



# **Wirral Diabetic Retinopathy**

## **Screening Programme**

### **Health Equity Audit**

**January – December 2013**

**Wirral Council  
Performance & Public Health Intelligence Team  
Updated May 2014**

## 1. Rationale

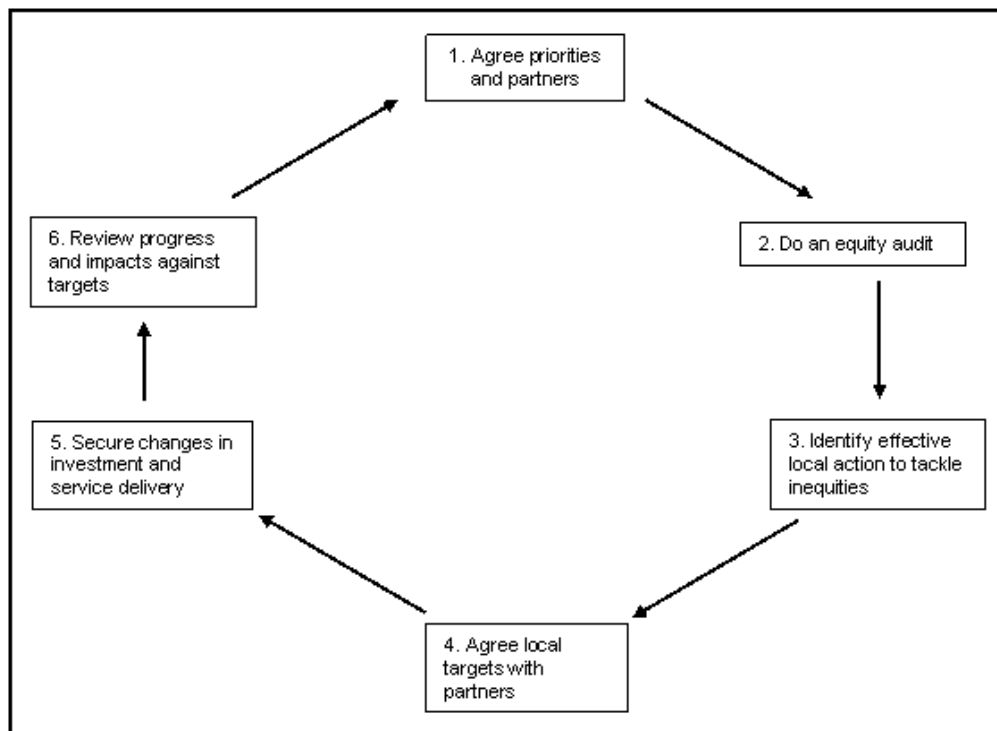
This is the 3<sup>rd</sup> Wirral Health Equity Audit exploring Diabetic Retinopathy Screening. The data within this report relates to January – December 2013.

## 2. Introduction

### 2.1. Health Equity Audit

Health Equity Audits (HEA) focus on how fairly resources are distributed in relation to the health needs of different areas or groups. The aim is not to distribute resources equally, but to ensure they are allocated in relation to health need. This is vital, as failure to take into account health need could mean we contribute to increasing health inequalities instead of reducing them. Equity audits are a recurring process, as illustrated in points 1 to 6 in Figure 1.

**Figure 1: The Health Equity Audit Cycle**



## 2.3. Background & Context

### **Diabetes (diabetes mellitus)**

Diabetes is a long-term condition caused by excess glucose in the bloodstream. There are two main types of diabetes;

- Type 1
- Type 2

In the UK, diabetes affects approximately 3.2 million people. It is estimated that 850,000 people are thought to have undiagnosed type 2 diabetes. All people with diabetes are at risk of developing diabetic retinopathy (Diabetes UK, 2014).

### **Diabetic Eye Screening Programme**

The NHS Diabetic Eye Screening Programme is a systematic national population-based programme that aims to reduce the risk of sight loss among people with diabetes through early detection and appropriate treatment of diabetic retinopathy. Reducing inequalities of access to health-care and health outcomes is a government priority, and a key target within the Diabetes National Skills Framework launched in 1998. (DH 1998) The establishment of a universal screening programme was to ensure all diabetics are screened annually. All people aged 12 and over with diabetes (type 1 and 2) are offered appointments to attend screening.

