COVID and beyond: The Northern Ireland experience

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Activities continued during 1st lockdown

- Maintained screening in pregnancy; laser and injection clinics, emergencies and virtual clinics
- Grading finished for all screening and virtual clinics
- Administrative tasks/ queue clearing: TRIAGE, TRIAGE, TRIAGE
- Training and certification activities for screening especially
- Redeployment / shielding / self-isolation
- Summer 2020 came and we were all very optimistic!

Diabetes is on the increase: NI / DESPNI statistics show

112 000 people with diabetes

1.9 million people

5.7% DM prevalence

Over 2500 new referrals during the first 12 weeks of 1st COVID lockdown!

Increase in Type 1 DM

Diabetes

15 HEALTHCARE ESSENTIALS

DIABETES UK
CARE. CONNECT. CAMPAIGN.

There's a minimum level of healthcare everyone with diabetes should receive:

At least once a year

1 Your blood **glucose levels** measured (HbA1c blood test)

2 Your **blood pressure** measured and recorded

3 Your **blood fats** (cholesterol) measured

4 Your **eyes screened** for signs of retinopathy

5 Your **feet checked**

6 Your **kidney function** monitored

7 Your **weight checked** and your **waist measured**

8 If you smoke, **support to help you quit**

9 A **care planning review** to discuss and agree goals between you and your healthcare team

10 Access to a local **diabetes education course**

11 If you are a child or young person, care from specialist **diabetes paediatric healthcare** professionals

12 Continuing high-quality **diabetes care when you're in hospital**

13 If you're a woman who is **planning to have a baby,** high-quality support from specialist diabetes healthcare professionals from preconception through to post-natal care

14 Help from **specialist diabetes healthcare professionals** to manage your diabetes

15 **Emotional and psychological support**

Worked closely with the Diabetes Team, but

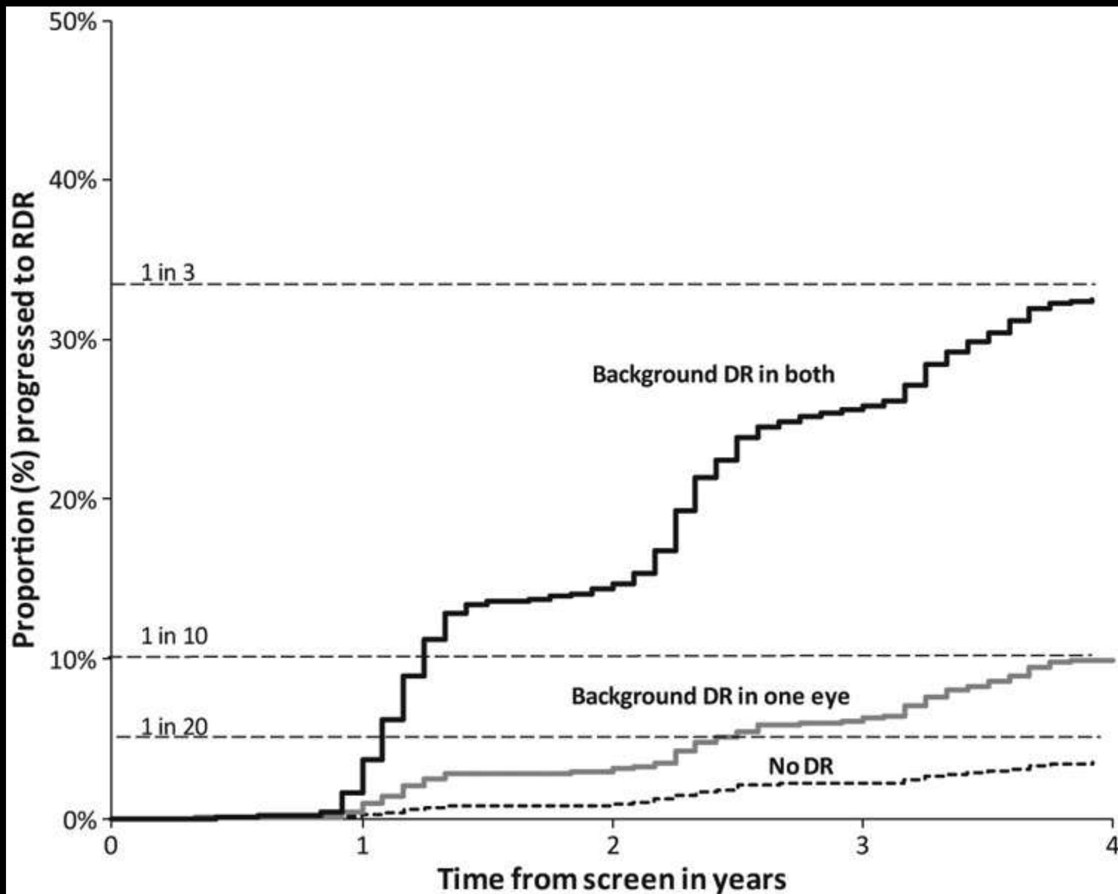
- Diabetes Clinics were all virtual

- Patients were shielding

- Not much was known about diabetes and COVID other than poorer outcomes if you had COVID – "stay at home"

- How to prevent diabetes and its complications when patients are not seen by any healthcare professionals

