

# The BARS

BRITISH  
ASSOCIATION  
OF  
RETINAL  
SCREENING

# Chronicle

## **BARS 2022** PHOTOGRAPHY COMPETITION WINNERS

### **Artistic Category**

Leanne Bird & Manjit Kaur  
Birmingham, Solihull & Black  
Country DESP

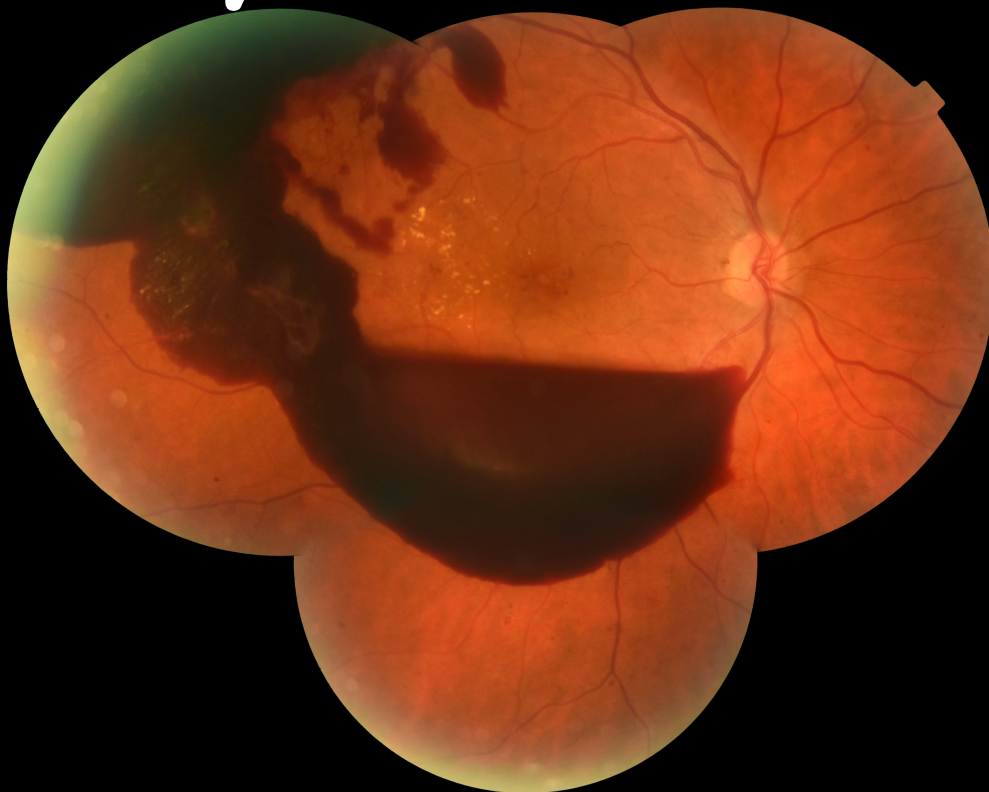
### **Clinical Category**

Phillip Mullen  
Medica Ireland



*Congrats!*

Leanne Bird & Manjit Kaur, Birmingham, Solihull & Black Country DESP



### FEATURING

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Phillip Mullen, Medica Ireland

# BARS Conference 2022

By Richard Bell, BARS Co-chair



At last after 2 years, BARS finally held its 20th Anniversary Conference in the canny city of Newcastle upon Tyne. The venue (Crowne Plaza Hotel) was the setting for the 2 day event, which started off with the administration meeting aimed at those currently working within the administration/failsafe sectors of diabetic eye screening. Running alongside this were workshops aimed at screener/graders wanting to have a go at slit lamp bio-microscopy, wide-field imaging and OCT capture.

The afternoon session started after lunch at 1pm and Charlotte Wallis (Co-chair) along with me chaired the afternoon, which saw various presentations that were focussed highly on Type 1 diabetes. Mr James Talks looked at wide-field imaging for diabetes, Mr Tafadzwa Young-Zvandasara discussed OCT instead of FFA and Mr David Steel talked about Vitrectomy not being the last resort. Before the next presentation, we were entertained by Howard Charlton, who received the lifetime membership award and gave us a trip down memory lane from all the conferences from the past 20 years. The focus next moved on to the different types of blood glucose systems and insulin pumps given by Dr Stuart Little. The final talk before the break was by Adel Pinnock, specifying patients are people too and that social determinants matter.

The second session involved two Type 1 diabetics giving their experience of the stresses and strains of having Type 1. Katrina Mason was first and reminisced about being diagnosed and not attending eye screening which she now regrets. She stressed the importance of it. Next up was Helen Bone, programme manager from the Sunderland and South Tyneside DESP who explained about their one stop shop in screening and how patients who attend, receive 9 of the essential healthcare tests. Finally, Jade Byrne, a Type 1 diabetic shared her experiences of the play she wrote and acted in on the importance of making people aware of the condition.

The day ended with a gala dinner and entertainment including a band, disco and eye ball bingo.



## DAY 2

Day 2 was a complete mix of presentations which started with Patrick Rankin giving an update on all things from the national screening programme. This year sees BARS changing its president, so it only fitting for our outgoing president Dr Elizabeth Wilkinson to say a few words, followed by our incoming president, Dr Samantha Mann to introduce herself to the BARS family. This was suitably followed by the BARS Bursary/Case Study winner, Dr Shailja Chalishazar who presented a case on uveitis (white dot syndrome).