### **Diabetic Retinopathy**

Diabetic retinopathy is caused when diabetes affects the small blood vessels in the retina, (part of the eye that acts like a film in a camera). Diabetic retinopathy progresses with time but may not cause symptoms until it is quite advanced and close to affecting a person's sight. All people with diabetes are at some risk of developing diabetic retinopathy, whether their diabetes is controlled by diet, tablets or insulin. Diabetic retinopathy is the most common cause of sight loss in people of working age. It is estimated that in England every year 4,200 people are at risk of blindness caused by diabetic retinopathy and there are 1,280 new cases of blindness caused by diabetic retinopathy, (NHS Screening Programmes, 2014).

This report examines equity in attendance for the Wirral diabetic retinopathy screening programme.

## **3. Method**

The Wirral Diabetic Eye Screening Programme (DESP) provided anonymised data which was extracted from Optomize in 2014. Screening activity and total number of patients, who had been invited, screened and those who had not attended for appointments were examined. This included information about patient area of residence by postcode and GP details - this data was solely for those patients who were considered to be non-attenders. All inactive patients (those who have moved away or deceased) were excluded from the study.

### 3.1 Limitations

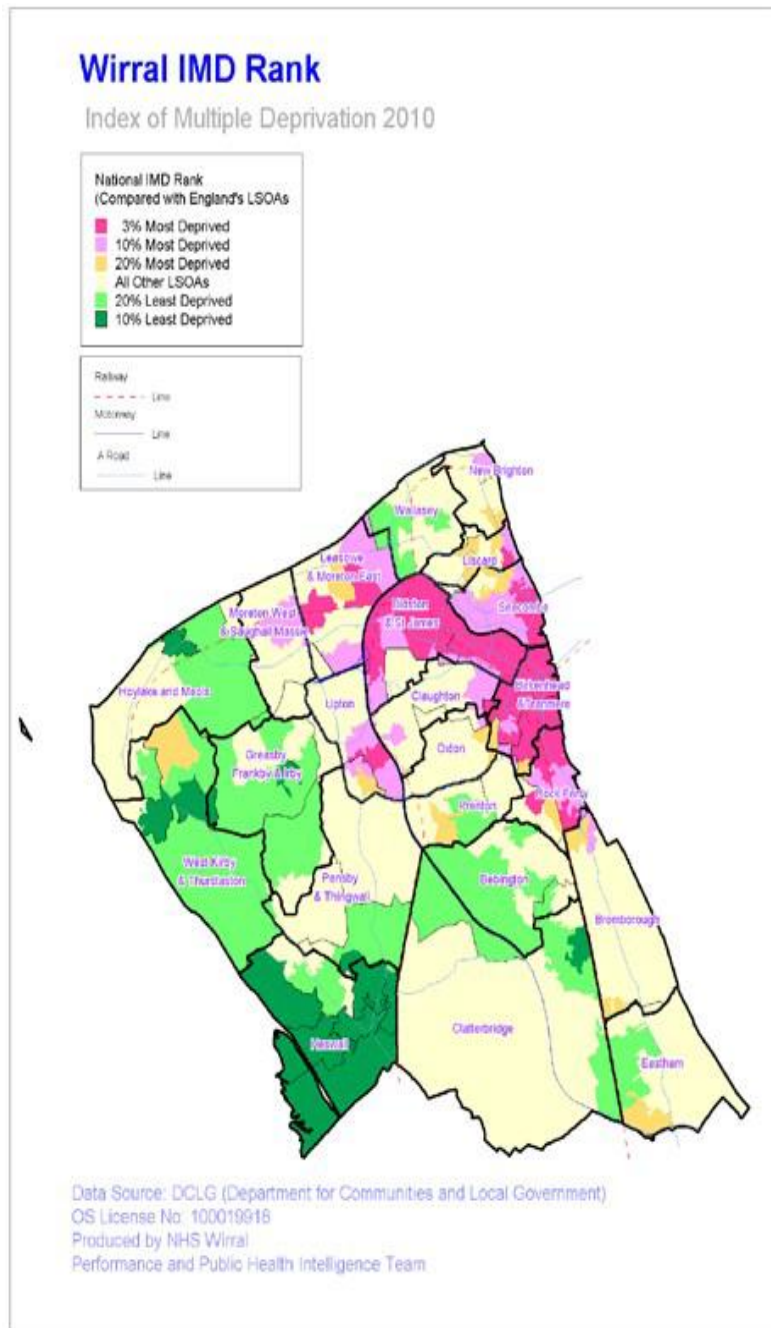
In early 2013 the Wirral Diabetic Retinopathy Screening Programme changed the database software. The Screening Programme migrated from Orion to the common pathway compliant software Optimize. Data for the years 2011, 2012 and 2013 were migrated from Orion into Optimize. The newly installed software package, handles data in different ways leading to various data compatibility issues. Therefore, it was not possible to produce trend analysis for the purpose of this report. However Appendix 1 shows previous activity from 2011 but is not comparable with the current data.