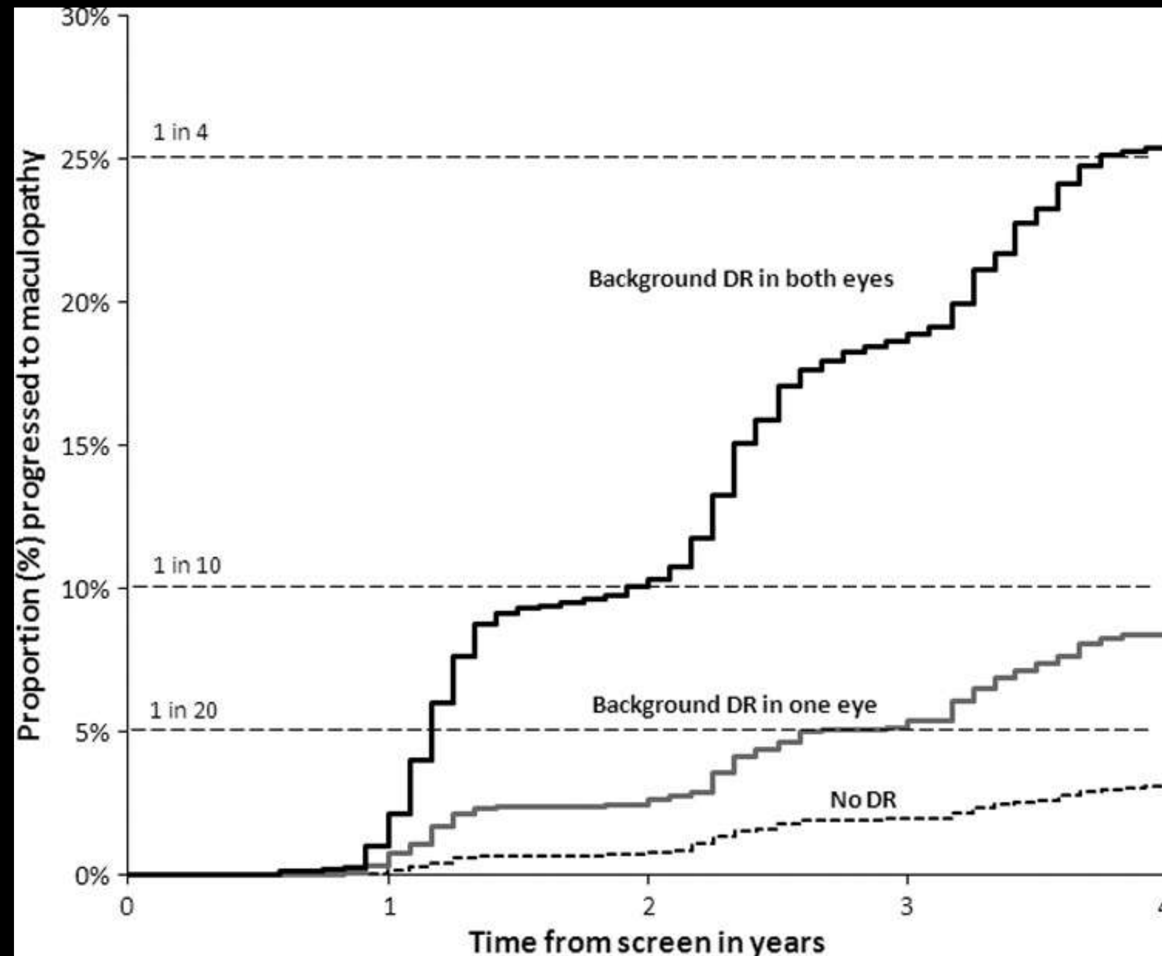
AMD was priority as per RCOPhth guidelines, so DMO patients were delayed for treatment



Progression to PDR

Went back to basics: what do we know and what can we do?

Progression to maculopathy



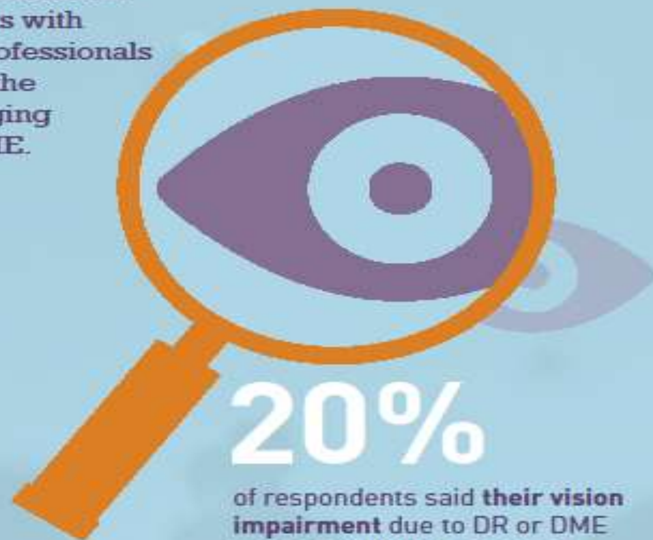
Scanlon PH, Stratton IM, Histed M, Chave SJ, Aldington SJ. Acta Ophthalmol. 2013 Aug;91(5):e335-9.

The DR Barometer Global Report: Overview

The DR Barometer study was conducted in 41 countries. Globally 4,340 adults with diabetes and 2,329 health care professionals provided new information about the experiences of living with, managing and treating diabetes, DR and DME.

38%

of patients said that **long wait times for an appointment** were a barrier to eye exams



20%

of respondents said **their vision impairment** due to DR or DME made it **difficult to manage their diabetes**

44%

of all providers **did not have, or did not use, written protocols** for the management of diabetes-related vision loss

79%

of patients with vision loss due to DR or DME said that their condition made everyday activities, **such as driving**, working and completing basic household tasks difficult and in some cases impossible

69%

of those with DME experienced days of **poor physical and mental health**

21%

of ophthalmologists **had not received specific training** in the treatment and diagnosis of DR and or DME

27%

of patients either **never discussed eye complications with their doctor** or did so only after the onset of symptoms

DR: Diabetic Retinopathy
DME: Diabetic Macular Edema

DRBarometer.com

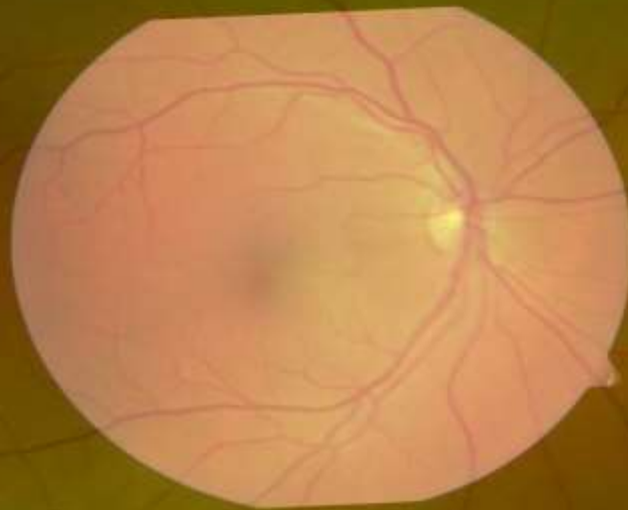
IFA

The DR Barometer Study is a research initiative supported by funding from Bayer AG

