

From the Acting Chief Medical Officer & the Director of Primary Care

Dr Elizabeth Mitchell & Mrs Christine Jendoubi



Department of

**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

To:

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Your Ref:

Our Ref: HSS(MD)29-06

Date: 14 August 2006

Dear Doctor

## **DIABETIC RETINOPATHY SCREENING SERVICE IN NORTHERN IRELAND AND QOF REQUIREMENTS**

### **Background**

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 organized screening programme.

A limited screening service has been in place in Northern Ireland for a number of years. This has largely been delivered via a mobile screening service, which used digital imaging, and was provided by the Royal Group of Hospitals Trust to primary care settings in the Northern, Southern and Eastern Board. In the Western Board screening was offered by optometry practices, but digital retinal photography was not used.

### **Diabetic Retinopathy Screening Service (DRSS)**

A comprehensive screening programme, which will be based in primary care, is now being developed to achieve coverage across the whole of Northern Ireland by March 2008.

The Eastern, Southern and Northern Board will mainly have mobile cameras and the Western Board will have six static cameras. Although the service delivery model varies slightly between Board areas, all will operate to agreed quality standards.

Full details of arrangements for screening, including who to invite, will be provided to general practitioners 3-4 months before the screening service is due to screen their patients.

## Quality and Outcomes Framework (QOF)

The GMS contract Quality and Outcomes Framework (QOF) sets out expected standards for a range of services and in relation to Diabetic Retinopathy states that the indicator is “the percentage of patients with diabetes who have a record of retinal screening in the previous 15 months”.

During the current roll out of the service, it will not be possible to provide screening for all eligible patients within this time frame. Patients will be prioritized in line with agreed regional criteria to enable the screening service to deliver its planned capacity and ensure that the majority of higher risk category patients receive annual screening. Those patients in the lowest risk categories will be screened annually after March 2008 when full implementation of DRSS has taken place. Practices should not arrange screening by referral to other professionals during the period up until March 2008 unless as part of the DRSS rollout programme.

It has therefore been agreed (on the advice of the Diabetic Retinopathy Screening Programme Project Board) that, for a limited 2 year period, GP practices whose patients are registered with the Diabetic Retinopathy Screening Service (DRSS) will be regarded as fulfilling the GMS Contract QOF indicator even if the screening does not occur within the 15 month time frame (by March 2008). Practices will be expected to co-operate with DRSS to ensure that QOF payment is made.

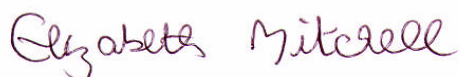
### Further information

For further information on DRSS please contact:

Mrs Joanne Quigg, Project Manager, email [jquigg@ehssb.n-i.nhs.uk](mailto:jquigg@ehssb.n-i.nhs.uk) or telephone, (028) 9055 3709.

For further information on QOF payment please contact:  
QOF lead for your Board area.

Yours sincerely



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cc: Members of Diabetic Retinopathy Screening Programme Project Board  
Dr Kathryn Booth, DHSSPS