At BARS we like to mix things up a bit so our next speaker was Pauline Miller from Medical Detection Dogs, and explained how their charity works and what the dogs are trained to do to help those people with certain health conditions.

Following the BARS AGM and coffee/tea break, we had a talk by Professor Ian Pearce on geographic atrophy and looking at treatments. This was then followed by Clare Conor and Laura Webster explaining their efforts in health inequalities and how their South East London programme was trying to increase uptake. We were then given a case study by Jack South and Dr Samantha Mann on what happened to a patient who had received eye drops and ended up with close angled glaucoma and the effects it had on the patient.

After the poster and photography competition winners were announced, we ended the conference from our keynote speaker, Professor Roy Taylor. He presented a video on Eyes wide open and Type 2 diabetes, which looked in to his well-known dietary reversal submission for Type 2.

The conference was a huge success and if after reading this you would like to go to our next conference, please make a note in your diary as we are in Bristol, 28-29 September 2023. Hope to see you then.

*Bristol 2023*



# CASE STUDY

## Background

69 YO male presented to the emergency clinic with a sudden reduction in his vision in the left eye. He has type 2 diabetes which is controlled with Metformin. He has not had any trauma to the eye. He was last seen in the diabetic eye clinic 1 week earlier, and was noted to have new proliferative diabetic retinopathy and was booked for laser treatment. He was awaiting the laser treatment when the reduction in vision occurred. Visual acuity before was 6/7.5

## DAY 1

### Initial presentation- emergency clinic

Visual acuity is RE 6/7.5 LE 1/60  
IOP is R 18 L 19

On examination of the left eye:  
The anterior segment is normal  
The vitreous is clear

A sub-retinal haemorrhage is noted at macula.