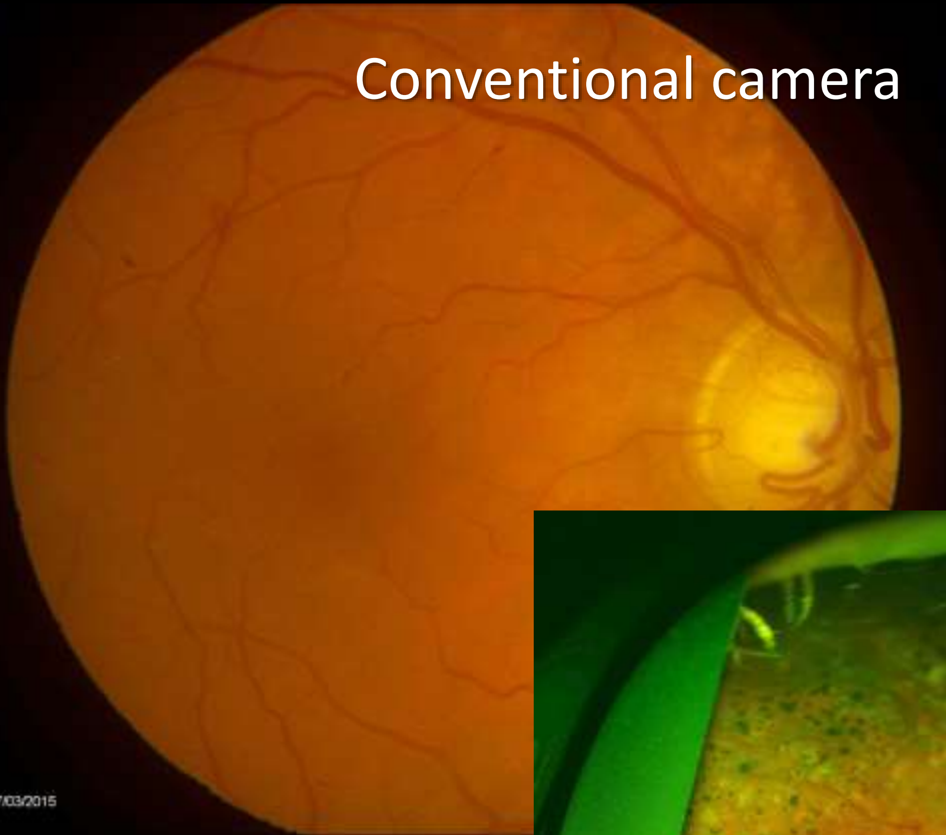
37(1):65-73.

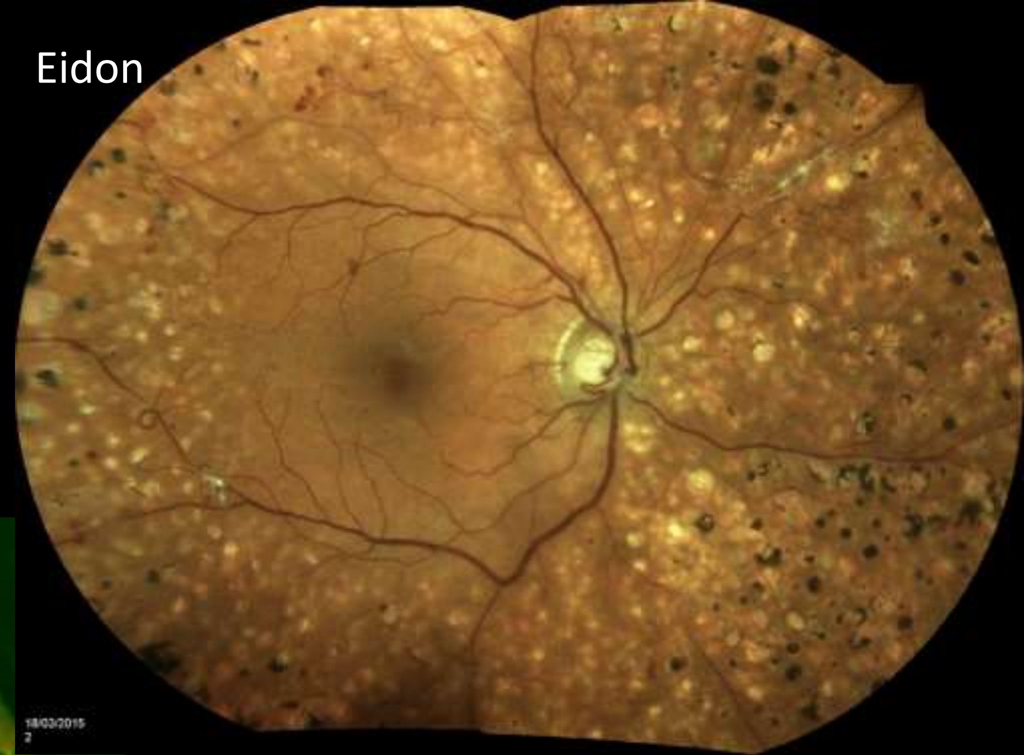
We already utilised Virtual Clinics so further decisions were made on the imaging protocol that will go with the OCT-s not only in diabetes but all other clinics that might have seen patients with diabetes (AMD/RVO/uveitis etc):