An objective for this project was to analyse and map all non-attending (for the single year 2013) patients by postcode, however due to the limitations in data this was not achievable this year.

The data compatibility issues outlined above are not unique to Wirral as other areas throughout England are also affected by changes in software in line with the requirements of the national common pathway.

## 4. Wirral Demographics

### 4.1. Overview of Wirral



Wirral is a borough of contrast, both in its physical characteristics and demographics. Rural, urban and industrialised areas sit side by side in a compact peninsula of 60 square miles.

There are a lower proportion of younger adults in their twenties and thirties and a higher proportion of older people in Wirral compared to England and Wales.

The 65+ age group is expected to increase at a faster rate than any other age group over the next decade. Between 2011 and 2021 it is estimated that this population group will increase to 72,150 from 61,422 in 2011. The 85+ age group is estimated to increase by 30%, from 8,460 in 2011 to 10,985 in 2021.

The Index of Multiple Deprivation (IMD) 2010<sup>1</sup>, ranked Wirral overall as being in the bottom 20% of areas nationally, but this masks significant health inequalities

The internal life expectancy gap in Wirral is one of the largest in England and there is 10 year gap between areas with the highest life expectancy compared to lowest.

The map (left) highlights the differential in deprivation between the east and west of Wirral.

The 2011 Census indicates that 5.03% of the Wirral population are from black and minority ethnic (BME) groups.

For more information on health and wellbeing in Wirral, consult the Wirral Joint Strategic Needs Assessment, Available at <http://info.wirral.nhs.uk>

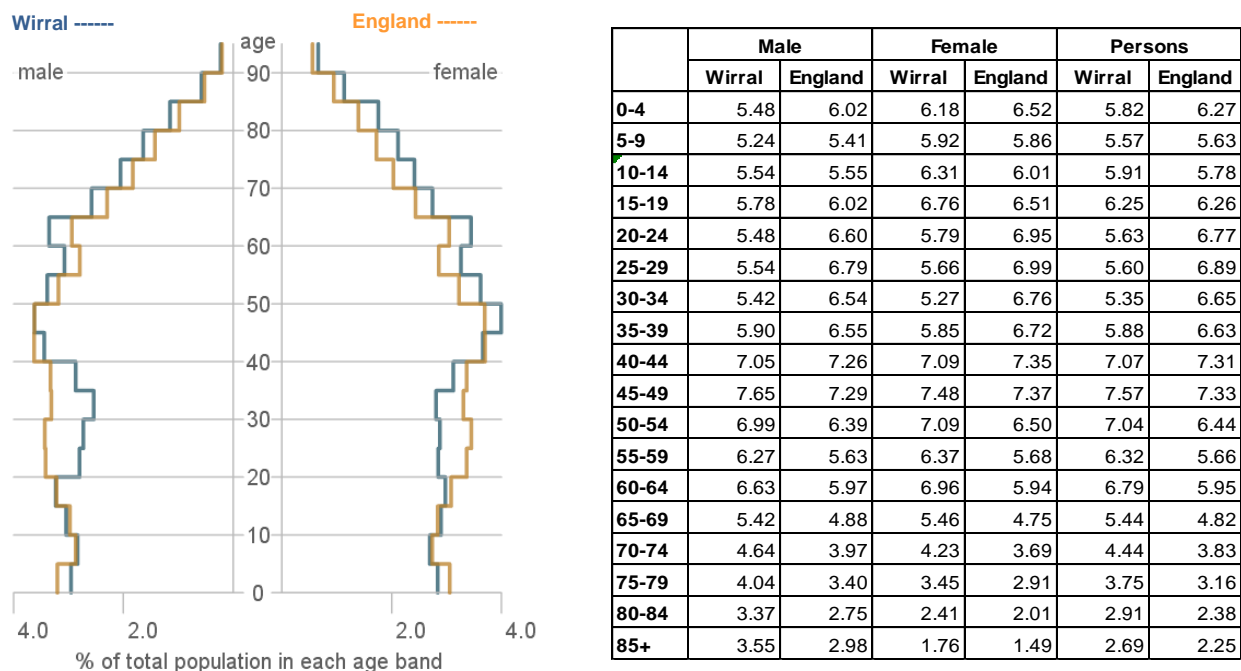
<sup>1</sup> **Index of Multiple Deprivation (IMD) 2010:** The Index of Multiple Deprivation takes a number of factors covering a range of health, economic, social and housing issues and combines them into a single deprivation score for each small area in England. This allows areas to be ranked according to their level of deprivation.