**Outcome – the patient was given an appointment in the retinal clinic 2 days later**

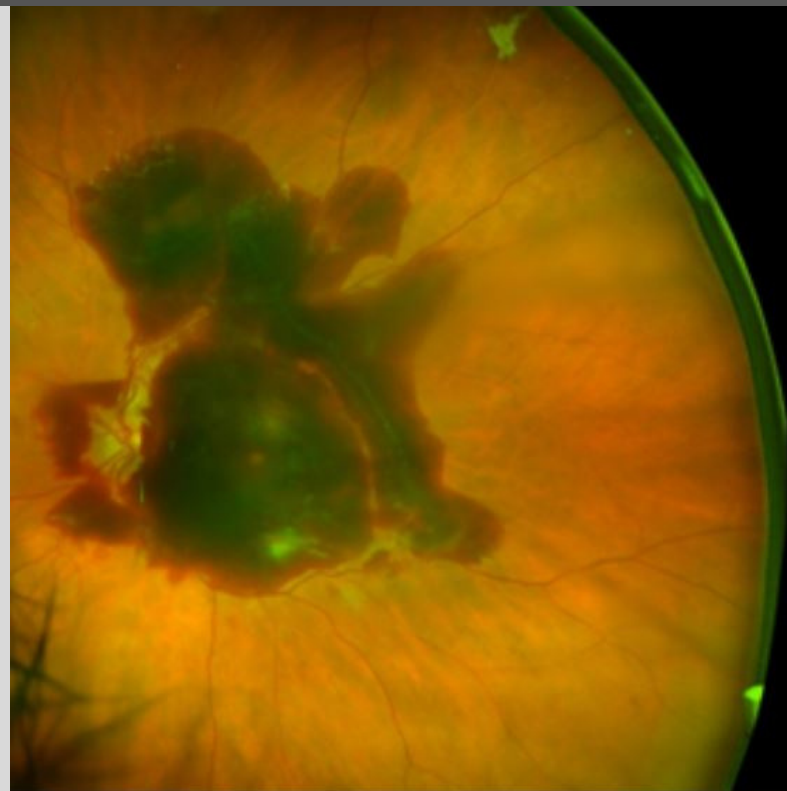


Fig 1. Optomap image showing haemorrhage at the macula

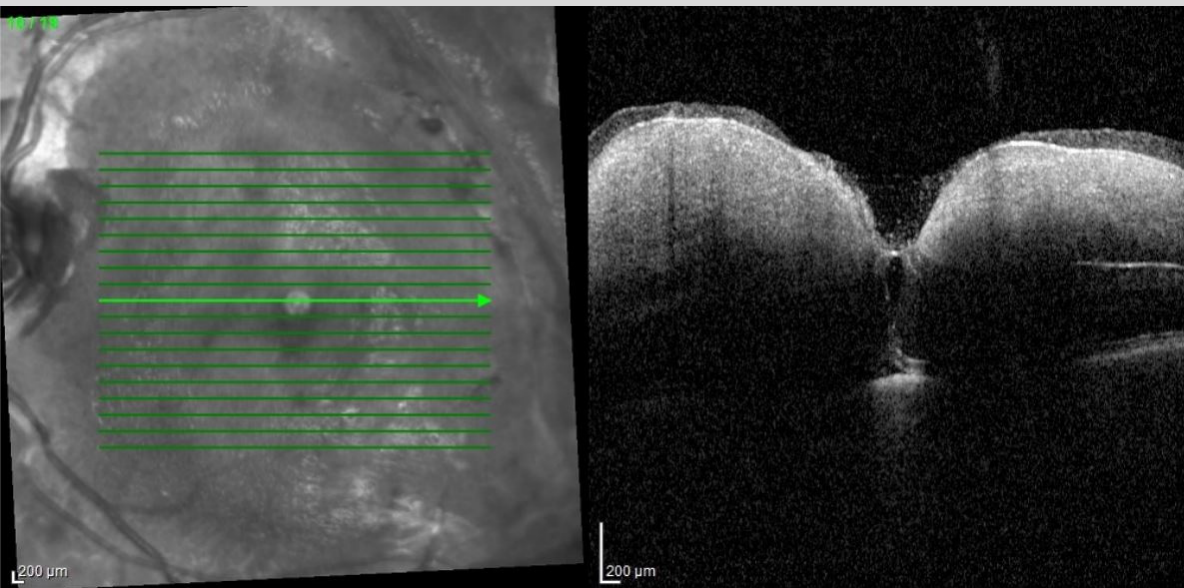


Fig 2. OCT showing internal limiting membrane bleeding

# DAY 3

## Retinal Clinic

Visual acuity in the left eye is 6/18  
The patient says “the vision feels better today”

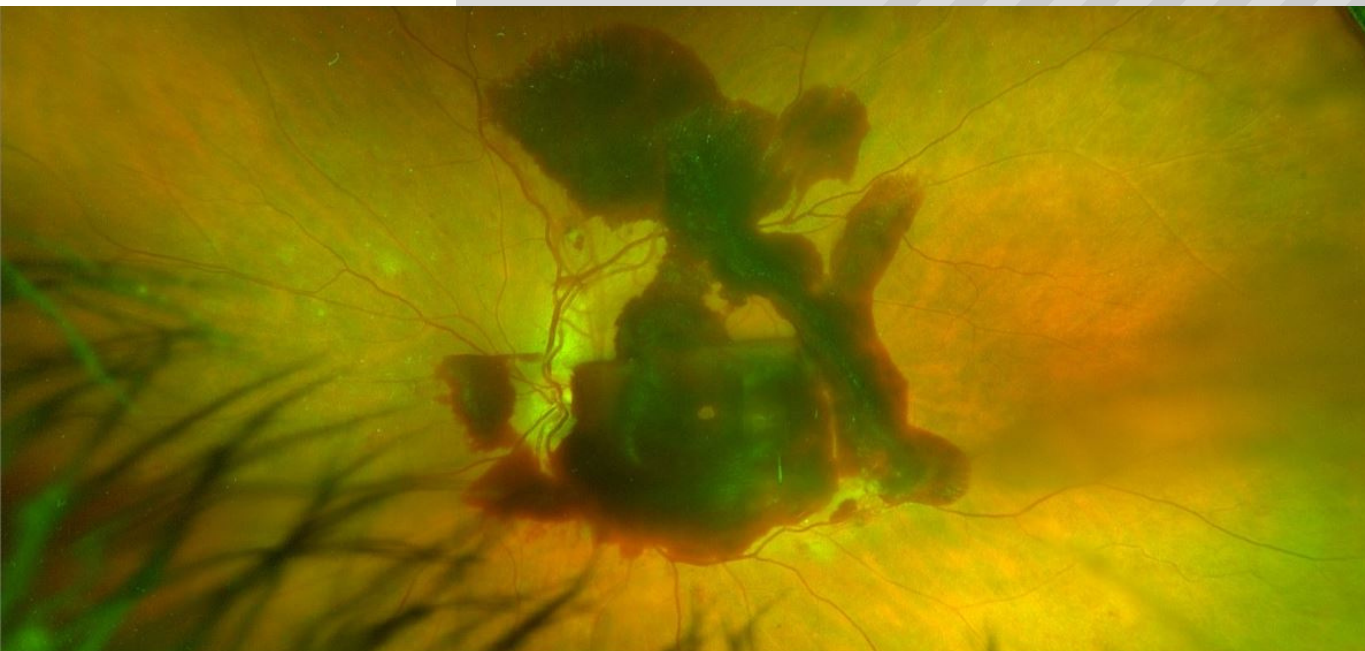


Fig 3. Optomap showing some of the blood has resolved with the fovea visible in the middle

