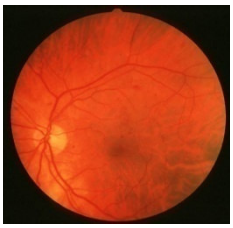
Scottish Diabetic Retinopathy Screening Programme

ANNUAL REPORT

2013



CONTENTS

Host NHS Board: NHS Highland

Service: National Diabetic Retinopathy Screening Service

Report: Annual report 2013-2014

SECTION A: GENERAL DESCRIPTION OF SERVICE/PROGRAMME

1 Overview/Aim of Programme

People with diabetes can develop a condition affecting the eyes called retinopathy, which although initially asymptomatic can lead to partial loss of vision and eventual blindness. Research has shown that early detection of sight threatening diabetic retinopathy through screening, and subsequent treatment of those affected by laser photocoagulation, can substantially reduce the risk of visual loss.

In July 2003 the Scottish Executive Health Department issued guidance (HDL (2003)33) to Health Boards to the effect that each Board should take steps to provide diabetic retinopathy screening for all people with diabetes over the age of 12 to the standards recommended by the Health Technology Board for Scotland in its report published in April 2002 and according to subsequent guidance on its implementation, as part of a Scottish National Diabetic Retinopathy Screening Programme.

The national Diabetic Retinopathy Screening Programme (DRSP) is an integral part of patients' diabetes care and involves a regular (usually annual) eye check using a digital photograph of the retina or slit lamp examination if photography is not possible. The primary objective of the programme is to detect referable (potentially sight-threatening) retinopathy so that it can be treated at a stage where the probability of preservation of vision is high.

The DRS Collaborative has been established to bring together individuals from all NHS Boards in Scotland involved in the delivery of the retinopathy screening programme, including representatives of the various professions involved as well as patient representatives and other stakeholders. The aim of the DRS Collaborative is to facilitate the delivery of the national diabetic retinopathy screening service in Scotland through the development and maintenance of effective service interfaces across Scotland, and the provision of support for good practice.

What is Diabetic Retinopathy?

People with diabetes have a higher chance of developing certain serious health problems, including damage to the eyes. A well-recognised and common complication of diabetes is damage to the blood vessels in the retina, the nerve fibre layer at the back of the eye. This is known as retinopathy and is the largest single cause of blindness amongst adults of a working age in the UK (*Scottish Diabetes Framework,* April 2002). In its early stages, diabetic retinopathy is symptom-free and progression of disease can be prevented by laser treatment or by improved metabolic and/or blood pressure control.

2 Description of Screening Pathway

a) All patients with diabetes in Scotland over the age of 12 are to be offered diabetic retinopathy screening using digital photography within an organised NHS Board programme that meets the recommendations of the Health Technology Assessment published in 2002.

b) An invitation to patients will be automatically sent on an annual basis to invite them to screening – or more frequently if the screening programme requires it– to all those aged 12 and over. Patients will be automatically sent reminder letters if they fail to attend and they may only be permanently suspended from the programme by their GP. Patients will be sent result letters within 20 working days of the appointment. The patients GP or care provider will also be sent a result letter. The patient result letter will inform patients of the follow outcomes –

- No retinopathy
- Mild retinopathy
- Observable maculopathy/ observable background retinopathy
- Referable maculopathy / referable background retinopathy/ proliferative retinopathy

SECTION B: QUALITY DOMAINS

1 Efficient

a) See Annex A for details of numbers invited and number screened/uptake by NHS Board of residence and for details of performance over the period 1st April 2013 to 1st April 2014

b) See Annex E for details of resources and staffing used across the Health Boards including workforce information, See Annex D for a report on Staff training and accreditation for 2013.

c) See Annex C for details of the financial report for the DRS Collaborative for 2013.

d) See Annex A for details of KPI reports of population, uptake and invitation rates for 2013.

2 Effective

a) Audit activity -

Visits to Board areas were undertaken on a routine basis by M Black and N Lee. Health Board areas and departments were visited as part of the annual objectives of the DRS collaborative. These visits are undertaken to provide a general review of the area performance. There were no outcomes or actions taken/being taken as a result. Further visits to all Health boards in Scotland are planned for on a rolling basis.

b) Clinical Outcomes/Performance against national standards –

Performance of the DRSP currently meets the essential requirements NHS QIS March 2004 standards by the use of the Soarian system and nationally agreed policies/procedures. Those essential QIS requirements are -

Essential

2(a) 1 all eligible people have a written prompt to attend for screening at least once every year, unless a current screening result is already on the call-recall module.

2(a) 2 Arrangements are in place to reach people not on the diabetes register or accessible via their GP (e.g. long-stay institutions).

2(a) 3 a minimum of 80% of eligible people with diabetes attend a screening appointment within the last year. (See Annex A for KPI 2 performance results)

2(a) 4 Screening uptake is monitored at NHS Board level and action taken where targets are not achieved. (See Annex A for KPI 2 performance results)

2(a) 5 The NSD protocol is followed for the management of non-attendees, both those who fail to attend appointments and those who actively opt out of the screening programme, taking into account patient choice and responsibility for their care.

2(a) 6 all staff involved in call-recall receive training in using the call-recall IT system before undertaking unsupervised work.

2(b) 1 A national protocol defining failsafe procedures for follow-up of eligible people with diabetes with referable grades of retinopathy are in use. See http://www.ndrs-wp.scot.nhs.uk/Manual/Docs/Follow-up%20protocol%20v1.2.pdf for full details. This has recently been reviewed and agreement was reached by the DRS collaborative to amend it to failsafe patients for re-screening.

3(a) 1 Photographs are taken using equipment and techniques in accordance with national guidelines.

3(b) 1 all staff have full training in retinal screening before working unsupervised, and all staff receive training in new techniques.

3(b) 2 Staff undertake continuing professional development (CPD) as per professional and/or national guidelines.

3(c) 1 A minimum of 80% of people screened are sent the result in writing within 4 weeks (20 working days) of the photograph being taken. (See Annex A of this report for KPI 9 performance results)

4(a) 1 only staff trained and accredited according to national guidelines sign-off reports.

4(b) 1 the images from a minimum of 500 randomly selected patients (or all images graded if less than 500 patients) per grader per annum, not otherwise referred to a third level grader, are reviewed by a third level grader.

4(b) 2 if clinically important grading errors are found, further investigation and/or additional training of the grader is carried out.

4(c) 1 Screening histories of eligible people with diabetes developing referable retinopathy are reviewed, and any areas in the programme which require improvement are identified and addressed.

4(c) 2 all services must submit national minimum dataset returns. (See Annex A for an overview of these data returns)

4(d) 1 all grading staff in the screening programme participate in NSD proficiency testing as part of revalidation training. IQA and EQA programmes are in place. (See Annex B for an overview of EQA results)

5(a) 1 there is a referral process to a consultant ophthalmologist-led service for people with diabetes, with identified signs of developing diabetes-related retinopathy, in accordance with national grading recommendations.

5(a) 2 the diabetes care provider should be notified of all people whose eye examination has revealed retinopathy.

c) Service Improvement –

See Annex D for a report on staff training and accreditation undertaken over the reporting year. The training and accreditation coordinator has also highlighted that there are continuing issues regarding the following points –

See Annex I for a report of the DRS staff training day held on Tuesday 12th November at the Steele lecture Theatre, Perth Royal Infirmary.

d) Research activities-

There were two research projects carried out in conjunction with NHS Grampian and the Wellcome Trust Centre for Molecular Medicine based in Tayside University. We contributed effort in providing data from the Soarian system. These research projects which are still ongoing, we support these research projects by providing anonymised eye image data for patients from NHS Tayside. This research is regarding the treatment of diabetes and outcomes for patients.

Research activities for the 4 Nations diabetic screening programmes looking to extend screening intervals across England, Scotland Wales and Northern Ireland are also being supported and actively contributed to. Dr Styles, Prof G Leese (NHS Tayside) and M Black are members of the research groups. Information exchange and direct research is being undertaken in order to create new understanding and national policies regarding screening intervals and risk based recall of patients for further screening.

3 Safe

a) Risk Register and Adverse Events-
A risk register is maintained by the DRS Collaborative Co-ordinator, the outstanding risks for the DRSP in April 2014 are outlined in Annex J to this report.

b) Quality Assurance-
Internal (IQA) and External Quality Assurance (EQA) activities were undertaken by all graders in 2013. IQA is undertaken by all graders as a mandatory function of the Soarian system. This system passes a percentage of graded images up to the next level grader for assessment. Level 1 images are assessed by a Level 2 grader and Level 2 images are assessed by Level 3 grader. Level 3 graders are then assessed by the External Quality assurance system as provided and hosted by Aberdeen University. All graders participate in the EQA scheme; however its main purpose is to show that an equitable and high quality grading standard is maintained across all 9 grading centres in Scotland. See Annex B for an overview of national EQA performance for the 2 rounds undertaken in 2013.

A recovery action plan was developed to assist boards with the steps they may need to consider should graders perform below standards in EQA. The recovery action plan has been agreed and accepted by all boards and adopted as policy for DRS EQA.

c) Clinical Governance -
DRS Service across Scotland varies slightly where it sits within local NHS Board structures, some within CHP and some within Operational Divisions. They are required to participate in local configuration for clinical governance. For example as in NHS Lothian, the DRS service Lead Clinician sits on the local Ophthalmology Quality Improvements team as well as in the NHS Lothian DRS Steering Group both of which report to the Diabetes MCN. Both Diabetes MCN and Ophthalmology teams report to NHS Lothian's Clinical Governance & Risk Management board. Appointed DRS lead clinicians within NHS Boards report to their own Clinical or Medical Directors. All DRS Programs are expected to take part in local clinical and service audits.

d) Healthcare Acquired Infection (HAI) & Scottish Patient Safety Programme (SPSP) -
DRS services across Scotland sit within local NHS Board structures. They are required to participate in the local healthcare acquired Infection (HAI) and Scottish Patient Safety Programmes (SPSP) of their hosting Health Boards. DRS Service managers, Lead Clinicians and DRS Public Health Consultants (Board Coordinators) within NHS Boards report on these matters to their own Clinical or Medical Directors.

e) Complaints & Compliments
NHS Boards deal with local complaints and compliments using their local procedures. The DRS Collaborative Coordinator has not had any serious complaints or compliments escalated to him for resolution or response although he has dealt with several general complaints from patients who express concerns regarding patient letters in terms of wording and for patients who DNA. There were also complaints regarding the opting out policy and the policy requirement to have a GP authorise this. Action has now been taken to amend Soarian letters to reword these. A new information leaflet for patients has also been produced along with the patient information web site – www.nhsinform.co.uk being updated with information regarding Diabetic Retinopathy Screening which is relevant to the service being provided in Scotland.

4 Timely

a) See Annex A of this report for Key Performance Indicators (KPI) statistics for the 12 month period ending 01 April 2014. A summary is listed below-

- **100.5% %** of the total number of the currently eligible population was invited to screening in 2013 (KPI 1).
- **80.7%** of the total number of the currently eligible population attended at least once in the FY 2013 (KPI 2).
- **78.7 %** of the total number of the currently eligible population was successfully screened in FY 2012 (KPI 4)
- **93.9%** of written reports were produced within 20 working days (KPI 9)
- **3.7%** of the total number of the current eligible population were referred to Ophthalmology on account of retinopathy (KPI 13)

b) Review of Screening Pathway
There were no formal reviews carried out in 2013 of the local screening pathway/process and procedures.

A change was approved by the DRS Collaborative in March 2014 to the current Failsafe and Follow up protocol to version v1.3. This was as a result of a significant event review for a patient who did not attend (DNA) an Ophthalmology referral and was also erroneously suspended from DRS. The patient subsequently did not attend either DRS or Ophthalmology for a period of 2 years. The revised failsafe will allow for a failsafe

to‘re-screen’ patients at a timely interval if they are not appropriately discharged back to DRS from Ophthalmology referral. It is recognised that Soarian does not easily accept patients back into DRS if they DNA ophthalmology referral, however it is the patients right not to accept treatment although a re-screen may give some level of false reassurance to patients. The DRS Collaborative agreed that it was a better failsafe to re-screen and be engaged with patients and also provide Ophthalmology with the latest screening information should they then decided to subsequently attend.

Reviews and changes to the pathway are continuously suggested and implemented as part of the Request for Change process to implement changes within the Soarian system and as part of the policy or procedure changes as requested by actions from management meetings. The current pathway complies with all the requirements of the 5 QIS Standards 2004 as listed below

- STANDARD 1 - Organisation
- STANDARD 2 - Call-Recall and Failsafe
- STANDARD 3 - Screening Process
- STANDARD 4 - Proficiency Testing
- STANDARD 5 - Referral

5 Person Centred

a) General

New patient information leaflets were designed and distributed to all boards in early 2013. These leaflets were designed in collaboration with NHS Health Scotland and will be reviewed on a regular basis. These leaflets were also published in several alternative languages and in easy read format and can be viewed and downloaded at-

http://www.healthscotland.com/uploads/documents/6257-YourGuideToDiabeticRetinopahyScreening.pdf

http://www.healthscotland.com/documents/6257.aspx

http://www.nhsinform.co.uk/Screening/diabeticretinopathy

b) New patient information video clips were developed in early 2014 and distributed to all health boards and these are also available on NHS Inform website. These videos are available in the following language formats

   a. English – Subtitled
   b. English – Sign language
   c. Polish
   d. Pakistani
   e. Russian
   f. Urdu
   g. Chinese

6 Equitable

a) Fair for All: Equality & Diversity-

The DRS Service supported an ethnic minority project in NHS Lothian with NHS Lothian’s Minority Ethnic Health Inclusion Service (MEHIS) Link workers to target high risk ethnic diabetics from the South Asia region. These patients are in a high risk group for clinical reasons and also because they tend to have a high DNA rate.

