

# Quality improvement in the referral of Diabetic patients to the Diabetic Eye Screening Programme.

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## INTRODUCTION

At a Public Health England (PHE) South Yorkshire and Bassetlaw Diabetic Eye Screening Programme (DESP) Board meeting in October 2015; a concern was raised regarding delays in referral to the Diabetic Eye Screening Programme from General Practice. As a result from this Programme Managers were asked to carry out an audit of patients with delayed referral to the Diabetic Eye Screening service.

Patients who are delayed in referral to the Diabetic Eye Screening Programme are at risk of Diabetic Retinopathy causing blindness if left untreated.

The audit identified significant numbers of patients who had not been referred timely to the Diabetic Eye Screening Programme. A Serious Incident was declared. Reasons why patients were not referred therefore not known to the DESP and not invited in for screening include:.

- Confusion and lack of understanding of the referral process amongst those in General Practice
- No systematic robust processes in General Practice to refer patients on diagnosis of Diabetes to the eye screening service
- No Systematic robust process in General Practice to complete quarterly patient (validation) lists and return to the Diabetic Eye Screening

**It was identified that harm of increased sight loss had occurred in one patient due to the delay in the referral process.**

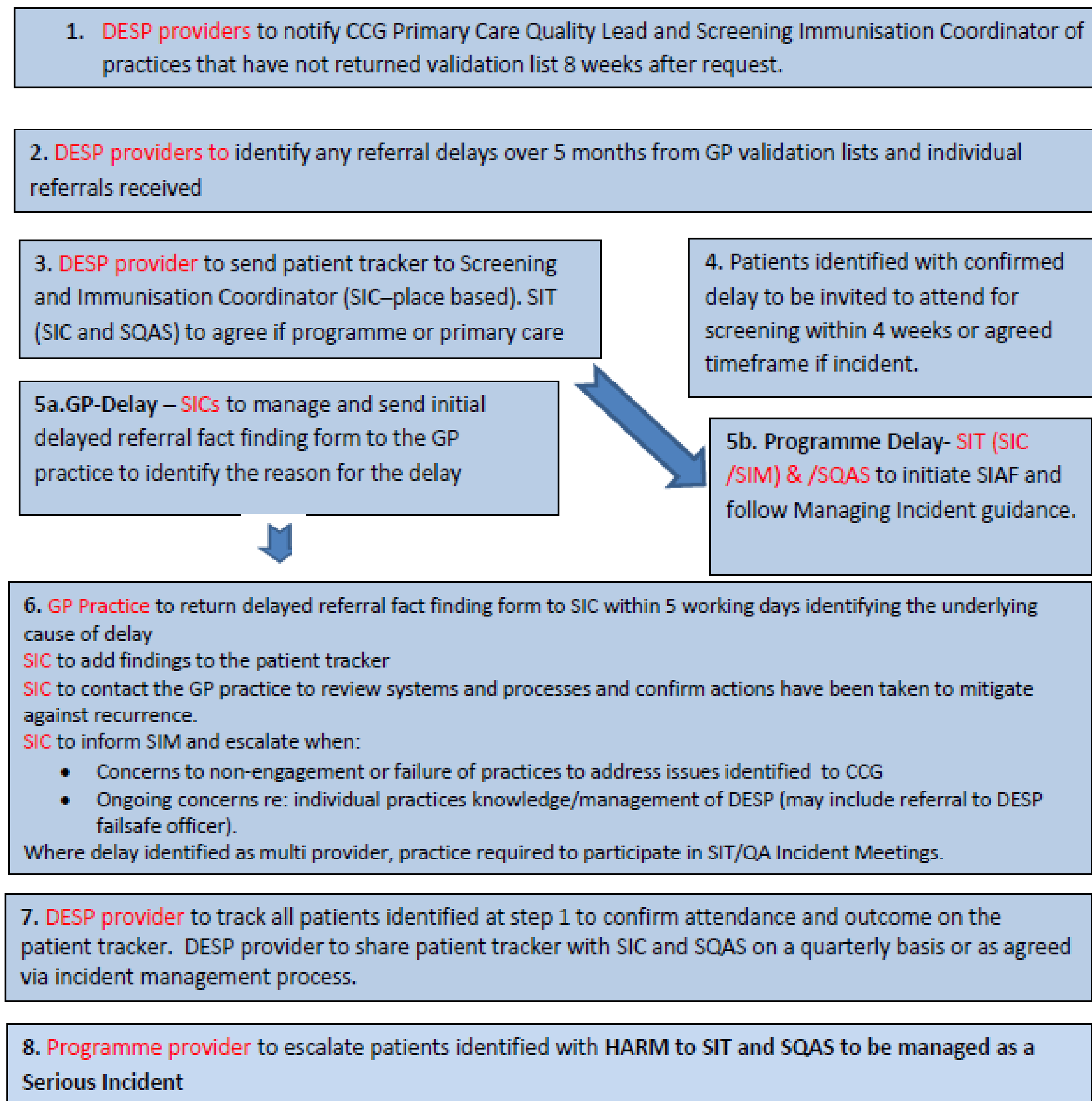
## METHODS

For quality improvement a delayed referral pathway, standard operating procedure and tracker was developed in collaboration with Clinical Commissioning Groups, NHS England/PHE Screening and Immunisation, GP Practices and Diabetic Eye Screening Programmes to ensure patients are identified quickly and delays are investigated to ensure quality improvement between GP practice and Diabetic Eye Programme to reduce risk of patient harm.

Figure. Evidence of the SYB Tracker

## RESULTS

### SYB Pathway for Managing Delayed Referrals in Diabetic Eye Screening Programme (DESP)



The implementation of the pathway has:

- Allowed the Screening and Immunisation Team to reiterate the importance of the Diabetic Eye Screening Programme to Primary Care Colleagues