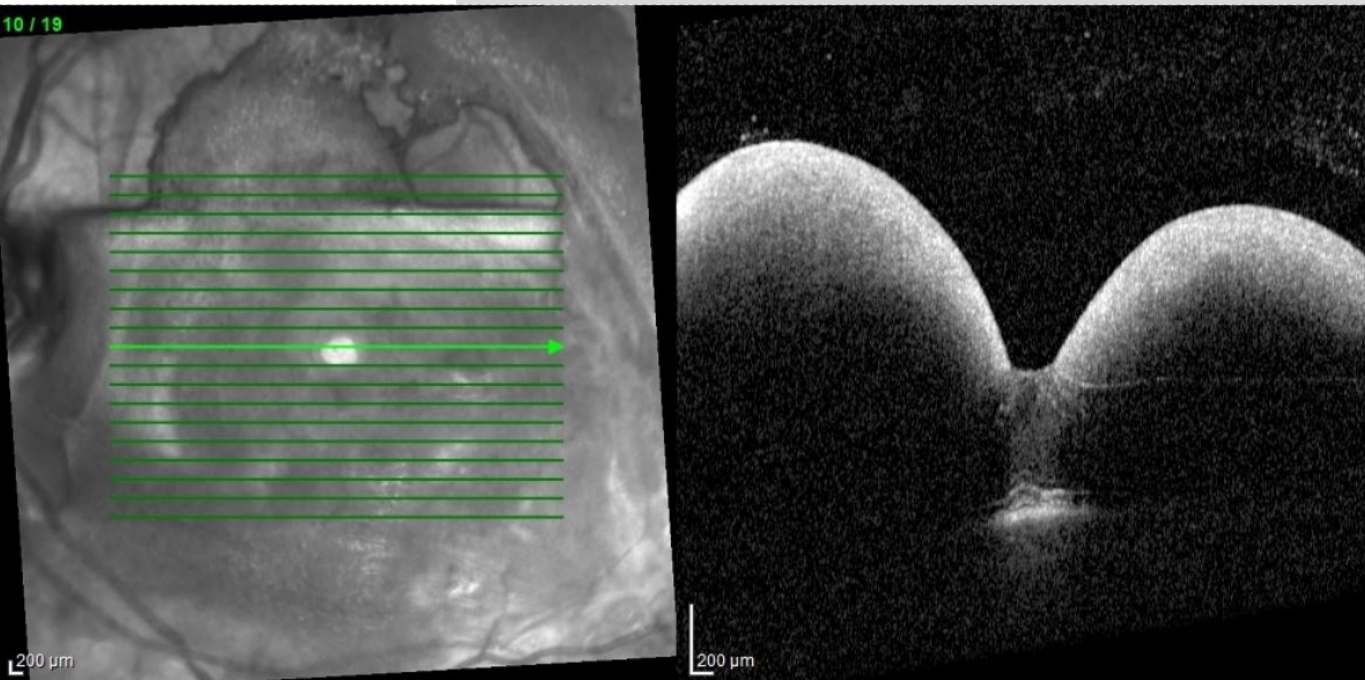


Fig 4. OCT showing sub internal limiting membrane bleed which starts to clear at the fovea

A discussion happens with the patient regarding options. The patient prefers to observe closely as they felt the vision was better



