West Hertfordshire NHS
Primary Care Trust

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Dear Colleagues,

Re: RETINAL SCREENING

As you will be aware, the West Herts Diabetic Retinal Screening Programme will be set up and running from January 2008. It aims to follow national guidance from the National Screening Committee (NSC) regarding processes and procedures required for an efficient and quality controlled service.

The attached document Retinal Screening Service for Patients with Diabetes – Framework for Delivery, January 2008 is intended to outline the service and includes contact details for the members of screening team should you have any queries.

We are aware that there has been a screening service in place for many years but it has not had the capacity to screen all patients annually. However a centralised call and recall service will improve the efficiency for all eligible patients. Although we will have a central database of all patients with diabetes, the screening service will not be aware of patients who are to be temporarily or permanently excluded from recall in the 1st year. We will therefore be relying on General Practitioners to inform us of patients who are to be excluded. See page 10 of attachment 2. This can be done at the time of completion of the prior notification list which will be sent to all GP practices before their patients are due for screening.

Newly diagnosed patients and those patients newly registered who are known to have diabetes should be notified to the screening service by letter until further notice. Results of all screening will be sent to patients, G.P's and Ophthalmologists, if appropriate, within 1 month.

As with most services that are newly set up there are bound to be 'teething problems' but I am hoping that with good communication between us all and using the dedicated team that we have in place this should be kept to a minimum. The patient information leaflets attached may be photocopied and used to advise patients of this new service and the importance of diabetic retinal screening.

Yours sincerely,

SSkul

Dr. Sadhana Kulkarni
Clinical Lead Retinal Screening Programme

West Hertfordshire NHS
Primary Care Trust

RETINAL SCREENING SERVICE FOR PATIENTS WITH DIABETES

FRAMEWORK FOR DELIVERY

January 2008

Introduction and background

The National Service Framework (NSF) for Diabetes: Delivery Strategy 2003, advised on a **National Screening Programme for Sight Threatening Diabetic Retinopathy**, with an aim to screen all patients with diabetes over the age 12 years, on a yearly basis.

The West Hertfordshire Screening Service follows the national guidance from the **National Screening Committee,** which gives clear guidelines regarding the set up, efficient running and quality control mechanisms for the service.

As with other National Screening Programmes, it is accepted that a central call/recall system, with a full database of all eligible patients is the most efficient way to ensure that tracking is carried out of those patients screened and those who fail to attend, or are either temporarily or permanently excluded from the programme.

Full details of the NSC guidance can be found on

www.nscretinopathy.org.uk

It is recognised that the service cannot be 'stand alone', and communication and liaison between relevant professionals is vital for the smooth running of the service.

The Service

The service is run by the provider arm of the West Hertfordshire Primary Care Trust, from offices at Royalty House in Watford, where the administration team, screening and grading team, and the server for the system are based.

Accredited digital retinal cameras will be used for screening at the following sites across West Hertfordshire;

The Avenue Clinic
36, The Avenue, Watford. WD17 4NT.

St Albans City Hospital
Waverley Road, St Albans. AL3 5PN.

Gossoms End Community Hospital
Victory Road, Berkhamsted. HP4 1DL

Grovehill Clinic
Stevenage Rise,Hemel Hempstead.HP2 6BH

Chorleywood Health Centre
15, Lower Road,Chorleywood. WD3 5EA.

Potters Bar community Hospital
Barnet Road, Potters Bar. EN6 2RY

Radlett Optometrists
86, Watling Street, Radlett. WD7 7AB.

Mobile van – for hard to reach patients eg nursing homes, the Mount prison, remote rural areas.

Screening

A Prior Notification List (PNL) is sent to all GP practices on a quarterly basis (similar to other screening programmes)for amendment as necessary(see Attachment 1). This includes, newly diagnosed or newly registered patients not yet on the West Hertordshire list, patients who are no longer registered, change of addresses, deceased patients, or those patients who, in the opinion of the GP are to be excluded from the programme (see Exclusion criteria – see Attachment 2). Contact telephone numbers should be added if available, in case of the need to refer on to secondary care. Patients who have chosen to opt out are required to sign an opt out declaration and a copy should be sent to the Screening Programme. Highlighted patients seen in biomicroscopy clinics may be eligible for routine screening clinics the following year e.g. if cataracts have been treated. The Screening Service needs to be informed of such clinical procedures so that an appointment in an appropriate clinic may be made.

All eligible patients will be called/recalled with an appointment and location given, with the option of changing either if they wish. All letters will include a patient information leaflet **Eye screening for people with Diabetes** (see Attachment 3).

At the screening appointment patients will have their **visual acuity** checked, and **Tropicamide 1%** drop instilled, unless contraindicated. Patients are warned about the effects of the drops and written information and advice given. (see Attachment 4).

2 digital images for each eye will be taken in accordance with National guidelines.

Images and information on visual acuity will be uploaded onto the server and grading of the images will be carried out

Following grading appropriate action will be taken dependent on the results
For patient care pathways (see Attachment 5).

Referrals

All non urgent secondary care referrals due to diabetic retinopathy are passed to the **CHOICE team** for action.

Secondary Care providers are;
West Herts Hospital Trust
Stoke Mandeville Hospital Trust

All urgent referrals due to Grade 3 retinopathy are arranged directly by the screening administration team, to be seen within 2 weeks in a diabetes medical retinal clinic.

