

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

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To:

All General Practitioners in Northern Ireland (for onward distribution to practice nurses)
Chief Executives of HSS Boards & Trusts
Directors of Public Health of HSS Boards
Directors of Nursing of HSS Boards
GP Advisers of HSS Boards
Medical Directors of HSS Trusts (for onward distribution to Consultant Diabetologists, Ophthalmologists and Physicians)
Optometry Advisers of HSS Boards (for onward distribution to all Optometrists)
Nursing Directors of HSS Trusts (for onward distribution to Diabetic Nurse Specialists)

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Your Ref:
Our Ref:
Date: 6 December 2006

Dear Colleague

DIABETIC RETINOPATHY SCREENING PROGRAMME – REGIONAL INTRODUCTION

Summary

1. The UK National Screening Committee has recommended the introduction of annual retinal screening for all people with diabetes aged 12 years and over, by retinal digital photography. The purpose of this circular is to outline the arrangements for a comprehensive high quality diabetic retinopathy screening programme in Northern Ireland. The programme, which is funded by the Department of Health, Social Services and Public Safety, is currently being developed with the aim of achieving coverage across the whole of Northern Ireland by March 2008. The phased roll out of the programme is being taken forward under a formal project management structure. All Health and Social Services Boards and Trusts should ensure that appropriate screening arrangements are in place by 1 April 2007. They should work with the Diabetic Retinopathy Screening Programme Project Board and Regional Co-ordinator to achieve this.

Background

2. Diabetes is a major chronic disease affecting about 3% of the population. Data from GP practices indicate that there were 55,000 people with known diabetes in Northern Ireland in 2005/2006. Diabetes affects both males and females and can occur at any age. It is

more common in those who are overweight or obese. The number of people affected is predicted to increase as a result of the increasing levels of obesity in our population.

3. Diabetic retinopathy 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. It is estimated that diabetes causes, on average, 50 new cases of blindness each year in Northern Ireland. This leads to increased dependency, potential loss of earning capacity and the likelihood of greater social support needs for those individuals.
4. In its early stages, diabetic retinopathy is symptom free. Progression of the disease can be prevented by early detection of retinopathy and treatment by laser therapy.

Aims of the Screening Programme

5. The aim of the screening programme is to reduce visual morbidity caused by diabetic retinopathy by facilitating early detection and treatment of sight-threatening retinopathy. This will be achieved through a quality assured screening programme which meets national standards.
6. All eligible people with diabetes aged 12 and over should be offered annual screening for diabetic retinopathy using digital retinal photography. Those identified as having a potentially sight-threatening retinopathy should have rapid access to specialist assessment and treatment.

Implementation of Diabetic Retinopathy Screening Programme

7. A limited screening service, screening up to 12,000 people per year, has been in place for over 10 years. The new programme will build on the current service. Implementation will be phased, reflecting the increase in capacity as new staff are recruited and trained.
8. A Regional Diabetic Retinopathy Project Board has been established to oversee the implementation of the programme across Northern Ireland. Subgroups have been established to take forward work on specific issues including those relating to primary and secondary care, education and training, and quality assurance, and to support the Project Team. Implementation is being supported by a full-time project co-ordinator who, under the direction of the Regional Project Board, will project manage the roll out of the diabetic retinopathy screening programme across Northern Ireland, working closely with Health and Social Service Boards, Trust staff and Primary Care.
9. All Health and Social Services Boards and Trusts should have appropriate screening arrangements in place by 1 April 2007 with full coverage being achieved across Northern Ireland by March 2008.

Variation in Implementation

10. Although screening will be primary care based it may be delivered in a variety of settings. Regardless of the location, the service provided should meet national standards including those for training, quality assurance and camera specification. In three of the Health and Social Services Boards, screening will take place at GP practices or a local community facility using a mobile camera and van. The Western Health and Social Services Board will be utilising six cameras and a small number of optometrists, in fixed locations.

Resources

11. Revenue funding of £500,000 from 2005/2006, has been made available for implementation of this programme. Capital funding of £300,000 has been provided to Boards and RGHT Health and Social Services Trust for purchase of screening equipment and for the IT requirements, to facilitate monitoring and quality assurance of the programme.

Action

12. Chief Executives of Health and Social Services Boards should ensure a lead professional is identified at Board level to co-ordinate Board implementation of policy on diabetic retinopathy screening and the monitoring of the quality and standards of the programme.
13. Chief Executives of HSS Trusts providing diabetic retinopathy screening services should identify a health professional to lead the implementation at Trust level. They should also ensure that there robust arrangements in place to facilitate ongoing monitoring, quality assurance and audit of the service.
14. General practitioners are encouraged to participate in the diabetic retinopathy screening programme and refer eligible patients with diabetes for screening. Their participation should be in line with the Guidance for Primary Care Practices which is currently being developed. Practices should not arrange diabetic retinopathy screening by referral to other professionals unless as part of the DRSS roll out.

Follow up of Patients with Sight-Threatening Diabetic Retinopathy

15. Health and Social Services Boards and Trusts should ensure that arrangements are in place with ophthalmology services for the prompt assessment of 'screen positive' referrals and treatment as indicated.

Monitoring and Quality Assurance

16. The diabetic retinopathy screening programme should be subject to ongoing Regional performance management and audit. A minimum core of information to support performance monitoring of the programme, including how it meets national standards and quality assurance measures, should be collected on all people who have diabetes. Appropriate fail-safe mechanisms should be in place to ensure that screening is offered to all eligible people with diabetes and that those who require referral are followed up in a timely and appropriate way.
17. Boards are accountable for monitoring and performance management of the screening programme. Work is ongoing on developing standards for the programme. Further information on standards, performance measures and quality assurance arrangements will be included in future guidance. All care should meet the DHSSPS Quality Standards for Health and Social Care.

