

Diabetic Eye Screening: Outcomes After Non-attendance for 3 plus years

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Purpose

To analyse the outcomes of these patients to determine if delay in screening affected levels of diabetic retinopathy (DR) found.

To identify the demographics of do not respond (DNR) patients in order to promote effective engagement work and improving programme uptake.

Method

Retinopathy grades and outcomes were analysed with demographics for patients attending between May 2020 and October 2020 with previous DNR history of three years or more.

Patients were split into those never screened before and previously screened.

Results

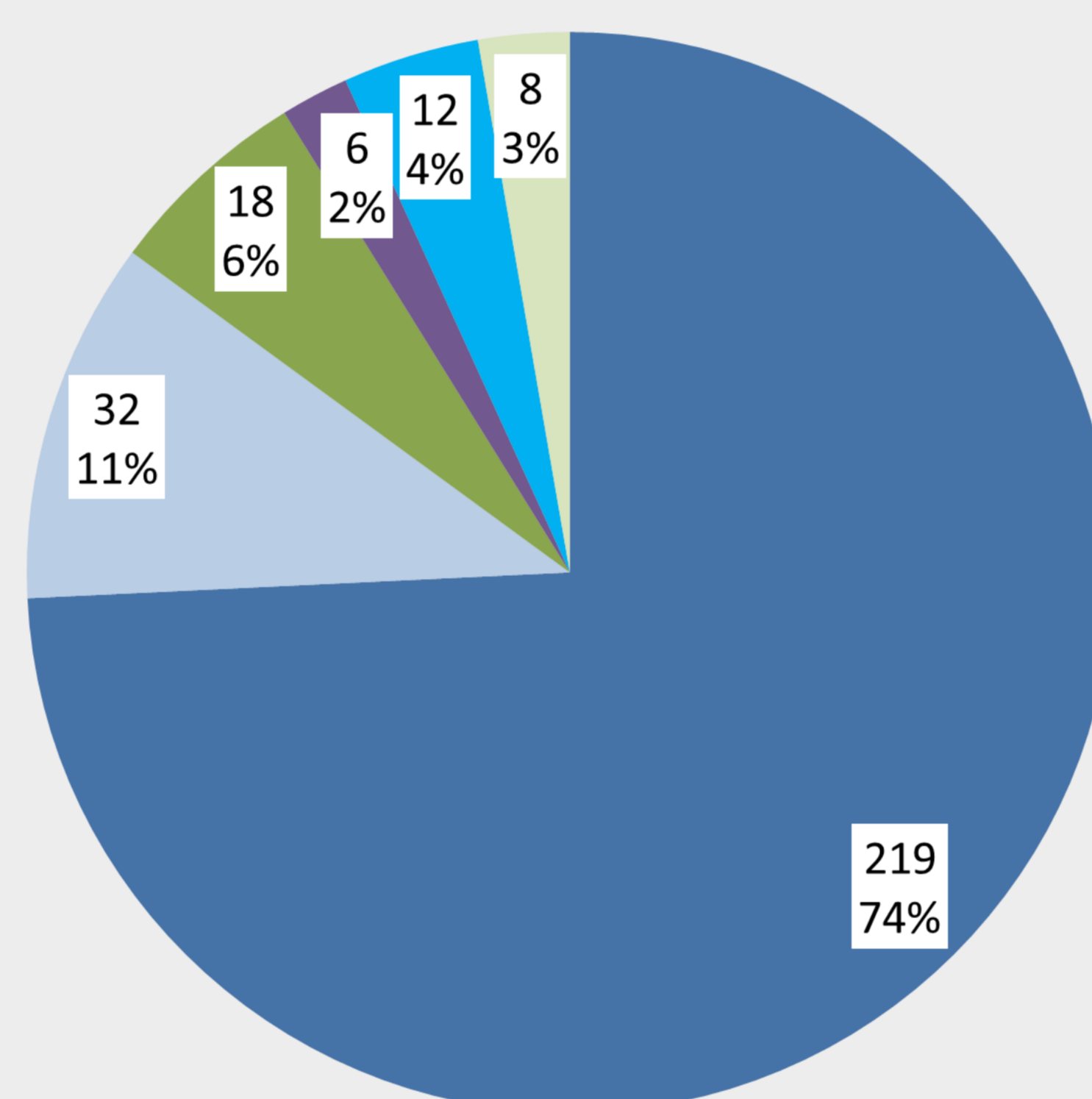
346 patients were analysed who attended after previously not responding for three or more years. 51 had never attended screening before, of which 9 (18%) had been registered for over ten years. A small number of patients were already under HES care, some of whom had been discharged for non attendance.