## 4.2. Socio Demographics

Age can be a risk factor in diabetes prevalence. Type 1 is often diagnosed in childhood however, Type 2 diabetes increases steadily after the age of 40 years. The prevalence of diabetes appears to be higher in areas of deprivation. Those who live in the 20% most deprived areas of England are 56% more likely to suffer from diabetes than those living in the most affluent areas (YHPHO, 2013). Research suggests people from Asian and Black ethnic groups are at greater risk of developing diabetes at a younger age (Figure 2, below) (YHPHO, 2013).

Figure 2 shows a population pyramid by age-group and sex in comparison with England. Wirral has an older ageing population when compared with England specifically those aged 65 years and over.

**Figure 2: Wirral & England Mid-Year Population Estimates (Percentages) by Age Group and Gender, Population Pyramid Comparison; 2011 Census Population Estimates**



Source; Office for National Statistics 2014 (<http://www.ons.gov.uk/>)

The latest ONS data highlights the overall population for Wirral has increased from 314,700 (2001 Census) to 319,783 (2011 Census), a total population increase of 1.6%. This information is illustrated in Table 1 (below), which compares the population breakdown by ethnic group.

## 4.2 Ethnicity

It is widely known that local ethnicity information is limited. This is not unique to Wirral, as many other areas are faced with similar issues due to limitations and inconsistencies in recording of BME data. The current Census (2011) highlights Wirral has a small, but increasing, ethnic minority population, data shows overall Wirral has a total BME population of approximately 5% (Table 1). The largest sub-set of this group is 'White Other' which represents just over 1% of the total population. Based on applications for New National Insurance numbers over the last several years, it seems likely that a large percentage of the White Non-British (or White Other) groups are from the EU Accession states (Eastern European countries such as Poland, Hungary etc.) see [Wirral JSNA BME section for more details](#).

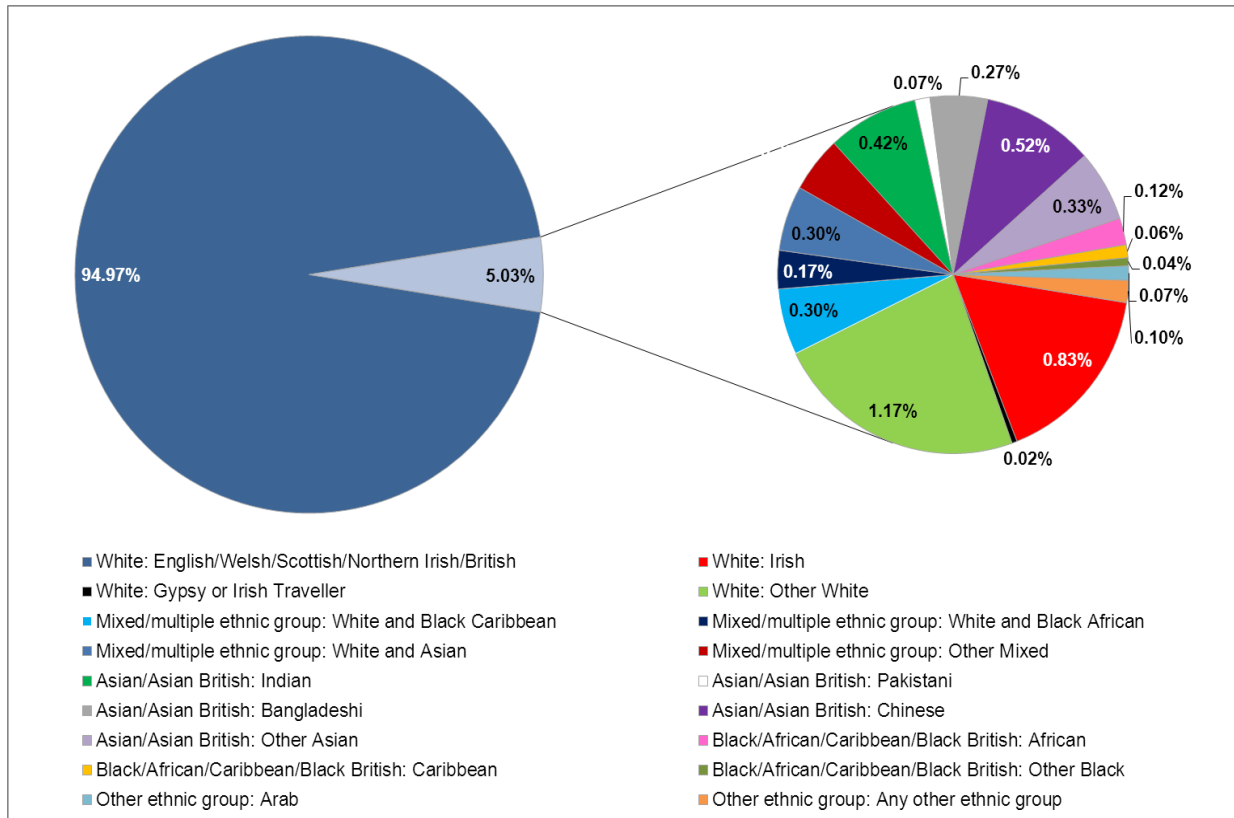
**Table 1: Wirral Ethnic Groups, Census 2001 & 2011**

