Hampshire and Isle of Wight Diabetic Eye Screening Programme

Your Eyes Matter: What's New in Diabetic Eye Screening

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Hampshire & Isle of Wight Diabetic Eye Screening Programme

Contents

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Who are we?

- Our service welcomes anyone aged 12 and over with Diabetes.
- We have over 125,000 registered patients across Hampshire and the Isle of Wight.
- All screeners and graders are qualified and accredited, or in training.
- Commissioned by Public Health England, with full oversight and quality assurance.

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How does Diabetes affect your eyes

- Diabetic Retinopathy is caused when diabetes affects the small blood vessels in the back of the eye (retina), which may affect your sight.
- It does not usually affect your sight until changes are advanced.
- Annual screening is an effective way of preventing sight loss caused by diabetes.
- Recent changes now include 2-year intervals for those with consistent positive results

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How can you look after your eyes?

- Maintain a Healthy Lifestyle - Follow a balanced diet. Exercise regularly. Stop smoking to reduce health risks.

- Know your blood sugar, blood pressure and cholesterol levels - Regular checks and keeping these levels within target ranges can significantly lower your risk of developing **diabetic retinopathy**.

- Regular Screening – It's important to attend your diabetic eye screening appointments when invited.

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How can you look after your eyes?

- Opticians –Routine eye checks with your optician are important, even between your diabetic eye screening appointments.

- Contact your GP if you develop any problems with your eyes between diabetic eye screening – this includes, worsening vision, vision loss, floaters, blurred vision, eye pain.

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Development of Diabetic Retinopathy

- High blood sugars damages the retinal capillaries
- The sugar kills the pericytes which wrap around the capillaries causing them to thicken.
- These changes damage the structure of the capillary causing outpouchings called microaneurysms.
- These then leak fluid into the retina.

Development of Diabetic Retinopathy

- This leakage causes swellings between the retinal layers called macula oedema.
- This can cause disruption of the central vision.
- As well as leakage high blood sugars can also cause capillaries to be blocked.
- This means that there is no oxygen getting to the retina (ischaemic).

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Background Diabetic Retinopathy (R1)

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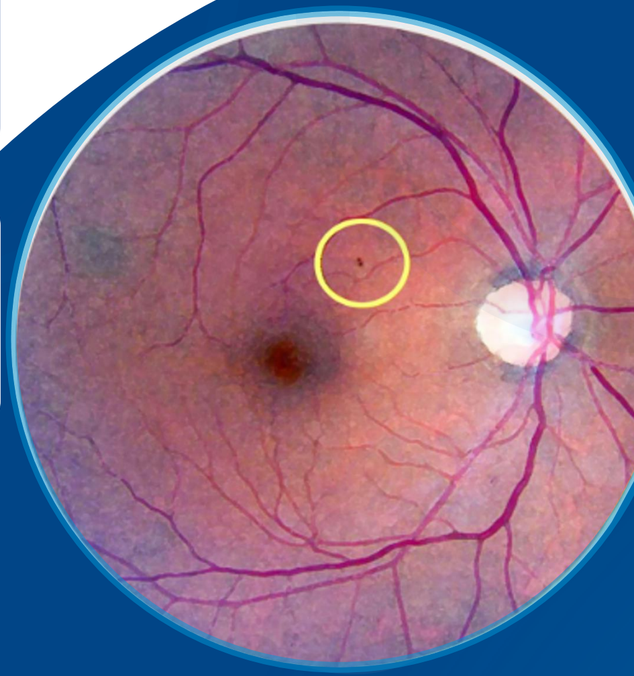
This is a sign that raised blood glucose levels over time have caused physical changes to the smallest blood vessels.

It’s not, however considered ’high risk’ and does not require any medical intervention.

We would, though, be keen to keep seeing you every year, so we can pick up any possible progression from this point.



Pre-proliferative Referral Changes (R2)

- R2 grading refinement will be used to assess the level of R2 pathology found in a patient's screening images.