The DRS Service as a national programme has not undertaken an Equality and Diversity Impact Assessment in last 3 years although individual Health boards may

have completed this for their own local programmes. Patients are automatically referred via their GP or secondary care system into the programme based only on their diabetes diagnosis and clinical eligibility. Patients can also be screened if they are diagnosed with diabetes and present themselves at a screening clinic; there is therefore an equitable service provision across Scotland for all patients regardless of ethnicity, gender, age or demographics.

b) Geographical Access

Mobile DRS screening services are provided by some Health Board areas. Boards may also provide fixed or GP based screening clinics in remote or rural areas. NHS Highland, NHS Borders, NHS Western Isles and NHS Ayrshire and Arran use localised Optometry based services for eye image capture, these are all listed and described in the programme delivery report (Annex E) for each Health Board.

SECTION C: LOOKING AHEAD / DEVELOPMENTS

SECTION D: SUMMARY OF HIGHLIGHTS

Statement from the DRS Lead Clinician

In the DRS Collaborative report for 2013-14 we present our aims and achievements against the quality ambitions of NHS Scotland as a safe, effective and person centred service.

The service screened over 80% of the eligible population with diabetes this year achieving our national target. This is a very creditable achievement given the rising prevalence of diabetes in Scotland. A net of almost 800 people become eligible for screening across Scotland every month. The ability of DRS Scotland to produce monthly figures such as these, giving accurate forecasts against screening targets, has been very helpful to individual programmes in gaining resources to meet this capacity challenge.

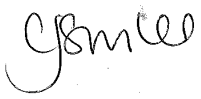
We also provided data for the 4 Nations screening interval project this year, which show that some people with diabetes do not need to be screened as often as yearly. We await the recommendation of the National Screening Committee. Our users and their representatives will be very involved in any proposed changes to the service.

The autograder has been redesigned this year with increased capacity. It can provide a final grading on over 40% of images. We continue to be world leading with this technology and there is much interest in our experience from other UK nations. The autograder allows our service to work more efficiently with our most scarce resources- our trained graders- so that they can work at the top of their skill set. Our excellent EQA results in the last year show that our graders continue to deliver a consistent standard of grading across Scotland.

Our collaborative discussions identified the small number of level 3 graders in Scotland as a potential risk for the programme and we have developed a competency document for level 2 graders to become level 3 graders. It reflects the maturity of the programme that we now have many very experienced level 2 graders capable of taking on this role. This development is in conjunction with specifying more completely the role of the lead clinician to ensure continued clinical leadership within DRS. The DRS collaborative approach to DRS management identified other areas where improvements can be made and our failsafe policy has been altered as a result of a significant event review in one of the boards.

We are extremely fortunate in Scotland to have a national database for people with diabetes- SCI-DC. A new version of this was introduced in 2013 (SCI-diabetes) which required very careful integration with Soarian with small tests of change before national rollout. This was achieved for all of Scotland in late 2013.

We are due to introduce a replacement for the DRS IT system in the near future and this process is well underway. Once again the representation from users, patients, patient groups such as RNIB and Diabetes UK in the collaborative, as well as support from NSD is very important to this significant change and allows us to continue to aim for a world class service for people with diabetes in Scotland.



Dr Caroline Styles
National Clinical Lead, DRS Collaborative, NSS
June 2013

Objectives are set as part of the annual report for the DRS Collaborative. The objectives for 2013 are summarised here.

As part of the NSD annual reporting format for National Specialist Services and National Screening Programmes there is a framework of quality domains that we report against and these are:

- Efficient, Effective, Safe, Timely, Person Centred, Equitable.

Over and above these the DRS Collaborative have also set some key objectives for it to achieve in the year ahead. These are based on some of the strategic key challenges for the programme as distilled from the management group conference of 2010 -

1. To have robust and secure IT systems to support the requirements of the diabetic retinopathy screening programme. We will analyse possible options and begin to prepare the requirements for a national system replacement. The Soarian system is contracted until 2015 with a further extension to Sept 2016 possible.
2. To ensure that Key Performance Indicators (KPIs) are available to boards and support quality improvement.
3. To develop the reporting capabilities of Soarian to support daily management activities and provide bespoke reporting and research capabilities from the data held by the DRS Collaborative.
4. To maintain and develop the national EQA programme with a bi-annual cycle to be undertaken by all graders in Scotland for quality assurance and educational purposes.
5. To ensure that the screening programme meets the requirements of NHS QIS for Training and Accreditation of Staff by facilitating the City and Guilds certification in Scotland and offering Slit Lamp Examiner training and accreditation.
6. To maintain communication within the DRS Collaborative by launching a new DRS website, organising DRS management group meetings on a quarterly basis and an In-Service training day for all staff in November. We will continue to minimise cost, travel and make the most efficient use of staff time by webinar, website, teleconference and videoconferencing technologies.
7. To develop the national screening programme by implementing a national automated grading system through computerised image analysis. The throughput of the system is to be extended to cover as much as possible of the Level 1 work-list.
8. To enhance communication with patients by developing a new patient leaflet, investigating electronic communications with patients and care providers, and working with ethnic minority support teams.
9. To undertake short, medium and long term planning to take into account the changing landscape of DRS screening activities i.e. OCT, screening interval, risk based patient recall, and national eHealth policies. We will work in partnership with other diabetic retinopathy screening programmes in the 4 Nations.
10. The Lead Clinician, Coordinator and System Specialist will visit health board areas and meet with DRSP teams in order to provide support on specific local issues related to the provision of the DRS Service to agreed national standards.

Mike Black
DRS Collaborative Coordinator
NHS Highland

Progress against objectives for 2013 - The following table summarises the progress against the 2013 objectives over the 12 month period to April 2014.

Objective	Current Status
1. To have robust and secure IT systems to support the requirements of the diabetic retinopathy screening programme. We will analyse possible options and begin to prepare the requirements for a national system replacement. The Soarian system is contracted until 2015 with a further extension to Sept 2016 possible.	The current contract with Siemens UK for the Soarian system was extended with ATOS as the single managed solution provider. The new contract supports the Soarian system to Sep 2016. A Statement of Requirement (SOR) document is in the process of being drafted by the DRS Collaborative. The Collaborative are now working in conjunction with NSD to explore the options going forwards. We will need to focus on the requirements of any new system proposed and the steps needed in order to deliver any new screening system to the Health Boards. In early 2013 erroneous data being sent to Soarian from SCI-DC suspended over 4100 patients. The problem arose after the migration of NHS Greater Glasgow and Clyde from SCI-DC to SCI-Diabetes. The messaging interface from SCI-DC to Soarian had been switched off over this migration period and manual data uploads were taking place. The result was that patients who were in workflow on Soarian had their upcoming appointments automatically cancelled and for others their results could not be accessed by graders/admin staff. The incident came about as a result of a manual error in the data preparation for the migration to SCI-Diabetes. The patients' statutes were corrected and there were no adverse outcomes as a result. The problem will be fully resolved once all boards in Scotland are migrated to SCI-Diabetes and re-conciliation reports are provided post migration. In the interim a manually controlled data transfer took place in order to have confidence in the data being passed to Soarian. The roll out of the new SCI-Diabetes product (replacing SCI-DC in early 2013) as a single database has provided a stable and reliable data source for the DRS programme. We no longer experience ongoing data quality issues which were previously created by the SCI-DC product. The issues mentioned above in patient data transfer to NHS GG&C were resolved by Aug 2013. Digital security certificates were required to be updated on Image Staging servers in July and this was again highlighted to the support organisations. The DRS programme was again fortunate that this was actioned prior to the event which was not forecast by the support organisations. The Soarian system is currently only supported to operate on Internet Explorer ver. 6.0 (IE 6.0). This is in compliance with national e-Health standards. As part of the renewed contract for Soarian agreed in Sept 2012 and RFC 131 it is to be ported across to Internet Explorer 8.0 (IE 8.0) within 12 months. This will also allow for the PC desktop operating system (OS) to move to Windows 7.0. There is increasing pressure from E-Health departments to have this done quickly as most boards are moving to the new national E-Health standard of desktop OS Win 7.0 and IE 8.0. As of April 2014 there was still no firm date available for this important development. A high risk (red) was raised in the risk register (Risk 30) as boards had reported that PCs which were being used in clinics have been inadvertently upgraded to IE 8.0 are therefore disabling Soarian and causing some appointments to be cancelled. Some of the DRS patient letters have been agreed for change post the IE 8.0 Soarian version roll out. The use of OCT within the DRS programme is currently being investigated. NHS Grampian is currently using Soarian to manage patients held in surveillance at OCT clinics. A draft patient pathway for OCT within Soarian was developed by the system specialist and the collaborative maintains a watching brief on developments across the UK. The collaborative await further advice from the UK National Screening Committee and Scottish Government on the possible introduction of OCT as a new modality within DRS.

Objective	Current Status
2. To ensure that Key Performance Indicators (KPIs) are available to boards and support quality improvement.	The Soarian KPI reporting system has now been used as the reporting system for the DRS Collaborative. The national performance reports for Q4 2013 are included as Annex A to this report. The KPI system has proved in general to be an accurate tool for reporting of patient's activity within Soarian. However there have been some anomalies that have become apparent over time. The most serious of these is that we appear to invite more than 100% of our patients over the 12 month period. The reasons for this error are know and accepted by the Boards, a correction factor can be applied. The output of KPI reports is being developed to have the output reported on Excel spreadsheets, this allows for graphing and flexibility of presentation of data. Funnel charts of performance for Boards have now been developed and an example of these is added as Annex H to this report. These will be produced on an annual basis at end of financial year. Monthly performance profiles are sent to Service managers to enable a dash-board view of performance compared to other boards. An example of this is added as Annex F to this report. Ongoing development of reports is taking place. Other reports are produced and used for management of performance as required.
3. To develop the reporting capabilities of Soarian to support daily management activities and provide bespoke reporting and research capabilities from the data held by the DRS Collaborative.	The system specialist (Neville Lee) has developed bespoke reporting capabilities in Soarian. These reports have been crucial in reducing the dependence on support from the software supplier in confirming and then correcting Soarian data problems. They have also allowed us to confirm that system or software changes undertaken by suppliers such as Siemens and SCI-Diabetes are carried out with high confidence. There have been several research projects undertaken on diabetes in Scotland by the Universities of Dundee and Aberdeen and we have significantly contributed to these important activities which we were previously not able to do. The data contained within the DRS national screening programme is a valuable and rich resource for researchers to interpret. We have been able to participate in a number of research projects both within Scotland and also as part of the UK Four Nations review of screening intervals. These projects require large bespoke anonymised data extracts to specific requirements and have shown the high value of the data within the Soarian system. Reporting is also being provided on activities by the auto-grading system. Further reporting is being developed to allow the DRS collaborative to analyse the effectiveness and efficiency of the auto-grader.
4. To maintain and develop the national EQA programme with a bi-annual cycle to be undertaken by all graders in Scotland for quality assurance and educational purposes.	The Collaborative continues to work in partnership with Aberdeen University who have developed comprehensive advanced software that captures performance data for the external quality assurance programme. We carried out 2 successful rounds in Spring and Autumn of 2013. The summary results of which are included as Annex B to this report. The overall result was that the 9 grading centres across Scotland continue to perform to a high and equitable standard. The policy for EQA continues to be developed and the previously developed 'Action Plan' has now been adopted as part of the DRS EQA policy. The DRS lead clinicians review each round and discuss non-consensus images using web conference technology (WEBEX) and this has saved significant travel time away from base. Lessons learned from each round are promulgated as a policy document 'Grading Advice' to all graders. These reviews and subsequent rounds form an important part of the educational and quality improvement aspect of EQA. The EQA programme is a high priority for the DRS collaborative and will need to be financially supported.

