



Dorset Diabetic Eye Screening Programme

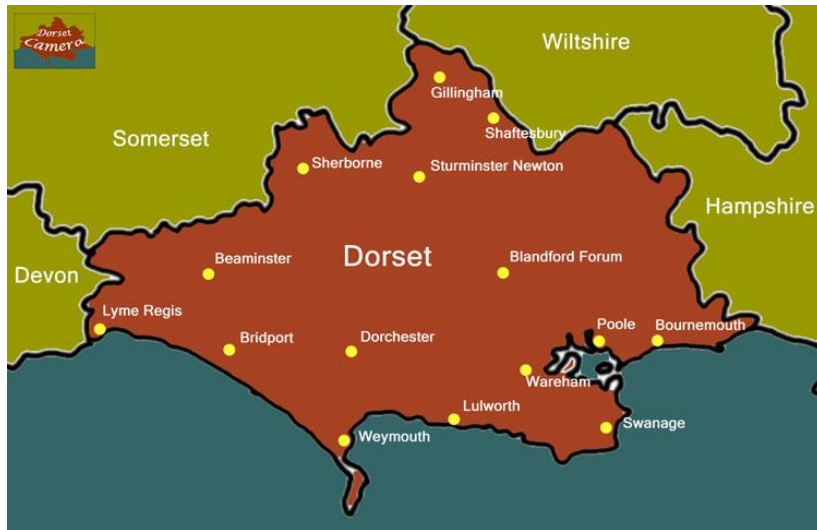
Referral Triage in Dorset

BARS conference/27.09.19

Charlotte Wallis, Senior Grader

Classification: Confidential / Internal / **Public**

Dorset Demographics



- Total population 770,000
- East 550,000;
West 220,000
- Age skewed 65+
- Large geographical area
- 3 conurbations
- University and 3 prisons



EQA visit 2018

- Vision : share best practise and innovate
- Commended for referral triage process



