Tackling the burden of referrals from a Diabetic Eye Screening Programme in Dorset

University Hospitals Dorset NHS Foundation Trust

[1]Dr Anjali Patel ● [1] Mr Owen Anderson

[1]Royal Bournemouth Hospital, Bournemouth, UK.

Introduction

- Diabetic retinopathy is a potentially sight-threatening condition.
- Diabetic Eye Screening Programmes (DESP) aim to identify and refer patients to hospital eye services (HES) with treatable signs of retinopathy.
- Retinopathy is graded according to the system below.
- DESP should refer patients, and HES should offer appointments in a timely manner.

R0	No retinopathy
R1	Background retinopathy
R2	Pre-proliferative retinopathy
R3A	Active proliferative retinopathy
R3S	Stable proliferative retinopathy
M0	No maculopathy
M1	Maculopathy

Figure 1: Grading system for diabetic retinopathy

Methods

- An audit reviewed routine referrals (R2/M1) made by Dorset DESP to HES between 1st April and 30th June 2022 and urgent R3A referrals made between 1st April and 31st December 2022.
- A clinician generated DESP referral log and HES patient records were reviewed.
- Time from DESP screening to DESP referral, and HES consultation, were compared against NHS England standards (table 1).

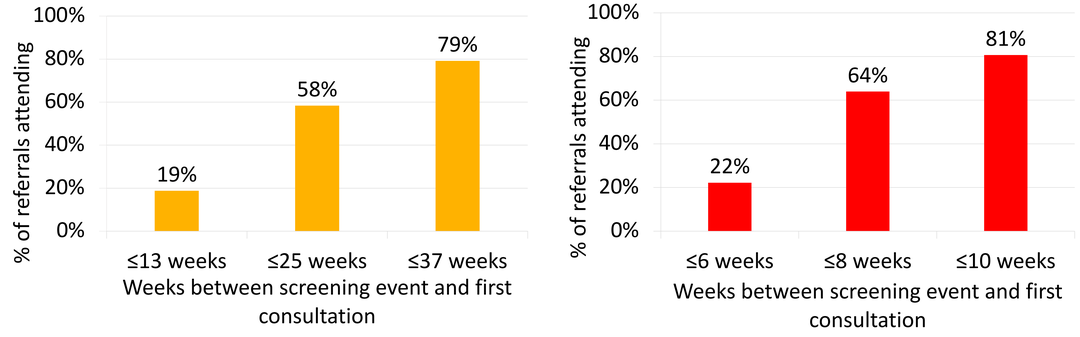
Grade at screening	Time between screening event and referral date to HES target	Time between screening event and HES consultation target
R2 or M1	≥90% within 3 weeks	≥70% within 13 weeks
R3A	≥95% within 2 weeks	≥80% within 6 weeks

Table 1: DESP standards

Results

- 47 of 48 (98%) R2/M1 patients and 27 of 36 (75%) R3A patients were referred by DESP in a timely manner.
- Virtual grading review of referral images found that 9% of R3A patients were misclassified by DESP.

Consultation times for R2/M1 and R3A patients



Discussion & Conclusions

- Capacity can be increased through introducing virtual clinic reviews of routine R2/M1 referrals and expanding one-stop laser clinics for R3A referrals.
- Collaborative working with DESP - DESP rescreening of HES follow up long waiters.
- Introduction of OCT into DESP would refine and reduce M1 referrals releasing clinic slots for more urgent patients.