

Diabetic Retinal Photo-screening The Wellington Model

Diabetes, or more specifically diabetic retinopathy, is one of the leading causes of preventable blindness in the western world.

In New Zealand the prevalence of diabetes is a public health issue. Type 2 diabetes in particular is widespread, especially in the Pacific Island communities.

Diabetic retinopathy is an issue of diabetic control. The better the control, the better the prognosis with regards to diabetes-related retinal changes. For the sufferer diabetes control is as much about education and behavior modification as anything else.

Diabetes healthcare needs a multidisciplinary approach. This is already the case with regard to the integration of health professionals such as GP's, dieticians, podiatrists and occupational therapists. However it is a sad truth that access to vision and eye care has been overlooked in the universal care of diabetics.

Studies have shown that people with diabetes fear loss of sight more than any other complication from their disease.

At present in New Zealand access to photographic retinal screening is limited. Generally the service is limited to hospitals with eye departments, and can often mean long waiting times for appointments. Hospital services are managed totally by ophthalmologists.

The Wellington Independent Practitioners Association (WIPA) in the greater Wellington region came up with a novel alternative model. This involves decentralizing the retinal photo screening to accredited optometrists who provide a service in the community. They either take digital images or make a clinical examination to detect any problems in the early stages.

The Wellington model includes an ongoing programme of education, regular audit and peer review for Optometrists. Those involved with the service are able to develop and maintain competency with

screening and grading diabetic eye disease with Ophthalmology oversight.

A dedicated electronic link with Wellington Hospital Ophthalmology has been established which enables digital images to be viewed and discussed between primary and secondary providers which can reduce the number of unnecessary referrals into the hospital.

People with diabetes are referred by their GP or nurse to an accredited optometrist. The optometrist regularly reviews the diabetic patient, sending standardized reports to the referrer. Ongoing referral to ophthalmology is only initiated when treatment for the diabetic retinopathy is required.

For patients, being able to view a photograph of their retina is often an empowering event and an opportunity for Optometrists to help stimulate motivation for aiming for good control of their diabetes as well as a healthy lifestyle.

Sandy Dawson (a doctor from the Ministry of Health involved

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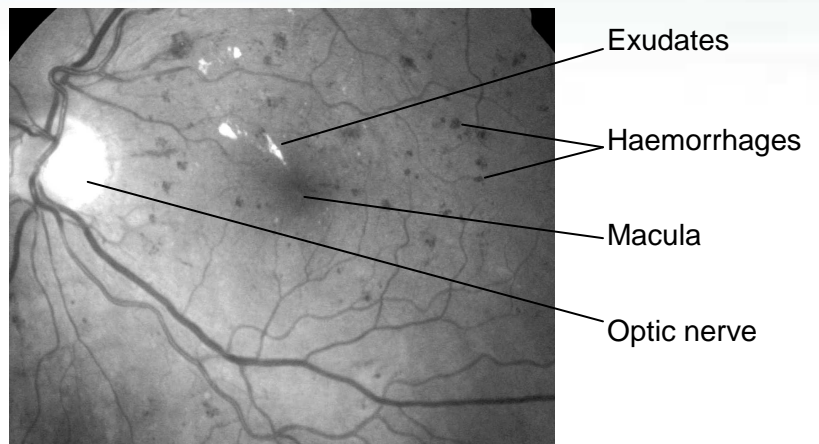
The service is world class

in diabetes programs) recently described the programme as world class. He points out that in the UK the National Health Service are setting a target for 2006 of 80% of people in primary care diabetes programs having their eyes screened. The Wellington program is already well ahead of this target with nearly 90% of target people having been screened.

Dr Dawson is also very impressed with the stories from people with diabetes and GPs about their experience of hospital versus optometry screening!


The Wellington Regional retinal screening service was launched in December 2001 and approximately 7000 people have received screening.

A diabetic fundus



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