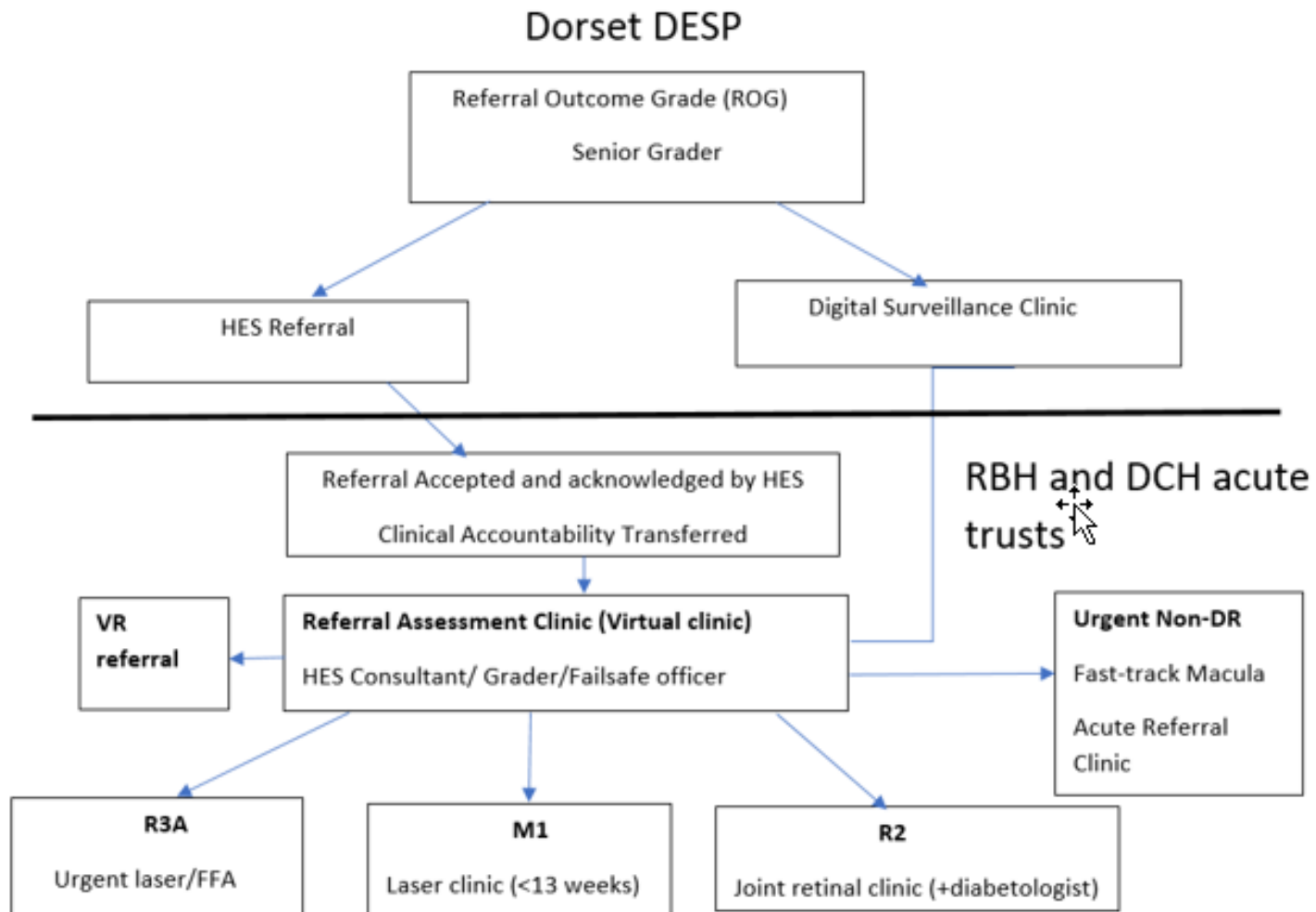
Programme Size as of 17th Sept 2019

RDS	DS	SLB	Total
39,808	2,354	3,805	45,965

Patients in Programme – not participating:

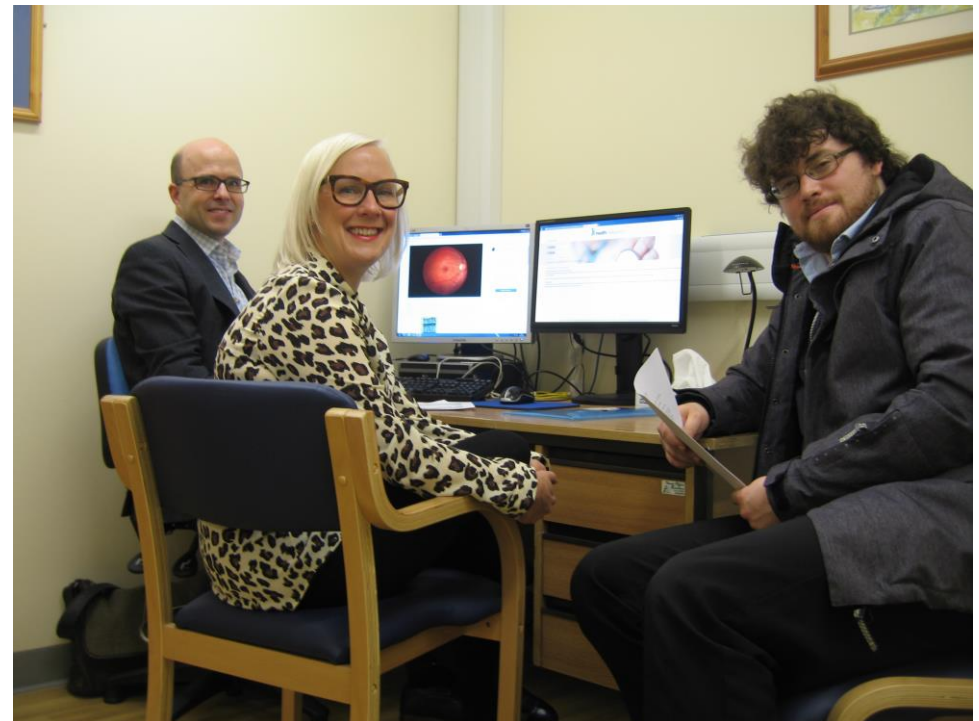
No Perception of Light	10
Excluded – medically unfit	740
Patient opted out	851
Under HES / referred to HES	1,915

S.O.P for Diabetic Referral Assessment Clinic in Dorset HES



Referral Triage Meeting

- Programme standards 12.1 and 12.2 : timely referral of screen positive patients R2, M1 and R3a
- Referral outcome grades : senior/ROG graders
- HES referral or Digital surveillance
- Protocols
- RBH review 30-40 pts per session
- DCH review 10-15 pts per session