All ungradable images will be referred to the biomicroscopy clinics for slit lamp evaluation. Patients will be seen at either Watford General Hospital or by Network Eyes for St.Albans and Harpenden patients.

Only diabetic retinopathy will be actioned by the Screening Service. Any other abnormalities needing referral will be referred back to the GP for further action as appropriate

Results and recommendations are sent by paper to GPS and relevant secondary care clinicians. This is an interim arrangement prior to resolution of technical IT issues

All patients are sent a results letter dependent on their results, if retinopathy has been diagnosed a further information leaflet is provided **Diabetic Retinopathy – What you need to know** (see attachment 5).

THE SCREENING SERVICE has a dedicated NHS e-mail address – **screening.retinal@nhs.net**

The Screening Team

The team consists of Screeners, Screener /Graders, Administrators and a Clinical Lead

Anita Clare – Service Lead Diabetes and Cardiology
- 01923 281600/07884 003297

Dr. Sadhana Kulkarni – General Practitioner and Clinical Lead Retinal Screening Programme
- 01923 831561/2/3
- e-mail: Sadhana.Kulkarni@herts-pcts.nhs.uk

Dr. S. Hasso – Opthalmology Staff Grade

Admin.Team:

Marilyn Smith
Maria Miller

Contact: 01923 831561/2/3

Screening Team:

Carol Fernandez
Mark Becher
Karen Foulis
Gertrud Evans

Contact: 01923 831561/2/3

PBC Advisors

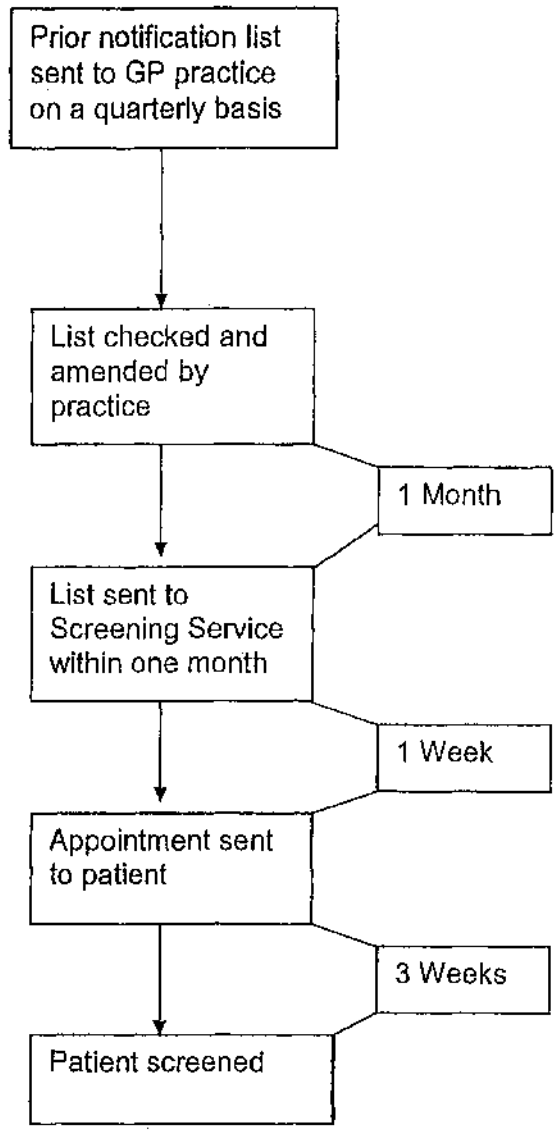
Dr. Elizabeth Ponsonby – Diabetes Lead for Dacorum PBC
Manor Street Practice,
16, Manor Street,
Berkhamsted. Herts. HP4 2DL.

Dr. Marie Anne Essam – Diabetes Lead for Watford & 3 Rivers

Dr. Mike Walton – St.Albans & Harpenden PBC and STAHCOM

Attachment 1

PRIOR NOTIFICATION LIST TIMELINE



Attachment 2

EXCLUSIONS

EXCLUDING PATIENTS FROM THE NHS DIABETIC RETINOPATHY SCREENING PROGRAMME TEMPORARILY OR PERMANENTLY

Good Practice Guide
Version 2.0, March 2006

Contents

Review date 18th March 2007

1. INTRODUCTION

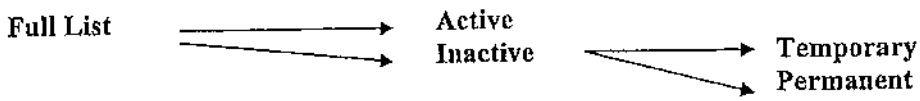
All people with diabetes of 12yrs and over should be sent an annual invitation for diabetic retinopathy screening. In a small number of circumstances, it may be appropriate to decide not to send a patient an invitation for diabetic retinopathy screening. This should only be done after a careful assessment of the person and their circumstances and this document aims to provide guidance on:

- how to identify those people with diabetes who should not be routinely invited for screening for diabetic retinopathy;
- how their status should be recorded; and
- the person who should be responsible for making this decision.