The remaining 295 patients that had previously attended had an average delay period of 54 months (30-152 months). Between screenings, 83 patient's grades had deteriorated, 189 grades remained stable and 14 improved. 9 patients presented with unassessable results and were referred to slit lamp clinics, 2 did not attend those referrals.

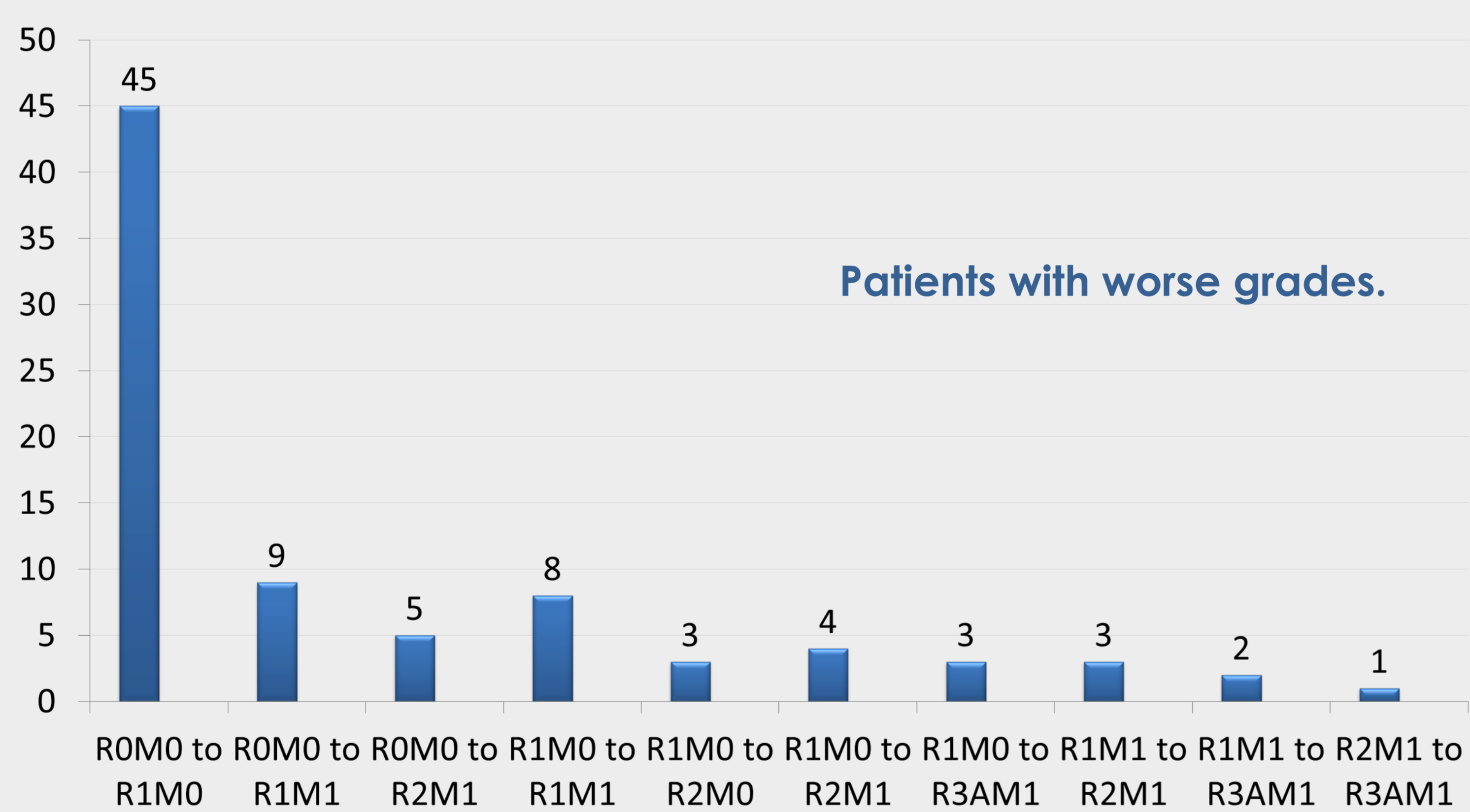
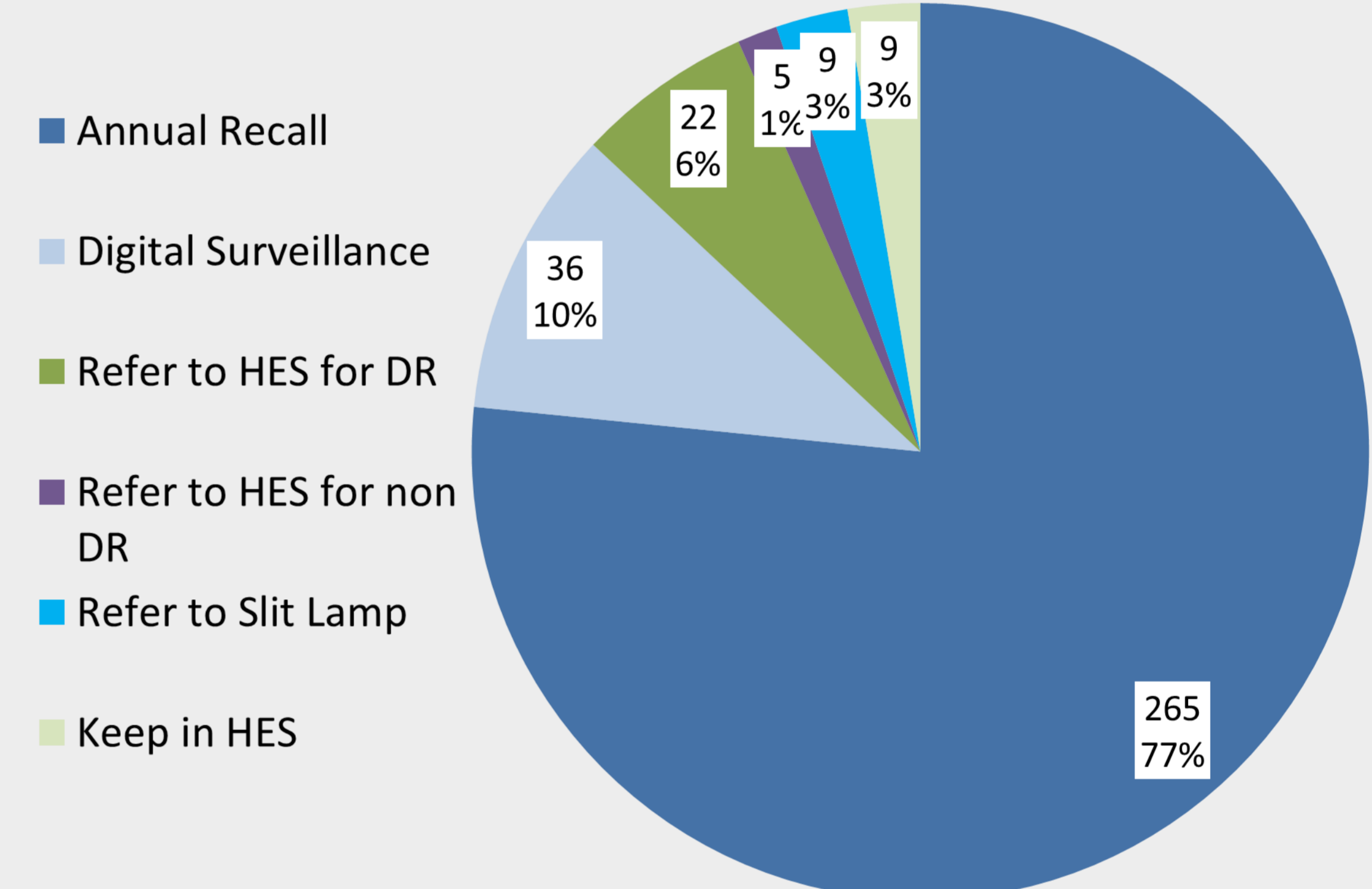
Demographics of patients suddenly attending between May and October 2020

