for the local delivery of the Diabetic Eye Screening Service is by NHS England. The commissioner will ensure the effective and efficient service and the delivery of a screening programme to all eligible individuals within the designated local
health economy. This function is supported by expert advice from the Public Health England, Screening and Immunisation Team.

A local governance and programme board, which has representation from a range of stakeholders involved in the delivery of the service, will review the commissioned programme performance on a regular basis. Discussion at this board will include national policy recommendations, performance, local audits, programme risks and incidents.

In the event of issues being identified by either the screening provider or general practice these should be addressed within the organisation concerned in the first instance. Should satisfactory resolution not be achieved, then these matters should be escalated to the Screening and Immunisation Team, who will facilitate discussions to resolve the issue and bring such matters to the attention of the local governance board. Where necessary issues brought to the attention of this board will be escalated further as required.