- Based on the results, high risk R2 patients will be referred to hospital eye services while those at lower risk will remain in the Diabetic Eye Screening Programme under Digital Surveillance – 3/6/9/12 months (as clinically determined)

- This change only applies to patients with an R2 grade. Everyone else will be screened as usual.

Development of Proliferative Diabetic Retinopathy (R3)

- NVD/NVE will not affect vision.
- The vessels can grow forward and attach themselves to the vitreous gel and can bleed.
- The blood gets stuck between the vitreous and retina causing pre-retinal haemorrhages.
- Pre-retinal haemorrhage will eventually spread into the vitreous jelly giving the patient a vitreous haemorrhage.
- At this stage patients will notice a change in their vision with an onset of floaters.
- A severe vitreous haemorrhage can result in total visual loss in that eye.

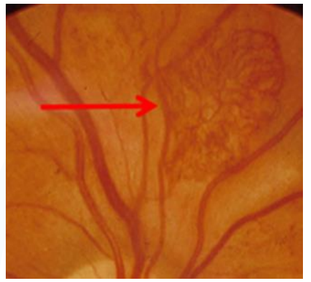
Development of Diabetic Retinopathy

- The bleeding from the abnormal vessels cause the development of fibrovascular proliferation (Fibrosis).

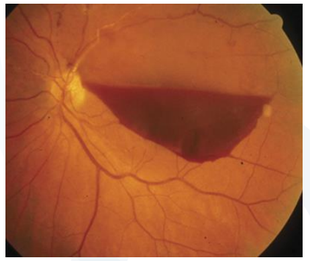
- If this continues to progress it will pull the retina off causing a tractional retinal detachment.

Proliferative diabetic retinopathy

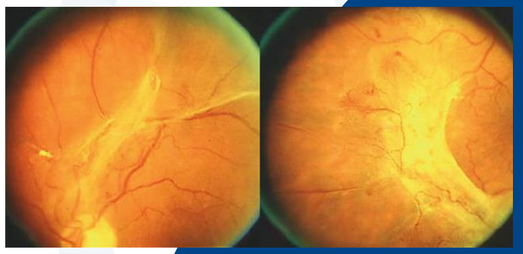
- This means that we have seen either new blood vessels growing, or bleeding in the eye.
- If left untreated there is a high risk of vision loss. If caught early, though, treatment would be expected to be successful.
- You will be asked to attend a local general hospital for an outpatient's appointment, usually within 6 weeks from your eye screening appointment.



R3 - Proliferative. New vessels elsewhere (NVE)



R3 - pre retinal Haemorrhage.



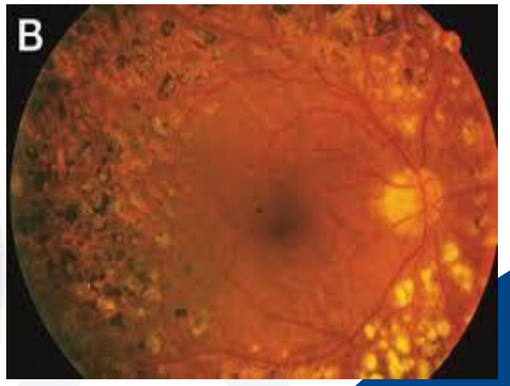
R3 - Fibrosis (scar tissue)

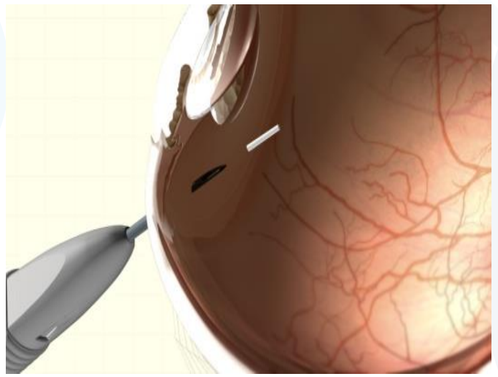
Treatment for Diabetic Retinopathy

- Laser Treatment
  - Pan-retinal
  - Focal

- Anti VEGF Injections
  - Ranibizumab (Lucentis)
  - Aflibercept (Eylea)

