Patient re-engagement, and the decision not to treat

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Event	Date	Age (years)
Born	9/1992	0.0
Diagnosed with T1DM	10/2003	11.0
Previous screening	12/2012	20.2
Last screening	5/2019	26.6

Age bracket	Percentage of patients in each age group not screened in three or more years
12-19	1.87
20-29	10.04
30-39	9.31
40-49	8.14
50-59	6.49
60-69	3.94
70-79	3.19
80-89	4.19
90-99	8.07
100-109	14.29

(Figures for the last complete year, 4/2018 - 3/2019)

- Not out of contact
- Made appointment annually, but DNA
- Another barrier to attendance

- Contacted by telephone

From discussion:

- Phobia of hospitals
- Particular phobia of eye examinations
- Work unsupportive of taking time off

- Screening images show bilateral new vessels at the disc and elsewhere, and also maculopathy

Treatment options

- Panretinal photocoagulation (PRP) laser
  - Micro thermal burns denature protein in the RPE layer leading to local cell death, reducing the area of ischemic tissue, reducing VEGF production, reducing the impetus for neovascularisation
- Antiangiogenic (anti-VEGF) injections
  - Intravitreal injection of either Lucentis (licensed) or Avastin (unlicensed), both of which are monoclonal antibodies which bind to VEGF, reducing the impetus for neovascularisation
- Anti-VEGF to supplement PRP

- *"The main concern is to engage with [the patient] and establish regular follow up. Retinopathy level suggests close review but laser PRP is not indicated yet."*

- New vessels "*not changing rapidly and there is no associated haemorrhage so we can observe closely.*"

- *"Now has libre device and is doing much better with diabetic control. She is worried about improving diabetes too quickly and getting a progression of retinopathy as a result. I have encouraged her to keep going with the libre protocol as overall health benefits are significant and if retinopathy progresses, this can be managed."*

Successful re-engagement – appointments with

- Ophthalmology

- Diabetes care team
- Dietitian
- Eating disorder service

Contributing factors

Before the appointment:

- Time to review clinic in advance, and to contact patient
- Experience to reassure patient, and to convey importance of screening

At the appointment:

- Saturday appointment – one fewer barrier to attendance
- Made appointment a positive experience for the patient
- Documented information/discussed referral with graders

Grading:

- Ability to shape referral to HES, continuing the positive steps made
- Broader re-engagement with other hospital services

Possible future developments

- Bespoke approach to booking appointments with certain patient cohorts (geriatric, learning difficulties) to encourage booking, ensure any additional measures needed are in place to make screening a success.
- Where identified, anxious patients could be another such cohort.

- Is more referable retinopathy seen during out of hours clinics (evenings, Saturdays)? Currently investigating this – a future presentation!