

## DIABETIC EYE SCREENING (DES) – OPT OUT FORM

In order for us to remove you from our recall lists, we would need you to complete this opt out form and return it to us for our records. This will allow us to stop sending out further communications for a period of time. However, your written confirmation is needed to ensure there is no misunderstanding of the implications of opting out of DES.

This process has to be undertaken in conjunction with your GP as you are automatically referred to us for screening from the practice therefore I have copied them in on this correspondence so that your GP is aware of your decision.

In Scotland, we invite all people with diabetes over the age of 12 years to take part in the DES Programme every year. Evidence shows that regular screening for diabetic retinopathy can significantly lower the risk of loss/further loss of sight.

Please sign and return the lower part of this letter to confirm your wishes to us. You can change your mind at any time by contacting your General Practitioner or by emailing us at the Diabetic Eye Screening Administration mailbox on:

[nhsh.diabeticretinopathyscreening@nhs.scot](mailto:nhsh.diabeticretinopathyscreening@nhs.scot)

We can reinstate you back into the diabetic eye screening programme at any time if you change your mind. If you have access to a scanner, you can also return your completed and signed opt out form to the above mailbox.

The maximum period of time that we can remove you from screening is 3 years. After this period, we will check this with you again by sending you out a new invitation to attend screening. This is done as a failsafe in case your situation has changed.

If you want to be permanently suspended from DES, you will need to contact your GP and ask them to initiate a permanent suspension on your screening record in their SCI Diabetes register. Your GP will check with you that this is an informed decision where you will not be contacted by the DES Programme at any time in the future.

**If you do not return the completed form to us, you will be recalled for screening in 12 months' time from the date of this letter as a failsafe.**

There is a wealth of information in connection with the local NHS DES service available to you online.

The website address for your information is as follows:

<http://www.nhshighland.scot.nhs.uk/YourHealth/Diabetes/Pages/EyeScreening.aspx>

Yours sincerely

L Steele

DES Board Programme Screening Co-ordinator, NHS Highland

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_ (Please Print)

Address: \_\_\_\_\_

NAME OF YOUR GP: \_\_\_\_\_

Please do not send me invitations to take part in the Scottish Diabetic Eye Screening Programme. I assume full responsibility for this decision and confirm that I have read the statement that diabetic eye screening can reduce the risk of loss of sight. I understand that I can change my mind and request a diabetic retinopathy screening test if I wish. I can do this by contacting my General Practitioner or the Diabetic Retinopathy Screening Programme at any time in the future. As a failsafe, the screening programme will contact me again in three years' time from the date of this disclaimer to check that I still wish to opt out of screening.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**If this form is not being signed by the patient then please complete the table below:**

PRINT NAME	AUTHORITY FOR SIGNING	REASON

**PLEASE RETURN BY POST TO:**

**DES, CFHS, OLD PERTH ROAD, INVERNESS, IV2 3JH**

**OR BY SCANNED EMAIL TO: [nhsh.diabeticretinopathyscreening@nhs.scot](mailto:nhsh.diabeticretinopathyscreening@nhs.scot)**