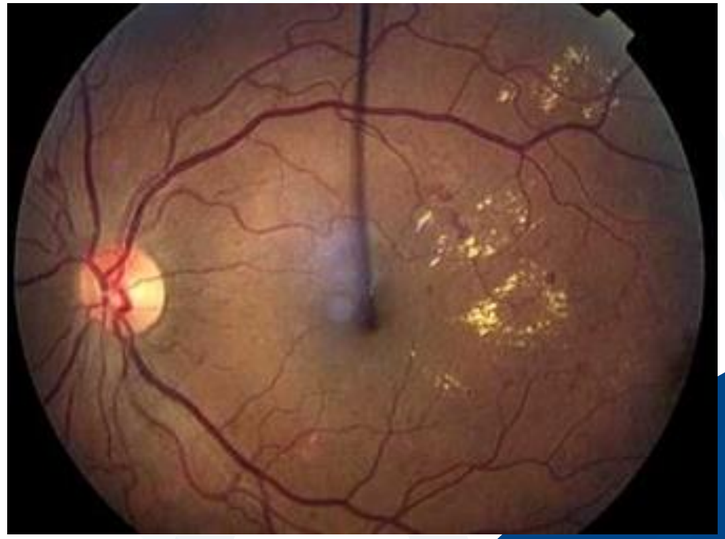
- Steroid Implants





Diabetic Maculopathy – M1

- We may notice patients have specific features close to their central vision:
- Any exudate within 1DD of the fovea
- Any group (>half disc area) of exudates within the macula
- Any microaneurysm/haemorrhage within 1DD of the fovea, associated with a best VA >6/12 (Log 0.3)
- We may refer to a local general hospital. However, it is more likely that we will ask to see you at one of our screening clinics where a more advanced test (OCT) can be given to find out whether a hospital visit is required.