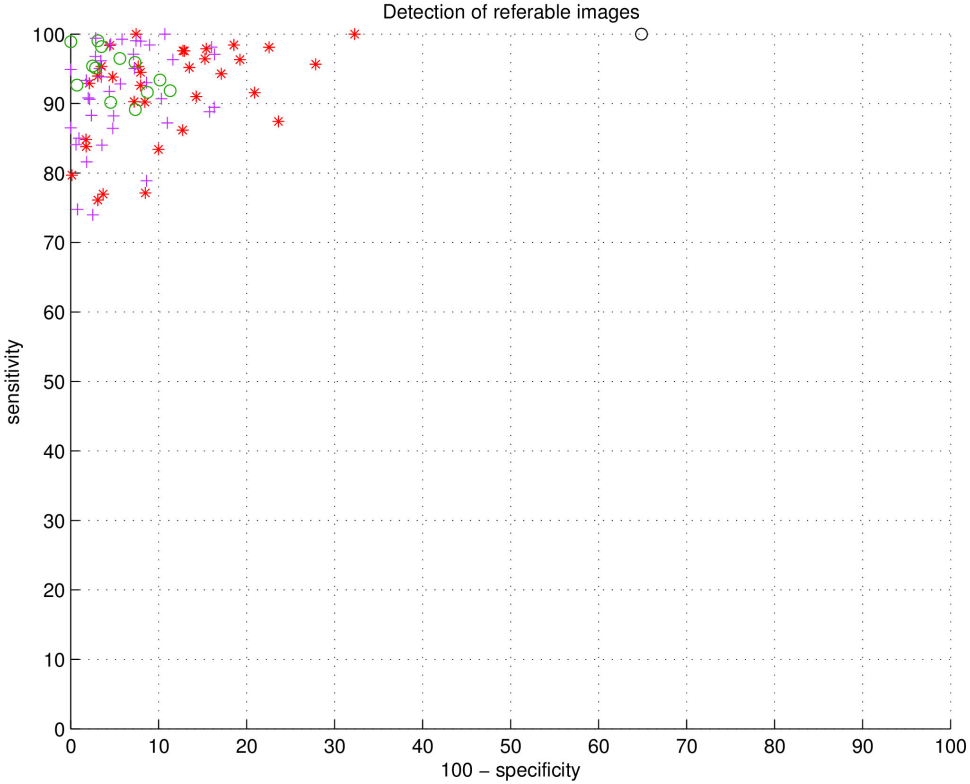
Objective	Current Status
	A paper by Dr K Goatman (Aberdeen University) on the "EQA for image grading in the Scottish Diabetic Retinopathy Screening Programme" was recently published in the Diabetic Medicine Journal (DME-2011-00339). A demonstration of the Scottish DRSP EQA system can be seen at http://www.abdn.ac.uk/eqa (username: demo password: test)
5. To ensure that the screening programme meets the requirements of NHS QIS for Training and Accreditation of Staff by facilitating the City and Guilds certification in Scotland and offering Slit Lamp Examiner training and accreditation.	We continue to facilitate the registration and accreditation of staff through the City &Guild level 3 Certificates and the Diploma in Diabetic Retinopathy Screening. There continues to be challenges in having a fully accredited workforce and the DRS collaborative continue to strongly encourage staff to complete the academic requirements. The DRS Collaborative have developed and approved a national standard for the training and accreditation of slit lamp examiners (SLE). Significant challenges remain in accreditation of SLE in remote and rural areas especially where there is no grading centre present. Discussion and debate continues about the high standards that have been set and how they can be achieved for all SLE across Scotland. In recognition of the commitment of staff members in achieving Slit Lamp Examiner status the DRS collaborative now issue an accreditation certificates. A full report on the current accreditation status of staff can be seen in Annex D of this report.
6. To maintain communication within the DRS Collaborative by launching a new DRS website, organising DRS management group meetings on a quarterly basis and an In-Service training day for all staff in November. We will continue to minimise cost, travel and make the most efficient use of staff time by webinar, website, teleconference and videoconferencing technologies.	The Collaborative use the national WEBEX and BT Meet Me tools to facilitate desktop conferencing and teleconference meetings where possible. These have been successfully used this year in place of face to face meetings for the IT Users Group and to allow the Lead clinicians to review the outcome report for each of the EQA rounds. These tools make best use of time and reduce travel as well as cost. The Collaborative will also make best use of traditional VC and teleconference facilities where available. Ongoing communication is maintained through the regular meetings of the 4 sub-groups and the Executive as well as regional meetings where appropriate. There is regular communication with all health boards and the IT systems suppliers on the IT Issues and this is mostly conducted via e-mail and teleconference. The DRS Collaborative held a training day for all staff on Tuesday 13th November. See Annex I of this report for feedback from the training day. There will be an in-service training day offered for DRS staff in 2014. The collaborative also maintains a new website www.ndrs-wp.scot.nhs.uk.
7. To develop the national screening programme by implementing a national automated grading system through computerised image analysis. The throughput of the system is to be extended to cover as much as possible of the Level 1 work-list.	The Collaborative was previously successful in the business case made to NSD and the Public Health Portfolio Management Group (PHPMG) for the funding of a national automated grading system. The system was installed on a virtual hardware platform based in the ATOS data centre. The system was made fully available to all health boards apart from NHS Ayrshire & Arran who declined to part fund it because of current contractual arrangements with their Optometrist screener/graders. The autograding system has been a welcome boost to DRS grading capacity as the diabetic population continues to rise. The auto-grader participates in Internal and External Quality assurance and performs as a cautious grader with a low specificity. The auto-grader was re-developed in Aug 2013 as a Level 0 (zero) grader to prevent an increase in grading results to the Level 2 graders occurring. The support company were however unable to successfully make the changes required and an alternative supplier was eventually found.

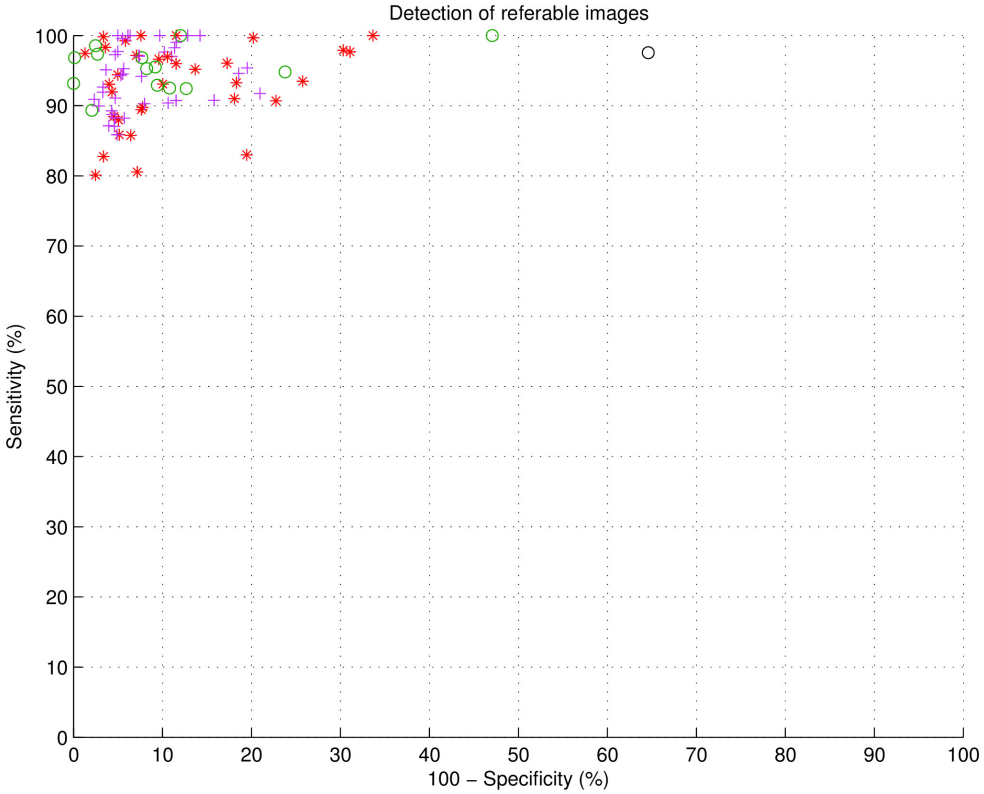
Objective	Current Status
	The interface was re-developed as a L0 (zero) grader and was fully operational by March 2014. At the time of writing (April 2014) the system is processing between 500-600 patient cases per day over 7 days per week. This gives a capacity to process between 180,000 – 216,000 patient episodes per annum or the entire Level 1 grading queue for Scotland. The auto-grader has been show to return results of 47% R0/M0 so can therefore finalise just under half of the grading workload prior to Level 1 manual grading. The latest EQA rounds results from 2013 which show the results of the auto-grader in EQA are attached as Annex B to this report.
8. To enhance communication with patients by developing a new patient leaflet, investigating electronic communications with patients and care providers, and working with ethnic minority support teams.	A new patient leaflet was developed and sent out to all patients in conjunction with NHS Health Scotland. The leaflet will be regularly reviewed and is also available in several languages or in easy read versions. A copy of the leaflet is attached as annex K to this report. A new patient's information video was developed by NHS Tayside for all NHS boards to use. The short video is available in several languages, is subtitled and its available in sign language versions. The video is available to see at – http://www.nhsinform.co.uk/Screening/diabeticretinopathy/takingthetest We are also working with the 'My Diabetes-My Way' patient portal team from SCI-Diabetes to merge our results with other diabetes data. The system has so far shown great promise and the limited number of patients who are currently piloting this system can access all of their DRS results and letters on-line via this portal. We believe this will become an important and vital part of any future development of the DRS system. Ongoing development is required and being undertaken prior to developing a business case. The DRS Collaborative already work closely with the Minority Ethnic Health Inclusion Service (MEHIS) in NHS Lothian to analyse DRS screening data to detect inequality of screening provision. See Annex G of this report regarding a recent project with MEHIS to increase minority ethnic uptake in NHS Lothian.
9. To undertake short, medium and long term planning to take into account the changing landscape of DRS screening activities i.e. OCT, screening interval, risk based patient recall and national eHealth policies. We will work in partnership with other diabetic retinopathy screening programmes in the 4 nations.	A DRS programme progression and planning roadmap for 2012 and beyond was drafted. This document outlines the proposed planned (and possible) significant events for the DRS collaborative in the years ahead. There are also some events with unknown timescales but these can be anticipated to impact DRS. The key early events that have occurred 2013 are – Soarian contract extension, L1 Auto-grader, Internet Explorer 8.0 Upgrade to Soarian, L2 to L3 grader. See Annex L of this annual DRS report for planning roadmap for 2014. The Northern Ireland (NI) DRS screening programme requested assistance with grading in early 2014. A short project was established and 6 laptops were hand delivered to the Scottish Programme with 3500 patient episodes for grading. This grading was carried out as overtime work for experienced Level 2 graders - funded by Northern Ireland.
10. The Lead Clinician, Coordinator and System Specialist are to visit health board areas and meet with DRSP teams in order to provide support on specific local issues related to the provision of the DRS Service to agreed national standards.	Visits were carried out to NHS Grampian, NHS Tayside, NHS Lothian, NHS Dumfries & Galloway, NHS Highland and NHS Greater Glasgow. Further visits to Health Board areas are planned for the remainder of this year and will be undertaken when the opportunity arises. It is likely that all of the Health Boards won't be visited prior to the end of the business year and these visits will therefore be carried into 2014 Its anticipated that a series of regular visits be undertaken on a rolling basis across Scotland.

Summary Key Performance Statistics (for fully detailed information refer to DRS Collaborative Q4 KPI statistics reports for 2013)

DRSP Key performance report for **Q4 2013** as at 01 April 2014. (All patient numbers are taken from Soarian)			DRSP performance **Q4 2012** as at 01 April 2013.	DRSP performance **Q4 2011** as at 01 April 2012.
Start date	**01 Apr-13**		01 Apr-12	31 Mar 11
Reference date	**01-Apr-14**		01-Apr-13	01-Apr-12
Total Diabetic Population aged 12 and over on Soarian (KPI 0)	287,481		275,061	263,838
Total number of people who are permanently suspended (KPI 0)	18,558		16,801	15,001
Total number of people who are temporarily suspended (KPI 0)	26,488		24,577	25,696
Eligible population as at 01 April 2012 (KPI 0)	247,017		237,333	227,380
Number of individuals attending at least once (KPI 2) - QIS Target is **80%**	199,268	**80.7%**	184,617 (77.8%)	180,431(79.4%)
Total number of the current eligible population successfully screened (KPI 4)	194,480	**78.7%**	178,559 (75.2%)	174,417 (76.7%)
Remaining population not suspended or successfully screened.	52,537	**21.3%**	52,716 (22.2%)	52,963 (22.3%)
Number of referrals to Ophthalmology on account of Retinopathy (KPI 13)	7,762	**3.7%**	6,834 (3.6%)	6,547 (3.5%)
Episodes for which written report is less than or equal to 20 working days. (KPI 9) - QIS Target is **80%**	20,3851	**93.9%**	198,863 (94.7%)	196,061 (89.7%)

Summary of Receiver operator characteristic (ROC) plots for grader sensitivity/specificity in detecting referable images. Level 1 graders are shown by red asterisks, Level 2 by magenta crosses and Level 3 by green circles. The black circle indicates the performance of the auto-grader. Detailed reports are provided for each round.





Results from Spring 2013 on the left and Autumn 2013 are on the right. These reports were provided by Dr Keith Goatman – Aberdeen University.

Automated Grader – for the Spring EQA round it achieved a sensitivity of 100% (correctly identifying all the M2, R3, R4 and R6 images) and specificity of 35.1%. For the Autumn round it achieved a sensitivity of 97.6% with a specificity of 35.4%.

Details for NSD return re Financial year 1314

Diabetic Retinopathy Screening Collaborative
Budget Report Year Ended 31st March 2014
National Services Division

	Budget £	Actual YTD £	Variance £	
Salaries & Wages				
Lead Clinician	22,800	22,800	0	Dr Styles
IT Systems Specialist	45,750	45,750	0	Neville Lee
Co-ordinator [Band 7]	49,400	49,400	0	Mike Black
Education & Training	4,230	4,230	0	Tayside SLA
Supplies & Services				
Computer/Office Equipment	960	960	0	furniture/broadband fob/purch telecoms equip/mobile charges/laptop/website developme
Stationery/Printing Supplies	149	149	0	printing/stationery/books
Travel Expenses	2,664	2,664	0	
Facilities Booking	12,163	12,163	0	BT Meet-Me conferences/subsistence/hotels
External Quality Assurance	10,000	10,000	0	EQAs
Autograding	112,250	112,250	0	Autograding
Agreed adj at year-end re u/spend	9,085	9,085	0	Agreed adjustment - this underspend will be carried over into 1415, therefore the payments to be paid by NSD in 1415 will be reduced by this amount.
Total Expenditure	**269,451**	**269,451**	**0**	
Adhoc Income	-3,405	-3,405	0	Invoices raised by DRS relating to overtime and hardware
Funded by:				
Payments from NSD 1314		-258,099		
Opening accrual reversal re 1213		-7,952		This is in respect of an under spend in 1213. An agreed adjustment with NSD allowed this underspend figure to be used in 1314, therefore the payments from NSD paid in 1314 were reduced by this amount.
		-269,456		

Annual Training Report 2013-2014

The table below demonstrates the number of candidates in each Health Board region who are currently undertaking the City & Guilds Diploma, the number of probationer slit lamp examiners, the number who have been awarded the accreditation and the number who have re-registered.

Health Board	City & Guilds Diploma Candidates registered and currently undertaking qualification	SL examiner probationer	SL award attained	SL re-registration
Ayrshire & Arran	8	0	0	0
Dumfries & Galloway	3	0	1	0
Fife	1	0	2	1
Forth Valley	6	0	0	0
Glasgow	11	0	1	0
Grampian	1	0	1	0
Highland	5	NA	NA	0
Lanarkshire	1	1	4	0
Lothian	3	0	1	0
Orkney	0	NA	NA	0
Shetland	0	NA	NA	0
Tayside	1	1	2	0
Western Isles	2	NA	NA	0

Annex D to DRS Annual Report 2013 -14

The table below details the total number of candidates who have attained the City & Guild Diploma in Diabetic Retinopathy Screening each year since 2008.

