



NEWSLETTER

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Conference 2008

Organisers are putting the final touches to our imminent Annual Conference to be held this year at the Hilton Metropole Hotel, Birmingham on 2nd and 3rd October.

At the time of going to press, the full complement of 250 delegates have registered and a waiting list is in operation. Yet again, the previous year's record attendance will be broken.

The event attracts delegates from across the UK, providing perfect networking opportunities along with debates on the latest issues.



BEHIND BARS

It is hard to believe that it is now a year since I succeeded Roy Taylor as president. What have I learned about BARS during my first 12 months? Firstly, I love the initials, the acronym is hard to ignore. Secondly, I am hugely impressed by the energy and enthusiasm of the membership. Thirdly, it is clear that your chairman, officers and council are doing a terrific job running the association with very limited resources. What have I been able to contribute so far? Probably not a great deal, but I think that it has been useful for an outsider to take a fresh look at the association.

It seems to me that there are several key issues to be addressed. These include:

1. reviewing the BARS objectives. What do we want to achieve in the near future and in the longer term?
2. revising the constitution and byelaws to reflect these objectives more accurately. At the moment these two documents are rather confusing and are not consistent with each other.
3. Restructuring, perhaps, the council to make better use of individual talent and distribute the work load more evenly. For example, it might be useful to co-opt additional council members to undertake specific tasks such as producing publications and managing the website.
4. trying to estimate what additional resources will be required to enable us to achieve our objectives.
5. coming up with ways of raising additional funds to provide BARS with a more secure financial base.
6. applying for charitable status in order to maximise our income and avoid any future tax liability.
7. Increasing our membership as this will not only generate more income but will make us more influential and effective politically.

Unfortunately, the more successful an organisation is the more complicated and onerous the workload and infrastructure become. It is clear to me that BARS is now at a critical point in its evolution when we need to

decide what we need to do to support our members most effectively and improve services to patients. Then we need to set about attracting additional resources to allow us to do these things.

All initiatives cost money. So how can we raise additional funds? Clearly we should become a registered charity as soon as possible because we can then make better use of our commercial sponsorship scheme and set about attracting charitable donations and legacies. If we can strengthen our asset base then a lot more things will become achievable. For example, we could provide grants to help screeners to attend conferences, meetings and courses if they are unable to obtain local funding. We could produce high quality publications, guidelines and position papers. We would be able to make a more effective contribution to national issues such as professional regulation. In the meantime, at my suggestion, the council is considering producing a 'Screeners Charter' which will seek to clarify issues such as banding, workload and continuing professional development. At the moment there is little consistency across the UK and I think that BARS is in a unique position to produce national guidance which would benefit many, if not all, of our members.

Dr Richard H Greenwood
BARS President

Education Update

City and Guilds Certificate in Diabetic Retinopathy

Currently 84 of the 91 screening programmes in England have registered 1,630 candidates and 358 assessors with the administration centre in Gloucester and 28 candidates have already completed all their units, with a further 15 hoping to complete over the next couple of months when their units have been through the Internal Verification process. The Internal Verification panels are sitting quarterly at present but may need to meet more frequently due to the increasing number of units being submitted! 279 units were submitted to the September panel and 130 of these have been rolled over to an extra panel in October. 30 units have already been submitted for the December panel!

In Scotland 135 candidates and 45 assessors have been registered with 1 candidate having completed all their units. The first Internal Verification panel to be held in Scotland will be at the end of September.

There will be some exciting changes to the award over the next couple of years. The award currently sits on the National Qualifications Framework (NQF) but all awards will need to be submitted to the new Qualifications and Credit Framework (QCF) by 2010. Because the award attracts 37 credits it will be renamed the Diploma in Diabetic Retinopathy. The Certificate and the Diploma will be completely equivalent in all but name. In advance of this move the assessor and candidate guidance is being updated and minor changes will be made to the award itself to ensure that it still reflects current practice.

Deborah Broadbent
Director of Eye Screening, Liverpool

An Early Bath

"You are a screener, aren't you?" This was the question put to me earlier this year by Julie Fletcher, the manager of the screening service in Bath. At the time we were discussing my imminent stint as a locum screener and her doubt was a reaction to my questioning the need for such an early start to the working day. As you can imagine, I was somewhat offended by the

question. Why yes, I was a screener with many years experience, responsible for establishing a number of existing DRS programmes...oh and the current chairman of BARS, to boot. I must confess that my indignation almost resulted in a response of "do you know who I am?" However, by the time I had finished my three months with the Bath team I was left with the realisation that

my previous experience – always in fixed locations and mostly in the comfort of specially-equipped screening rooms – did not make me a screener in the same way that working on a busy mobile DRS service would.

Cleanliness is next to Godliness

On January the 11th 2008 my family and I moved from the bustle of South London to the rural idyll of Wiltshire. I was working out my notice for one job before taking on a new role and the company I was working for had made a commitment to provide assistance to the Bath DRS Programme. As the man on the spot, so to speak, it was decided that I would provide the majority of cover myself. After all, how difficult could it be?

