### Guidance for Screening Housebound Patients for Diabetic Retinopathy Screening

<table>
<thead>
<tr>
<th>Version 1.0</th>
<th>Reviewed by:</th>
<th>DRS Service Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Authorised by:</td>
<td>Dr R Harvey</td>
</tr>
<tr>
<td></td>
<td>Date of Issue</td>
<td>February 2008</td>
</tr>
</tbody>
</table>
GUIDANCE FOR SCREENING HOUSEBOUND PATIENTS

The aim of the diabetic retinopathy screening (DRS) programme is to ensure that people with diabetes who have potentially sight threatening retinopathy are identified and referred for treatment. Both diabetic retinopathy screening and laser photoocoagulation treatment require special equipment which is not portable.

Every endeavour should be made to ensure that patients with physical disabilities can access the programme as there are potential health consequences for them if they have untreated retinopathy. The GP will have a role in making sure patients are encouraged to attend for screening and subsequent treatment if necessary.

Patients who are unable to travel outside their home or who have a disability that would preclude laser photoocoagulation treatment are not in a position to access therapy, and screening in this situation is therefore not indicated.

For the purposes of the QOF indicator, DM21, patients who are suspended from the DRS programme for one of the clinical reasons (“Unfit for Treatment”, “Terminally ill” or “Total loss of vision”) including those who are unable to travel outside their home, should be exception reported

Patients who fall into the above categories should be suspended from the DRS programme either permanently or temporarily, depending on their circumstances for the reason ‘Unfit for Treatment’. This should normally be done in consultation with an ophthalmologist to establish that treatment is not possible, unless it is clear to the GP that the patient is housebound.

1. When a patient presents themselves as being housebound, clarification must be sought from the patient’s GP/Ophthalmologist.

2. Contact the patient’s GP to confirm patient’s status. If the GP confirms the patient is housebound and not in a position to access therapy the GP is required to suspend the patient in SCI – DC via the DRS web forms, see screen shot below.
3. If the GP is unclear the patient is housebound the patient should be referred to the Hospital Eye Clinic where an Ophthalmologist can establish if treatment is possible.

4. If treatment is not possible the Ophthalmologist will indicate to this to the GP who will in turn perform the suspension using the SCI – DC DRS web forms as already indicated.

5. If treatment is possible the patient should screened.

**AS THE DECISION TO SUSPEND IN THESE CIRCUMSTANCES IS A CLINICAL ONE, DRS ADMINISTRATORS ARE NOT PERMITTED TO RECORD SUCH SUSPENSIONS.**