Year	City & Guilds Diploma Completed
2008	1
2009	8
2010	25
2011	20
2012	59
2013	1

Items to note

- There has been a significant increase in the number of people attaining the slit lamp examiner's award.
- A Training Competency Framework has been ratified by the Executive Group in 2013-14.
- The Service Manager's Group have compiled competencies for Retinal Screeners and it is intended these will be added as addenda to the Competency Framework.
- The DRS Lead Clinician has been informed via the Four Nations Group that the City & Guild qualification is to finish in December 2016. Candidates will be allowed to register for the award until that date and be given up to three years to complete the award. In addition, a Certificate of Higher Education in Diabetic Retinopathy Screening has become available and is awarded by the University of Gloucestershire, in partnership with Gloucestershire Hospitals NHS Foundation Trust. The award is equivalent to 120 CAT points at level 4. Currently the award is aimed at personnel employed outside of the United Kingdom although if candidates are working within the digital diabetic retinopathy screening in the United Kingdom may also apply. For those United Kingdom candidates, the City & Guilds qualification is a pre-requisite for the Certificate of Higher Education. It should be noted the cost of this course is significantly higher than that of the City & Guild award.

DRS Programme Resources, Staffing and Models of delivery - 2013

1. Programme Information					
1.1 Health Board Name	**Ayrshire & Arran**	**Borders**	**Dumfries & Galloway**	**Forth Valley**	**Fife**
1.2 Programme Board Coordinator	Dr James McHardy, Consultant in Public Health Medicine, Afton House, Ailsa Hospital, Jim.Mchardy@aapct.scot.nhs.uk, Tel 01292 515866	Dr. Tim Patterson Consultant in Public Health Medicine Newstead Melrose TD6 9DA 01896 825517 Tim.patterson@borders.scot.nhs.uk	Dr David Breen, DRS Board co-ordinator Tel: 01387 272 724 email: david.breen@nhs.net	Dr Oliver Harding, Consultant in Public Health Medicine, Carseview House, Stirling, 01786 457265 oliver.harding@nhs.net	Dr Charles Saunders , DRS Board Co-ordinator Email: charles.saunders@nhs.net
1.3 Accountable clinical lead	Dr Mohan Varikkara, Consultant Ophthalmologist Mohan.Varikarra@aaaht.scot.nhs.uk, Tel 01563 527040	Dr Karen Madill Consultant Ophthalmologist PAEP ,NHS Lothian Chalmers Street Edinburgh EH3 9HA 0131 533712 Karen.madill@nhslothian.scot.nhs.uk	Dr Brian Power, DRS Service Lead Clinician Tel: 01387 246246 email: brian.power@nhs.net	Dr John Doig. John.doig@nhs.net 01324 566346 (Secretary)	Dr Caroline Styles, DRS Lead Clinician Telephone: 01592 623623 ext 3853. Email: caroline.styles@nhs.net
1.4 Service Manager	Diane Smith, Diabetes MCN Manager/Retinal Screening Facilitator, diane.smith@aapct.scot.nhs.uk, Tel 01294 323470	Ms Norah Grant DRS Service Manager E3, PAEP, Chalmers Street Edinburgh EH3 9HA Norah.grant@luht.scot.nhs.uk 0131 536 3928	Jane Carrick, DRS Service Manager Tel: 01387 244310 email: jane.carrick@nhs.net	Lorraine Fowler, Diabetes Systems Administrator, Stirling Community Hospital, Livilands Gate, Stirling, FK8 2AU. Lorraine.fowler@nhs.net . 01786 434169.	Karen Gibb, Service Manager Telephone: 01592 653334 Email: karengibb@nhs.net
1.5 Location	Room 745, 2nd Floor, Administration Building, Ayrshire Central Hospital, Kilwinning Road, Irvine KA12 8SS	DRS Service E3, PAEP, Chalmers Street Edinburgh EH3 9HA 0131 536 4145	Diabetic Retinopathy Screening Service, Cairnsmore East, Crichton Hall, Bankend Road, Dumfries DG1 4TG Tel: 01387 244228 email: ann.weir@nhs.net or Tel: 01387 244325 email: kym.cowan@nhs.net	Diabetes Unit, Stirling Community Hospital, Livilands Gate, Stirling, FK8 2AU. 01786 434169. Forth Valley Royal Hospital, Level 2, J block, Stirling Road, Larbert - 01324 566928	NHS FIFE DIABETIC RETINOPATHY SERVICE, Ward 8, Cameron Hospital, Windygates, Fife, KY8 5RRk. Tel: 01592 226852
1.6 Referral Centres	Ayr Hospital, Crosshouse Hospital, Inverclyde Royal Hospital,	Eye Centre, Borders General Hospital (BGH)	Ophthalmology Department, D&G Royal Infirmary, Bankend Road, Dumfries DG1 4AP Tel: 01387 246246 Ophthalmology Department, Galloway Community Hospital, Stranraer DG9 7HX Tel: 01776 707707 Ophthalmology Department, 4 Warrell Drive, Rosehill, Carlisle Tel: 01228 602780 or 01228 814366	Ophthalmology Dept, Falkirk Community Hospital, Westburn Avenue, Falkirk. OCT Clinic – Ophthalmology Dept, Falkirk Community Hospital, Westburn Avenue, Falkirk	Queen Margaret Hospital, Whitefield Road, Dunfermline,KY12 0SU Victoria Hospital, Hayfield Road, Kirkcaldy,KY2 5AH Ninewells Hospital, Dundee, DD1 9SY

1.7 Biomicroscopy arrangements	Slit lamp examination carried out by all accredited Optometrists at 26 Optometry Practices immediately following photograph. If screening is deemed ungradable at the Diabetic Clinics, patients are sent an invitation to make an appointment with an accredited Optometrist for biomicroscopy. Slit Lamp is also carried out at HMP Bowhouse.	Either an appointment is made for them in a slit lamp clinic at the BGH or they are asked to make an appointment with a local optometrist, choosing from a list of participating optometrists provided.	2 static sites Site 1 provides a one stop photo +- slit lamp bio microscopy same day appt. Site 2 provides a one stop photo + S/L appt as above for 50% of patients and the other 50% require a second invite to a S/L clinic (usually the first Friday of the Month) Mobile service patients require a second appointment for bio microscopy at site 2. Appt usually within 4 weeks as there is a clinic first Friday of the month.	Patients with ungradable or unobtainable images following camera screening are examined in a slit lamp clinic. There are 3 slit lamp clinics per week in NHS Forth Valley. Two clinics are held in Forth Valley Royal, Outpatients Dept, Stirling Road, Larbert and one other clinic held in Stirling Community Hospital, Livilands Gate, Stirling., FK8 2AU.	3 slit lamp site across fife patients are referred according to area
1.8 Health Board GP Practices	56	25	37	57	58
1.9 Screening GP Practices	57	25	37	57	58

2. Delivery Model					
	Ayrshire & Arran	**Borders**	**Dumfries & Galloway**	**Forth Valley**	**Fife**
2.1 Programme structure/ model	Patients are invited to make an appointment for screening when their recall date is imminent. They are sent an invitation letter and list of Opticians including the hospital sites to choose from. 26 Optometry Practices providing digital screening and Biomicroscopy. 2 Hospital sites providing digital screening. External Agencies, Visioncall, Healthcall, First Sight Opticians all carry out Domiciliary visits only. JR Shaw Optometrists carry out Slit Lamp examinations at HMP Bowhouse	The programme is delivered using 1 mobile camera visiting various GP practices and NHS Borders premises. Slit lamp bio-microscopy is done by an ophthalmologist at the BGH or one of 17 community optometrists throughout the Borders. The optometrists are being used on a short term basis to help with a backlog.	Brief summary of how screening is delivered, including: - number of photographic static sites - 3 - mobile – 1 van covering 20 G.P. practices, at 22 locations due to branch surgeries - number of bio microscopy sites – 2, one in Dumfries, one in Stranraer - whether any independent/external provider is used – No	People with diabetes within Forth Valley are invited to attend an annual retinal screening examination from the age of 12 onwards. There are 2 static photographic sites – Stirling Community Hospital has the capacity to screen 129 patients per week and Forth Valley Royal Hospital has the capacity to screen 153 patients per week. Forth Valley has 3 slit lamp clinics with the capacity to examine 45 patients per week, an OCT clinic with the capacity to examine 13 patients per week and an Ophthalmology clinic which can examine 7 laser patients or 12 review patients per week. There is no mobile service within Forth Valley.	<u>Fundus Photography</u> The service has fixed cameras at Victoria and Queen Margaret Hospitals and a mobile camera which visits 11 further locations Fife At each of the Fixed sites 39 patients are appointed a day and 28 patients appointed at a mobile on average. At the Victoria Hospital and Queen Margret Hospital clinics are run 5 days a week, Mobile locations are governed by the number of patients due and the availability of rooms as 9 of our locations are within GP surgeries. The images are graded and the results sent out. <u>Biomicroscopy</u> If the patient requires biomicroscopy an appointment is made and sent out requesting the patient attend 1 of the 3 sites where we provide biomicroscopy. These are Victoria and Queen Margaret Hospitals plus Cupar Health Centre. Once a patient has been appointed to biomicroscopy they are recalled there every year rather than Fundus Photography. The only exception to this is when they patient are discharged back from ophthalmology.

					Slit lamp examinations are preformed by the Level 2 graders/ SL examiner. We currently see 20 patients at the Victoria and Queen Margaret Hospitals sites and 17 at Cupar Health Centre
2.2 Cameras Used	22 Topcon TRCNW6 with Nikon D70S 3 Topcon 3D-OCT with Nikon D7000 3 Topcon TRCNW6 with Nikon D80S 1 Topcon TRCNW8 with Nikon D90 1 Kowa Keeler Nonmyd 7 with Nikon AS15	1 Canon CR-DGi fundus cameras with Canon EOS 10D digital back.	4 cameras 3x Topcon TRC NW6S with Nikon D70 1x Topcon TRC NW6S with Nikon D80	There are 2 cameras supplied by Topcon – TRC NW6S with Nikon D70 digital camera backs.	3 x Canon CR-DGI Fundus Camera backs 3 x Canon EOS 20D Digital Camera 2 camera's and backs changed in Feb 13 to 2 x Canon CR-DGI2 Fundus Camera backs 2 x Canon EOS 60D Digital Camera
2.3 Workforce Information	Service Manager 1 Administrator 1 L3 Graders 2 L2 Graders 4 L1 Graders 32 Retinal Photographers 40	1 Service (Programme) Manager 3.9 Administrators 1 screener 4 Level 1 graders 3.8 level 2 graders 3 level 3 graders working part time I ophthalmologist working 0.2	Brief summary of workforce to deliver programme administrators - 0.8 retinal photographers – 3 (2 also L2 graders) graders – 2x L2 + 1x L3 Slit Lamp Examiners – 1 (also screener/grader L2)	The workforce to deliver retinal screening within Forth Valley includes: 6 Part time retinal photographers 3 Part time administrators 2 Level 1/2 graders 1 Level 3 grader 2 Slit lamp examiners	0:2 WTE Level 3 Grader/SL examiners (Associate Specialist attached to service) 1:6 WTE Level 2 grader/SL examiners (0:8 WTE On mat leave from April 12 – Jan 13) 1 :5 Screener/Level 2 grader 1:0 WTE Screener (trainee Level 1 grader) 1:0 WTE System Administrator (Full Time) 1:0 WTE DRS Administrator (30hrs) 0:5 WTE Booking clerk (18.5hrs)

2. Delivery Model

	Ayrshire & Arran	Borders	Dumfries & Galloway	Forth Valley	Fife
2.4 Retinal Screeners		A – current screener, part time, passed units 306, has sent 304 and 305 in for marking 303 ready to mark by local assessor, 302 in progress, 301 still to do.	A – current screener, full time, passed units 301,302,304,305 & 306 and has 303 ready to mark with online exam proposed to take on 12/05/2010	Screener 1 – Current, part-time – Units 301 & 302 completed and passed. Screener 2 – Current, part-time – Units 301 completed and passed. Screener 3 – Current, part-time – Unit 301 & 302 completed and passed. Screener 4 – Current, part-time – Units 301 & 302 completed and passed. Screener 5 – Current, part-time – No C& G units completed.	Current 1 x Full time Screener pass 304, 305, 306 1 x Full time Screener, pass 304, Commenced July 09 2 x Part Time Screener pass 304, 305, 306 1 x Full time Screener, undertaking C&G, Commenced Jan 10

Optom 1	Part	306,307,308
Optom 2	Part	306,307,308
Optom 3	Part	Re-registered
Optom 4	Full	306,307,308
Optom 5	Full	306,307,308
Optom 6	Full	306,307,308
Optom 7	Full(Mat leave Jan 2013)	306,307,308
Optom 9	Full	306,307,308
Optom 10	Part	306,307,308
Optom 11	Part	306,307,308
Optom 12	Part	306,307,308
Optom 13	Full	306,307,308
Optom 14	Full	306,307,308
Optom 15	Full	306,307,308
Optom 16	Part	Re-registered
Optom 17	Part	306,307,308
Optom 18	Full	306,307,308
Optom 19	Part	306,307,308
Optom 20	Part	306,307,308
Optom 21	Full	Re-registered
Optom 22	Part	306,307,308
Optom 23	Full	306,307,308
Optom 24	Part	306,307,308
Optom 25	Full	306,307,308