Referral Triage advantages

- Enables all referrals to be seen by a consultant ophthalmologist to decide best HES pathway
- Enables direct feedback and education of graders
- Enables cross reference with HES clinical record
- Prevents inappropriate hospital attendances
- Ensures best use of resources in HES
- Patients can be seen once and treated
- Seamless integration of DES and HES through involvement of failsafe

Referral Triage Disadvantages

- Debate over definition of 'first consultation'
- Reporting of standard/kpi
- Communication with patient
- Discharge to DS requires 3/12 photo

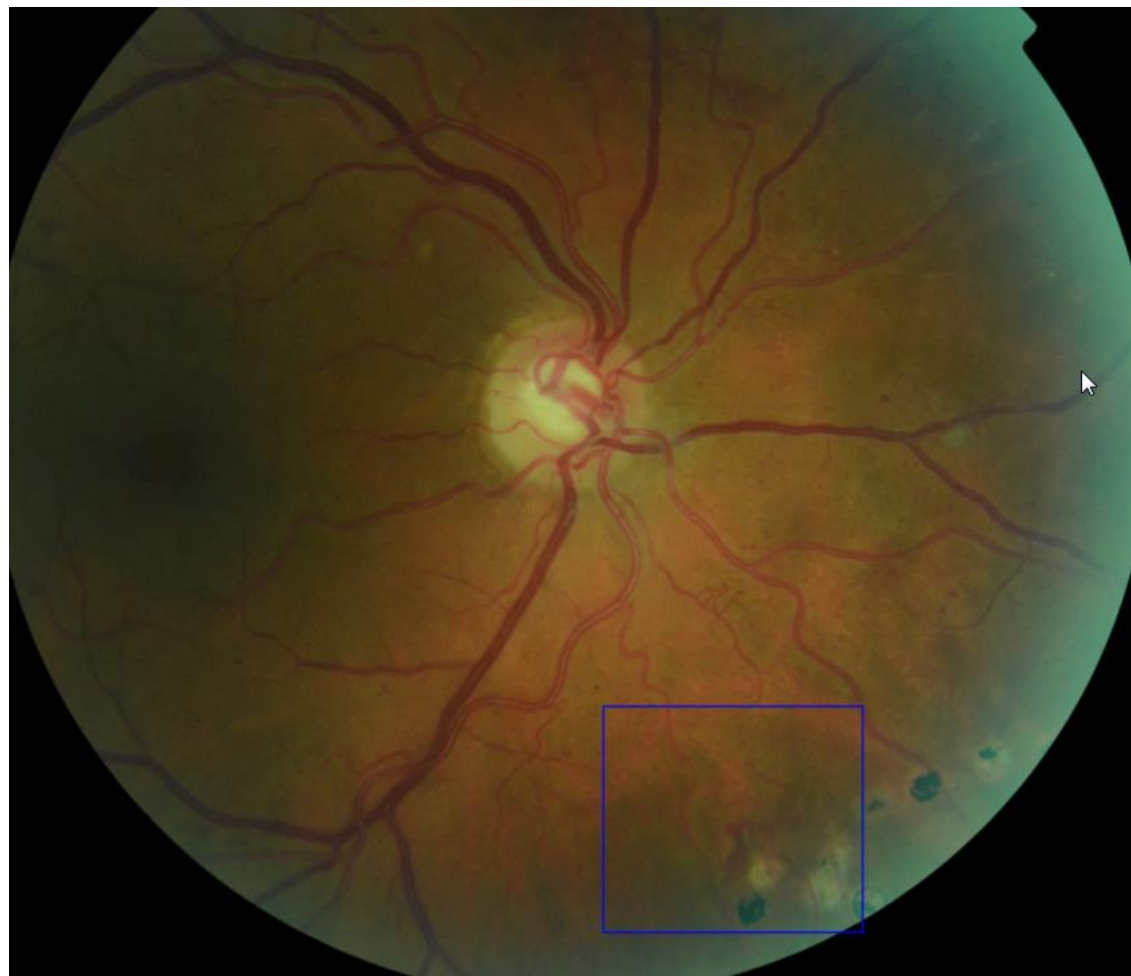
Example 1

- R3A or disc collaterals?