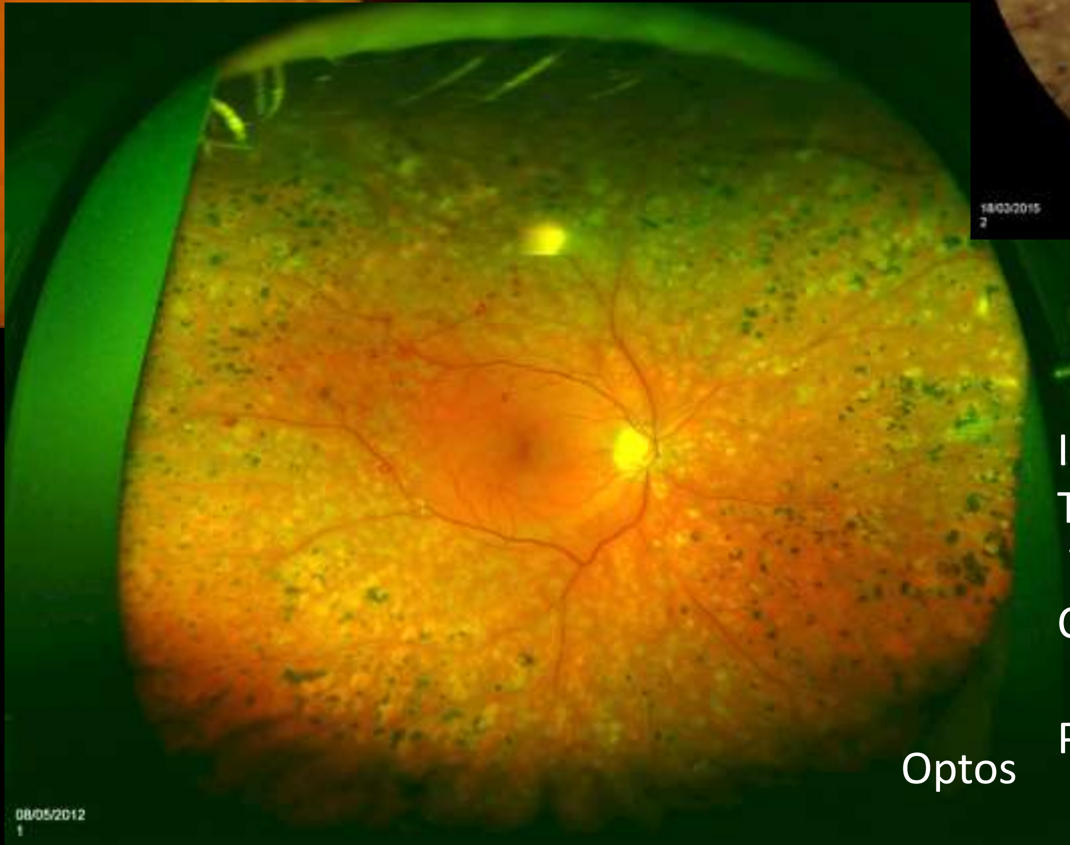
1:9 with diabetic retinopathy have clinically relevant more severe disease on wide-field imaging



Aiello LP et al, JAMA Ophthalmology, 2019 Jan







In addition:
Trialling handeld cameras for dialysis clinics
Worked with high risk foot clinics
Chronic pancreatitis clinics

Portable slitlamp for patients in prisons

Courtesy of David Steel

So, what do we need to think of?