	Optom 26	Part	306,307,308			Screener 6 - Current, part-time – No C & G units completed	
	Optom 27	Part	306,307,308				
	Optom 28	Part	306,307,308				
	Optom 29	Full	306,307,308				
	Optom 30	Part	306,307,308				
	Optom 31	Part	306,307,308				
	Optom 32	Part	306,307,308				
	Optom 33	Full	306,307,308				
	Optom 35	Full	Registered				
	Optom 36	Full	New-not registered				
	Optom 37	Full	Registered				
	Optom 38	Part	New-not registered				
	Photo 1	Full	301,302,303,304,305,306				
	Photo 2	Part	301,302,303,304,305,306				
	Photo 3	Full	303 Remainder re-registered				
	Photo 4	Full	301,302,303,304,305,306,307				
2.5 Retinopathy Graders	Optom 1	Part	L1	306,307,308	B – current screener/grader L2, full time, passed Diploma C - current screener/grader L2, full time, passed Diploma	B – current screener/grader L2, part time, passed Diploma C - current screener/grader L2, part time, passed Diploma D – current screener/grader L2, part time, passed unit 306 still to undertake units 307 & 308	Grader 1 – Current, part-time – Units 301,302, 307 & 308 completed and passed. Qualified in Slit Lamp Accreditation. Grader 2 – Current, part-time – C & G Completed completed. Grader 3 – Current, part-time - C & G not required.	Current 1 x Level 3 Grader (Associate Specialist attached to service) 4x Level 2 Grader pass 303, 307, 308 1 x Full time Level 1 Grader, Commenced July 10 Non-Current
	Optom 2	Part	L1, L2	306,307,308				
	Optom 3	Part	L1	Re-registered				
	Optom 4	Full	L1	306,307,308				
	Optom 5	Full	L1, L2	306,307,308				
	Optom 6	Full	L1	306,307,308				
	Optom 7	Full(Mat leave Jan 2013)	L1	306,307,308				
	Optom 9	Full	L1	306,307,308				
	Optom 10	Part	L1	306,307,308				
	Optom 11	Part	L1	306,307,308				
	Optom 12	Part	L1	306,307,308				
	Optom 13	Full	L1,L2	306,307,308				
	Optom 14	Full	L1	306,307,308				
	Optom 15	Full	L1	306,307,308				
	Optom 16	Part	L1	Re-Registered				
	Optom 17	Part	L1	306,307,308				
	Optom 18	Full	L1	306,307,308				
	Optom 19	Part	L1	306,307,308				
	Optom 20	Part	L1	306,307,308				
	Optom 21	Full	L1	Re-Registered				
	Optom 22	Part	L1	306,307,308				
	Optom 23	Full	L1	306,307,308				
	Optom 24	Part	L1	306,307,308				
	Optom 25	Full	L1 L2	306,307,308				
	Optom 26	Part	L1	306,307,308				
	Optom 27	Part	L1	306,307,308				
	Optom 28	Part	L1	306,307,308				
	Optom 29	Full	L1	306,307,308				
	Optom 30	Part	L1	306,307,308				
	Optom 31	Part	L1	306,307,308				
	Optom 32	Part	L1	306,307,308				
	Optom 33	Full	L1	306,307,308				
	Optom 35	Full	L1	Registered				
	Optom 36	Full	L1	Not registered				
	Optom 37	Full	L1	Registered				
	Optom 38	Part	L1	New-not registered				
	Ophth 1	Part	L3	N?A				
	Ophth 2	Part	L3	N?A				
2.6 Slit Lamp Examiners	Optom 1	Part	306,307,308		C - current screener/grader L2, SLE, full time, passed Diploma	C - current screener/grader L2, SLE part time, passed Diploma D – current screener/grader L2, SLE part time, passed unit 306 still to undertake units 307 & 308	Examiner 1 – Current, part-time – Level 1-2 grader, Units 301,302, 307 & 308 completed and passed. Examiner 2 – Current, part-time – Level 1-2 grader, C & G units completed and passed	Current 1 x Level 3 Grader (Associate Specialist attached to service) 2 x Part time Level 2 Grader pass 303, 304, 305, 307, 308
	Optom 2	Part	306,307,308					
	Optom 3	Part	Re-Registered					
	Optom 4	Full	306,307,308					
	Optom 5	Full	306,307,308					
	Optom 6	Full	306,307,308					
	Optom 7	Full(Mat leave Jan 2013)	306,307,308					
	Optom 9	Full	306,307,308					
	Optom 10	Part	306,307,308					
	Optom 11	Part	306,307,308					

	Optom 12 Part 306,307,308 Optom 13 Full 306,307,308 Optom 14 Full 306,307,308 Optom 15 Full 306,307,308 Optom 16 Part Re-Registered Optom 17 Part 306,307,308 Optom 18 Full 306,307,308 Optom 19 Part 306,307,308 Optom 20 Part 306,307,308 Optom 21 Full Re-Registered Optom 22 Part 306,307,308 Optom 23 Full 306,307,308 Optom 24 Part 306,307,308 Optom 25 Full 306,307,308 Optom 26 Part 306,307,308 Optom 27 Part 306,307,308 Optom 28 Part 306,307,308 Optom 29 Full 306,307,308 Optom 30 Part 306,307,308 Optom 31 Part 306,307,308 Optom 32 Part 306,307,308 Optom 33 Full 306,307,308 Optom 35 Full Registered Optom 36 Full Not registered Optom 37 Full Registered Optom 38 Part New -not registered				
2.7 Screening GP practices	57	37	35	57	58

1.1 Health Board Name	Grampian	Greater Glasgow	Highland	Lanarkshire	Lothian
1.2 Programme Board Coordinator	Dr Mike Crilly MD MPH MRCGP MFPHM Senior Lecturer in Clinical Epidemiology University of Aberdeen Medical School Polwarth Building at Foresterhill Aberdeen Scotland AB25 2ZD michael.crilly@nhs.net	Dr Emilia Crighton, DRS Board Co-ordinator Telephone: 0141 2014747 Email: emilia.crighton@ggc.scot.nhs.uk	Dr Roderick Harvey DRS Board Co-ordinator, NHS Highland 6th Floor, Raigmore Hospital, Old Perth Road, Inverness IV2 3UJ Email: Roderick.harvey@nhs.net Tel: 01463 705640	Dr David Cromie Consultant in Public Health Medicine Department of Public Health NHS Lanarkshire 14 Beckford Street Hamilton ML3 0TA 01698 206336 david.cromie@lanarkshire.scot.nhs.uk	Dr. Joy Tomlinson Consultant in Public Health Medicine Deaconess House 148, Pleasance Edinburgh EH8 9RS joy.tomlinson@nhslothian.scot.nhs.uk 0131 536 9162
1.3 Accountable clinical lead	Dr John Olson, DRS Service Lead Clinician, David Anderson Building, Foresthill Rd, Aberdeen AB25 2ZP Telephone: 01224 555538. Email: john.olson@nhs.net	Dr William Wykes, DRS Service Lead Clinician Telephone: 0141 201 1582. Email: william.wykes@ggc.scot.nhs.uk	Dr Roderick Harvey, details as above.	Dr Meena Virdi Consultant Ophthalmologist Lead Clinician for Diabetic Screening Hairmyres Hospital Hairmyres East Kilbride Tel: 01355 584652 Meena.Virdi@lanrkshire.scot.nhs.uk	Dr Karen Madill Consultant Ophthalmologist PAEP ,NHS Lothian Chalmers Street Edinburgh EH3 9HA 0131 533712
1.4 Service Manager	Margaret Bruce, Retinal Screening Manager, David Anderson Building. Foresterhill Rd Aberdeen AB25 2ZP Telephone: 01224 550198. Email: m.bruce@nhs.net	David Sawers, Retinal Screening Manager Telephone: 0141 211 4754. Email: david.sawers2@ggc.scot.nhs.uk	Lisa Steele Service Manager, NHS Highland Diabetic Centre, Centre for Health Science, Old Perth Road, Inverness IV2 3JH Email: lisa.steele@nhs.net Tel: 01463 255938	Anne Dougan Retinal Screening Team Leader Administration Office Administration Building Coathill Hospital Coathill Coatbridge ML5 4DN 01236 707150 Ann.Dougan2@lanarkshire.scot.nhs.uk	Ms Norah Grant DRS Service Manager E3, PAEP, Chalmers Street Edinburgh EH3 9HA Norah.grant@luht.scot.nhs.uk 0131 536 3928
1.5 Location	David Anderson Building Foresterhill Road Aberdeen AB25 2ZP	Administrative centre address – Screening Department, 1st Floor, Building 2, Templeton Business Centre, 62 Templeton Street, Glasgow G40 1DA	Diabetic Retinal Screening Centre for Health Science Old Perth Road Inverness IV2 3JH Tel Patient Booking Services on 0800 5877198	Administration Office Administration Building Coathill Hospital Coathill Coatbridge ML5 4DN 01236 707160 / 0845 337 3341	DRS Service E3, PAEP, Chalmers Street Edinburgh EH3 9HA 0131 536 4145
1.6 Referral Centres	Aberdeen Eye Clinic, Foresterhill Hospital. Dr Grays Hospital Elgin. Chalmers Hospital Banff. Jubilee Hospital Huntly. Turner Hospital Keith. Seafield Hospital Buckie.	Ophthalmology Departments at the following – Stobhill Hospital, Victoria Infirmary, Southern General Hospital – all in Glasgow Royal Alexandra Hospital, Paisley; Inverclyde Royal Hospital, Greenock; Vale of Leven District General Hospital.	North Highland patients are referred to: Raigmore Hospital Inverness but can be seen at any of the peripheral hospital sites in Golspie, Wick, Fort William and Portree, depending on the nearest venue and treatment required. Argyll & Bute patients are referred to: Campbeltown Hospital Dumbarton Health Centre Dunaros Hospital, Isle of Mull Dunoon General Hospital Inverclyde Royal Hospital, Greenock Mid Argyll Hospital, Lochgilphead Victoria Hospital, Rothesay Lorn & Isles DGH, Oban Gartnavel General, Glasgow Southern General, Glasgow	Ophthalmology Department Hairmyres Hospital Eaglesham Road East Kilbride Ophthalmology Department Wishaw General Hospital Netherton Road Wishaw Ophthalmology Department Monklands District General Hospital Monkscourt Drive Monklands Airdrie	Princess Alexandra Eye Pavilion, Edinburgh St. John's Hospital, Livingston.
1.7 Biomicroscopy	Technical failure examinations are performed at the following locations:	People with unobtainable or un-gradable images are assessed by slit-	North Highland patients are referred to an Optometrist based slit lamp	Patients with a status of technical failure following photography, receive	An appointment is made for patients in a slit lamp clinic at one of the

arrangements	All Aberdeen City residents are assessed at the David Anderson Building. Moray patient are offered a location closer to home and can may be booked into any of following venues: Leanchoil Hospital Forres. Dr Grays Hospital Elgin Jubilee Hospital Huntly Chalmers Hospital Banff Seafeild Hospital Buckie Turner memorial; Hospital Keith	lamp biomicroscopy. These clinics are held weekly at Gartnavel General Hospital, Victoria Infirmary, Southern General Hospital and Glasgow Royal Infirmary – all in Glasgow, New Sneddon Street Clinic, Paisley and as required at Greenock Health Centre and Vale of leven Distric General Hospital. Ophthalmologists deliver the slit lamp clinics at Glasgow Royal Infirmary and at Royal Alexandra Hospital, Paisley. Al slit lamp clinics are delivered by optometrists or by a nurse trained in slit lamp examination.	clinic in the following sites, depending on their nearest venue for referral: At Centre for Health Science, Inverness Lawson Memorial Hospital in Golspie Portree Hospital Belford Hospital in Fort William Caithness General Hospital in Wick Argyll & Bute patients are referred for a slit lamp examination into the Ophthalmology departments detailed above at item 1.6.	a letter to inform them that images taken are ungradable and they have been put on a waiting list to have slit lamp examination carried out. There is a slit lamp service at each of the 3 static sites. There is 3 sessions of slit lamp carried out at each of the 3 static sites. (a total of 24 patients each week per site) = wte 0.3 per site. Technical failure at slit lamp will result in the patient being referred to ophthalmology. The slit lamp clinics see patients for recall and patients who are newly referred to slit lamp. The slit lamp clinics are run by Registered Nurses who have undergone specialised training in slit lamp examination. The slit lamp clinics can be increased or decreased depending on demand as it is organised wholly within the Diabetes Retinal Screening Service.	locations below, based on where they live. St John's hospital, Livinston PAEP, Edinburgh Roodlands Hospital, Haddington.
1.8 Health Board GP Practices	83	Approx 274	North Highland = 67 A&B = 34 Total GP practices = 101	98	126
1.9 Screening GP Practices	83	Approx 274	<u>North Highland</u> Patients are invited from the 12 Inverness based GPs to come for screening at DRS in Centre for Health Science, Inverness. DRS provide a mobile clinic based at the remaining 55 GP sites or nearest community hospital. <u>Argyll & Bute</u> DRS provide a mobile clinic based at three of the GP practices which are not accessible to a High Street Optometrist in the area. DRS control recall of patients for all 101 practices but in Argyll & Bute the remaining 31 practices have their patients invited to the nearest participating High Street Optometrist practice for screening.	98	126