- Provided effective relationships between the Screening and Immunisation Team, Local Authority, Clinical Commissioning Groups, Diabetic Eye Screening Programme providers and Primary Care Colleagues
- Provided education for General Practice staff on the Diabetic Eye Screening Programme
- Improved communications from General Practices to the Screening and Immunisation Team
- Installed an escalation process to the Clinical Commissioning Group for non response
- Patients referred upon their Diabetes diagnosis
- DESP and practices aware of the cause and effect of incorrect coding of patients
- Practice aware of Implied consent to the Diabetic Eye Screening Programme



Figure. Evidence of the SYB Pathway for managing delayed referrals to the Diabetic Eye Screening Programme

## DISCUSSION

Patient trackers are produced quarterly by the Diabetic Eye Screening Programme and shared with the screening and Immunisation team for direct follow up with General Practices and supported by all SYB Clinical Commissioning Groups.

The introduction of the process highlighted:

- The practices not following the Diabetic Eye Screening Consent and Cohort Management Guidance.
- The number patients that continued to be delayed into the Diabetic Eye Screening Programme.
- Potential harm to patients identified through delayed referral to the Diabetic Eye Screening Programme
- Practices who continue **NOT TO** follow the SYB pathway for Managing Delayed referral to the Diabetic Eye Screening Programme

## CONCLUSIONS

Transformations the Pathway has made:

- Patients delayed to the Diabetic Eye Screening Programme have reduced in numbers by half.
- The amount of practices delaying referral to the Diabetic eye screening programme has reduced
- Emphasized common trends and themes for reason as to why patients are being delayed into the Diabetic Eye Screening Programme.

Recommendations:

- **Presentations at Protected Learning Time events by the Screening and Immunisation Teams and Diabetic Eye Screening Programme, Programme Managers to educate Practice staff on the Importance of Delayed referral into the Diabetic Eye Screening Programme.**
- **Regular GP Practice audits should take place to identify patients who have been incorrectly coded**

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## REFERENCES

1. Turner, T and Wakefield, K (2015) SYB Pathway for managing delayed referrals to the Diabetic Eye Screening Programme