

Diabetic Retinal Screening Programmes and analysis of common conditions seen during retinal imaging – Webinar Q&A responses by Richard Rawlinson

GENERAL QUESTIONS

Drusen and exudates look quite similar is there an obvious difference?

Agreed they can look very similar, through experience the differences become apparent. Drusen occur beneath the retina and can appear all over the retina. Exudates are typically within the retina and appear in compact groups.

Why does a DO need an Optometrist on the premises to administer Tropicamide but screening companies can use a screener in a community hall (for example) with no Optometrist on the premises?

This relates to the 2007 Patient Group Directive which allows screening staff to perform visual acuity and mydriasis without medical supervision providing staff have completed the appropriate training and competences

Children with type 1 diabetes can get screening from 12 years. I'd they become diabetic as a toddler Would they need any screening prior to that or is it that problems don't generally occur till 12 years' plus

Children under 12 are generally monitored through their diabetologist (or expert ophthalmologist 0 yearly if possible). They also encouraged to attend regular optometry appointments.

Is there a treatment to prevent the blood vessels in the Proliferative retinopathy from leaking in the back of the eye?

Yes - laser treatment can be carried out to allow oxygen and nutrients to reach the retina

Is a DO able to refer a patient if they suspect them to be diabetic?

DO's have a duty any refer patients who they feel would benefit from further investigation or treatment. Any patient presenting with signs and symptoms of diabetes should be signposted to their GP

Can a DO instil tropicamide?

Only if they are registered as a screener within a DRS programme

Being mercenary - what is average payment for diabetic screening?

Fees will vary depending on the service model in place. Photographs only will provide an average fee of £8 - £11 photographs and grading will be higher at around £18- £25.

Could Drusen be related to obesity?

Not directly - Drusen are typically a result of ageing and commonly found in patients over 60 - Large Drusen are associated with AMD, risk factors for AMD include family history, smoking and high cholesterol levels

Is there anywhere we can look to learn more about grading with example pictures and examples of the other associated conditions that we may see alongside diabetic eye screening?

[BMEC Diabetic screening](#)

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Should patients with cataract, where it is impossible to get a decent image, receive priority for lens replacement?

Patients with poor images due to cataract will have a Slit Lamp examination. If there is still an inadequate grading

If a patient attends for a routine sight test- not a diagnosed diabetic and you see a dot haemorrhage/small bleed should they be referred for a test for diabetes?

Regular sight examinations pick up a number of conditions and related pathology. whilst a dot haemorrhage/small bleed may not be related to diabetes the clinician will be able to ask appropriate questions and provide advice

What's the standard camera setup currently in use?

There are a list of approved cameras for use with the diabetic screening programme : Recommend camera settings for DES can be found at : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/409522/Recommended_Camera_Settings_20140930.pdf

What is the difference between a haemorrhage & a micro aneurysm?

Micro aneurysms are smaller in appearance akin to small red spots and last longer than 6 months, haemorrhages are larger in size and usually resolve within 6 months

What is the best way to deal with a patient whose retinopathy is getting worse but doesn't listen to advice?

As with all of our advice and support we need to adapt our language and responses to provide assurance and gain trust. This can take time but can be an important part of supporting a patient with a chronic long term condition

If someone is controlling diabetes with diet are they still diabetic?

Yes

What causes cotton wool spots?

Danger to nerve fibre layer as a result of local ischaemia

Does gestational diabetes stop once the baby is born?

*Yes usually, although patients should be tested 6 to 12 weeks after the baby is born.
<https://www.nhs.uk/conditions/gestational-diabetes/treatment/>*

Where do I find out about doing the screening module?

Screeners would usually participate through their employer who would already be providing services as a part of a local DES programme. <https://www.gov.uk/guidance/diabetic-eye-screening-education-and-training>

How can you differentiate between exudates and Drusen? They look similar

***Exudates** are caused by leaking fatty deposits from blood vessels **and** appear in compact groups, whereas **Drusen** are believed to be a result of a reduced capacity of the retina to cleanse waste products from the photoreceptors **and** can appear over the whole retina.*

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Why do we need an optometrist on the premises in order to use the Tropicamide, when many of us are contact lens opticians?

Tropicamide is a prescription only medicine and as such the supply of these drugs are controlled by law. Optometrists are the only member of the practice team who are responsible for installation of these POMS

In West Cheshire we can refer a px as 'red', and ring the grading team We used to do lots of screenings for other practices in the area...more difficult when it is a screening only.... Can a dispenser urgently refer a patient if they find anything abnormal in a screening session?

Screeners who are part of a DRS programme should be aware of other urgent conditions and protocols should be in place to urgently refer if needed.

SCREENING PROGRAMME

Where do you find out about the level 3 programme study?

<https://www.gov.uk/guidance/diabetic-eye-screening-education-and-training>

How do we get the contract for screening in practice?

This will be dependent on your locality and the commissioned service in your area. If it is an optical practice based service, then contractors may be able to apply to participate although the acceptance criteria does vary.

How do u get involved in the screening programme and what would the criteria be?

I was a contractor and signed up to provide the service when screening began in my area. I needed to purchase a retinal camera and agree to see a minimum 500 patients per annum

What is the cost of the level 3 course?

Approximately £1000

Who provides the screener training?

Local providers will normally support this.

Where do you take the training and how do you apply?

Local providers will normally support this.

Are there any hospitals providing this training?

Yes

<https://www.retinalscreening.co.uk/training/training-courses/>

How do you do this course? Where is the info?

<https://www.gov.uk/guidance/diabetic-eye-screening-education-and-training>

Who runs the screening training if we wanted to do that? Is it NHS only or do ABDO or College of Optometrists provide the training courses?

Public Health England support NHS screening programmes - The Course is provided through a number of providers e.g. <https://drscreening.org/certificate-of-higher-education-in-diabetic-retinopathy-screening>

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Why don't ABDO offer Screening training?

This is a specialised area supported as part of wider series of NHS screening diplomas

Have any areas re started the screening programmes yet?

Yes, screening for high risk patients has restarted