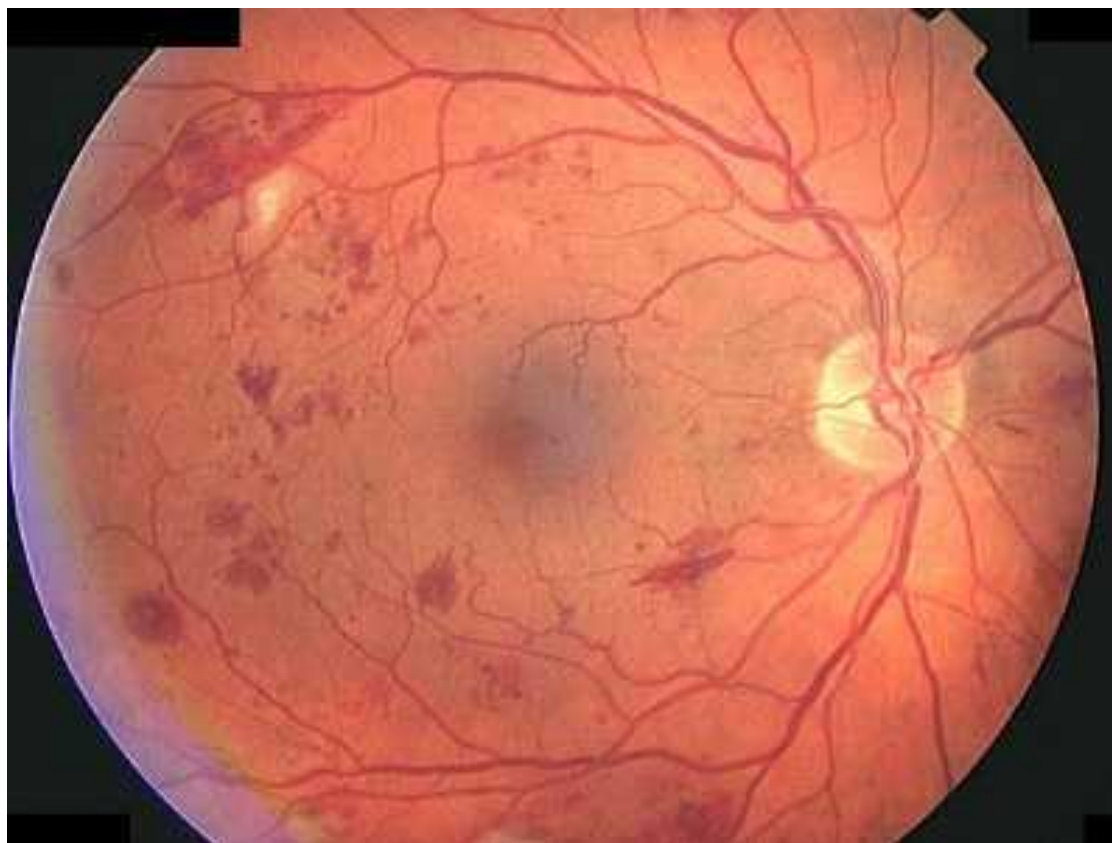
Example 2

- R3a or R3s?
- No previous images to compare to



Example 3

- R2 : refer or watch ?



Example 4

- Non-DR : urgent referral?
- Screener notes say patient has been seen in the past for wet AMD but patient can't remember when exactly or if they have another appointment



- Audit : ROG graders accuracy and agreement rates with ophthalmologists (97% grade agreement, 86% outcome agreement)
- Template letters to patients
- Exception reporting to programme board and QA
- First consultation is date of Triage meeting if discharged or first date physically seen in hospital if referral is accepted

Appendix 2

HES template letter

<Patient Name>

<Patient Address>

<Date>

Dear <Patient Name>

You were recently screened by the Diabetic Eye Screening Programme who recommended a referral to the Hospital Eye Service.

We have reviewed your referral. At present an appointment with the Hospital Eye Service is not required. We would recommend continuing follow up with the Diabetic Eye Screening Programme. This follow up will be arranged on your behalf.

I would like to reassure you that the changes seen when you attended screening currently do not require referral to hospital. We review all referrals very carefully to determine if they need to be seen in the Hospital Eye Service, or can continue to be followed up in the Diabetic Eye Screening Programme. This review process involves carefully reviewing the screening images as well as any available past images and also your hospital records.

You will receive a follow up appointment in the Diabetic Eye Screening Programme. If you have any queries then contact your Diabetic Eye Screening Programme directly. Alternatively you can write to me at the Eye Unit, <Hospital>. I will be able to answer any queries you have concerning your referral.

Kind Regards

<Consultant name>

Thank you

Lucy Howe, Consultant Ophthalmologist
Dorset County Hospital
Dorset DESP Deputy Clinical Lead



Owen Anderson, Consultant Ophthalmologist
Royal Bournemouth Hospital