# DAY 7

## Retinal Clinic

Follow-up 4 days later  
Visual acuity in the left eye is 6/6

The bleed is almost completely resolved. Patient very happy with vision

Laser treatment was carried out on the day

Fluorescein angiogram is booked

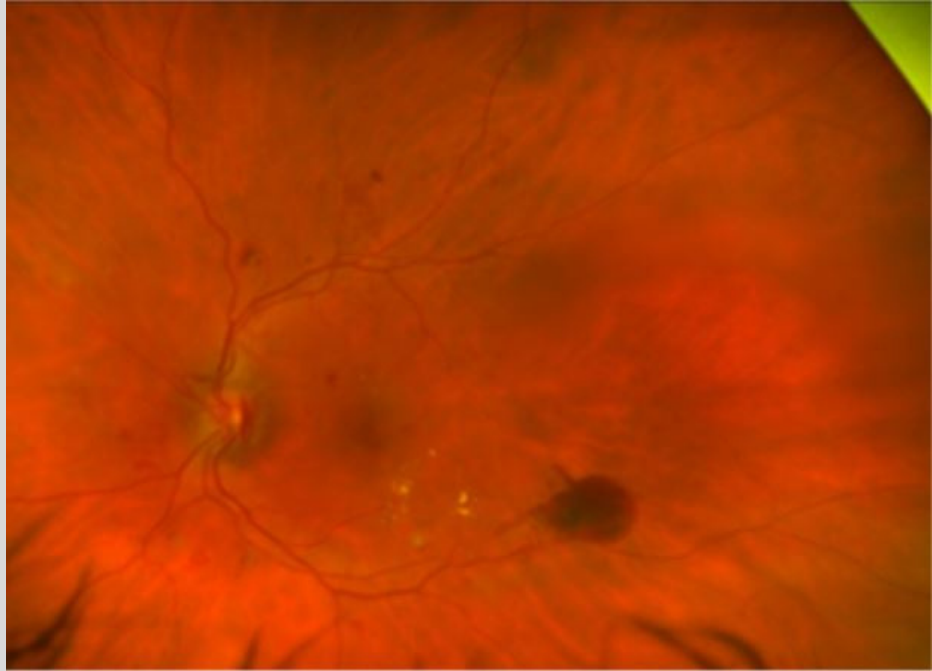


Fig 5. Optomap showing resolved haemorrhage

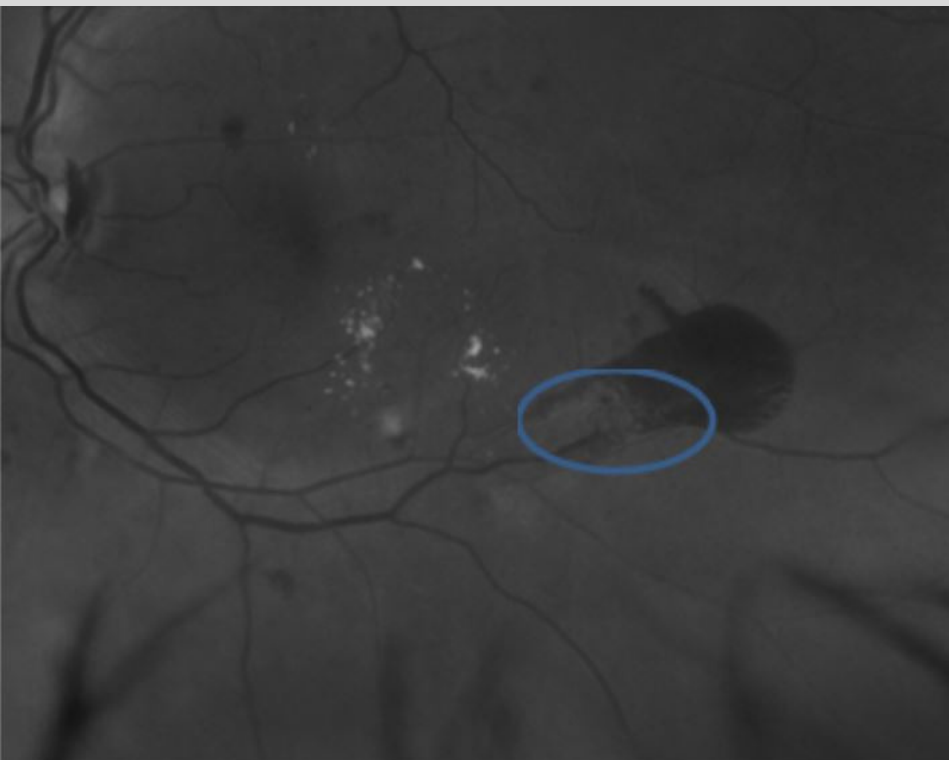


Fig 6. Red free image showing NVE where the bleed could have occurred from

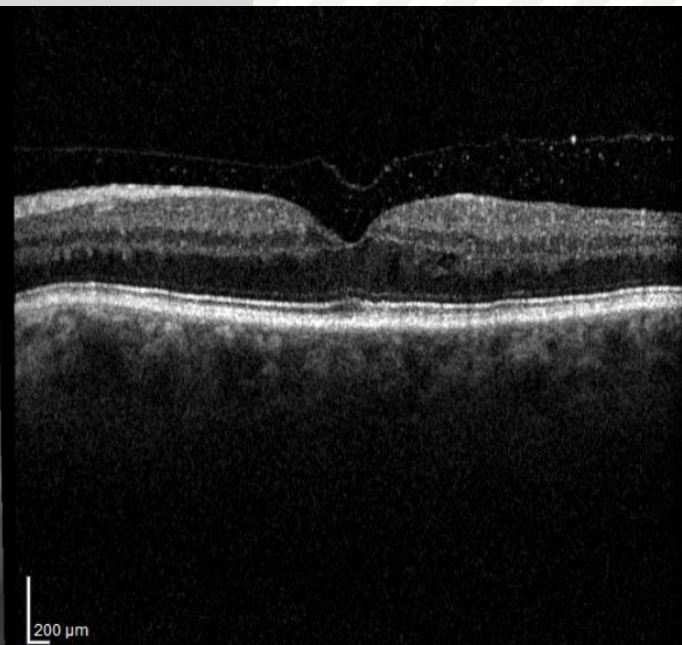
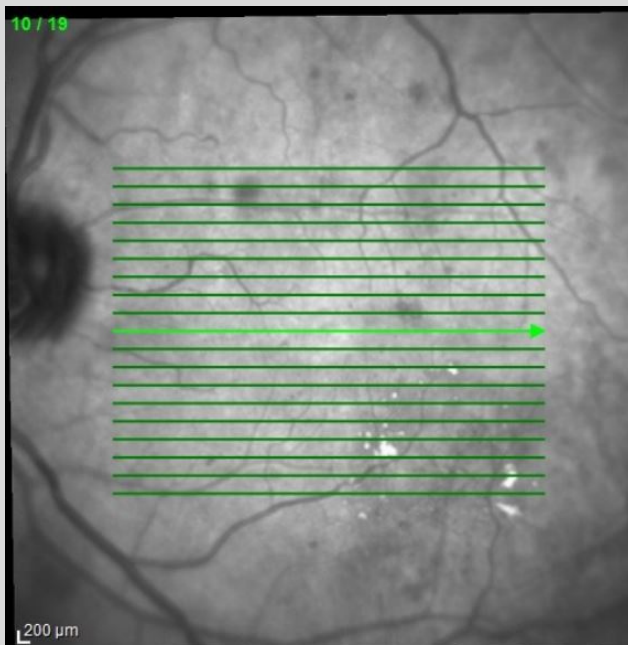


Fig 7. OCT showing resolved bleed

# Farewell President!

## BARS Conference 2022

Dr E Wilkinson

It was a joyous experience to welcome everyone back to our 20th Anniversary Conference (at last!) in Newcastle, but it was also tinged with sadness. There have been some incredibly difficult times over the last few years for many people and for DESP, there is great economic uncertainty and we have just finished a mourning period for our great Queen. And, of course, on a personal note, I will be leaving the BARS family in my role as President.

