british association of retinal screening

bars

# OPDR: Does it Work? Is it Safe?

David Sculfor

Consuela Moorman

Susanne Kelly

Buckinghamshire Healthcare

NHS Trust

# What is OPDR?

- Ophthalmic Photographic Diabetic Retinopathy Clinic
  - *Ophthalmology* not screening!

- For R1M1 patients unlikely to be treated
- Staffed by hospital optometrists
- VA, drops
- OCT

# OPDR

- Standard 1.5 field macular and disc photos
- Captured and graded on Orion/DH
- Pro-forma - paperless later?
  - Assessment of control and risk factors
- Discussion of results and outcome
  - Results to GP


Ophthalmic Photographic Diabetic Retinopathy Clinic Sheet

**Date:** .....

Patient label

R L

V/A with / without

First diagnosed DM Type 1 / 2

Current treatment

Does own BS? Y / N.....Readings: Typical Highest in last 1/12

Last saw GP/Specialist nurse/Hosp clinic HbA1c _____% or N/K Statin? Y/N

Hypertensive Y / N On treatment? Y/N Last BP or told satisfactory?

OCT findings
Right: Left

DR better/worse, exudates increasing/decreasing etc
Right: Left

Listed for laser today Y/N

Follow-up
- ☐ Refer down to Camera Screening in .....(only if R0/R1+M0)
- ☐ Follow-up in Ophthalmology Retinopathy Clinic in .....
- ☐ Follow-up in OPDR Clinic in .....

David Sculfor V1.15/2010

Buckinghamshire Hospitals NHS
NHS Trust

David.sculfor@buckshealthcare.nhs.uk

# Advantages

Administered by DRS

- Patients seen within target time
- Photos all in one place
  - Important for discharge back to DRS
- 100% feedback!
  - Failsafe done automatically by software
- Slots freed for R2/R3 and M1 needing Tx

# Disadvantages

- Needs access to OCT and camera
- Er, that's about it

# Audit – does it work?

- Target: 100% M1 referral to clinic within 18 weeks
- Before OPDR
  - 97/111 = 87% ☹
- After OPDR
  - 136/154 = 88% ☹

Allowed us to maintain performance despite extra new referrals and follow-ups

# Why did we still fail?

- 18 missed target
  - 7 patient CNA
  - 10 DNA
  - 1 hospital cancellation
- Taking out CNA and DNA
  - 153/154 = 99% ☺
- Same pattern for R2 and R3

# Audit – is it safe?

- 25 consecutive OPDR cases from Feb 2011
- Retinal specialist given images, OCT and top half of pro-forma (VA and risk factors)
  - 23 complete
- Findings and outcomes compared

- CSMO present?
- Listed for laser
- R/M grade
- F/U interval
- F/U clinic
  - Ophthalmology/OPDR/ Discharge to DRS