2. Delivery Model					
	Grampian	**Greater Glasgow**	**Highland**	**Lanarkshire**	**Lothian**
2.1 Programme structure/ model	Screening is delivered through a combination of both mobile and static screening venues. The static site is used to screen patient who live within the City boundary. The mobile screening clinic visits GP practices in Aberdeenshire and Moray. Screening is carried out within the practice. Vehicles are for transportation of equipment only. One Static Site Three Mobile units Six slit lamp sites No independent or external provider is used.	All diabetics are initially appointed to a photography screening clinic. These are held at 4 hospital sites and at 17 other sites – clinics, health centres, screening vans, and GP surgeries. 5 of the photography sites are generally in use 52 weeks/year, and the other 16 sites are used as required, from 4 – 25 weeks/year. Optometrists are not used to deliver photography clinics. Diabetics who have unobtainable or ungradable images at photography are assessed by slit-lamp biomicroscopy. (If at the slit lamp clinic it is felt that gradeable images can be obtained in future then the diabetic's next appointment will be for photography.) Slit lamp biomicroscopy is delivered weekly at 4 hospital sites and at one other clinic site and less frequently at one other hospital site and at one other health centre site.	**North Highland** Static photographic sites = 1 based at DRS in CFHS, Inverness. **North Highland continued** Mobile clinics carried out at 55 GP locations in North Highland and/or nearest community hospital depending on room availability at the GP site. Photography is carried out by two full time NHS Highland retinal screeners. Slit lamp provision is provided at five sites detailed in item 1.7 and is carried out by an NHS Highland Optometrist. **Argyll & Bute** Mobile clinics are carried out at 3 GP sites in the area; Rothesay, Tignabruaich and Lochgoilhead. This is covered by the NHS Highland retinal screening team from Inverness. The remaining areas are serviced by static photographic sites provided via external contractors who are professionally qualified High Street Optometrists. The area is split into 8 sites:- Oban, Lochgilphead, Campbeltown, Tarbert, Helensburgh, Dunoon, Isle of Islay and Isle of Mull. Over the 8 sites, there are 15 registered external Optometrists providing photographic screening only. Slit lamp referrals for the Argyll & Bute area are seen across the 10 Ophthalmology sites detailed in item 1.6.	Administration office is responsible for booking, cancelling appointments. To improve patient attendance office staff are responsible for reminder phone calls to patient on week of appointment. Telephone helpline is open from 9am to 12md and from 1.30pm to 3.30pm. There are 4 static sites in Lanarkshire, which are Buchanan Centre in Coatbridge, Wishaw Health Centre in Wishaw and Central Clinic in Hamilton. There is a satellite site in Central Health Centre in Cumbernauld. Each of the main sites has 2 fundus cameras and 1 slit lamp. Cumbernauld has 1 fundus camera.	The programme is delivered using 3 static cameras, located in the main Diabetic Out Patient Departments, and 3 mobile cameras in a variety of GP Practices and Health Centres. The screeners are photographers employed by the NHS. All of the screeners in Lothian also grade at either level 1 or level 2. Slit lamp bio-microscopy is done in 3 hospital sites (see 1.7 above) and is done by a mix of NHS employees (currently optometrists and ophthalmologists though 2 of our photographers are in the process of training for this) and community optometrists paid by the session.
2.2 Cameras Used	2 new Canon CR2 digital retinal camera's 2 canon CR1 digital retinal camera's with 50 D digital back	Fundus cameras – 4 x Canon CR2, 5 x Canon CR-DGI, 4 x Canon CR6 Digital backs – 4 X Canon EOS Retina back, several Canon D30, 10D and 20D	**North Highland** 1x Canon CR6 45NM Serial No: 300621/Canon EOS 20D 1x Canon DGI Serial No: 310325/Canon EOS 20D 1x Canon DGI Serial No: 311286/Canon EOS 20D **Argyll & Bute** 1x Topcon NW65 Serial No:	7 x Retinal Camera Fundus Topcon NW6S 7 x Nikon AS15 3 x Nidek SL 450 biomicroscopy	6 Canon CR-DGi fundus cameras with Canon EOS 10D digital backs.

			2881612/Nikon D90 1x Keeler Kowa NonMyd 7 Serial No: 1602600062/Nikon D80 1x Keeler Kowa NonMyd 7 Serial No: 160260068/Nikon D80 1x Keeler Kowa NonMyd 7 Serial No: 1602600049/Nikon D80 1x Keeler Kowa NonMyd 7 Serial No: 1602600091/Nikon AF15 1x Keeler Kowa NonMyd 7 Serial No: 1602600057/Nikon D80 1x Topcon TRC/NW6S Serial No: 2881259/Nikon D80 1x Topcon NW6S Serial No: 2880004/Nikon D80 1x Topcon NW6S Serial No: 2881374/Nikon D80 1x Topcon NW6S Serial No: 2881347/Nikdon D80 1x Canon DGI Serial No: 311531/Canon 40D 1x Canon DGI Serial No: 300343/Canon 40D 1x Canon DGI Serial No: 311525/Canon 40D 1x Topcon NW6 Serial No: NK 1x Topcon NW8 Serial No: NK		
2.3 Workforce Information	2 Admin staff = 2 wte Administrators x 1 full time receptionist Administrators x 1 full time Both current	The service has – 1 service manager 1 nurse co-ordinator 8 (6 wte) admin staff 10 (9.0 wte) retinal photographers 1 (0.6wte) photographer/level 1 grader 4 (3.4 wte) photographers/level 2 graders 4 (1.1 wte) slit lamp examiners/level 2 graders 1 associate specialist ophthalmologist (0.8 wte) and 2 consultant ophthalmologists (approx 1 session/week each)	Service Manager: 1 Administrators: 0.5 Retinal Screeners: 1 x full time and 1 x 0.5 wte External Photographer/Screeners: 15 Slit Lamp Examiner: 2 x 0.5 wte (North Highland only) All grading work is provided externally by the grading centre in NHS Grampian.	Administration Assistant Band 2 1wte Administration Officer Band 3 1wte Retinal screener Band 3 0.8 wte Retinal screener Band 4 1wte Retinal Screener Band 4 1wte Retinal Screening Nurse Band 5 0.56wte Retinal Screening Nurse Band 5 0.69wte Retinal Screening Sp Nurse Band 6 0.8 Retinal Screening Sp Nurse Band 6 0.53 Retinal Screening Team Lead Band 7 1wte	1 Service (Programme) Manager 5 Administrators 3 screeners 4 Screeners/Level 1 graders 4 screeners/level 2 graders 3 level 3 graders 1 employed optometrist plus 2 community optometrists working as needed at slit lamp plus 2 ophthalmologist. working as needed at slit lamp .
2.4 Retinal Screeners	9 named screening staff = 8 wte (including service manager) all participate in photographic screening sessions as required to meet service needs. All current	6 screeners have completed the C&G Certificate 2 screeners have 1 unit outstanding 2 screeners have completed no units	Retinal Screeners: 1 x full time and 1 x 0.5 wte completed full diploma	Both band 4 retinal screener have completed City and Guilds diploma in retinal screening Band 3 retinal screener has registered to commence certificate in retinal screening.	1.0 screener nil C&G accredited 1.0 screener nil C&G accredited 1.0 screener nil C&G accredited

				2.8 wte spent on retinal photography	1.0 screener/Level 1 nil C&G accreditation 1.0 screener/Level 1 nil C&G accreditation 1.0 screener/Level 1 nil C&G accreditation 1.0 screener/Level 1 nil C&G accreditation 0.6 screener/Level2 nil C&G accreditation 1.0 screener/Level2 306 1.0 screener/Level2 nil C&G accreditation 1.0 screener/Level2 306 All of the above staff members are current.
2.5 Retinopathy Graders	**<u>Level 3 graders x 2 named = (0.3 wte)</u>** <u>Level 2 graders</u> – four staff from the screening team mentioned above, participate in level 2 grading, as required to meet service needs.(including service manager) All current All L2 Graders have completed the City and Guilds diploma.	Photographer/grader 1 – current, 0.6 wte, grading at level 1, passed units 302, 304, 306 and 307 Photographer/grader 2 – current, 0.9 wte, grading at level 2, passed units 306 & 308 Photographer/grader 3 – current, 0.5 wte, grading at level 2, completed DRS Diploma Photographer/grader 4 – current, full time, grading at level 2, completed DRS Diploma Photographer/grader 5 – current, full time, grading at level 2, completed DRS Diploma Ophthalmologist 1 – current, 0.8 wte, grading at level 3 Ophthalmologist 2 – current, 0.1 wte, grading at level 3 Ophthalmologist 3 – current, 0.1 wte, grading at level 3	Grading services provided externally via SLA with NHS Grampian.	1.Retinal Screening Nurse (0.56 wte) 0.4wte photography 0.1 wte 2nd level grading 0.6 wte slit lamp training. 2. Retinal Screening Nurse (0.69wte) 0.4wte photography 0.2 wte 2nd level grading 0.9 wte slit lamp examination 3.Retinal Screening Specialist Nurse (0.8wte) 0.3wte photography 0.2wte grading 0.3wte slit lamp examination 4.Retinal Screening Specialist Nurse (0.53) 0.2wte grading 0.3wte slit lamp examination 0.03wte Ophthalmic letters/office/orders 5.Retinal Screening Team Leader (1wte) 0.1wte grading 0.3wte slit lamp examination 0.1wte slit lamp training 0.3wte clinical management 0.2wte office/staff management (cover all types of clinics during staff shortage) All trained nursing staff have	1.0 screener/Level 1 nil C&G accreditation 1.0 screener/Level 1 nil C&G accreditation 1.0 screener/Level 1 nil C&G accreditation 1.0 screener/Level 1 nil C&G accreditation 0.6 screener/Level2 nil C&G accreditation 1.0 screener/Level2 306 1.0 screener/Level2 nil C&G accreditation 1.0 screener/Level2 306 0.2 Level2 + slit lamp nil accreditation 0.2 Level2 + slit lamp nil accreditation **no longer employed** 3 x level 3; P/T, ophthalmologists All of the above staff members are current unless otherwise stated and are shared with Borders.

				completed Diploma in Retinal Screening.	
2.6 Slit Lamp Examiners	Slit lamp examiners - 3 staff from the screening team, participate in slit lamp examination as required to meet service needs (including service manager) . All are level 2 graders and have completed the city and guild diploma All Current	SLE 1 & 2 have completed units 301,302,307 & 308 SLE 3 has completed units 301, 302 & 308 SLE 4 has completed unit 301	Slit Lamp Examiner: 2 x 0.5 wte (North Highland only) one fully accredited and one pending.	See above. 4 slit lamp examiners have completed in service training and adhere to National Guidelines to ensure registration for slit lamp is up to date. E.g. visit ophthalmologist from outside own board for testing and complete grading standards and see at least 200 slit lamp patient/year. 1 Nurse to commence slit lamp training in January 2013.	0.1 optometrist nil C&G accreditation **no longer employed** 0.2 optometrist + level 2 grader nil C&G accreditation P/T community optometrist nil C&G accreditation P/T community optometrist nil C&G accreditation P/T ophthalmologist + level 3 grader P/T ophthalmologist Unless stated the above are all current staff.
2.7 Screening GP practices	83	Approx 274	101 as per item 1.8.	98	126

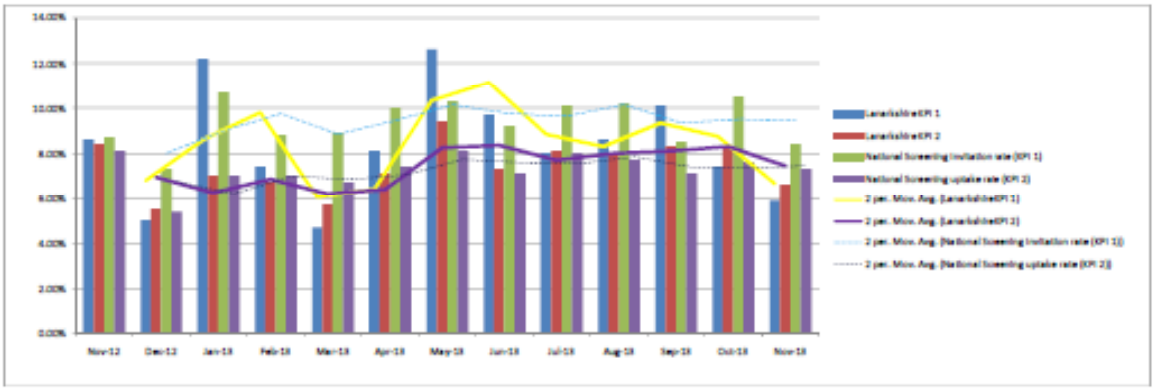
1. Programme Information				
1.1 Health Board Name	**Orkney**	**Shetland**	**Tayside**	**Western Isles**
1.2 Programme Board Coordinator	Dr Ken Black, Consultant in Public Health Medicine, Public Health Office, Victoria Street, Kirkwall ken.black@nhs.net 01856 879800	Kerry Russell, Clinical Services, Brevick House, Lerwick. Email: kerry.russell@nhs.net Phone: 01595-743000 extension 3632.	Dr Julie Cavanagh DRS Board Coordinator Consultant in Public Health Directorate of Public Health King's Cross Clepington Road Dundee DD3 8EA 01382 425684 julie.cavanagh@nhs.net	Vacant
1.3 Accountable clinical lead	Post vacant	Dr Pauline Wilson, Consultant Physician Email: paulinewilson@nhs.net Phone: 01595-743000 extension 3226	Dr Graham Leese DRS Clinical Lead Consultant Physician Wards 5 & 6 Ninewells Hospital Dundee DD1 9SY 01382 632237 or 01382 660111 bleep 4320 graham.leese@nhs.net	Vacant
1.4 Service Manager	Nickie Milne, DRS Administrator, Assessment and Rehabilitation Office, Balfour Hospital, Kirkwall. Nichola.milne@nhs.net 01856 888023	Alison Irvine, Diabetic Specialist Nurse, Gilbert Bain Hospital, Lerwick. Email: alison.irvine@nhs.net Phone: 01595-743000 extension 3444.	Ms Angela Ellingford DRS Programme Manager Diabetic Retinopathy Screening Programme Diabetes Support Centre Level 8 Ninewells Hospital Duundee DD1 9SY 01382 740068 angela.ellingford@nhs.net	Marina Sinclair Diabetes Service Co-ordinator
1.5 Location	Assessment and Rehabilitation Office, Balfour Hospital, Kirkwall. 01856 888023	Gilbert Bain Hospital, Lerwick. Contact number: 01595-743000 extension 3030	Diabetic Retinopathy Screening Programme Diabetes Support Centre Level 8 Ninewells Hospital Duundee DD1 9SY	The Diabetes Centre, Western Isles Hospital HS1 2AF
1.6 Referral Centres	Visiting Highland Ophthalmology Service held in Balfour Hospital, Kirkwall, Orkney	Gilbert Bain Hospital and Aberdeen Royal Infirmary (ARI)	Ninewells Hospital, Dundee Arbroath Infirmary Montrose Links Health Centre Stracathro Hospital Perth Royal Infirmary	Ophthalmology Clinic Out-Patient Department Western Isles Hopsital/ Uist & Barra Hospital
1.7 Biomicroscopy	At present all patients requiring slit-lamp	Gilbert Bain Hospital with visiting Slit		R Doig Optometrist Ltd

