

September 2019

PSNC Briefing 043/19: Pharmacy Quality Scheme – Foot and eye screening (retinopathy) checks for patients with diabetes

This PSNC Briefing provides community pharmacy contractors with guidance on meeting the diabetes quality criterion for the 2019/20 Pharmacy Quality Scheme (PQS), which is one of five quality criteria that community pharmacy contractors will need to meet to be able to claim for the Prevention domain.

Introduction

In July 2019, a new PQS was announced for the 2019/20 financial year. The new scheme has a declaration period between 9am on 3rd February 2020 and 11.59pm on 28th February 2020 (contractors can choose a date during this period to make a declaration) and funding of £75 million.

There are six domains, which contractors can claim payment for. Contractors will be required to meet all of the quality criteria in each domain to receive payment for that domain. The Prevention domain has five quality criteria which contractors must meet to be able to claim payment for that domain. One of the quality criteria in the domain is as follows:

On the day of the declaration, the pharmacy must confirm that the pharmacy checked that all patients with diabetes, who presented from 1st October 2019 to 31st January 2020, have had foot and eye checks (retinopathy) in the last 12 months – (please note, eye checks are only for patients with diabetes aged 12 or over). The pharmacy must have recorded the patient's response on the PMR or appropriate form/patient record and signposted/referred patients as appropriate. This record should set out the total number of patients who have had this intervention, the number that have not had one or either check in the last 12 months, and it should be recorded where they have been appropriately signposted/referred and reported as part of this criterion.

The £75 million funding budget will be divided between qualifying pharmacies based on the number of points they have achieved up to a maximum £128 per point. Each point will have a minimum value worth £64 based on all pharmacy contractors achieving maximum points. Payments will be made to eligible contractors depending on how many domains they have met and hence points claimed.

Meeting the Prevention domain (which requires contractors to meet all five of the quality criteria in the domain) is worth 25 points and will earn a contractor between £1,600 - £3,200.

Foot checks

Foot complications are common in people with diabetes. It is estimated that 10% of people with diabetes will have a diabetic foot ulcer at some point in their lives.

The risk of foot problems in people with diabetes is increased, largely because of either diabetic neuropathy (nerve damage or degeneration) or peripheral arterial disease (poor blood supply due to diseased large- and medium-sized blood vessels in the legs), or both. Peripheral arterial disease affects 1 in 3 people with diabetes over the age of 50 and can also increase the risk of heart attack and stroke.

Foot problems in people with diabetes also have a significant financial impact on the NHS through primary care, community care, outpatient costs, increased bed occupancy and prolonged stays in hospital. A report published in 2012 by NHS Diabetes estimated that around £650 million (or £1 in every £150 the NHS spends) is spent on foot ulcers or amputations each year.

In most cases, serious foot problems can be prevented. Patients with diabetes (both Type 1 and Type 2) should check their feet every day and those aged 12 years and over should have a foot check at least once a year which is arranged by the patient's GP practice. Children with diabetes who are under 12 years should be given, along with their family members or carers (as appropriate), basic foot care advice rather than an annual assessment. The frequency of foot checks is also dependent on the age of the patient and other factors:

- for young people with diabetes who are 12–17 years, the paediatric care team or the transitional care team should assess the young person's feet as part of their annual assessment and provide information about foot care. If a diabetic foot problem is found or suspected, the paediatric care team or the transitional care team should refer the young person to an appropriate specialist; and
- for adults with diabetes, the risk of developing a diabetic foot problem should be assessed at the following times:
 - when diabetes is diagnosed, and at least annually thereafter;
 - if any foot problems arise; and
 - on any admission to hospital, and if there is any change in their status while they are in hospital.¹

Therefore for this quality criterion, children under 12 are excluded from being asked about annual foot checks; however, pharmacy teams may wish to provide these patients along with their family members or carers (as appropriate) the Diabetes UK '[Simple steps to healthy feet if you've got diabetes](#)'² to encourage basic foot care.

The foot check for adults normally takes place at the patient's GP practice as part of the annual diabetes check.

Diabetes UK has published a '[What to expect at your annual foot check](#)'³ resource to help patients get the most out of their foot check which pharmacy teams may wish to provide to their patients or use to assist them with answering any questions their patients may have about foot checks.

Eye screening (retinopathy)

Diabetic retinopathy is a complication of diabetes, caused by high blood glucose levels damaging the back of the eye (retina). It can cause blindness if left undiagnosed and untreated. However, it usually takes several years for diabetic retinopathy to reach a stage where it could threaten a patient's sight.