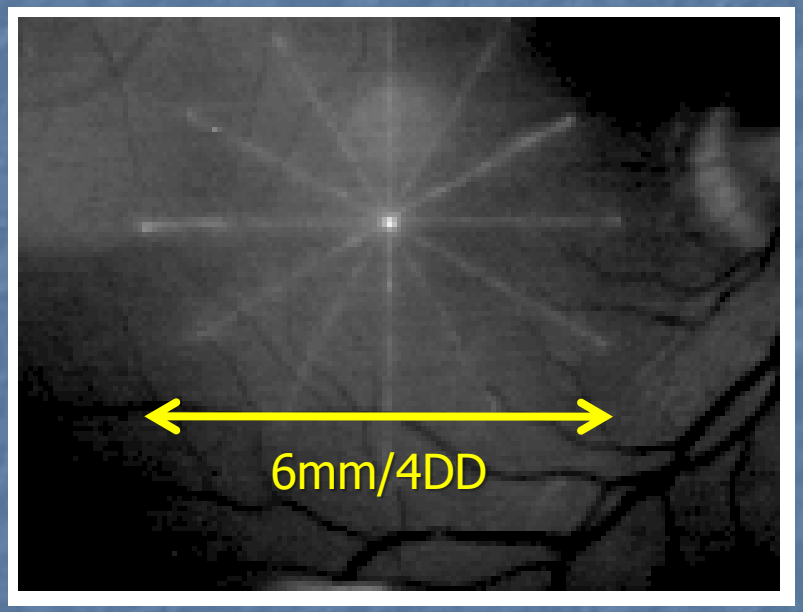
# Results

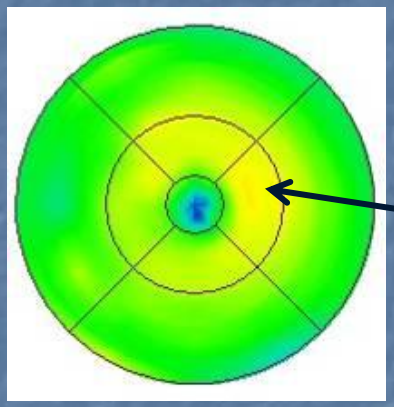
| Agreement criteria | OCT – CSMO? | Listed for laser | R/M Grade | F/U interval | F/U clinic Ophth/ OPDR/ DRS |
|---|---|---|---|---|---|
| Complete agreement | 21/23 | 23/23 (incl 1 listed) | 21/23 | 19/23 | 23/23 |
| Dis-agreement | 2/23 | 0/23 | 2/23 | 1/23 | 0/23 |
| Minor difference | 0/23 | 0/23 | 0/23 | 3/23 | 0/23 |

# CSMO Disagreements

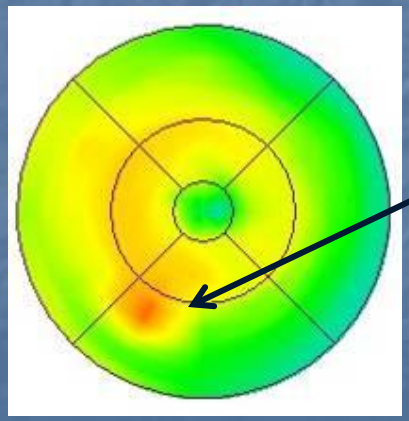
- Clinically Significant Macular Oedema (ETDRS)
  - Any retinal thickening within 500 microns of the centre of the macula.
  - Hard exudates within 500 microns of the centre of the macula with adjacent retinal thickening.
  - Retinal thickening at least 1 disc area in size, any part of which is within 1 disc diameter of the centre of the macula.
- Based on OCT 'warm areas'