The appearance of the word Bath in my diary three or four times a week between late January and March was a source of much amusement to my wife “Whether you need one or not” or “...and it’s not even Sunday”. Unfortunately for her these entries did not herald an improvement in my personal hygiene but rather my baptism of fire in the ways of mobile DRS.

The DRS Programme provided by Bath’s Royal United Hospital (RUH) NHS Trust offers screening to patients from the Bath & North East Somerset PCT, parts of Wiltshire PCT and North Somerset PCT. The service is responsible for screening approximately 17,500 individuals with diabetes from 73 GP practices. The service is mobile, with four vans travelling to surgeries, screening each practice’s patients in a familiar setting. At the beginning of 2008 it was still the case that some practices were unable to provide a room to accommodate the camera and in these circumstances screening took place in the back of the van in the car park. At the time the Bath team was made up of Julie the service manager, three screeners (Chris, Graham and Martin) and Ken, the trainee. I’m sure they won’t mind me telling you that they are a *mature* team with even Ken, the new boy, celebrating his 60th birthday while I was there. The working day for Bath screeners starts at 7.30 am with loading of equipment and driving to the day’s clinic locations and ends at 5.00 pm back at the hospital to unload – or at least that’s the theory.

White Van Man

So it was that at 6.55 on the morning of Monday the 28th of January I boarded Dolly my trusty steed - a black Suzuki Bandit motorcycle christened with this macho name by my then 3 year old son - mystifyingly, he had at first wanted to call her Dentist - and as she reluctantly spluttered to life on this coldest of mornings, I

sped off into the gloom to tackle my first clinic. By the time I reached the DRS office the biting cold had rendered my fingers numb, not very practical when operating a fundus camera but, of course, there were a number of other tasks to be tackled before I got my hands on any patients. First, directions to the location of my clinic, followed by checking equipment, loading the trolley onto the van, scraping the ice from the van’s windows (obviously this numbed my hands all over again) and finally negotiating the large van through the narrow exit from the hospital.

Most practices served by the Bath programme are located within an hour’s drive of the hospital although a couple, in places such as Malmesbury and Calne, did take me almost 2 hours to reach when the traffic was particularly heavy.

How do they do it?

Surgeries made appointments for their own patients and phoned with reminders or to book replacements at short notice for cancellations. As a result of this hands-on approach by practice staff, DNA rates were low. Each day saw about 32 slots booked, with up to 18 in the morning and 14 in the afternoon. Rooms for screening ranged from palatial treatment suites to what can only be described as broom-cupboards and everything in between. In the handful of practices where they are unable to provide a room the van served as waiting room, screening clinic and social club. I must confess that I was lucky enough never to be subjected to the trials and tribulations of screening in the van on my own, although I did once accompany Graham and found that the shared sense of hardship among patients and staff resulted in a waiting room camaraderie that I have never witnessed before.

Screeners carried out VA testing and dilation themselves before taking the photographs. The high number of attendees meant a constant stream of patients in and out of the screening room. Although it was not common practice to carry out grading during clinics, patients were given an idea of next steps before leaving, once the screener had carried out an initial review. Urgent cases were noted and prioritised in the grading queue. In the vast majority of cases, practice staff were extremely accommodating and allowed screeners to make free with tea and coffee making facilities. The first patients of the day were booked for 9.30 and the last usually at about 3.30 with a welcome break for lunch at about one o’clock.

The more experienced screeners on the Bath service, including the service manager, set aside time to carry out grading work. Like many

services, it was an ongoing struggle to strike a balance between ensuring that everyone requiring an appointment is seen in clinic and the timely grading of resultant images. Julie's dedication as a manager working with limited resources was inspiring and during my time there I don't think she left the office before 6.00 pm and rarely arrived any later than 7.15 in the morning. Indeed, the sustained onslaught of patients meant that the work rate among all the Bath team was extremely high and I, for one, am glad that my role there was not a permanent one as I seriously doubt that I could have kept up. After all, we moved to the country to get away from the pace of city living. Suffice it to say that the dedication, cheerfulness, and professionalism with which all the team went about their task was something in which they should all take a great deal of pride.

Personally, I owe a special debt of thanks to Ken the trainee screener who accompanied me on all but three of my screening days and made what was, in many ways, an endurance test, rather fun.

His local knowledge meant that we were never (well rarely) late starting clinics and in most cases managed to avoid the horrendous evening traffic in and around Bath. But more important than this, he showed me some of the best country pubs in Wiltshire and Somerset, many of which I have since sampled.

I'm sure that throughout the UK similar individuals are dedicating the same levels of energy and commitment to their role as diabetic retinopathy screeners, sometimes under equally challenging working conditions. I for one am proud to have been a member of the Bath team, albeit for the briefest of times, and - more than this - I'm proud to be a member of the profession.

Oh, and if anyone asks me in future "*you are a screener, aren't you?*" I'll be able to respond with "*Yes, I am...now*".

Grant Duncan
BARS Chairman

NEWS ITEMS WANTED !

If YOU have anything you would like to contribute to BARS Newsletter, please send your item by email to Council members on BARS website at www.eyescreening.org.uk

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