To minimise the risk of this happening, patients with diabetes (both Type 1 and Type 2) should:

- ensure they control their blood glucose levels, blood pressure and cholesterol; and
- attend diabetic eye screening appointments – annual screening is offered to all people with diabetes aged 12 years and over to pick up and treat any problems early on.⁴

¹ <https://www.nice.org.uk/guidance/ng19/resources/diabetic-foot-problems-prevention-and-management-pdf-1837279828933>

² <https://www.diabetes.org.uk/resources-s3/2017-08/Simple%20Steps%20to%20Healthy%20Feet.pdf>

³ https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/0997B_PFF_What%2520to%2520Expect_A5%2520leaflet_web_Dec23.pdf

⁴ <https://www.nhs.uk/conditions/diabetic-retinopathy/>

Therefore, for this quality criterion, children under 12 are excluded from being asked about annual eye screening for retinopathy appointments.

Diabetic eye screening appointments for retinopathy are not normally carried out at the patient's GP practice. Each GP practice refers their patients with diabetes aged 12 years or over to a single National Diabetic Eye Screening Programme (NDESP) provider who contacts the patient with appointment details or contact details to arrange an appointment. If a patient misses an appointment or does not arrange an appointment, the NDESP provider should try to contact the patient again; patients are not discharged if they do not attend or respond to a request to make an appointment. The NDESP provider should inform the patient's GP practice of any results and attendance or non-attendance at appointments.

Further information on eye screening can be found on the [Diabetes UK website](#)⁵.

Pregnancy

Pregnancy can make some complications of diabetes worse, such as eye problems. Therefore, these patients may require more frequent eye screening for retinopathy and patients should be advised, if they have not already done so, to discuss this with their GP or diabetes nurse. Further information on patients with diabetes who are pregnant can be found on the [Diabetes UK website](#)⁶.

How to meet this quality criterion

The activity period for this criterion is **from 1st October 2019 to 31st January 2020 inclusive**. Community pharmacy teams who wish to meet this criterion must ensure that all patients with diabetes aged 12 years and over who present within this time period are spoken to about foot and eye checks and asked if they have had both of these within the last 12 months (each patient only needs to be spoken to on one occasion, for example, if the patient had their prescription dispensed twice during the activity period, the pharmacy team would only be expected to speak to them on one occasion about foot and eye checks). If patients are calling back for their prescription, pharmacy teams could consider using the small flyers (see Annex 1) to remind pharmacy teams that they need to speak to the patient about the annual checks.

If patients have not had either or both of these or are not sure if they've had either or both of these, they should be advised to contact the GP practice and explain this to the receptionist. The GP practice receptionist will identify what the patient should do next. Patients should be discouraged from just making an appointment with their GP, as this is unlikely to be the person that completes the checks at the GP practice. This may lead to the patient having to attend the GP practice on another occasion and also may be an inappropriate use of a GP appointment.

Pharmacy teams could also talk to patients with diabetes about the importance of the 15 checks and services they are entitled to every year. Diabetes UK has a '[15 healthcare essentials – Getting the care you need](#)'⁷ checklist, which could be provided to the patient to aid discussions. There is also more information on the 15 checks and services on the [Diabetes UK website](#)⁸.

Pharmacy teams could also consider using this opportunity as a 'conversation starter' to see if the patient has had their annual flu vaccination. If they have not, the pharmacy team could advise the patient that they could have their flu vaccination at the pharmacy (if the pharmacy offers the Flu Vaccination Service). If the pharmacy does not offer the Flu Vaccination Service, the pharmacy team could refer the patient to another pharmacy or their GP practice.

Contractors should also consider discussing the quality criterion with their local GP practices to explain the requirements of the quality criterion and advise that they will be encouraging patients aged 12 years and over with

⁵ <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/diabetic-eye-screening>

⁶ <https://www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/pregnancy#Get%20your%20eyes%20and%20kidneys%20checked>

⁷ <https://www.diabetes.org.uk/resources-s3/2018-07/15-Healthcare-essentials.pdf>

⁸ <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/15-healthcare-essentials/what-are-the-15-healthcare-essentials>

diabetes to speak to the GP practice about their annual foot checks and eye screening for retinopathy if they have not had these checks within the last 12 months. It may be that the GP practice requests that patients are referred directly to the NDESP provider to arrange an eye check for retinopathy or that patients are advised to phone the GP practice after a certain time and to request to speak to a certain member of the team. While this is not a requirement of the quality criterion, this may aid collaborative working with the GP practice and prevent inappropriate referrals. A briefing (see Annex 2) and a template letter (Annex 3) are available, which contractors could consider using if they want to discuss the quality criterion with their local GP practice. The LPC may be able to discuss the requirements of this quality criterion with the Local Medical Committee (LMC) who may communicate this message out to GP practices.