But, despite the difficulties of the last few years, the BARS family of which I am so proud has worked incredibly hard to move forward. There has been a fantastic rebrand by Stacey Barbaccia with a new logo and the new BARS Chronicle of which this is the fourth. Kamran Rajaby and Alison Simpson have done a wonderful job of updating our social media feeds so we can keep everyone engaged. Grant Duncan was amazing at putting together our virtual conference in 2021 which was incredibly well received. And, our membership is also changing to reflect the professionalism of our members but still remaining free! Karen Whitehouse, Zoe Tobin, Emmeline Webb, Phil Gardner and Dr Andrew Brown have worked incredibly hard on the new BARS Admin Certificate which has filled the space left by the retirement of the City & Guilds certificate.

We've taken big steps to become greener and leaner (with apologies to Howard Charlton, our new Lifetime Fellow who loves the brochures!) so we have dispensed with all the printed materials at conference, the Diabetic Eye Journal printing, and minimised travel. All of this has been supported by our amazing co-chairs Charlotte Wallis and Richard Bell who have worked tirelessly on BARS business and have been amazing leaders.

So, I am sad to step down but delighted to hand over to the amazing Samantha Mann and looking forward to seeing you all again next year in Bristol!



Our departing president Dr E Wilkinson (right) and our new president Dr S Mann (left)

Photography by Kamran Rajaby

*Thank you  
Liz!*



# A message from your new BARS president

*Dr Samantha Mann*

**Consultant Ophthalmologist & Clinical Lead  
South East London Diabetic Eye Screening Service**

It was a real privilege to be nominated as President of BARS for the next 3 years. It was great to be able to finally have a face to face BARS congress in Newcastle at the Crowne Plaza hotel. I have been a Consultant Ophthalmologist and Clinical Lead for the South East London Diabetic Eye Screening Service now for 12 years at StThomas' Hospital in London. I am passionate about Diabetic Eye Screening and believe that we all contribute significantly to reducing levels of blindness in patients with diabetes.

My talk concentrated on the importance of improving screening uptake amongst the most deprived patients within our Programmes to try to decrease inequality. It is also important to continue to increase public awareness of the importance of Screening through education. Additionally, providing a really positive screening experience is vital to spread the word and increase attendance. I talked about risk stratification to make the most of our resources by targeting screening to those with co-morbidities and other complications of diabetes to have the most impact. Also perhaps introducing an upper level of screening in those with little or no pathology at 80 who are unlikely to lose sight from diabetes in their life time. I stressed the importance of supporting all Programmes to develop an OCT pathway for maculopathy to provide more capacity in Ophthalmology and to increase shared learning across the BARS network so that we can all improve our services further. Finally, I look forward to getting to know more of the BARS council members and becoming part of the BARS family!