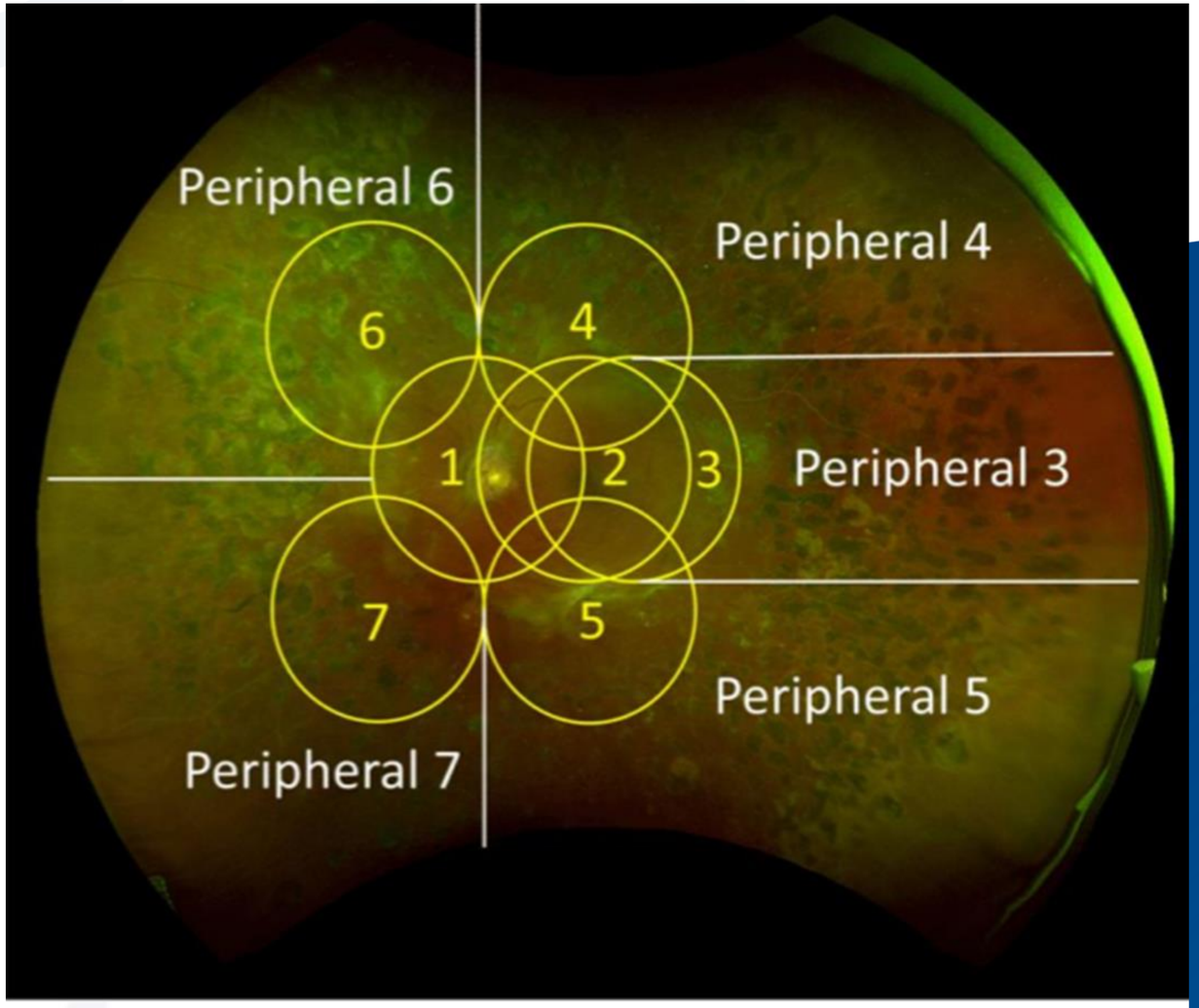
Digital Surveillance

- Patients that are screened more than once within the year, will be kept under Digital Surveillance:
- Pregnant Patients
- R2L features
- Low Risk Maculopathy
- Discharged patients with stable features (R3s)

- Patients seen under digital surveillance will require an OCT scan and fundus images using the 7-field photography method

Digital Surveillance

- 7-Field Photography:



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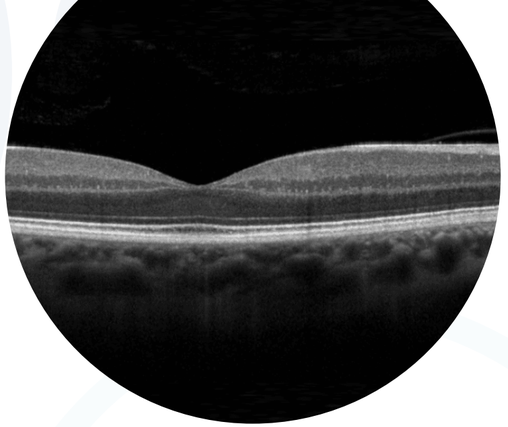
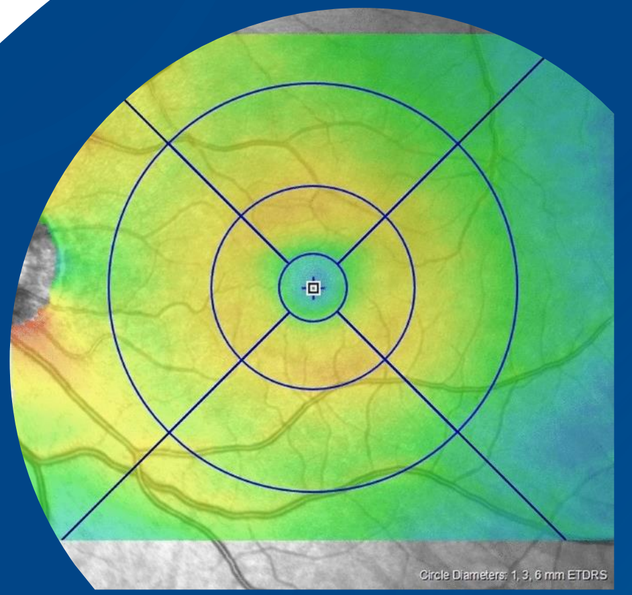
OCT in Diabetic Eye Screening