# Retinal thickness 'warm area'



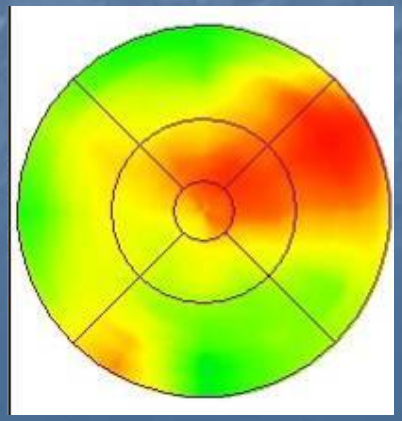



- Small and subtle



- More obvious

False positives do occur



british association of retinal screening
bars

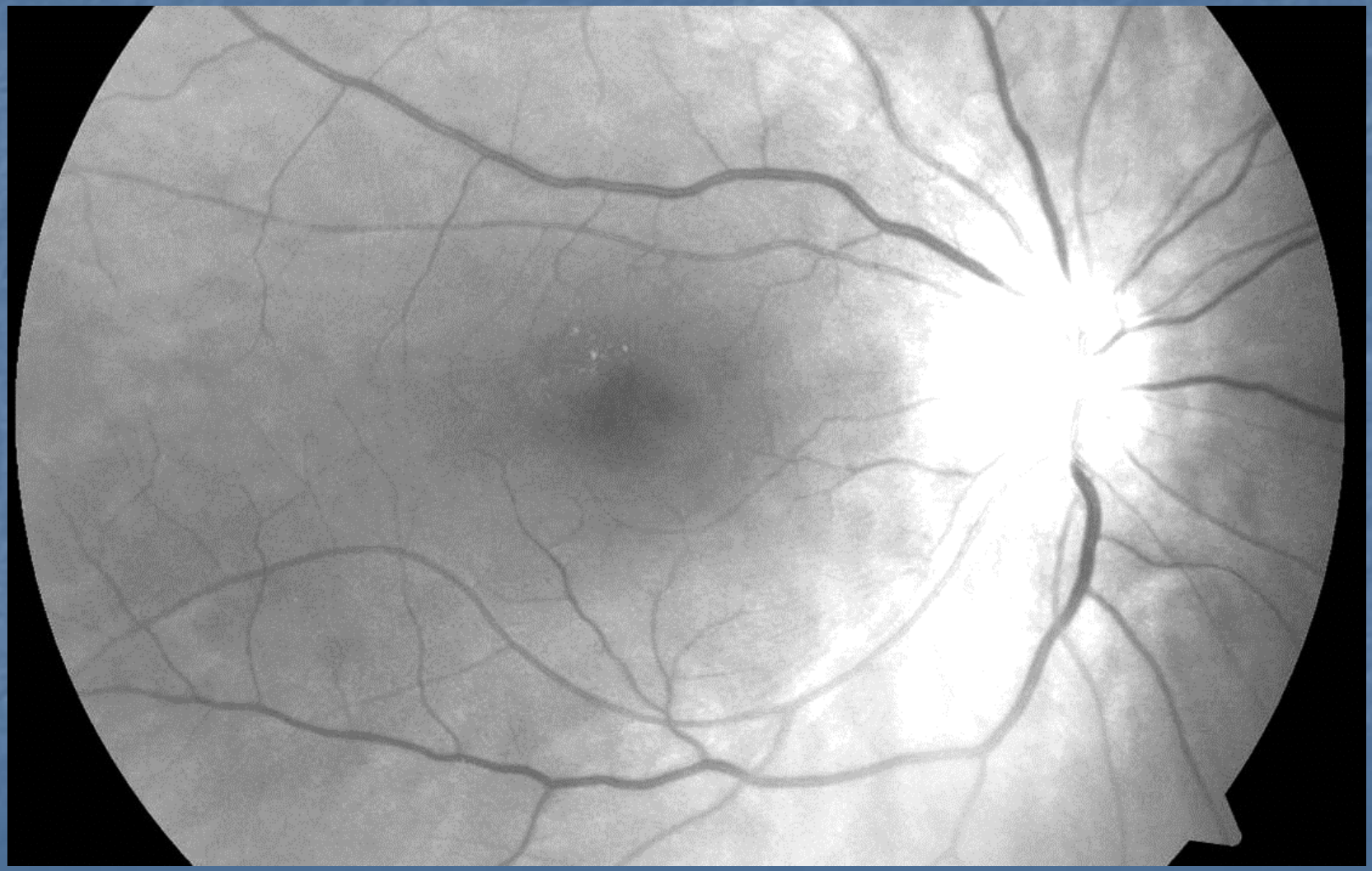
# Listed for laser

- One listed at OPDR
- Should they have been in OPDR?
- Does it matter?