2. LIST MANAGEMENT

(a) Screening programme providers need to hold a complete and regularly updated list of people with diabetes in the population who are 12 years old or more, so that they can be systematically monitored with a view to offering them screening. This list is termed the **Full List.**

(b). All people with diabetes who will be called to screening annually are termed **Active.** A small minority of people with diabetes on the **Full list** will not automatically be called to screening annually: these are termed **Inactive.** A person with diabetes on the **Inactive** list may have either **Temporary** or **Permanent** status.



(c) Placing a person with diabetes on the **Permanent Inactive List** will have the effect of stopping all invitations for diabetic retinopathy screening indefinitely. That patient's details should be moved to the **Permanent Inactive list** and no further invitations to screening should be sent. It should be remembered that the person can choose to resume participation in the screening programme at any time, when his or her status will revert Active.

(d) Placing a person with diabetes on the **Temporary Inactive List** will have the effect of stopping all invitations for diabetic retinopathy screening for a period of time determined by either by that person or by the healthcare professional (usually the ophthalmologist treating the person) This person's details should be moved to the Inactive list and be returned to the Active list only when that person with diabetes, or the healthcare professional has indicated that the person previously excluded should participate in the programme fully again. This will need to be action dated so that the programme can track the patient through year on year so he or she does not slip through the net.

(e) In the event that it is a voluntary opt-out that has led to the status of the patient being moved to the inactive list, the person with diabetes should give a clear indication as to whether the period of opt-out is one, two or more years. The inactive period should be recorded in the

system and the software action-dated to prompt the administrator to recall the person to Active status, or to check whether it is appropriate to do so or not.

(f) Where a person with diabetes is given Inactive status, they should always be encouraged to consider Temporary Inactive status rather than Permanent Inactive status.

(g) When a person with diabetes is excluded from an offer of appointment for reasons that the patient is incapable of being treated, the ophthalmologist should record whether that patient should be placed on the Permanent inactive or temporary inactive list depending on the examination results and the programme and the GP should be informed in writing.

3. WHO CAN BE EXCLUDED?

The following groups of people may be excluded from offers of screening:

1. A person with diabetes who has made his or her own informed choice that he or she no longer wishes to be invited for screening; **(see Para 4a)**
2. A person with diabetes who is under the age of 12 years (in which case he or she should not have been referred to the programme until they have reached the eligible age)
3. A person with diabetes who does not have perception of light in either eye; **(See Para 5)**
4. A person with diabetes who is terminally ill; **(See Para 6)**
5. A person with diabetes has a physical or mental disability preventing either screening or treatment; **(See Para 7)**
6. A person with diabetes who is currently under the care of an ophthalmologist for the treatment and follow-up management of diabetic retinopathy, and then only for that period **(see Para 8).**

In all other circumstances, people with diabetes should be sent an annual invitation for diabetic retinopathy screening and given the opportunity to make their own informed choice about whether to accept on each and every occasion that screening is offered. It is the responsibility of the person with diabetes to decide whether to attend for screening, but the responsibility of the screening programmes to send an appropriate invitation. In cases where there is doubt over whether the person with diabetes should attend or not, they should be sent an invitation which they can choose to ignore or refuse.

It is NOT a reason to stop offering appointments to a person with diabetes simply because they have failed to take up the offer of screening on previous occasions, if the person with diabetes has also chosen to be screened privately, or if the person with diabetes only has a mobility problem.

It is NOT a reason to stop offering appointments to a person with diabetes simply because that a person is registered as blind or partially-sighted.

4a. INFORMED CHOICE

There will be people who ask not to receive future invitations for screening.

In these circumstances the appropriate health professional (normally GP or senior practice or diabetes specialist nurse) to whom the person with diabetes has made his/her wishes known should ensure that the person has received sufficient information to enable him or her to make an informed choice. That person should confirm his or her decision in writing. A copy of this document should be retained by the GP and a copy sent to the screening programme.

As diabetes is a life long condition it is prudent to encourage people who are thinking of excluding themselves from the programme to consider the possibility of excluding themselves only for a limited and specified period. Sometimes there are particular circumstances that make screening difficult for a patient at a particular time and these circumstances may resolve or otherwise be accommodated (temporary inactive list).

In either event the person with diabetes should confirm his or her decision in writing to the professional with whom they have been communicating. Screening programmes should encourage patients to discuss this with their GP but if they refuse, the screening programme should keep a record of the terms of the opt-out and a letter should be sent by the screening programme to the patient confirming the terms of the opt-out.

Those people who have only sought temporary exclusion should be placed on the **Temporary Inactive** list and have their details action-dated so that the programme administrator is reminded to return them to the Active list at the specified time.
Those people who wish to have no further invitations indefinitely should be placed on the **Permanent Inactive** list. It should be remembered that this person can choose to resume participation in the screening programme at any time, when his or her status will revert Active.

4b. CONSENT

THOSE UNDER THE AGE OF 18 YEARS

(i) All people aged 12 and over should be offered screening except on the rare occasion that the exclusions described in this document apply. However there are, very occasionally, issues about who has the capacity to make informed consent and who does not

(ii) Once children have reached the age of 16 they are presumed in law to be competent to give consent for themselves for their own medical and surgical treatment and for any associated procedures, including anaesthesia. They are deemed capable of signing consent forms for themselves. Nevertheless it is good practice to encourage competent children to involve their parents in the decision making process.

