



Diabetic Retinopathy Screening

1. Introduction

Diabetic retinopathy is one of the most common causes of blindness in the UK. Retinopathy is damage to the tiny blood vessels (capillaries) that nourish the retina, the tissues in the back of the eye that process light. Damage to these vessels causes blood leakage (haemorrhage), which may be small and confined to the retina or may extend forward into the jelly that fills the main cavity of the eye (the vitreous gel).

The aim of the Diabetic Retinopathy Screening Programme is to reduce the risk of sight loss amongst people with diabetes, by prompt identification and effective treatment of sight threatening retinopathy, at the appropriate stage as the disease progresses.

Systematic screening involves digital photography of the retina followed by a two or three stage image grading process, to identify the changes in the retina typical of sight-threatening retinopathy.

Screening is offered annually to people aged 12 or over with diabetes.

2. The Local Picture

2.1 Prevalence of Diabetic retinopathy

There is currently no data collected or available with regard to the prevalence of diabetic retinopathy in Hounslow.

2.2 Screening for Diabetic retinopathy

Data from 2009/10 shows that approximately 87% of diabetes patients in Hounslow had a record of retinal screening in the previous 15 months. This is slightly lower than the London average of 88% and considerably lower than the national figure, 90.8%. ([Table 1](#) – Diabetes factsheet) However, Hounslow's GP practices are similar to the England average of the proportion of diabetes patients who had been screened in the previous 15 months (87% versus 87.6%).

In 2010/11, the number of people invited for screening was 11,261, with an uptake rate of 74%, below the target of 80%. ([Table 2](#) – Diabetes factsheet)

3. Strategic Leadership and Collaboration

Diabetic Retinopathy Screening is commissioned in line with English National Screening Programme for Diabetic Retinopathy Screening [standards and guidance](#) as part of a Consortium agreement between NHS Ealing (lead commissioner), NHS Hounslow and NHS Kingston. The agreement will be valid until 31st March 2013. Funding is reviewed annually.

The Consortium is chaired by NHS Ealing who acts as lead commissioner; however, individual PCTs are responsible for commissioning and agreeing appropriate contracts with



their respective providers for clinical leadership, ophthalmology grading, failsafe¹ and all relevant administrative and data support.

The Director of Public Health has overall responsibility of Diabetic Retinopathy Screening with support from AD Business Management and Programmes and Public Manager Cancer, Screening and Tobacco Control.

The Quality Assurance recommendations for Hounslow are:

- Involvement of all lead ophthalmologists to be reviewed and strengthened, to ensure participation in Programme Board;
- Local ophthalmology lead to have 0.5 sessions per week included in job description;
- Undertake a Health Equity Audit, with the knowledge derived used to improve uptake levels;
- Use the results of GP-level data to engage GPs and improve screening uptake.

4. Priorities

2011/12 will see a focus on:

- Improving data quality and electronic records; and
- Improving uptake (Hounslow is currently the worst-performing PCT in the Outer North West London sub-cluster).

5. Summary of Need

The following table summarises the needs in Diabetic Retinopathy Screening in the London Borough of Hounslow.

SUMMARY OF NEED: CHECKLIST	
Is need increasing over time?	Yes
Is need greater than the London average?	Yes
Is there qualitative intelligence indicating that need is substantially unmet?	No
Is there an external inspection or report suggesting need is unmet?	No
Are quality indicators worsening over time?	No
Are quality indicators worse than the London average?	No
Is there an intervention of proven effectiveness to address the need which is not currently delivered in Hounslow (or not delivered enough)?	No

¹ A mechanism to ensure that the right people are invited to be screened, and that the best action is taken to follow up those with abnormal test results.