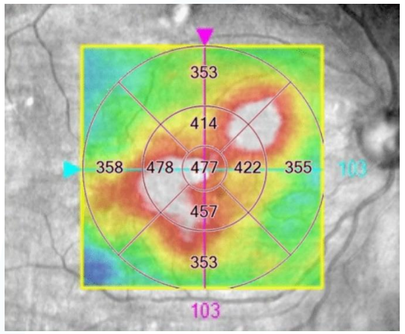


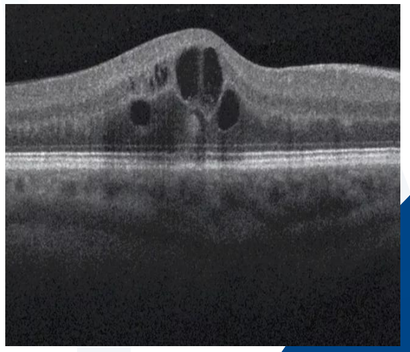
- New changes under PHE rolled out from October 24 across England
- All patients under Digital Surveillance will require an OCT Scan (HIOW April 2025)
- OCT is currently in place for low risk M1
- Fundus images, alongside the OCT 3D-Macula Scans, can determine whether the patient will need (re)referring



OCT in Diabetic Eye Screening

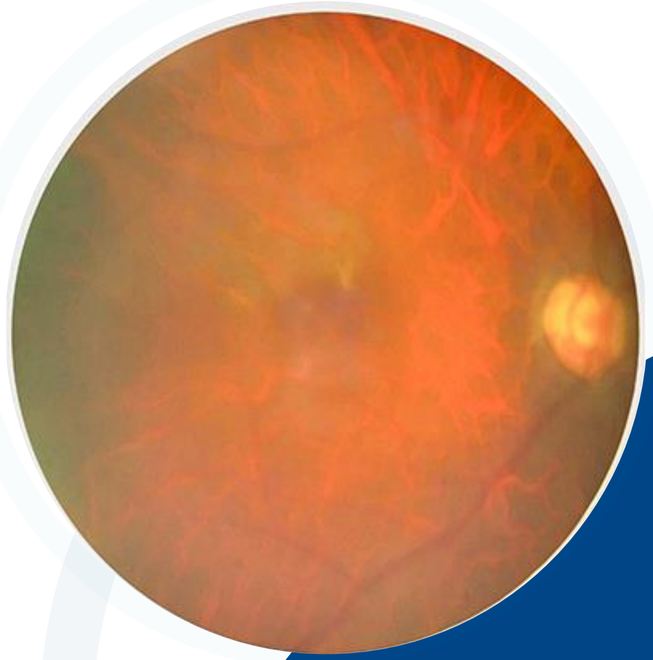
- OCT Scans showing significant thickening over 400(350 locally) microns, change in foveal contour and/or any other significant changes we may spot are referred to HES
- Diabetic Macula Oedema can take 1-3 years to resolve, despite aggressive treatment





Un-assessable results – What happens next?

- If we describe a result as un-assessable, it means that we could not get a clear view.
- The most common reason is because you may have a cataract. Even early cataracts can make the photographs fuzzy.
- We will invite patients for a Slit Lamp Biomicroscopy appointment, where a specialist will look at your eyes without the limitations of using a camera.