(iii) With regard to younger children, they are not automatically presumed to be legally competent to make decisions about their healthcare. However the courts have stated that those under the age of 16 years will be competent to give valid consent to a particular intervention if they have "sufficient understanding and intelligence to enable him or her to fully understand what is proposed". When making this decision both the complexity and the seriousness of the treatment involved should be taken into account.

(iv) If a child is not competent to give informed consent themselves then the consent of the person with parental responsibility should be sought. In these circumstances it is still good practice to involve the child in the decision making process.

Further Department of Health advice can be obtained on the website:

http://www.dh.gov.uk/PolicyAndGuidance/HealthAnd SocialCareTopics/Consent/
N.B. This link has recently been changed and we will forward the updated link when available.

5 BLINDNESS

The fact that a person is registered as blind or partially-sighted should NOT automatically result in an exclusion from the call/recall list and an offer of an invitation to screening. Many people who are registered blind have some residual vision. Treatment for diabetic retinopathy may enable those people to retain sufficient vision to live with some degree of independence and/or sustain quality of life benefits.

However if the person with diabetes has no perception of light in either eye, as identified by an Ophthalmologist (see section 8), he or she should be moved to the **Permanent Inactive** list.

6 PEOPLE WITH TERMINAL ILLNESS

People in this situation should be treated in the same way as people who are not terminally ill for as long as possible. This includes being invited to screening as long as they are well enough to participate. The ability to see can bring significant quality of life benefits towards the end of life. It is the decision of the person with diabetes whether to attend or not, and the guidance for Informed Choice (Para 4 (a) applies in these circumstances.

In special circumstances the GP may decide that invitations might be postponed or stopped depending on the individual person's situation if, in his or her judgement, an invitation to eye screening would cause unnecessary distress. As is usual in these circumstances, the GP would normally discuss this decision with the person's next of kin.

The GP should inform the screening programme whether the person is to be placed on the **Temporary Inactive** or the **Permanent Inactive** list. If the person is placed on the Temporary Inactive list the GP should indicate when the situation should be reviewed.

7 DISABILITIES

People with diabetes should NOT be removed from the Active list simply because they suffer from a disability which makes it more difficult to provide screening or treatment. ***Screening programmes are subject to the same regulations under the Disability Discrimination Act as other service providers and where mobility is the only issue novel solutions should be sought.***

However it may not be possible to screen a small number of people with diabetes due to learning or physical disabilities and this may prove to be an obstacle that cannot be overcome.

If it is not possible to screen a person with conventional screening methods, it may still be possible for an ophthalmologist to examine their eyes and in some circumstances to treat the patient (e.g. if the patient is treated under General Anaesthetic).

A person with diabetes should only be excluded from screening for reasons that the person with diabetes is incapable of being treated once that person has been examined by an ophthalmologist. The ophthalmologist should then confirm in writing to the GP and to the Screening Programme that the person with diabetes should be placed on the **Temporary Inactive** or the **Permanent Inactive** list and, if possible, indicate the appropriate period of suspension if placed on the Temporary Inactive list., and, in any event the programme administrator should action-date for review.

a. Learning or Mental Disability

Learning or mental disabilities alone are NOT a reason for excluding people from the programme. Efforts should be made with relatives, carers and other professionals to facilitate the explanation of the purposes of screening and the procedures to the individuals concerned.

There will, however, be a small number of people who are unable to comprehend the concept of participation in the programme and who become very distressed when the procedure is attempted. In these situations the screening activity should stop and their GP should be informed.

The GP should then refer the person to an ophthalmologist for assessment as to whether, should it become necessary, the patient could be effectively treated. The ophthalmologist may also wish to take into account the current retinopathy status (if examination, however limited, is possible) and the patient's life expectancy. If the ophthalmologist determines that it would be possible to treat the patient (if necessary under general anaesthesia) the responsibility for follow up and treatment of this person then passes to the ophthalmologist and the Hospital Eye Service. Whilst the person with diabetes is under the care of an ophthalmologist their details should be placed on the **Temporary Inactive** list, and the ophthalmologist should indicate the appropriate period that applies, and the case action-dated by the programme administrator for review.
It should be remembered that mental disability may be a temporary condition, and this should be taken into account when determining which list that person with diabetes should be placed on, and for how long. If the ophthalmologist determines that the person with diabetes and mental disability is not currently capable of being treated their details should also be placed on the **Temporary Inactive** list and the GP should review this decision annually and the programme should note and action date so that this can be monitored year on year.

b. Physical disability

In some cases a physical disability, including medical conditions that prevent the head from remaining steady, may prevent a person from achieving a position where a retinal image of adequate quality cannot be captured. In these situations the screening activity should stop and their GP should be informed. Assuming the patient wishes to continue with screening, they

should normally be referred to an ophthalmologist for assessment as to whether, should it become necessary, they could be effectively treated. As with people with mental disability, if the ophthalmologist determines that it would be possible to treat the patient (if necessary under general anaesthesia) the responsibility for follow up and treatment of this person then passes to the ophthalmologist and the Hospital Eye Service.

Whilst the person with diabetes is under the care of an ophthalmologist their details should be placed on the **Temporary Inactive** list and an action date noted so that the patient activity can be monitored year on year by the programme to ensure that the patient returns to the active list if the ophthalmologist confirms that this is acceptable.