Please note, contractors should not use the diabetic eye screening service facility on the NHS website as this may not be up-to-date and may lead to referrals to an incorrect NDESP provider.

Attempts to contact patients who do not attend the pharmacy to collect their medicines must be made as part of this criterion, for example, patients who have their medicines delivered (this includes patients who have their medicines delivered by a distance selling pharmacy) or patients who live in care homes.

Data collection

Contractors are required to report the following data to NHS England and NHS Improvement on the Manage Your Service (MYS) application when they make their declaration for a PQS payment:

- The **total number** of patients with diabetes who presented with a prescription from 1st October 2019 to 31st January 2020 (this should also include patients who did not attend the pharmacy, for example, patients who have their medicines delivered) – each patient only needs to be spoken to on one occasion, for example, if the patient had their prescription dispensed twice during the activity period, the pharmacy team would only be expected to speak to them on one occasion about foot and eye checks and should only count them as one in the total number;
- The **total number** of patients who:
 - agreed to discuss their diabetes with a member of pharmacy staff;
 - declined to discuss their diabetes with a member of pharmacy staff;
 - could not be contacted;
- The **total number** of patients that:
 - have attended a retinopathy screen in the last 12 months;
 - have **not** attended a retinopathy screen in the last 12 months;
 - were **not sure** if they had attended a retinopathy screen in the last 12 months;
- The **total number** of patients that:
 - have attended a foot check in the last 12 months;
 - have not attended a foot check in the last 12 months;
 - were **not sure** if they had attended a foot check in the last 12 months;
- Where patients have been appropriately signposted/referred, the **total number** of patients:
 - referred for retinopathy screening;
 - referred for a foot check; and
 - referred as the patient was unsure if they had attended a retinopathy screen and/or foot check in the last 12 months.

No patient identifiable information should be included when contractors report the above data on MYS when making their declaration for a PQS payment.

A data collection form (see Annex 4) is available, which contractors can choose to use to assist them with keeping a record of the above data.

A suggested process (see Annex 5) is also available, which contractors can again choose to use to assist them with meeting this quality criterion.

A standalone version of all of the Annex documents can be found at: psnc.org.uk/pqsdiabetes

Remember: You must start checking that all patients with diabetes, who present from **1st October 2019** have had foot and eye screening for retinopathy in the last 12 months and you must continue to do this until 31st January 2020, as well as report the above data when you make your PQS declaration to meet this quality criterion.

If you have queries on this PSNC Briefing or you require more information please contact the PSNC Services Team at: Services.Team@psnc.org.uk.

Annex 1: Small flyers

A standalone version of all of the Annex documents can be found at: psnc.org.uk/pqsdidiabetes

<p>Can we have a chat?</p> <p>A member of the pharmacy team would like to have a chat with you about the annual health checks you are entitled to have.</p> <p>This is an important topic, so we hope you have time for a quick chat.</p> 	<p>Can we have a chat?</p> <p>A member of the pharmacy team would like to have a chat with you about the annual checks you are entitled to have.</p> <p>This is an important topic, so we hope you have time for a quick chat.</p> 
<p>Can we have a chat?</p> <p>A member of the pharmacy team would like to have a chat with you about the annual health checks you are entitled to have.</p> <p>This is an important topic, so we hope you have time for a quick chat.</p> 	<p>Can we have a chat?</p> <p>A member of the pharmacy team would like to have a chat with you about the annual health checks you are entitled to have.</p> <p>This is an important topic, so we hope you have time for a quick chat.</p> 
<p>Can we have a chat?</p> <p>A member of the pharmacy team would like to have a chat with you about the annual health checks you are entitled to have.</p> <p>This is an important topic, so we hope you have time for a quick chat.</p> 	<p>Can we have a chat?</p> <p>A member of the pharmacy team would like to have a chat with you about the annual health checks you are entitled to have.</p> <p>This is an important topic, so we hope you have time for a quick chat.</p> 

Annex 2: Briefing for GP practices

A standalone version of all of the Annex documents can be found at: psnc.org.uk/pqsd diabetes

Suggested points to highlight to GP practices about the diabetes quality criterion