Samantha



Photography by Kamran Rajaby



# Competition Winners & Runners Up Photography



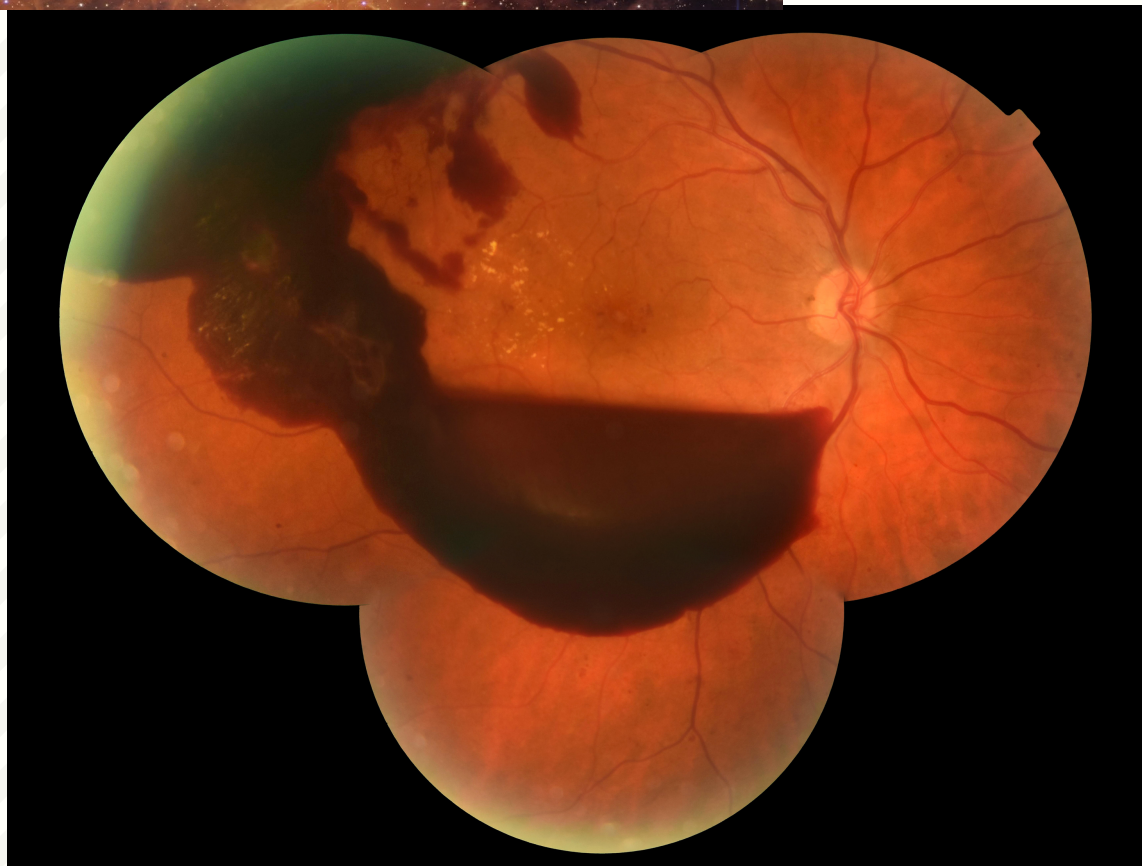
## Winners

**Artistic**  
**Leanne Bird &  
Manjit Kaur**  
**Birmingham,  
Solihull & Black  
Country DESP**

**Clinical**  
**Philip Mullen**  
**Medica Ireland**



Leanne Bird & Manjit Kaur



Philip Mullen



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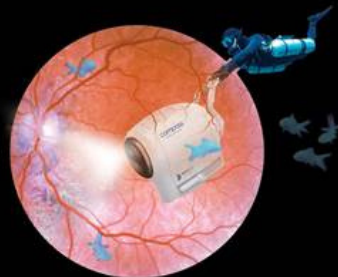
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# Runners Up Photography



**Runner-up  
Clinical**  
**James Talbot**  
**NHS Tayside**

James Talbot



**Runner-up  
Artistic**  
**Ayodeji Dada**  
**South East London DESP**

Ayodeji Dada

# Competition Winners & Runners Up

# POSTERS



## 1st place

**“Demonstrating the efficacy of using the Digital Surveillance pathway to monitor R2M0 grades and reduce referrals to hospital eye services”  
by Thomas Cale and Karen Moss  
Arden, Herefordshire and Worcestershire DESP**

## 2nd place

**“Non-attendance in Eye Screening: reasons and outcomes”  
by Tracy Nobes, Kirsty Wilson, Abbie Rance, Samantha Clack, Lucy Hammond and Shivani Soni  
Arden, Herefordshire & Worcestershire, North of Tyne & Gateshead, BaNES, Swindon & Wiltshire, West Riding & Craven, South West London DESP’s**

## 3rd place

**“Increasing attendance of R3A’s at HES”  
by Tegan Hewitt, Denise McLoughlin, Steven O’Grady-Walsh, Amir Gaas, Nathan Hayne, Christine Pope, Linda Warren, Judit Lal, Dominique Zamarian and Liliana Strobino  
South East London DESP**

Photography by Kamran Rajaby



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# COURSE REVIEW

## The Gloucestershire Retinal Education Group (GREG) – University Diploma in OCT

By Richard Bell, BARS Co-chair

I have been fortunate to have just completed the University Diploma in Optical Coherence Tomography Interpretation course run by GREG and in association with the University of Gloucester. I have been asked to share my thoughts about the course.

The course is online and equates to a Level 5 University Diploma run over 12 months. There are 5 mandatory modules to complete followed by a choice module.

The mandatory modules are:

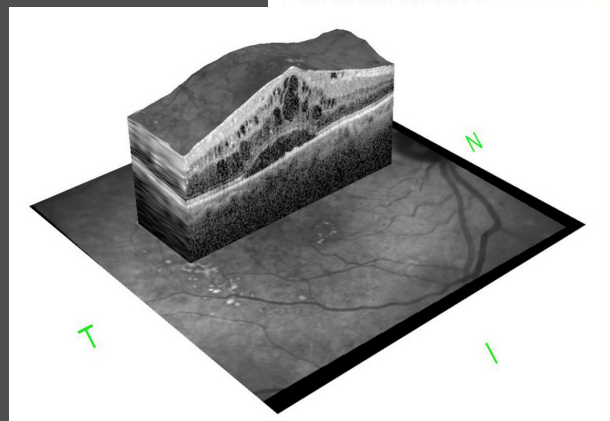
- Diabetic Retinopathy
- Retinal Vascular Disease and Uveitis
- AMD, CSR, VR and Choroidal Condition
- Glaucoma

The student decides which further module to choose from 3 options that would be appropriate for their individual requirements.

These are:

- Neuro Ophthalmology
- OCT-A
- Paediatric and Inherited Retinal Conditions

Each module lasts 8 weeks and from modules 2-5 you must submit a written case study, logbooks and participate in a discussion forum. There is also an exam at the end in week 8.



All the modules cover the basic conditions seen within ophthalmology with the first module on the anatomy of the eye and explaining a systematic approach to understanding OCT's. The materials supplied are in the form of PDF's and give excellent detail explaining the relevant conditions. There is also further reading available so you can gain more knowledge from different papers that have been written and videos to watch. The discussion forum is a great way to learn as you are supplied with a case example, and you must answer the questions with it. All the other students do the same and you can compare with each other to see if you are all singing from the same hymn sheet. The forum lasts for 1 week and at the end, GREG then supply their interpretation and outcome.