In some cases the person with diabetes may be bed-bound or completely housebound. In these situations the GP should explain the situation to the person individually and he or she should only be placed on the **Temporary Inactive** list if the disabilities are unlikely to improve and with his or her consent. The person with diabetes should confirm his or her decision in writing, and this should be witnessed by the medical practitioner (or, with the GPs permission the Practice Nurse). A copy of this document should be retained by the GP and a copy sent to the screening programme. The GP should review this decision annually and if the situation improves transfer the patient to the Active list.

8 PATIENTS UNDER THE CARE OF AN OPHTHALMOLOGIST

a. Those under the care of an ophthalmologist for diabetic retinopathy

For the period of time when a person with diabetes is under the care of an ophthalmologist for the follow up and / or treatment of diabetic retinopathy their name may be placed on the **Temporary Inactive** list, and an action date noted so that the programme can monitor this person's progress year on year. Secure processes need to be in place to ensure that the result of this examination with respect to the level of diabetic retinopathy (R0, R1, R2, R3, M0, M1, P0, P1 or unassessable) is reported to the Screening Programme.
If the patient has been placed on the **Temporary Inactive** list and is discharged their status should be returned to the **Active** list. The Programme needs to monitor this process regularly in conjunction with the Hospital Eye Service.

b. People with diabetes and eye conditions other than diabetic retinopathy

These patients require annual examination for diabetic retinopathy.

The first and preferred option is to place these people with diabetes on the **Full Active** list and call them to a separate screening examination using digital photography.

The second option is for the Clinical Lead for the Screening Programme to specify named ophthalmologists within an eye department who are competent to review diabetic retinopathy. In those circumstances people with diabetes who are **directly** under the care of one of those named ophthalmologists may be moved to the **Temporary Inactive** list. The programme administrator should action date the case for review and the ophthalmologist should provide to

the screening programme with a report on the patient's retinal status which details the level of diabetic retinopathy (R0, R1, R2, R3, M0, M1, P0, P1 or unassessable).

9 OTHER SPECIAL SITUATION

a. Screening outside the NHS Diabetic Retinopathy Screening Programme

Patients who have had their eyes screened outside the NHS diabetic retinopathy screening programme remain eligible for screening and should NOT be excluded from the programme on those grounds. They should continue to be sent an invitation for screening at the routine interval so that they can decide whether or not to accept.

b. Those people with diabetes within residential care or institutional care (such as prisons)

People with diabetes within residential care or institutional care (such as prisons) remain eligible for screening and should NOT be excluded from the programme on those grounds.

SUMMARY

1. Care should be taken to distinguish between people who only seek to be excluded for a limited period of time who should be placed on the temporary inactive list and those who wish to be excluded permanently. A person should only be excluded from the Active list for diabetic eye screening call/recall if, providing the detailed advice in the relevant explanatory notes apply and he or she:

- has made his or her own informed choice that he or she no longer wishes to be invited for diabetic eye screening.
- is under the age of 12 years.
- has no perception of light in either eye;
- is terminally ill and is deemed too unwell to participate;
- has a physical or mental disability that prevents either screening or treatment;
- is currently under the care of an ophthalmologist for the follow up and / or treatment of diabetic retinopathy, and then only for that period of time;

2. People who make an informed choice that they no longer wish to be invited for diabetic eye screening and they make a written request that this should happen should be moved to the inactive list and invitations to screening should cease until the person makes a choice to participate in the programme again.

3. The following people should NOT be automatically excluded from diabetic eye screening call and recall:

- people who have previously not taken up the offer of screening (even repeatedly);
- children 12 years and over but under the age of 18 years;
- people who are registered blind or partially sighted;
- people who are terminally ill;
- people who have physical disability;
- people who have learning or mental disabilities;
- people who have previously been treated for diabetic retinopathy;
- people who are under the care of an ophthalmologist for chronic eye disease management other than diabetic retinopathy;
- people with diabetes within residential care or institutional care (such as prisons).

Only an ophthalmologist should decide whether or not a person with diabetes should be placed on the Inactive list because that person is not capable of being treated. However, with regard to other exclusions, it is recommended that only appropriate health professional (normally GP or senior practice or diabetes specialist nurse) should exclude a patient from the diabetic eye screening programme for reasons other than those given above. The GP will need to tightly control exclusion.

Attachment 3

EYE SCREENING FOR PEOPLE WITH DIABETES

Why screen my eyes?
Some people with diabetes develop an eye condition which affects the retina WITHOUT THEIR BEING AWARE THAT SOMETHING IS WRONG. The retina is the lining layer on the inside of the eye. It can be photographed without touching the eye by focusing through the pupil (the central black dot in the eye).

What happens at the screening appointment?
We will test your vision and then put drops in your eyes to dilate your pupils. You will have to wait about 15 minutes for the drops to work. Our trained screener will then take 2 or more photographs of each eye with a special camera which focuses on the retina at the back of the eyes.

The whole appointment will take about 30 minutes.

Will I get the results?
You will be sent a letter with your results. Your GP will also be sent your results. It is not possible to give you the results at the time of the screening as the images have to be checked very carefully and go through our quality control process. Most people will have no diabetic changes, or only mild diabetic changes, and will simply be screened again in about 1 year's time.