Diabetic Eye Disease:
ECR: Medisoft

Anterior segment disease

Retinopathy

Cataract

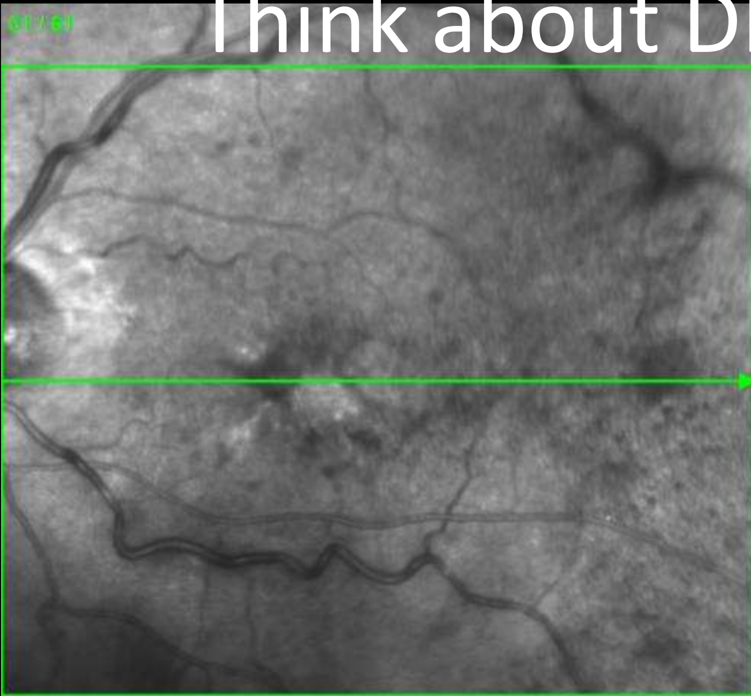
Maculopathy

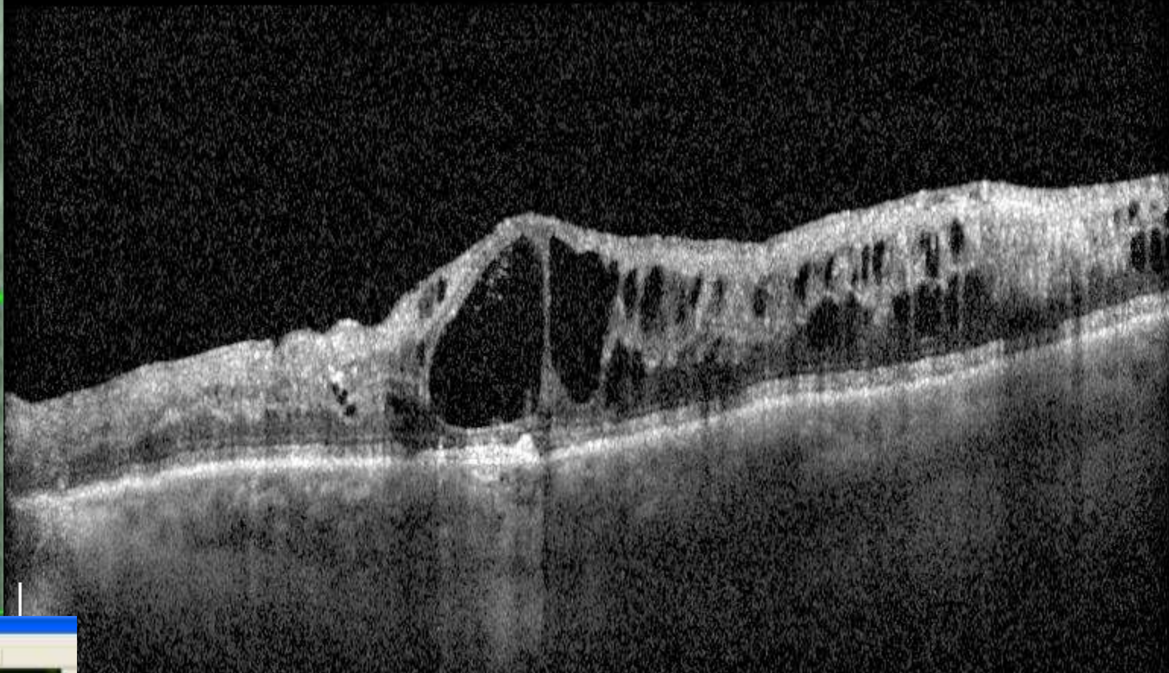
Rubeosis/Rubeotic glaucoma

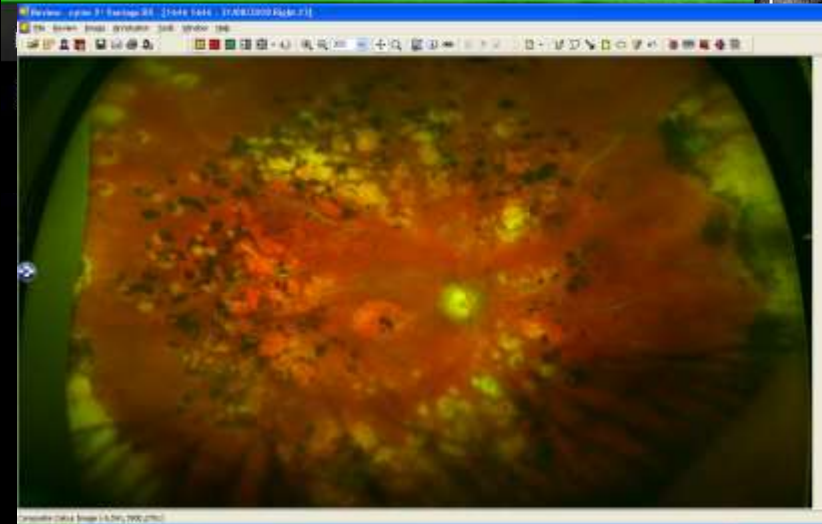
Clinically significant macular oedema/centre involving

Macular ischaemia

Diabetic Eye Clinics: OCT is not enough
Think about DR and the other eye!







HEIDELBERG ENGINEERING

COVID pathway thinking process: patients are worried!!!!!

- "Virtual clinics" carry different meaning in different countries/settings
  - Clear guidance on interacting with patients is vital

- For this talk: patients have imaging without detailed clinical examination and discussion with relevant medical professional at the time of imaging

- Main take home message: patient must be kept informed and correct information must be conveyed – remember that there is a worried patient and most likely a worried family awaiting the results! Ambiguous wording will create more work so being open and honest and provision of a contact point are all essential items.

Referrals:
- Other Relevant Person
- Referring Sub-Speciality
- Optometrist
- DESPNI

Referral Letter

Belfast Health and Social Care Trust
caring supporting improving together

TRIAGE

PDR / R3a - < 2 Weeks
Routine < 13 Weeks

DIABETIC IMAGING CLINIC
VA, OCT, UWF Colour Photo & Anterior Segment Image (READING Session)

F2F Diabetic EYE CLINIC (DEC)
With protected R3 slots

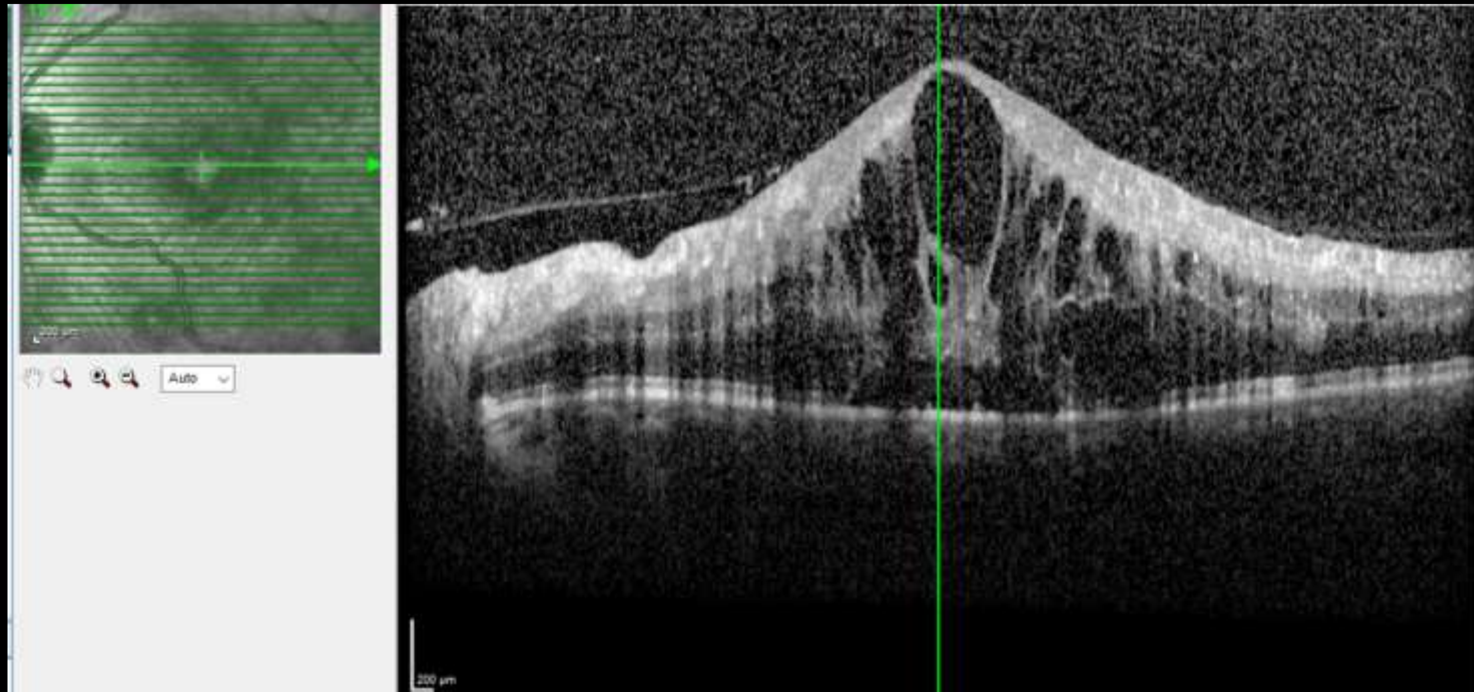
DMO CLINIC
(400μ+ and / or referred by Consultant)