Ethnicity	Census 2001	Census 2011	% of 2011 population	Net Change (from 2001)
<b>White: British</b>	303,800	303,682	94.97	-118
<b>White: Irish</b>	3,100	2,667	0.83	-433
<b>White: Gypsy or Irish Traveller</b>	0	77	0.02	77
<b>White: Other White</b>	2,700	3,730	1.17	1,030
<b>Mixed: White and Black Caribbean</b>	500	964	0.30	464
<b>Mixed: White and Black African</b>	300	558	0.17	258
<b>Mixed: White and Asian</b>	500	949	0.30	449
<b>Mixed: Other Mixed</b>	500	815	0.25	315
<b>Asian or Asian British: Indian</b>	700	1,344	0.42	644
<b>Asian or Asian British: Pakistani</b>	100	226	0.07	126
<b>Asian or Asian British: Bangladeshi</b>	400	851	0.27	451
<b>Asian or Asian British: Chinese</b>	1,300	1,653	0.52	353
<b>Asian or Asian British: Other Asian</b>	200	1,042	0.33	842
<b>Black or Black British: African</b>	300	389	0.12	89
<b>Black or Black British: Black Caribbean</b>	200	189	0.06	-11
<b>Black or Black British: Other Black</b>	100	117	0.04	17
<b>Other Ethnic Group</b>	0	530	0.17	530
<b>All Groups</b>	<b>314,700</b>	<b>319,783</b>	<b>100.00</b>	<b>5,083</b>

Source: ONS, 2011 (<http://www.ons.gov.uk/ons>)

Figure 3 shows a further breakdown of ethnicity in Wirral. Out of the ethnic groups, White Other is the largest proportion, followed by White Irish and Asian/Asian British Chinese.

**Figure 3: Ethnicity Breakdown for Wirral, Census 2011**



Source: ONS, 2011 (<http://www.ons.gov.uk/ons>)



## 4.3 Vulnerable Groups

### 4.3.1 Travellers and Gypsies

Many Travellers and Gypsies are now recognised as belonging to an ethnic group under race equality legislation, including Irish Travellers. Studies have found that the health status of Gypsies and Travellers is poor compared to the general population. Various studies have found Irish and Gypsy Travellers are significantly more likely to have a long-term illness, health problem or disability which limits their daily activities or work compared with their age-sex matched comparators. In addition, community access to healthcare can be very poor. Gypsy Travellers, particularly men, were much less likely than their counterparts to be registered with a GP and are likely to be accessing healthcare through Accident and Emergency departments (Wirral JSNA, 2013). Evidence has found that Gypsies and Travellers have specific healthcare needs in relation to mental health, maternal health and women's health. Further information on this topic can be found in the [Wirral JSNA section BME Groups](#).

### 4.3.2 Learning Disabilities

People with learning disability have lower life expectancy than the general population and are more likely to have un-diagnosed long-term conditions. The projected number of people aged 18+ with learning disability in Wirral is expected to remain the same from 5,600 in 2011, to 5,561 in 2030 (Wirral JSNA, 2013).

Recently, more people with a learning disability now have their disability recorded on GP registers. There is still a need for more local data on the health status of people with a learning disability. Health checks provided in GP practices are valuable for patients with a learning disability and work needs to continue to identify 'reasonable adjustments' which could be made to health services to reflect the specific needs of people with learning disability. Additionally, research has established that local people with learning disability have stated the importance of using plain language so they can understand issues about their care.

More detailed information about learning disabilities is available from the [Learning Disability section of the Wirral JSNA](#).