What if there is a problem?
- You may need to be monitored more frequently by the Retinal Screening Service,
- Or, you will be referred to an Eye Clinic for assessment and treatment.

Please note that screening can sometimes, though rarely, miss some changes which could affect your sight, and unfortunately in spite of treatment advanced diabetic retinopathy may in some instances cause a deterioration in your sight.

Where will I be screened:
We have cameras at a site nearest your home address, but you are welcome to change your appointment if one of the other sites is more convenient for you.

What do I need to bring with me?
- Distance (TV) and reading glasses.
- Sunglasses (the light will seem bright after your pupils are dilated).
- Your appointment letter.

IMPORTANT: **Do not drive yourself to this appointment** as we will not be able to put the drops in or photograph your eyes if you are driving. The drops may make your vision blurred for several hours.

What if my optician checks my eyes?
You should still come for screening even if your optician also checks your eyes or takes photographs. It is wise to see your optician/optometrist for regular sight tests every one to two years as screening is not designed to detect other eye problems.

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Attachment 4

ADVICE AFTER EYE DROPS FOR RETINAL SCREENING

Your eye screener has used some eye drops to make your pupils large enough for the photograph of the back of your eye.

The drops used are: **Tropicamide 1%**

What effect do the drops have?

The drops may cause stinging for a few seconds.
After about 5 minutes your sight will be blurred and it will be difficult to focus on objects near to you.

The blurring lasts up to four hours. **THIS WILL AFFECT YOUR ABILITY TO DRIVE AND YOU SHOULD NOT DRIVE YOURSELF HOME FROM THE SCREENING APPOINTMENT.**

Very rarely there is a possibility that the drops can cause a sudden, dramatic rise in pressure within your eye. This only happens in people who are already at risk of developing this problem at some point in their lives. However, when it happens, it needs prompt treatment in an Ophthalmic Clinic. The symptoms of an acute pressure rise are:

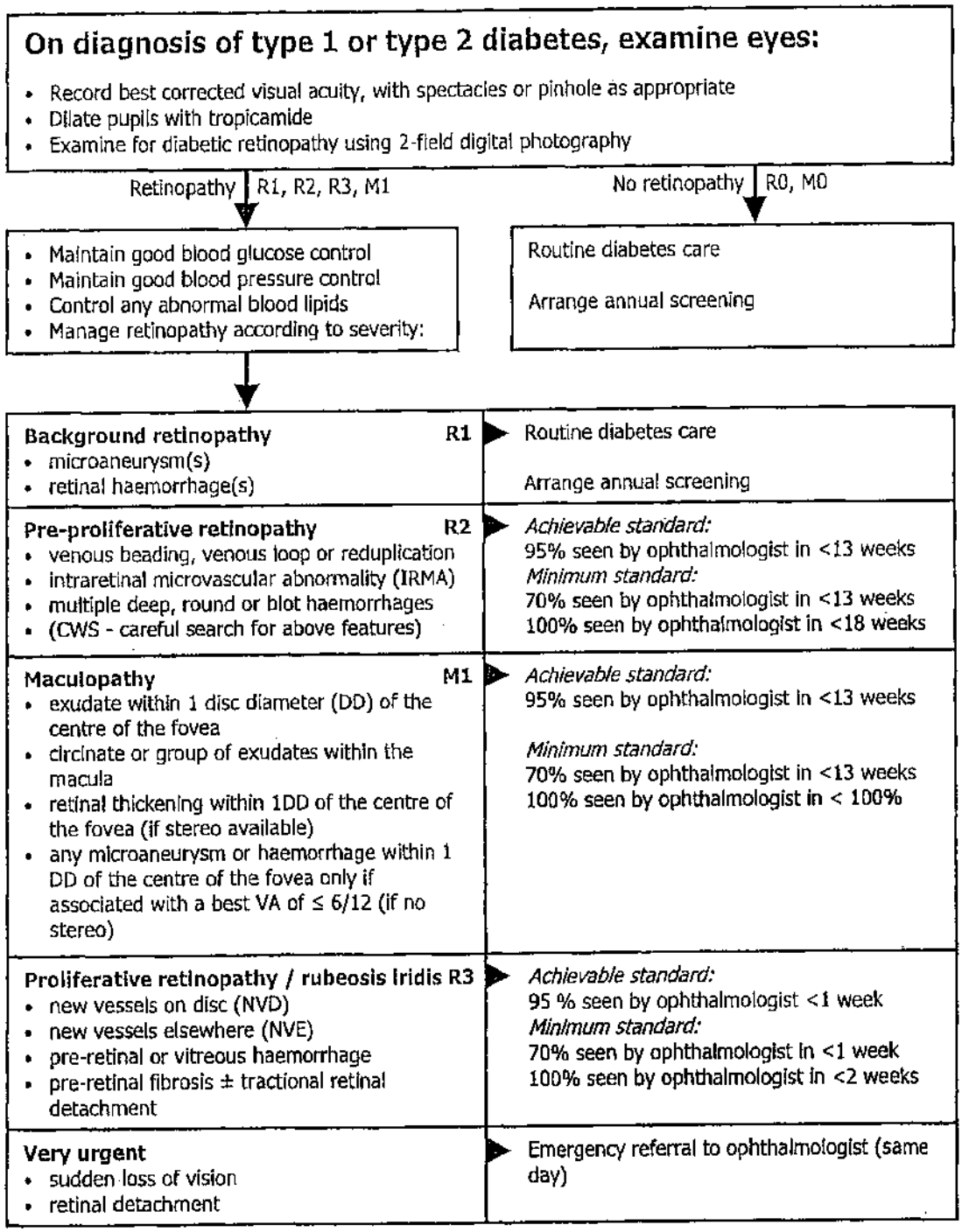
Pain or severe discomfort in your eye;
Redness of the white of your eye; or
Constantly blurred sight, sometimes with rainbow haloes around lights.