british association of retinal screening

bars

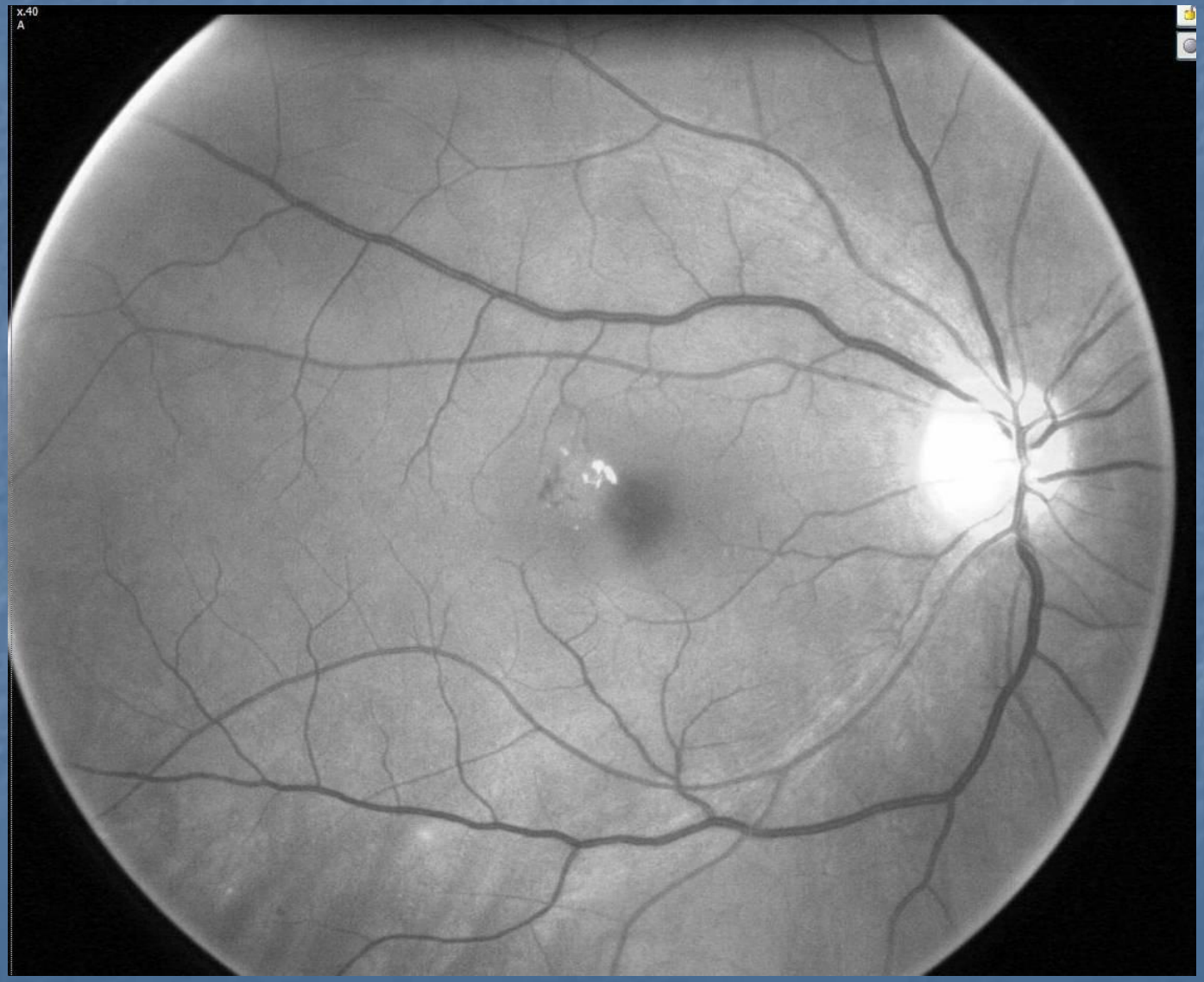
# Screening 11/10



british association of retinal screening

bars

# OPDR 2/11



# M grade disagreement

- DS said M1, ophth said M0
- Regraded by 'blind'  experienced grader
  - Graded M1

# F/U interval

- Both said discharge to DRS
  - DS said 6/12, ophthalmologist said 12/12
- Do 'bounce back' so usually 6/12 for cleared exudate

# Summary

- Does it work?
  - Yes – it provided additional capacity to meet targets
    - If the patient turns up!
- Is it safe?
  - Yes – decisions made were similar to those an ophthalmologist would have made
  - No patient was disadvantaged