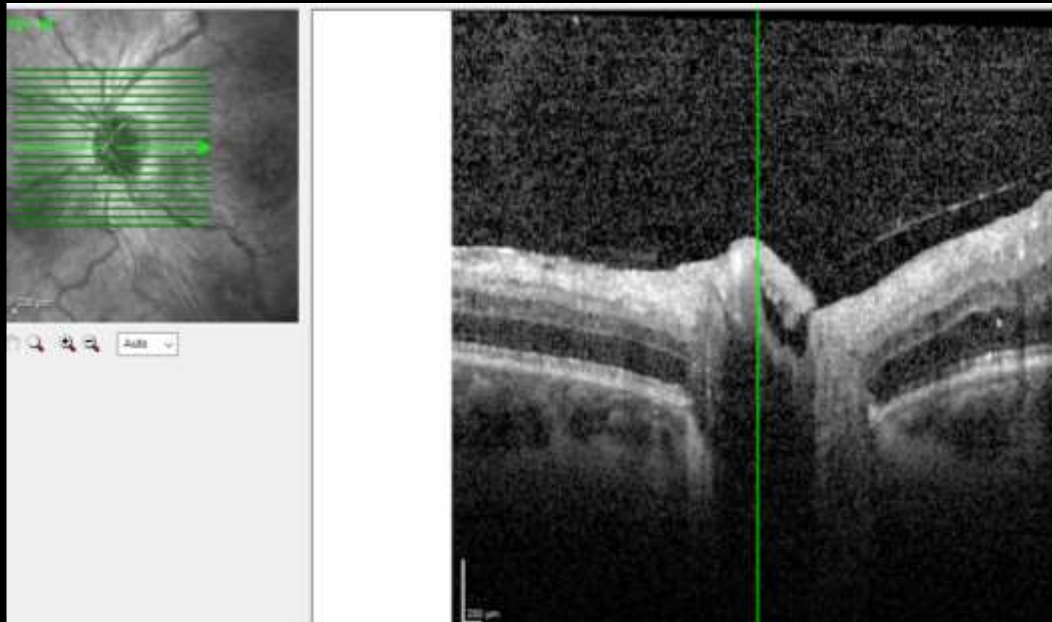
OUTCOME

Discharge

When emergency contact is a must:

Always support your Team of readers!

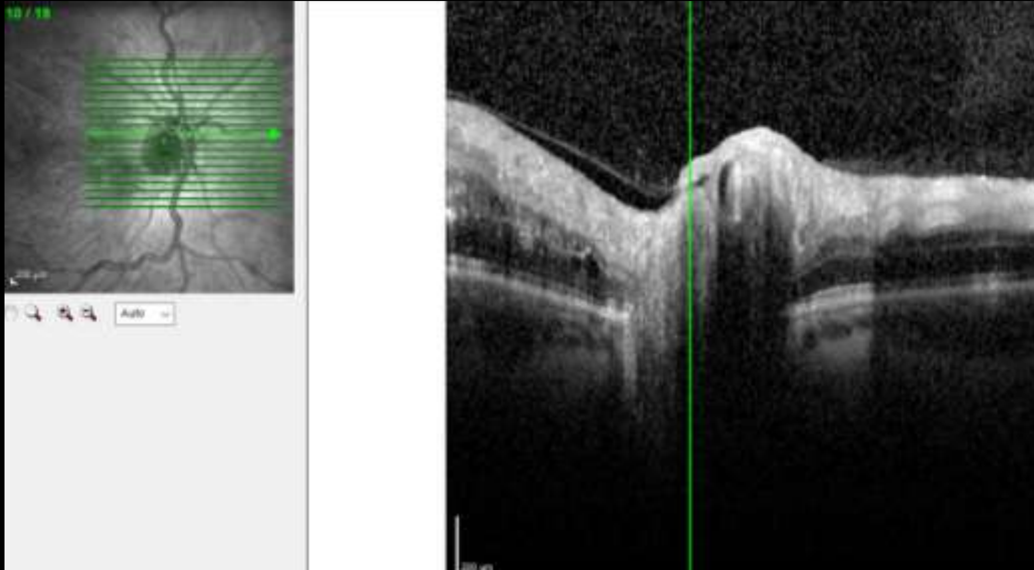




27 year old male
20 years of duration of DM
Poor control for years, now good control

