

Diabetic Eye Screening in Learning Disability

A patient experience

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WHY PEOPLE WITH LEARNING DISABILITY NEED A DIFFERENT APPROACH?

A great example of multidisciplinary team working was shown recently at Newark Hospital where NNDESP, Sherwood Forest Hospitals and Nottinghamshire Healthcare staff were able to facilitate a pre-visit for a young service user with Learning Disability, who had been referred for retinopathy screening.

General Practice information systems show that people with learning disability are more likely to have diabetes, but less likely to be part of the eye screening programme. One audit found that although 91% of people

with learning disability and diabetes had been offered screening, only 65% had an outcome recorded in the previous 12 months, and 26% had never undergone a successful visit (Bradford, 2014).

Reasonable adjustments to facilitate successful screening include not just the removal of physical barriers, but changes to policies and to the whole care pathway to allow patients and carers to access services and receive equality of care.

<h4>1. THE CHALLENGE</h4> <ul style="list-style-type: none">• Young patient with learning disability• Initially opted out of screening, anxious about the process and the testing• Failsafe Officer convinced the father to agree for screening at the hospital which will be better equipped• NNDESP requested the GP practice for a referral to the hospital• Learning Disability Strategic Lead for Notts H C Trust contacted for support• Easy-read leaflets, website link & Pre-visit information was given	<h4>3. THE OUTCOME</h4> <ul style="list-style-type: none">• Patient attended the pre-visit with carers• Needed more than one visit to gain the trust and confidence with the doctor and to get familiar with the tests• Desensitisation for slit lamp examination was successful in the third visit• Ophthalmologist was able to see the retina through un-dilated pupils• Desensitisation for drops and photography planned as next step• Reassurance for patient and family• Confidence in continued engagement with the team
<h4>2. THE RESPONSE</h4> <ul style="list-style-type: none">• Inclusive approach to understanding the problem• Pre visit co-ordinated at the hospital across multiple teams• Day centre staff supported attendance• Received at the hospital main reception by Community Involvement Team• Introduced to Out-Patient staff, Orthoptist and Ophthalmologist• Accommodation of the patient in the hospital setting• Ensured a calm and quiet environment in between clinics• Familiarisation & reassurance about the equipment used• Pre-emptive prescribing of eye drops	<h4>4. THE LEARNING</h4> <ul style="list-style-type: none">• Many patients with learning disability have a written health action plan which provides key information to understand patients’ needs and therefore develop appropriate care plans• It’s important to identify the severity of the condition and offer alternative screening methods prior to exclusion as ‘unsuitable’ for screening• Ophthalmologists should work closely with carers to accommodate each patient’s individual requirements to gain trust and confidence (e.g. additional visit, quiet waiting area, minimal waiting time)

People with a learning disability need to be flagged at the point of referral so that adjustments can be made to the screening process to make their experience less daunting.

Persistence in engagement with the family, carers, community support team and hospital eye services along with adaptations for a patient centred approach to accommodate their individual requirements, ensures an individual with complex needs, an equitable access to screening.

References
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