As you have 8 weeks you can prioritise your work schedule to fit in. The logbooks that you must do has to be examples of 5 OCT's that you have interpreted and gone through with your mentor. Your mentor must be a consultant ophthalmologist or doctor. In my opinion, 8 weeks is ample time to complete each module although the choice module at the end does not require a case study, logbooks and there is no discussion forum. I felt that 8 weeks was too long before the exam. I feel that should be shortened to 5 or 6 weeks.

I have thoroughly enjoyed the course and gained a wealth of knowledge which has allowed me to help with our back log of interpreting our virtual assessment patients in medical retina. As I was the first from our NHS trust to do this course, I did feel isolated at times as you do not have face to face interaction with the tutors. You can contact them via email, but I do feel that it may be worth considering having a 'live' tutorial or teaching session to help at the start of each module.

In terms of DESP's currently doing OCT imaging, I feel the whole course would be too much for a screener/grader to be involved in. It is not currently part of the national specification as it is not funded but I do believe if funds do become available, it may be worth GREG allowing screener/graders the opportunity to just do the anatomy of the eye and DR sections....!

I would recommend this course to anyone who is considering learning to understand and interpret OCT images. You also gain valuable continued professional development (CPD).

# Health Screeners Diploma

by Joe Scott

IT'S ALL ABOUT  
ME ME ME!

## Where to start?

Remember when you're writing written work for your health screener award, it's competency based. So that means it's all about you!! You'll need to talk about yourself and throw in loads of examples of what you do, and why you do it. This meets the level 3 requirements of the health screener award.

There's plenty of resources available, through the Quals portfolio. There's also resources available through the BARS education link in the website.

## Why are the questions similar?

You'll find you repeat yourself, a lot! The aim of this is to repeatedly check your knowledge. Make sure to read each question carefully because they may be worded similarly but will be looking for different answers.

## Make it work for you

Remember it's your award, so make it work for you! It doesn't have to be done entirely as written work. You can have a professional discussion with your assessor, record the conversation and simply submit it as evidence. This can be a much easier way to complete certain units, and break up the written work.

## Be besties with your assessor

Your assessor will be an experienced member of the team, with lots of knowledge. Take advantage, ask them plenty of questions and ask their opinions on the best way to complete your work. Rely on the rest of the team too, and the areas they work in, screening, grading or admin and Failsafe. They'll all have different areas of knowledge that will be handy for different units of the diploma.



## Use your unit guidance

Finally, your unit guidance has been created for a reason. For every unit, the guidance will show you what to write about, and what you must include to make it a level 3 piece of work will be highlighted in red. Be sure to refer to the guidance for every piece of work.

# INTERESTING IMAGES

## 'Cataracts'

Christmas Tree Cataract

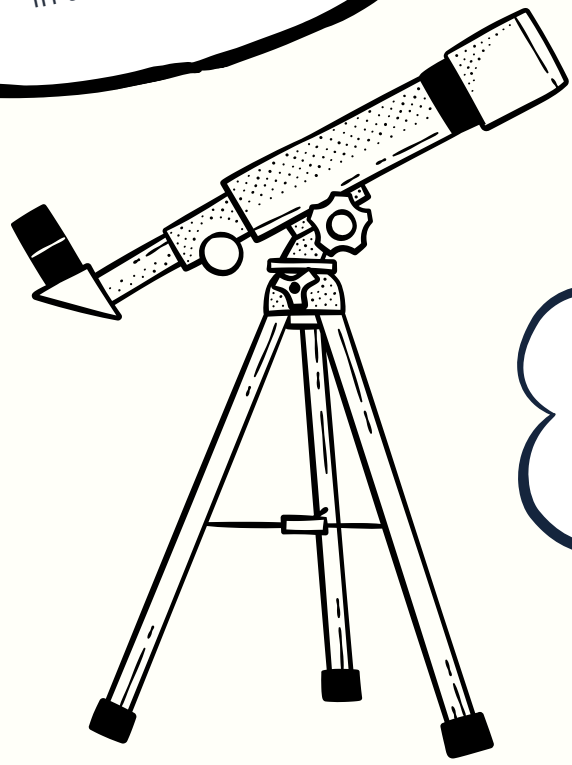
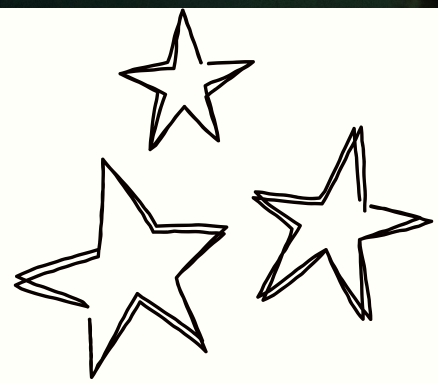


Christmas tree cataract – is a rare type of cataract. Colourful crystals within the nucleus of the lens sometimes give the appearance of Christmas tree lights when a direct focal light is shone across them.

# Traumatic Cataract



Traumatic cataract – caused due to blunt trauma to the eye resulting in sometimes a stellate-shaped opacification in the cortex.



If there is a certain subject you'd like us to cover please contact us at:  
[chair@eyescreening.org.uk](mailto:chair@eyescreening.org.uk)