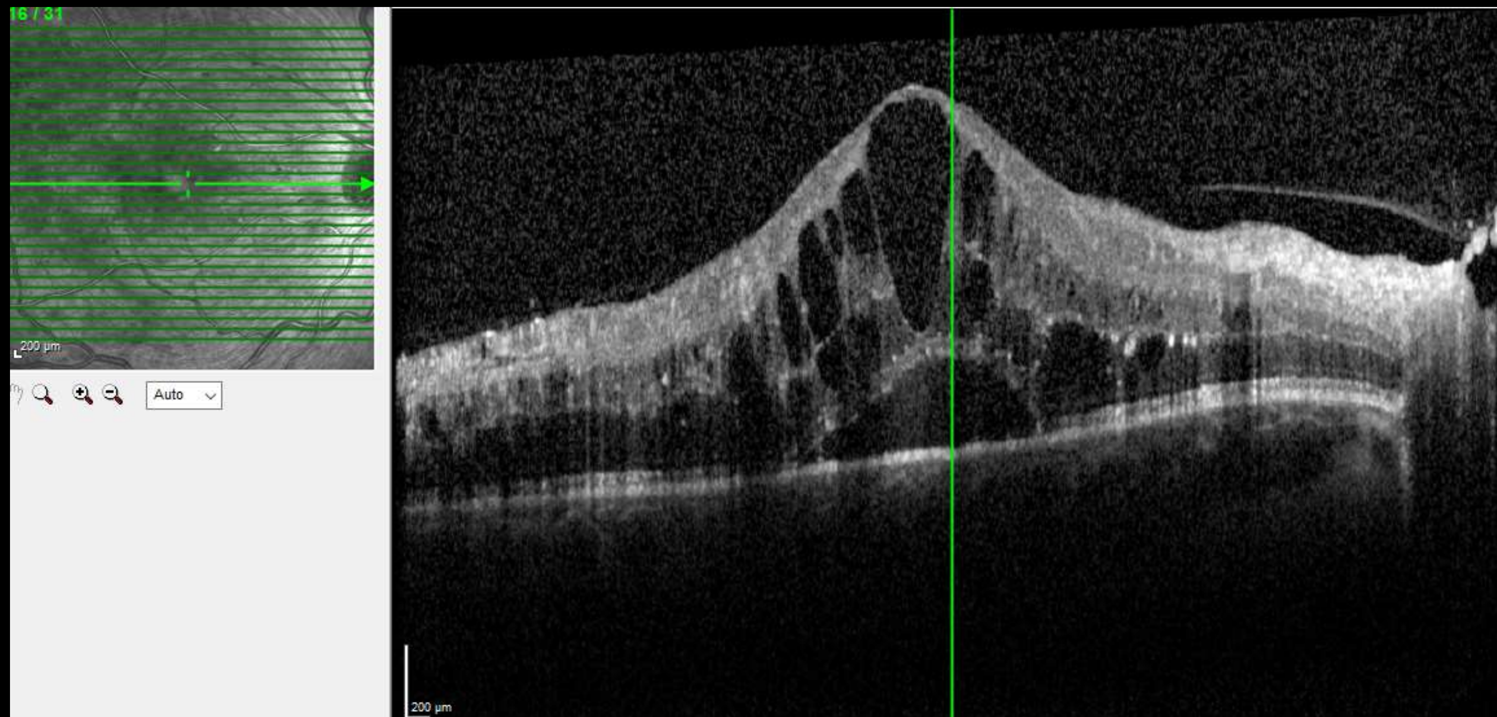
Vision 6/24 both eyes, sudden loss

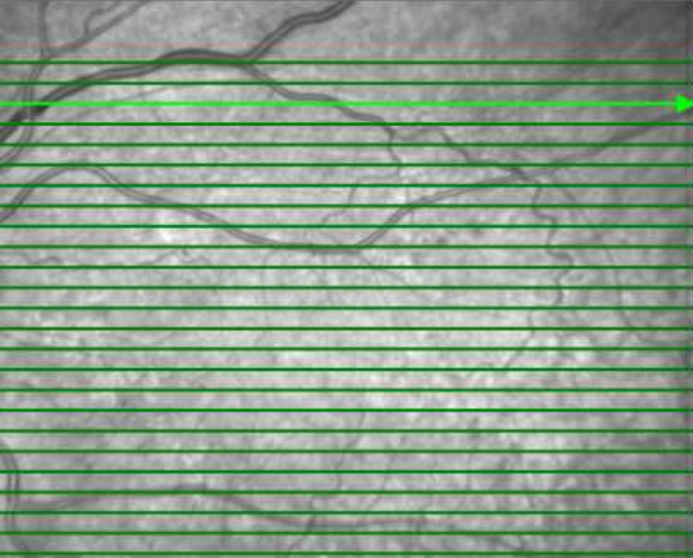
Did not attend several years' worth of appointments



Bilateral NVD
Ischaemic periphery
DMO

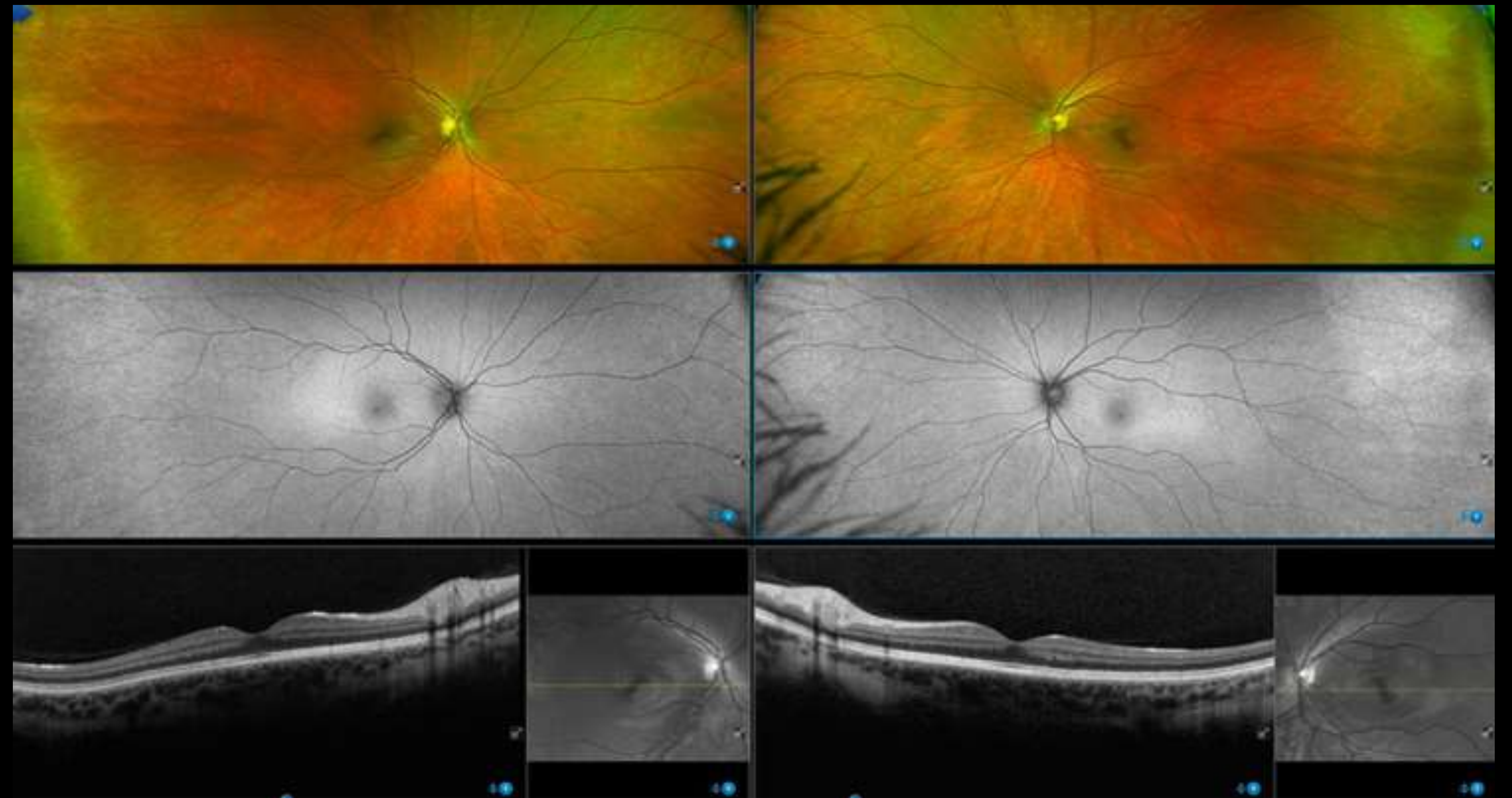
Consultant called in to talk to the patient
Bilateral PRP and anti-VEGF started
Diabetes team notified
Prognosis discussed
Stopped driving – lost job!
Consider impact on young person