If you experience any of these symptoms after screening, you should go to an Accident and Emergency Department and **PLEASE TAKE THIS LETTER WITH YOU.**

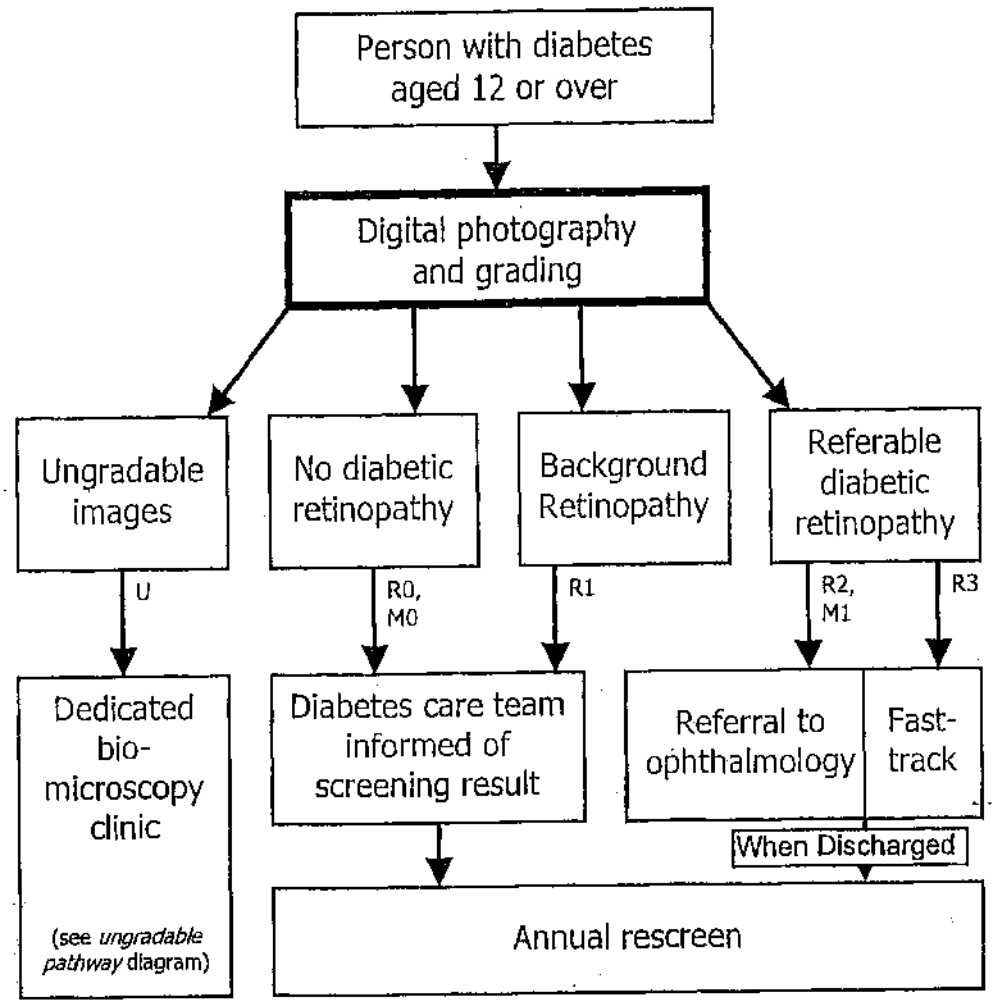
ATTACHMENT 5.