	Never screened (N=51)	Previously screened (N=295)
Sex		
Male	31 (60%)	132 (45%)
Female	20 (40%)	163 (55%)
Ethnicity		
Asian	25 (49%)	101 (34%)
Black	2 (4%)	34 (12%)
Caucasian	19 (37%)	137 (46%)
Other/mixed	3 (6%)	5 (2%)
Unknown	2 (4%)	18 (6%)
Average Age (2020) : 57 years		

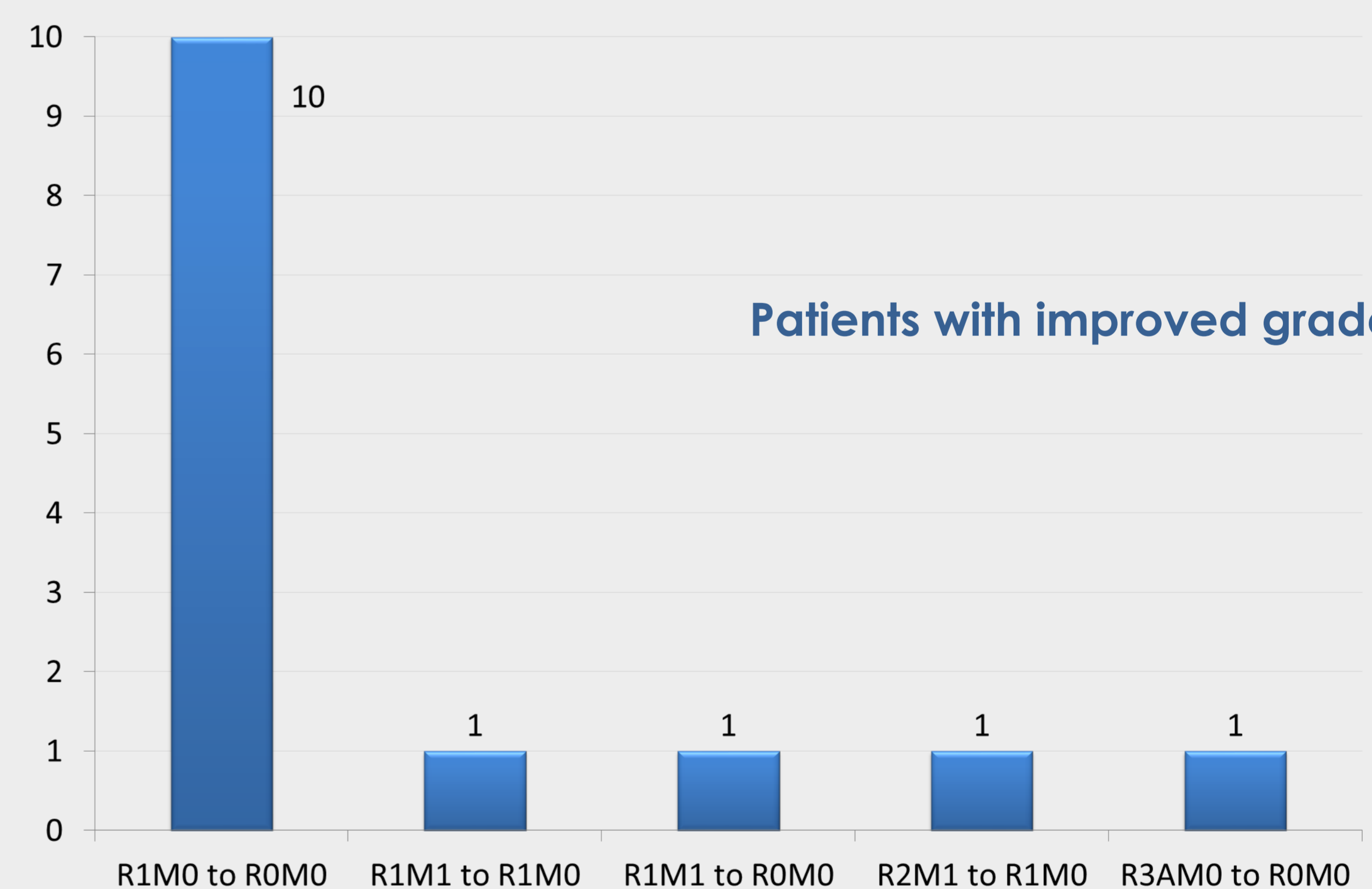
Outcomes of last known screen (N=295)



Outcomes of most recent screen (N= 346)



Of those who were previously screened, when attending after 3+ years, 83 patient's grades deteriorated. 14 went from no DR to referable DR, and 18 from background DR to referable DR. 9 patients resulted in ungradable images.



14 patients grades improved between screenings. 1 patient was discharged from HES care, and 2 were removed from the digital surveillance pathway onto annual recall.

Conclusions

- This audit suggests that the large majority of grades remained stable, even after a large gap in attendance, however 9% presented with referable retinopathy, follow up checks reveal that 90% of HES referral appointments are attended.
- The majority of patients were made eligible following review at an optician. From this we see that non-attendance for screening gets picked up when attending for routine eye tests.
- The audit also shows that persistent non-attenders are usually males of working age and predominantly of Asian and Caucasian ethnicity which matches the results of other screening engagement work.