### 4.3.3 Physical Disabilities

All screening venues must comply with the Disability Discrimination Act 1995 (which has now been replaced with the Equality Act 2010) in order to facilitate full access for disabled service users.

#### 4.3.4 Looked After Children

Historically, Wirral has had a high number of children in care compared with England. The latest figures (2012) show the Looked after Children rate in Wirral is almost double the national average with a rate of 100 per 10,000 children compared with 59 per 10,000 children. There is also huge variation in the smaller geographic areas of Wirral, with the highest rates seen in the most deprived areas. For further information on looked after children see [Wirral JSNA Children and Young People chapter](#).

#### 4.3.5 Mental Health

Mental health is fundamental to good health, wellbeing and quality of life. It impacts on how people think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. We all have mental health needs irrespective of any diagnosis associated with mental health (Wirral JSNA, 2013).

Further information can be obtained from the [Mental Health Section of the Wirral JSNA](#).

## 5. Results

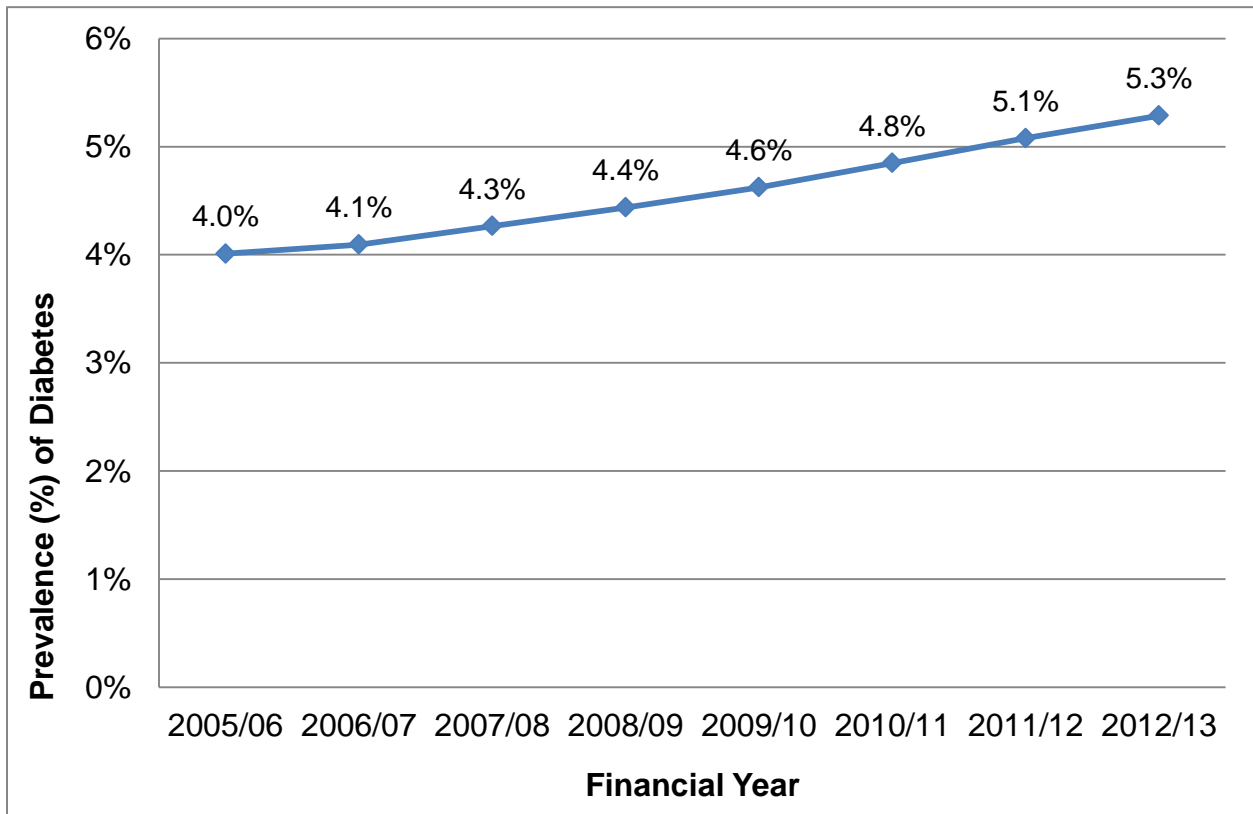
### 5.1 Prevalence within Wirral

In 2012/13, there were approximately 17,500 people with diabetes recorded in Wirral, which equates to 5.3% of the total population. In England the prevalence of diabetes for the same period is **6.01%** (Quality and Outcomes Framework, 2013). *The prevalence reported within this section of the report has been calculated using the total list size for all GP practices, including all ages, as a denominator.*

#### 5.1.1 Trends in Diabetes Prevalence for Wirral

The prevalence of diabetes has increased by a fifth (20%) in Wirral from 13,417 in 2005/06 to 17,504 in 2012/13 - an increase of about 510 diabetics per year (Figure 4). A proportion of this may be due to improved recording of diabetic status in primary care rather than increased new occurrences of people with diabetes.