1.9 Clinical care pathway

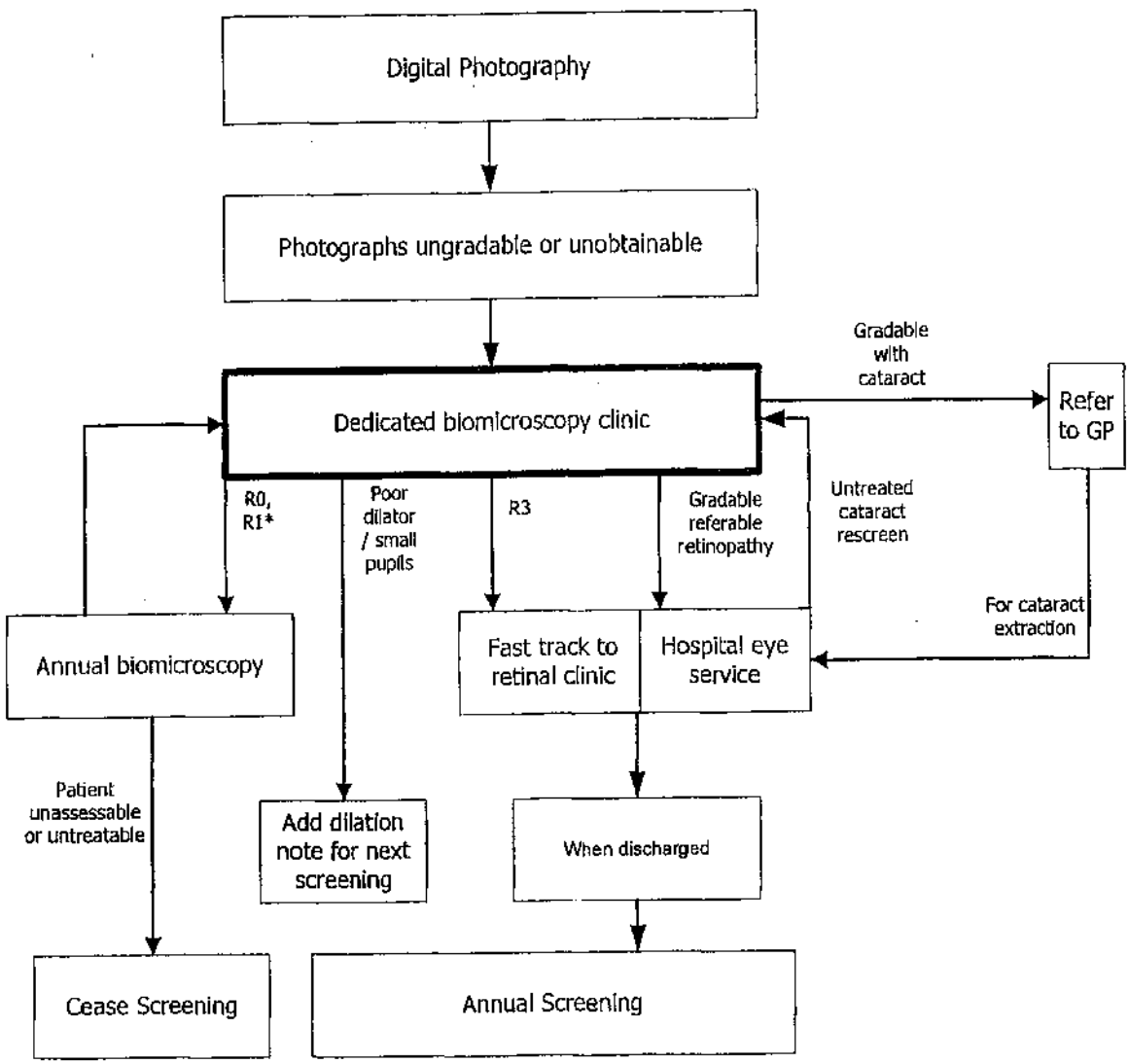
This pathway links the NSC and NICE guidelines for the early treatment of diabetic retinopathy from identification of the presence of diabetes through to referral into a screening programme, grading and referral for treatment or back into the screening programme.



1.10 Patient care pathway



1.7.12 Ungradeable pathway diagram

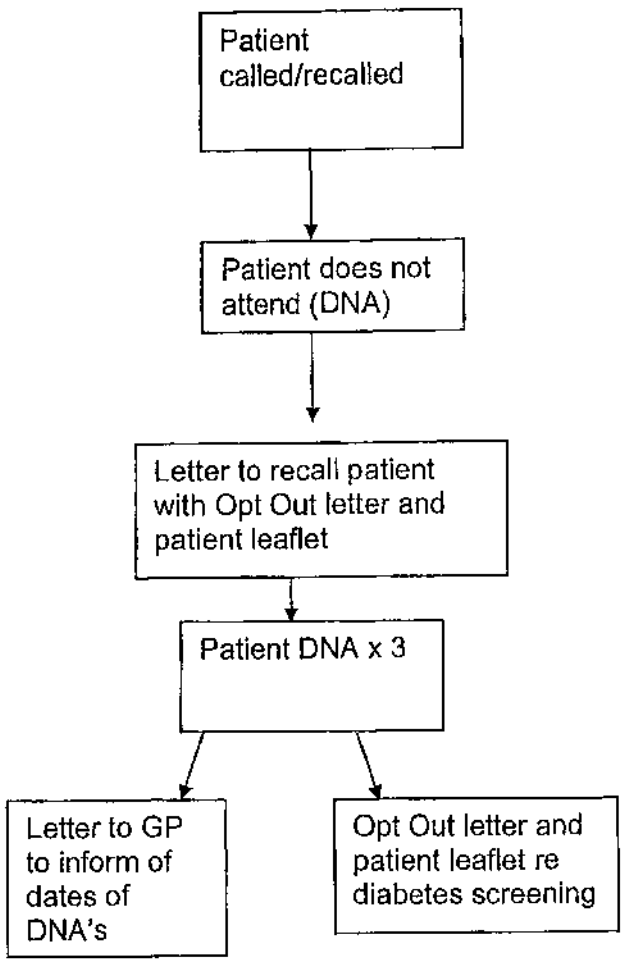


*Annual biomicroscopy should only usually considered for patients refusing or unsultable for cataract treatment

From NSC workbook with minor changes

Attachment 5

PATIENTS WHO FAIL TO ATTEND



Attachment 5

PATIENT PATHWAY FOR PREGNANT WOMEN WITH DIABETES