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Non–diabetic eye diseases – What happens next?

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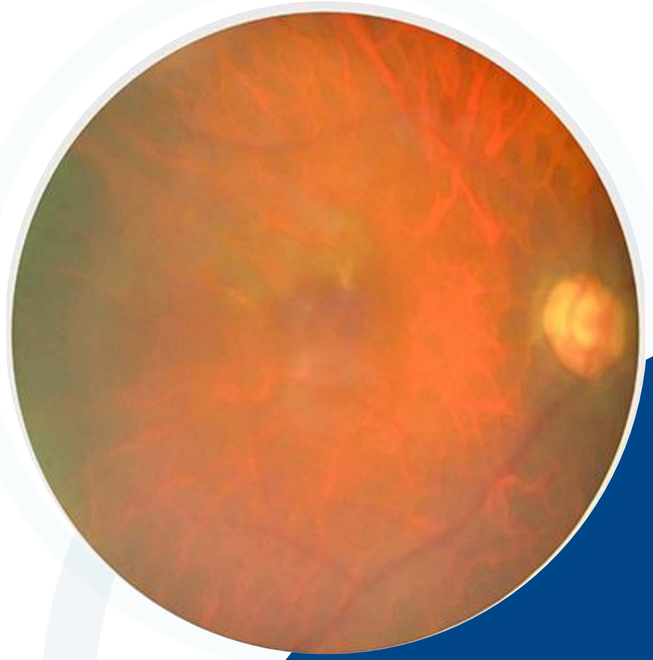
- Sometimes we notice eye conditions that patients may or may not already know about.
- Occasionally, a condition may need an urgent outpatient appointment at a local general hospital. We will inform the hospital, and they will invite you.
- Otherwise, we will let patients GP know.
- **Please note**, **our staff are not trained in all aspects of eye care and do not replace routine visits to the opticians. We encourage patients to continue to attend their opticians as guided**



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Non–diabetic conditions

- Dry age-related macular degeneration
- Wet age-related macular degeneration
- Cataract
- Choroidal Neavus
- Chorodial Melanoma
- Mylinated Nerve Fibres
- Myopic Degeneration
- Old Choroiditis
- Rhegmatogenous retinal detachment
- Asteroid Hyalosis

Non–diabetic conditions continued

Vein Occlusions	Arterial Occlusions	Emboli	Macroaneurysms
Glaucomatous optic discs	Optic disc swelling	Hypertension	Retinitis pigmentosa
	Systemic blood disorder	Macula Hole	

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Why Eye Screening Matters

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- Diabetes can affect your eyes without symptoms.
- **Early detection** through screening can prevent the likelihood of diabetic related blindness.
- Due to the implementation of eye screening across the UK, Diabetic Retinopathy is no longer the leading cause of blindness.

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How can we help you?

•We can offer longer appointment slots

•We can arrange Foreign/ BSL Interpreters

•We can put you in touch with local car share schemes in your area

•Patient Portal (more on this later!)

•Reminder texts/ calls before appointments

👧⚕️ **Joined-Up Care**

•We work closely with your:

- GP
- Diabetes care team
- Hospital eye service

•**Fast-tracked referrals** if we detect any concerns

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Venues

- We screen at 36 venues across Hampshire and the Isle of Wight, we offer Digital Surveillance, OCT and SLB appointments at a selection of venues. All our venues are fully accessible, and you can change to your preferred venue using the Patient Portal if required.