**Figure 4: Trends in the prevalence of diabetes, Wirral, 2005/6 – 2012/13**



Source: Quality and Outcomes Framework, 2013

## 5.2 Diabetic Retinopathy Screening Uptake

In Wirral a total of 13,876 diabetic patients received diabetic retinopathy screening between January 2013 and December 2013.

### 5.2.1 Screening Uptake in GP Practices

There was a large variation in screening uptake between Wirral GP practices, with the highest achieved 86.4% compared with the lowest 65.3% (for GP uptake see Appendix 1).

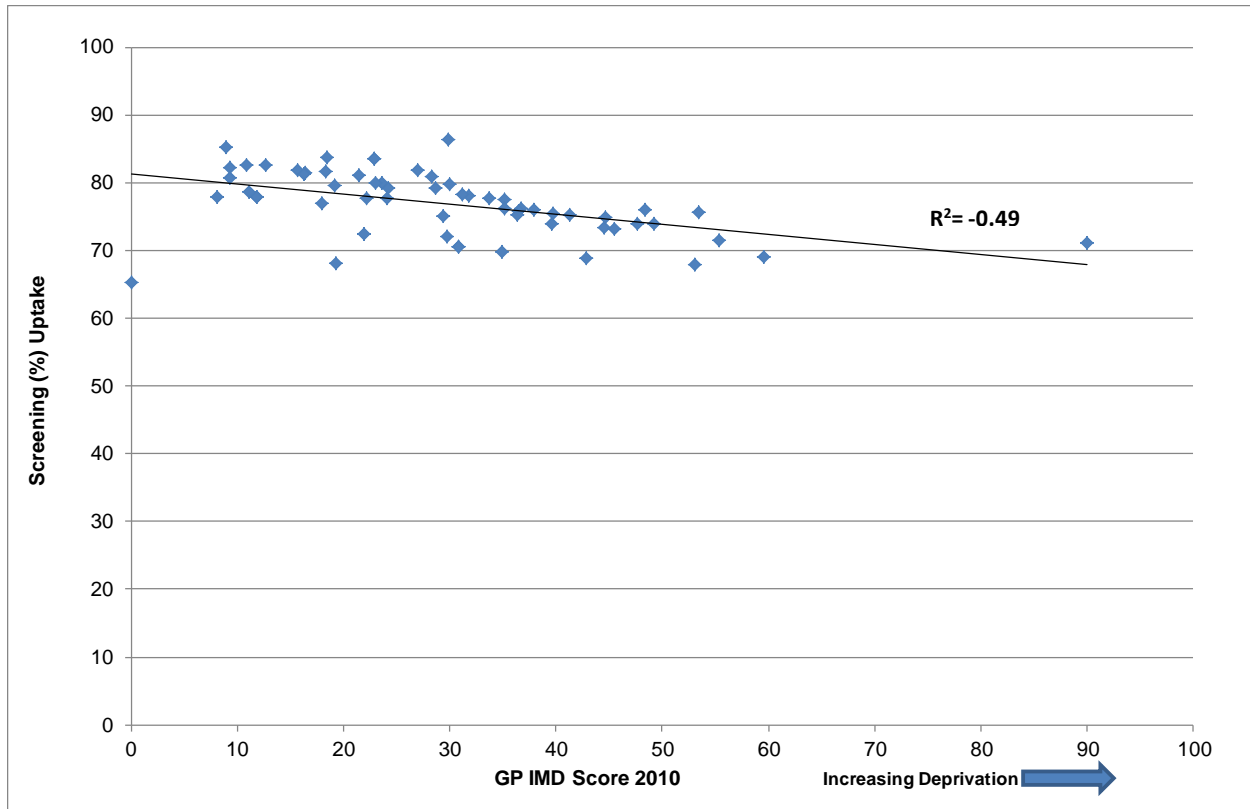
### 5.2.2 Diabetic Retinopathy Screening: Non-Attendees

Appendix 2 shows a map of all patients who have not attended for Diabetic Retinopathy Screening appointments in the previous 2 years. The map illustrates the highest rates of non-attenders are in seen in the most deprived areas of Wirral. This can be seen in Bidston and St James (rate of 2.60 per 1,000 population), followed by Leasowe and Moreton East (2.09 per 1,000 population) and Claughton (1.94 per 1,000 population).