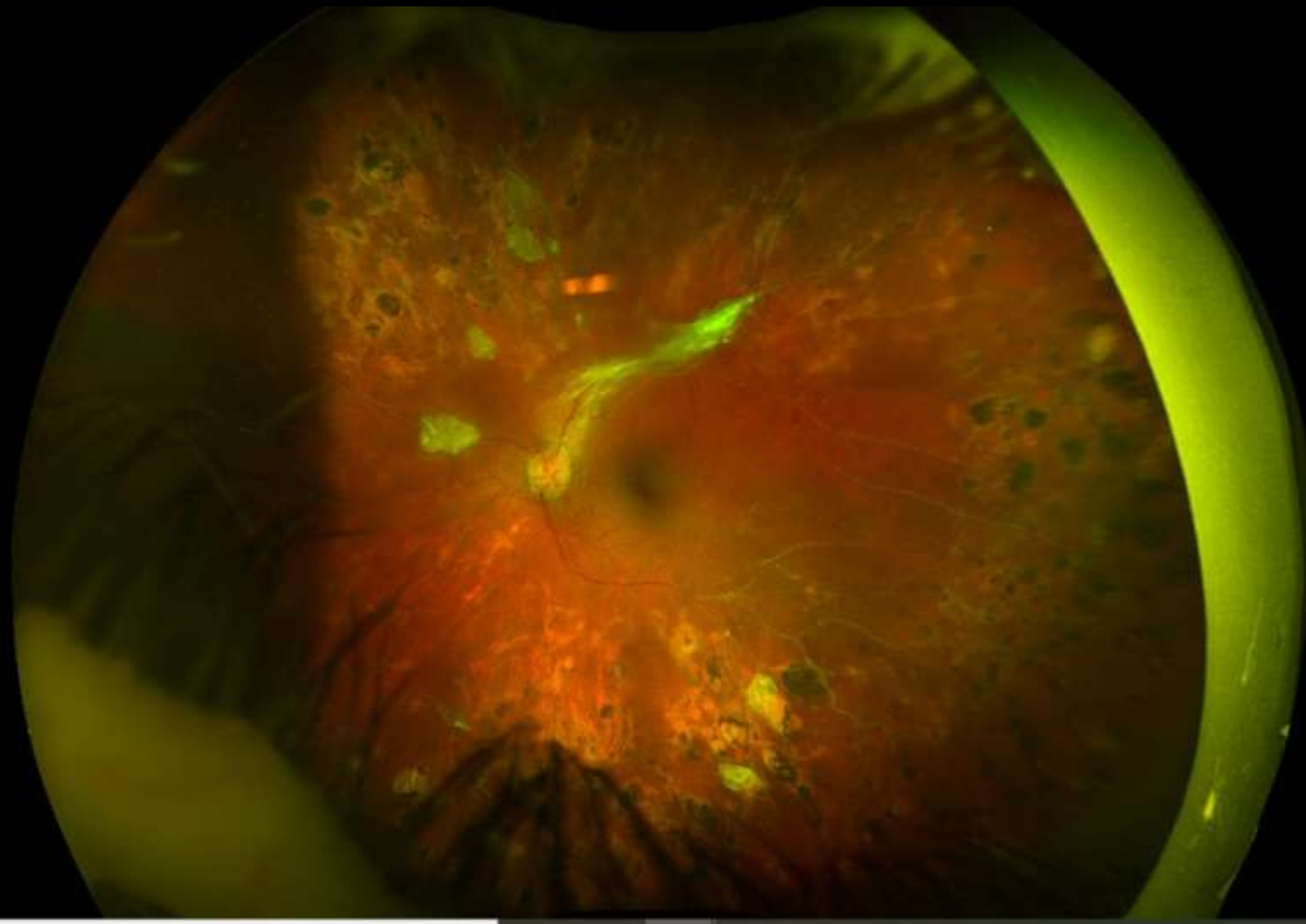


In clinic: use of OCTA versus Fluorescein

July 2021: Introduction of OPTOS MONACO CLINICS



https://www.aop.org.uk/ot/in-practice/practitioner-stories/2019/04/14/i-could-not-live-without-the-optos-monaco



No need to open another instrument for OCT

Quick image capture and so imaging clinics have more patients

But reading time is the same, so you need more people to read!

Also, layout, quality etc all need to get used to

Referral criteria needs to be optimised

NI / DESPNI in summary

Continued to operate with limited capacity – prioritised pregnant SLB/DS/urgent patients

Very vulnerable due to lack of space and premises we have control over

Self-isolation/re-deployment hit us hard

Road to recovery is long!

In conclusion

- The 5-nations worked well together during COVID and we learnt a lot from each other
- Challenges that both patients and healthcare professionals face are very real, do not under-estimate them
- We need to keep what worked well and these might be different for us all