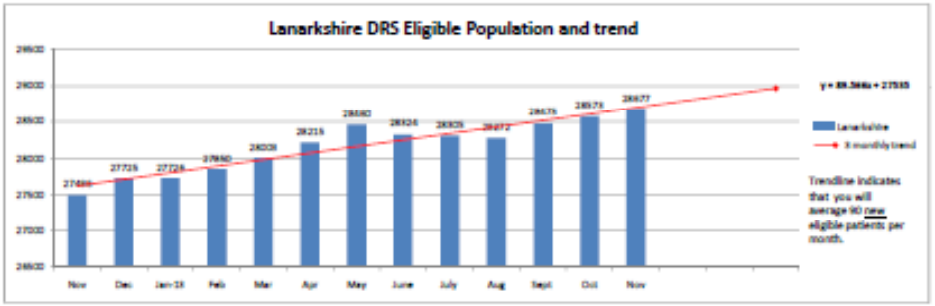
arrangements	assessment is referred to the visiting Ophthalmology Service and is seen within their Out-patient Eye Clinic which is held on a monthly basis at Balfour Hospital, Kirkwall.	Lamp Nurse from ARI	1x Ophthalmologist Slit Lamp clinic per week based at Ninewells Hospital 1x Ophthalmologist Slit Lamp clinic per week at Perth Royal Infirmary All Angus clinics undertaken by Specialist Screeners Montrose Links Centre x2 per annum Arbroath Infirmary x3 per annum Stracathro Hospital x3 per annum	36 Kenneth Street Stornoway R Doig Optometris Ltd Rathad Mhic Eoine Balivanich Benbecula Uist
1.8 Health Board GP Practices	15	10	68	10
1.9 Screening GP Practices	15	10	68	10
2. Delivery Model				
	Orkney	**Shetland**	**Tayside**	**Western Isles**
2.1 Programme structure/ model	Screening is delivered on one site which is within the Balfour Hospital. We have one static retinal camera. We have two Retinal Screening Technician who delivers approximately one clinic per week. All slit-lamp patients are seen by the visiting Ophthalmology Service and their information is passed back to the retinal screening administration. Our grading is sent to Tayside.	We have 1 static photographic site and no biomicroscopy sites. We do not use any independent/external provider. OCT machine used to monitor patients with M2.	• Two permanat static sites. One mobile unit which can be a 'transportable' system ie has a side lift so that equipment can be taken off the mobile unit and set up in a temporary static site. The same unit can also be used as a mobile unit. Second mobile unit is used for this purpose alone. • Five biomicroscopy sites Have an SLA with NHS Tayside Department of Ophthalmology to provide slit lamp service.	NHS Western Isles have contracted with R Doig Optometrist Ltd to provide image capture and slit lamp examinations. He has 2 cameras and 2 static sites, one in Stornoway(Lewis) and one in Benbecula (Uist). He is contracted to provide a peripatetic service and a domiciliary service. Patients are invited to make an appointment with R Doig Optometrist Ltd for their image capture. GPs can request a home visit for patients that are unable to go to either of R 'Doig Ltd premises. Screening is also provided for patients who are in hospital or nursing homes NHS Western Isles have a contract with NHS Tayside to provide Level 1-3 Grading
2.2 Cameras Used	We have one camera. Canon EOS 20D with CR-DGi at present we do not have any back up digital camera or fundus camera.	We use a Canon 10 D.	Serial Number Canon CR6-45NM Non-Mydriatic Retinal Camera 300570 Canon CR6-45NM Non-Mydriatic Retinal Camera 300654 Canon CR-DGi Non-Mydriatic Retinal Camera 310708 Canon CR-DGi Non-Mydriatic Retinal Camera 310368 Canon EOS-20 Digital Camera	2 fundus Cameras Nokia D70s Topcon TRC NW6

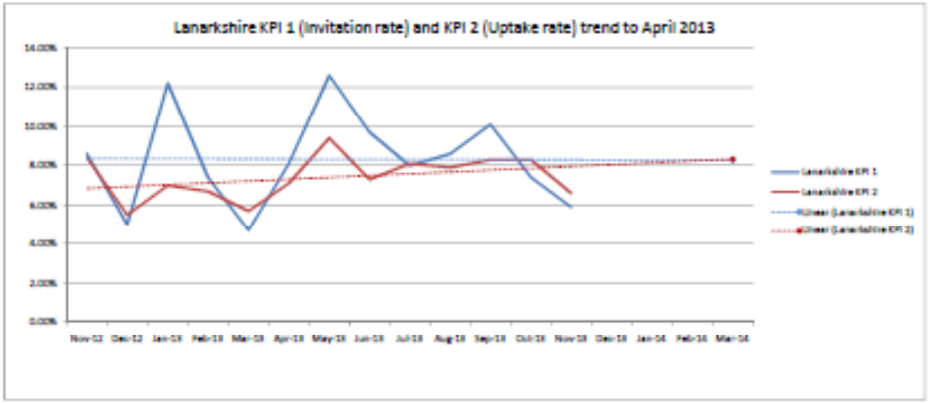
			14209103 Canon EOS-20 Digital Camera 19210113 Canon EOS-20 Digital Camera 14309090 Canon EOS-20 Digital Camera 15309056	
2.3 Workforce Information	At present we have two member of staff within the retinal screening programme in Orkney who delivers all the administration, screening and co-ordination of the service.	We have 1 administrator (15 hours per week) and 1 retinal photographer (15 hours per week). We do not have any graders. We have a visiting Slit Lamp Nurse from ARI every 3 months.	0.2WTE 2x Level 3 Grader/SL examiners 1.0 WTE Programme Manager - SL examiner, Level 2 grader, photographic screener 1.0 WTE Specialist Screener- SL examiner, Level 2 grader, photographic screener 1.0 WTE Senior Screener - Level 2 grader, photographic screener 1.8 WTE Screeners - training in Level 1 grading 0.8 WTE Camera Operator (yet to be appointed) 1.8 WTE Administrators 0.5 WTE Booking clerk	NHS Western Isles 1 Part Time Administrator 1 Part Time Service Manager 1 Part Time board Co-ordinator R Doig Optometrist LTD 4 Screeners 1 Slit lamp examiner(Optometrist) NHS Tayside Level 1-3 Grading
2.4 Retinal Screeners	For each retinal photographer who has worked in your programme at any time in the reporting period provide the following pseudonymised information. This information should reflect the status at the 31st March at the end of the reporting period: Current employment Part Time – 27 hours per week Part time – 7.5 hrs per month Not completed City and Guilds modules.	Current *1 (Part Time)* /Non-current *0* 301 passed	1 - 10 years in post, full DRS Diploma 2 - 8 years in post, full DRS Diploma 3 - 5 years in post, full DRS Diploma 4 - 1 year in post, enrolled in DRS Diploma 5 - 4 years in post, units 1-6 DRS Diploma	4 Screeners All working through the City & Guild Units with 3 having completed the City & guilds units.
2.5 Retinopathy Graders	Grading services are contracted to Tayside.	N/A as all grading is completed in NHS Grampian	1 - as above 2 - as above 3 - as above 4 - as above 5 - as above	Grading contracted to NHS Tayside
2.6 Slit Lamp Examiners	Not applicable as slit-lamp service at present delivered by Highland Ophthalmology Consultants	From NHS Grampian - ARI	1 - 0.4 WTE Ophthalmologist, level 3 grader 2 - 0.1 WTE Ophthalmologist, level 3 grader 3 - 0.2 sessions per week, level 2 grader 4 - 0.1 sessions per week, level 2 grader	1 Slit Lamp Examiner - R Doig Optometrist LTD
2.7 Screening GP practices	15	10	68	10

Annex F to DRS Annual Report

Sample monthly ‘Performance profile’ report sent to all Health Board Service Managers, showing indicative invitation, attendance rates and population trends.







Annex G to DRS Annual Report

Increasing the uptake of DRS appointments in higher risk South Asian patients in NHS Lothian.

- Diabetic Retinopathy is a common complication of diabetes affecting the blood vessels of the retina. It is the leading cause of blindness amongst people of a working age in Scotland. However if detected early enough treatment can prevent the progression of the disease and prevent sight loss for many years in most patients.

- Diabetic retinopathy screening for diabetic patients aged 12 and over is carried out by the Diabetic Retinopathy Screening Service (DRS) normally on an annual basis with some patients being seen more often depending on their condition.

- In 2010 there were **237, 468** (Scottish Diabetes Survey - 2010[4]) patients aged 12 or over who are diagnosed with diabetes in Scotland. Of these **205,767** were offered an appointment and **175,582** patients were successfully screened by photography.

- In NHS Lothian there are a total number of **38,887** diabetic patients registered on the Soarian system, (2012, NHS Lothian). (The Soarian system is used to call/recall and manage patients who are screened for diabetic retinopathy). After suspensions the total number of eligible patients due to have their eyes screened for NHS Lothian is **31,135**.

- It can be seen from the attached screening uptake report of DRS statistics report Feb 2012, NHS Lothian that specific higher risk[1, 2] ethnic groups have significantly lower than average national and local uptake rates for DRS screening appointments offered.

    - The screening uptake rate (Key Performance Indicator KPI 2) for

    - **NHS average in Scotland = 80.1%**

        - **Overall average uptake for NHS Lothian = 78.3%**

        - Chinese – 80.7%
        - Pakistani – 74.9%
        - Indian – 72.4%
        - Black African- 72.0%
        - Bangladeshi – 71.2%
        - Black Caribbean- 66.7%

- If these patients are not attending DRS appointments for retinopathy screening, it is highly likely that they may also not be attending other diabetes management appointments.

- Patients of South Asian ethnicity are at higher risk[1, 2] than others of losing vision from diabetes. Diabetic retinopathy and retinal lesions occur earlier and at higher levels amongst South Asian diabetics compared to Caucasian diabetics[1, 2].
- The objective in encouraging patients to attend for retinopathy screening would be to reduce the risk of sight loss and to reduce the long term costs of diabetes complications developing. Since the number of South Asian patients are relatively small, personalised contact by Minority Ethnic Health Inclusion Service (MEHIS) Link workers is a realistic objective

- Description of the initiative/project, its aims and objectives

- The aim of this initiative is to increase uptake of DRS screening for patients of South Asian ethnicity in NHS Lothian.
- The objectives would be to
    1. Recognise barriers to good attendance for these ethnic groups and remove or reduce these where possible
    2. Educate individuals to understand the importance of attending all diabetic management appointments.
    3. Educate patients and staff on the higher risks of certain ethnic groups
    4. Encourage the recording of ethnicity to help target high risk groups.

- Proposed Pilot
    - NHS Lothian's Minority Ethnic Health Inclusion Service (MEHIS) Link workers have successfully increased uptake of Keep Well health checks and Oral Health screening programmes.
      Trained Urdu / Punjabi and Bengoli speaking MEHIS Link workers will contact identified Indian, Pakistani, Bangladeshi and other South Asian patients and invite them to screening appointments.
    - MEHIS will work closely with the DRS service in NHS Lothian
    - Baseline and monthly reports will be produced to monitor progress.

- Outcomes
    - An increase in DRS uptake rate to a level that is at least the average for NHS Lothian. As these groups are at higher risk[1, 2] then a higher than average uptake rate would be preferred.

- Lessons we expect to learn
    - Identify barriers to screening take-up from the patient's perspective-(language, importance of location of screening services, female/male staff, etc).
    - Educational needs for DRS staff, other health professionals and patients including their families and carers.
    - Cost effectiveness
    - Adjustments required to DRS systems and procedure, e.g. to ensure 100% ethnic coding.

- Advice to others / things to look out for
    - To review the local ethnic groups and compare attendance with other groups.
    - Review local capability of Link workers to contact high risk ethnic groups.
    - Review local policies and procedures for recording ethnicity.

- Is there potential for the initiative / project to be integrated into the wider work of the organisation?
    - If the South Asian pilot is successful, African and African Caribbean communities could be targeted by MEHIS African Link workers. Although specific high risk ethnic groups are targeted in this proposal, the initiative can be widened to other groups where identified to be below the local average uptake.

- Is there potential for the initiative / project to be replicated in other areas of Scotland?
    - Smaller health boards or boards with few high risk minority ethnic patients may not find it cost effective to employ Link workers.
    - It is possible to develop MEHIS to provide Link worker support to other Health Boards.
        - Telephone invitations from Link workers could be used for all Health Boards.
        - Link workers could also support health professionals to work cross culturally using telephone or video conferencing facilities.

- Other Health Board areas in Scotland will have different ethnic groups represented within their demographic who may be poor attenders. The outcomes of this initiative will help inform other health

boards that pro-active steps can be taken to ensure that high risk ethnic groups within their health boards can be encouraged to attend diabetic management appointments and that any potential barriers for their attendance can be removed or reduced.

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[1] Stolk RP, van Schooneveld MJ, Cruickshank JK, Hughes AD, Stanton A, Lu J, Patel A, Thom SA, Grobbee DE, Vingerling JR; AdRem Project Team and ADVANCE Management Committee. Retinal vascular lesions in patients of Caucasian and Asian origin with type 2 diabetes: baseline results from the ADVANCE Retinal Measurements (AdRem) study. Diabetes Care. 2008;31:708-13.