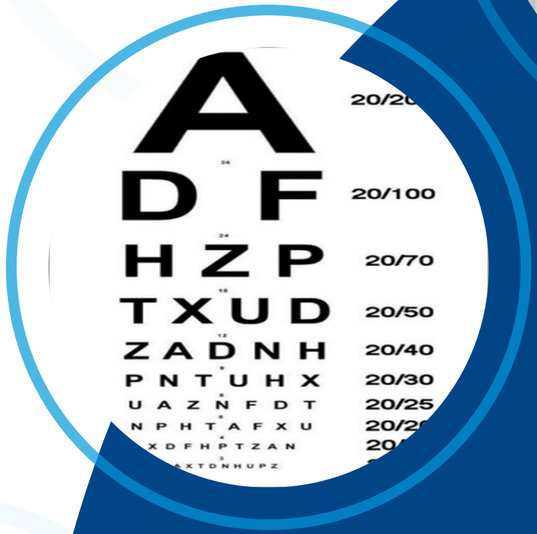
- There are more details at:

https://www.inhealthgroup.com/diabetic-eye-screening/contact-and-locations/#hampshire-iow

What's New? Contract renewal

- Due to excellent performance, our contract with InHealth has been renewed for another 5 years.

- InHealth now have 19 Diabetic Eye Screening Programmes across the UK – this means shared learning, better networking.



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What's New? 2 Year Screening Intervals

If your last two screenings were normal, you'll now be invited every 2 years.

This is based on strong evidence, and National Studies and extensive research show:

- Very low risk of developing problems after 2 normal results
- Safe to wait 2 years
- Saves time and reduces stress
- Focuses resources on high-risk patients
- Reduces unnecessary appointments

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Introduction of new OCT Machines

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- OCT gives more accurate results so fewer patients will need a referral to hospital eye services. Patients at low risk of developing eye problems can instead be seen by their local screening provider. Each provider will identify the small number of people who might need hospital treatment, making the referral process more efficient and freeing up hospital capacity

- The introduction of OCT in the Diabetic Eye Screening Programme follows a recommendation in the GIRFT ophthalmology report. Staff will be offered training in OCT systems over the coming months. The aim is that by October 2025 all services will offer OCT.

- OCT Rollout across a high majority of our current venues

✅ **Making it easier for YOU:**

- More appointment times and venues

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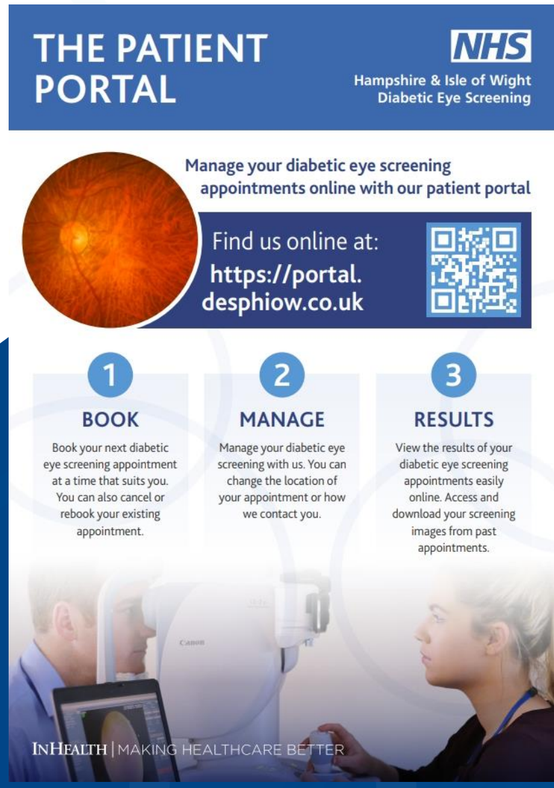
Patient Portal

Hampshire & Isle of Wight Diabetic Eye Screening service are very excited to announce that their Patient Portal App is now live!

The portal can be accessed by scanning the QR Code.

Once on the portal you can manage your appointments, view your results and retinal images – anytime, anywhere using your NHS login on your PC, tablet or smartphone.

The NHS login offers a high level of security for your data and information. If you've not already registered with the NHS app, and would like to use the Patient Portal please use this link to register: https://www.nhsapp.service.nhs.uk/login



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Thank you!

Get in touch

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