- The Pharmacy Quality Scheme, which was introduced in December 2016, is continuing for 2019/20 and community pharmacy contractors are required to meet specific quality criteria as part of the Scheme. One of these focusses on annual foot and eye screening for patients with diabetes.
- From 1st October 2019 until 31st January 2020, we will be asking all patients with diabetes aged 12 years and over if they have had their annual foot and eye screening checks.
- If they haven't or if they are unsure, we will advise them to speak to the receptionist at their GP practice to find out if and how they can make an appointment.
- We will discourage them from just making an appointment with their GP, as this may then lead to the patient having to attend the GP practice on two occasions if their GP is not the correct person they need to see, and an inappropriate use of a GP appointment.
- If you would prefer for us to advise patients to contact the National Diabetic Eye Screening Programme provider directly to arrange an eye screening check we are able to do that, if you can provide us with their contact details, or if you would prefer that patients are advised to phone the GP practice after a certain time of day and to request to speak to a specific person, we can also do that.
- If you have any questions on this process, please do not hesitate to contact [**insert name of pharmacy manager**] on [**insert phone number**]. Further information on the Pharmacy Quality Scheme can be found at: psnc.org.uk/quality.

Annex 3: Template letter for GP practices

A standalone version of all of the Annex documents can be found at: psnc.org.uk/pqsdiaabetes

Name of pharmacy
Pharmacy address 1
Pharmacy address 2
Pharmacy postcode
Pharmacy phone number
Pharmacy email address

GP's name or GP practice manager's name
Name of GP practice
GP Practice address 1
GP practice address 2
GP practice postcode

19 September 2019

Dear GP's name or GP practice manager's name

Re: Patients with diabetes – Foot and eye screening (retinopathy) checks

I am writing to let you know about a new process in our pharmacy for checking if patients aged 12 years and over with diabetes have had their annual foot and eye screening checks.

The Pharmacy Quality Scheme in 2019/20 requires community pharmacy contractors to meet specific quality criteria; one of these focusses on annual foot and eye screening for patients with diabetes.

From 1st October 2019 until 31st January 2020, we will be asking all patients with diabetes aged 12 years and over if they have had their annual foot and eye screening checks. If they haven't or if they are unsure, we will advise them to speak to the receptionist at their GP practice to find out if they need an appointment and how this can be arranged, where appropriate; we will also discourage patients from just making an appointment with their GP to address this matter.

If you would prefer for us to advise patients to contact the National Diabetic Eye Screening Programme provider directly to arrange an eye screening check we are able to do that, if you can provide us with their contact details, or if you would prefer that patients are advised to phone the GP practice after a certain time of day and to request to speak to a specific individual, we can also do that.

If you have any questions on this process, please do not hesitate to contact **[insert name of pharmacy manager]** on **[insert phone number]**. Further information on the Pharmacy Quality Scheme can also be found at: psnc.org.uk/quality.

Yours sincerely

Pharmacy manager's name

Annex 4: Data collection form

A standalone version of all of the Annex documents can be found at: psnc.org.uk/pqsdiaabetes

Collate the answers using a 5-bar gate approach  and then add these up to give you the totals for each question. The totals will need to be entered into the Manage Your Service (MYS) application when contractors make a declaration for a PQS payment.

Patient response	Number of patients	Total
Pharmacy receives a prescription for a patient aged 12 years or over with diabetes (only count individual patients once, even though they may visit the pharmacy on multiple occasions during the period of activity for this quality criterion).		
Select one of the three options below:		
1. The patient agreed to discuss their diabetes with a member of pharmacy staff;		
2. The patient declined to discuss their diabetes with a member of pharmacy staff (no further data needs to be recorded); OR		
3. The patient could not be contacted (no further data needs to be recorded).		
Select one of the three options below about the patient's answer to whether they had attended a retinopathy screen in the past 12 months:		
1. The patient had attended a retinopathy screen in the last 12 months;		
2. The patient had not attended a retinopathy screen in the last 12 months OR		
3. The patient was not sure if they had attended a retinopathy screen in the last 12 months.		
Select one of the three options below about the patient's answer to whether they had attended a foot check in the past 12 months:		
1. The patient had attended a foot check in the last 12 months;		
2. The patient had not attended a foot check in the last 12 months; OR		
3. The patient was not sure if they had attended a foot check in the last 12 months.		
Select one or more of the three options below about whether a member of the pharmacy team appropriately signposted/referred the patient:		
1. The patient was referred for a retinopathy screen;		
2. The patient was referred for a foot check; AND/OR		
3. The patient was referred as they were unsure if they had attended a retinopathy screen or foot check in the last 12 months.		



Annex 5: Suggested process for checking if patients aged 12 years and over are due an annual foot check and/or eye screening (retinopathy) check

A standalone version of all of the Annex documents can be found at: psnc.org.uk/pqsdiabetes