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Annex H to DRS Annual Report 2013 -14

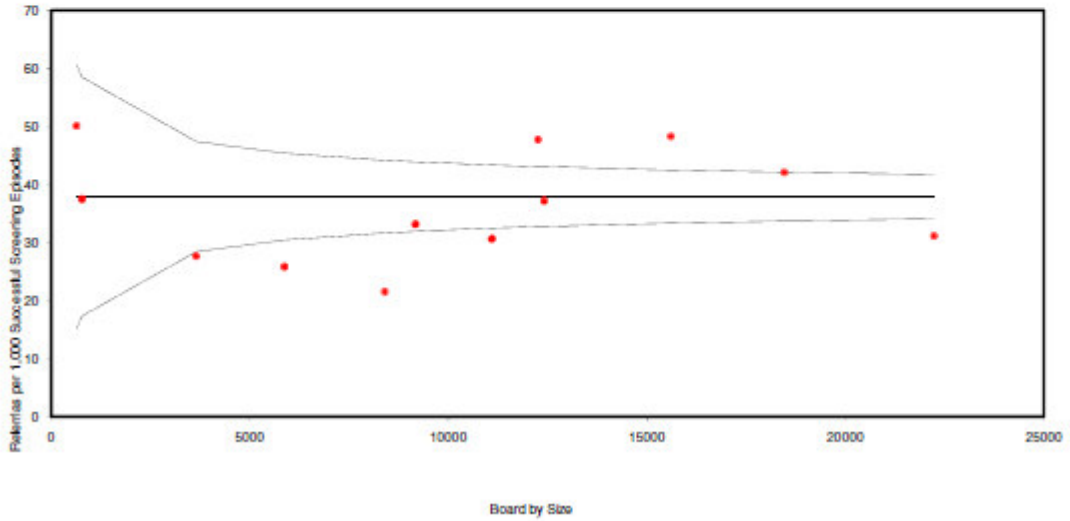
Example of Funnel performance charts for 2013.

DRS Programme

Referrals to Ophthalmology Q4 2013

Board by size	Successful Screening Episodes	Referrals results in Q4 Period KPI 13	Percentage	Overall Rate	Standard Error	Lower control limit	Upper control limit	Referrals per 1,000 successful episodes	Overall referral rate	Lower control limit	Upper control limit
Shetland	639	32	5.0%	3.8%	0.76%	1.52%	6.05%	50.08	37.89	15.23	60.55
Western Isles	774	29	3.7%	3.8%	0.69%	1.73%	5.85%	37.47	37.89	17.30	58.48
Borders	3651	101	2.8%	3.8%	0.32%	2.84%	4.74%	27.66	37.89	28.41	47.37
Dumfries and Gallow	5866	162	2.6%	3.8%	0.25%	3.04%	4.54%	25.81	37.89	30.41	45.37
Highland	8401	181	2.2%	3.8%	0.21%	3.16%	4.41%	21.55	37.89	31.64	44.14
Forth Valley	9170	304	3.3%	3.8%	0.20%	3.19%	4.39%	33.15	37.89	31.91	43.87
Fife	11091	340	3.1%	3.8%	0.18%	3.25%	4.33%	30.66	37.89	32.45	43.33
Tayside	12259	585	4.8%	3.8%	0.17%	3.27%	4.31%	47.72	37.89	32.72	43.06
Ayrshire & Arran	12411	490	3.7%	3.8%	0.17%	3.27%	4.30%	37.20	37.89	32.75	43.03
Grampian	15603	753	4.8%	3.8%	0.15%	3.33%	4.25%	48.26	37.89	33.30	42.48
Lanarkshire	18463	777	4.2%	3.8%	0.14%	3.37%	4.21%	42.08	37.89	33.67	42.11
Lothian	22230	692	3.1%	3.8%	0.13%	3.40%	4.17%	31.13	37.89	34.05	41.73
Scotland	156313	5969	3.8%								

Funnel plot showing Referral rates (per 1,000 successful screening episodes



Feedback from the staff training day 12th November 2013 – Steele lecture Theatre – Perth Royal Infirmary

	1 Excellent	2 Good	3 Average	4 Below average	5 Poor
1. How was the venue rated	9	20	25	1	
2. How the catering was rated?		8	26	13	6

Presentations

Morning Presentations	1 Excellent	2 Good	3 Average	4 Below average	5 Poor
Soarian patients **Mike Black – DRSP Coordinator**	17	31	1		
Screening Intervals **Dr Helen Looker – University of Dundee**	20	25	4		
Soarian **Neville Lee – System specialist**	15	29	5		
Virtual Imail **Cavan Shepherd – UK Mail**	10	26	7		2 (Inappropriate)
Ethnicity Recording **Dr Joy Tomlinson – NHS Lothian**	12	29	6		

Workshops 2, 3 and 4	1 Excellent	2 Good	3 Average	4 Below average	5 Poor
Ethnicity Recording **Smita Grant, MEHIS, NHS Lothian**	1	3			
Non DR Features for Graders **Dr Mohan Varikkara, NHS Ayrshire & Arran**	11	16	2		
Discussions and Ideas on how to prevent DNA's **Angela Ellingford, NHS Tayside**	10	9	2		

Afternoon Presentations

	1 Excellent	2 Good	3 Average	4 Below Average	5 Poor
Do you see what I'm saying? **Gary Henderson & Louise Clark, NHS Tayside**	40.4%	53.8	5.8%		
Engaging young patients **Dr Tim Patterson, NHS Borders Linda McGlynn & Laura Sharpe, Diabetes UK**	76.3%	23.7%			
Patients perspective **Bruce Knight – patient representative**	20.5%	69.2	10.3%		

	1 Excellent	2 Good	3 Average	4 Below average	5 Poor
3. Overall did the event meet your expectations?	28.3%	54.7%	17.0%		
4. Other Aspects?					
Opportunity for discussion?	17.4%	65.2%	17.4%		
Networking opportunities?	19.6%	58.8%	19.6%	2.0%	
Methods of delivery? (e.g. power-point / talk)	23.1%	69.2%	7.7%		

5. Comments written were :

1.	Excellent range of topics on agenda, lots of ideas to take back and think about, just need more time as too busy screening. Last morning presentation cut short due to time constraints.
2.	Parking!!!
3.	Parking was a problem! Took 30 minutes to find a place (surrounding streets)
4.	Imail presentation a bit long, DNA workshop would be excellent if 2 groups/less people in group, too popular! Not sure what patient representative's remit was.
5.	At lunchtime we didn't get the opportunity to network as we were spread out over 3 rooms. Drinks and fluid intake @ lunch poor.
6.	Catering was 'average'. No Juice – and ran out of food quickly. Would have liked some hot soup. Topics this year much more diverse & interesting 'engaging young patients' lecture was excellent.
7.	Food provided was very poor in consideration that people had been there all day, very disappointed. Pity that time always ran over affecting some talks.
8.	Lunch very poor for a long day conference.
9.	Enjoyed all the topics this year, especially enjoyed 'engaging young patients'. I think DUK 1T is a fantastic idea.
10.	Layout of the venue is not ideal for 'networking' people in corridors/different rooms at lunch. Lunch choices poor.
11.	Perth is a great location. The DUK 1T presentation was superb. Please try to include them again, really insightful.
12.	Parking issues. No water beside teas/coffee, no biscuits!!

13. No options for non tea/coffee drinkers. Parking issues.
14. Catering – more options specifically water/juice. Not much for us non tea/coffee drinkers. Parking was a problem at the venue. 'Do you see what I'm saying' is a great idea
15. DUK 1T excellent presentations. Travelling long distance – no water available at breaks only tea/coffee.
16. Very worthwhile study day – please continue annually, thank you.
17. Patient rep difficult to hear.
18. Please discuss High St opticians role in DR screening next time. Don't have patient rep on at the end of the day.
19. A few of us came a long way to conference & it was an early start so the poor catering reflected in our concentration levels. Also only tea/coffee, no orange juice or apple juice etc. You had to hunt for water. Did not expect a banquet but just a bit of respect for making a long journey.
20. I thought allowing a 40 minute sales pitch for IMail totally inappropriate at a clinical forum. Venue a bit small
20. Difficuilty parking, can everyone be sent a parking permit so that they can park more easily.
21. Non- DR features – very informative
22. Well done Angela, a very well put together day with great speakers and workshops, please do it again next year.

Summary report on the training day 12th Nov 2013

Introduction

The training day was held in the Steele Lecture Theatre, Perth Royal Infirmary. The day followed the format of previous events and consisted of a mixture of presentations and discussions with some networking opportunities, tea, coffee and lunch were provided.

There was a limit for the venue on 80 attendees and 72 attended. We had 8 presenters and we are very thankful to those who spoke at the event and took the time in preparing high quality presentations.

The presentations for the day are available on the DRS collaborative website at http://www.ndrs.scot.nhs.uk/IT/index.htm

Summary of the feedback

-
- The venue was rated as good to excellent by 98% of respondents.
- The catering provided was rated good to excellent by 70% of respondents.
- Presentations were rated as good to excellent by more than 85% of respondents
- Opportunities for discussion was rated as good to excellent by only 60% of respondents
- Networking Opportunities were rated as good to excellent by only 63% of respondents

From the individual comments received it was clear that the presentations were generally well received. The conclusion from the feedback and comments is that the event was relevant and provided good collaborative training opportunities for staff.

The costs for the event are as follows

Venue and Catering	£557.50
Materials and Admin	£50.64
Miscellaneous travel	£25.50
Total cost	**£633.64**
Cost per attendee (72)	£8.80

*The 2009 DRS study day cost was £65.50 per attendee.
*The 2010 DRS study day cost was £59.29 per attendee
*The 2011 DRS study day cost was £48.67 per attendee
*The 2012 DRS study day cost was £6.99 per attendee

The overall conclusion is that the combined DRS management group event was a welcome and cost efficient opportunity to deliver relevant and specific information and training for staff across Scotland. Funding and staff availability for such events will continue to be a challenge. The delivery of sufficiently diverse workshops and presentations to a relevant depth of knowledge will be key elements of success in future training events.

M Black
DRS Collaborative Coordinator
NHS Highland

November 2013

DRS Patient Information leaflet

What screening results might I get?

If the quality of the photograph is not good enough, you will be asked to return for a further examination.

If any slight changes to your eyes are found, you may be asked to return for a further appointment in 6 months' time.

Your results may show that you need further investigation or treatment. The hospital eye clinic will contact you with an appointment.

Diabetic retinopathy screening is part of managing your diabetes. Diabetic retinopathy is usually treatable, especially if caught early.

Only authorised staff and appropriate healthcare professionals have access to information about your screening results. If you need more information about NHS record-keeping, you can phone the NHS inform helpline on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline is open every day 8 am to 10 pm and also provides an interpreting service.

How can I reduce the risk of developing diabetic retinopathy?

- Control your blood glucose as effectively as possible.
- See your doctor regularly to check your blood pressure is not raised.
- Attend your diabetic retinopathy screening appointments.
- Visit your optometrist if you have a problem with your sight.
- Take your medication as prescribed.

Where can I get more information?

Your invitation letter has more details about what you need to do next. You can also find out more by visiting:

NHS inform:
www.nhsinform.co.uk/screening

My Diabetes My Way:
www.mydiabetesmyway.scot.nhs.uk

Diabetes UK Scotland:
www.diabetes.org.uk/scotland
Or phone the Diabetes UK Careline
0845 120 2960

For information about your health rights and confidentiality:
www.hris.org.uk

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Traditional Chinese

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Polish

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Urdu

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This resource is available in Urdu, Chinese and Polish, and in an Easy Read format. NHS Health Scotland is happy to consider requests for other languages and formats.

Please contact **0131 536 5500** or email **nhs.healthscotland-alternativeformats@nhs.net**

www.healthscotland.com

NHS SCOTLAND

Your guide to **diabetic retinopathy screening**

DIABETES UK CARE. CONNECT. CAMPAIGN. SCOTLAND

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SCOTTISH GOVERNMENT

What is diabetic retinopathy?

This condition occurs when diabetes affects the small blood vessels in the retina, which is at the back of the eye. The blood vessels in the retina can leak or become blocked.

This condition may cause blindness or serious damage to your eyesight. In its early stages there are no symptoms so you may not realise that you have diabetic retinopathy.

Why should I be screened?

If you have diabetes then screening is important because your eyes are at risk of damage from diabetic retinopathy. Screening is a key part of your diabetes care and can reduce that risk by detecting the condition early, before you notice any changes to your sight.

Untreated diabetic retinopathy is the most common cause of sight loss in people of working age. When the condition is caught early, treatment is effective at reducing or preventing damage to your sight.

How often will I be offered screening?

Screening is offered every year to anyone with diabetes aged 12 and over.

What will happen at my screening appointment?

1. Photographs are taken of the back of your eyes. The camera does not come into contact with your eyes. All photographs are then carefully examined for signs of retinopathy.
2. Around **1 in 4** people may need to be given eye drops so that a good photograph can be taken.
3. The appointment will normally last approximately **10 minutes** (it may take **30 minutes** if eye drops are used).
4. Your result letter is sent to you and your GP (and your hospital diabetes clinic, if you attend one) within **4 weeks**.

Bring all the glasses and contact lenses you wear with you, as well as lens solution for contacts.

Are there any side effects?

If eye drops are used, there may be some side effects:

- Your eyes may sting briefly.
- Your eyes are likely to become sensitive to bright light, so you may want to bring sunglasses to wear afterwards.
- You may experience blurred vision and are not recommended to drive for a few hours after the appointment. You should make alternative arrangements for getting home safely.

By law, you should not drive if you cannot read a number plate clearly from 20 metres.

Will I still need to have a regular eye test at the optometrists?

Yes, you need to do both. Your screening photographs will either be graded by a health professional or an automated grading system to detect diabetic retinopathy but not any other eye conditions. You should continue to visit your optometrist regularly for a free eye check as well.