### 5.2.3 Screening Uptake and GP Practice Deprivation<sup>2</sup>

Figure 5 shows the relationship between deprivation and GP practice uptake. There is a strong negative correlation between GP IMD score and GP practice uptake with 49% association between the two variables.

**Figure 5: Correlation between Diabetic Retinopathy Screening Uptake and GP IMD Score, Wirral, January - December 2013**



Source: Optomize, Wirral Diabetic Eye Screening Programme, 2014; Index of Multiple Deprivation 2010

<sup>2</sup> The correlation chart above includes IMD 2010; previous equity audits would have included IMD 2007. Please note changes will have occurred between the two datasets over time. See IMD 2010 technical report for more information <http://www.communities.gov.uk/documents/statistics/pdf/1870718.pdf>  
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### 5.3 Geographical Distribution by Optometrist Clinic

The most popular area in Wirral for individuals to attend diabetic retinopathy screening is Birkenhead (Table 4). There may be many reasons for this, such as convenient location with better transport links within the town center.

**Table 4: Proportion of Diabetics Screened by Optometrist Clinic, Wirral, January – December 2013**

<b>Optometrist Clinic</b>	<b>Number of Screenings</b>	<b>Percentage Screened (%)</b>
Specsavers - Birkenhead	2240	15.6
Specsavers - Wallasey	1333	9.3
Fred Howard Opticians - Wallasey	968	6.8
R Millican - Moreton	938	6.6
Harris Opticians - West Kirby	835	5.8
McGarvey Opticians - Prenton	693	4.8
Paul Moore Opticians - Moreton	588	4.1
Houghton Opticians - Bromborough	554	3.9
Eye 2 Eye - Upton	550	3.8
The Eye Works - Bromborough	549	3.8
PM & DJ Ball - Bebington	542	3.8
Harris Opticians - Heswall	527	3.7
Price Opticians - New Ferry	500	3.5
Eye 2 Eye - Birkenhead	460	3.2
Orrells Opticians - New Brighton	424	3.0
Daly Opticians - Greasby	415	2.9
Fred Howard Opticians - Bebington	415	2.9
Price Opticians - Claughton	401	2.8
Fred Howard Opticians - Pensby	395	2.8
The Eye Works - Upton	363	2.5
Eye 2 Eye - Heswall	350	2.4
McGarvey Opticians - Rock Ferry	280	2.0
<b>Wirral Total</b>	<b>14320</b>	<b>100</b>

Source: Optomize, Wirral Diabetic Eye Screening Programme, 2014

## 6. Conclusions

- The prevalence of diabetes in Wirral is 5.3% compared with 6.1% in England. It is higher amongst men and older people.
- The prevalence of recorded diabetes increased by a fifth from 4% in 2005/06 to 5.3% in 2012/13.
- The prevalence of diabetes is higher in the more deprived areas of Wirral.
- Screening uptake varies significantly between GP practices across Wirral.
- GP practices with a higher deprivation score (most deprived) were more likely to have lower uptake rates of diabetic retinopathy screening. Therefore, disability from blindness is a more significant risk for these groups.
- More than a third are recorded on GP registers with a mental health issues from the most deprived areas of Wirral.
- Based on the latest results from the learning disability health needs assessment, issues have been raised about the need to use plain language in order to understand their health care issues.

**Reference:**

Department of Health (1998) **National Skills Framework: Diabetes**

Diabetes UK (2014). Diabetes [Online] Available at <http://www.diabetes.org.uk/Guide-to-diabetes/What-is-diabetes/>  
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YHPHO (2013). **Yorkshire and Humber Health Intelligence**. [Online] Available at [http://www.yhpho.org.uk/diabetescommunityhealthprofiles/CCGprofiles13/12F\\_Diabetes%20Profile%202013.pdf](http://www.yhpho.org.uk/diabetescommunityhealthprofiles/CCGprofiles13/12F_Diabetes%20Profile%202013.pdf) [Date Accessed March 2014]

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Quality of Outcomes Framework (2013). **Diabetes Prevalence**. [Online] Available at <http://www.hscic.gov.uk/catalogue/PUB12262> [Date Accessed March 2014]

NHS Screening Programmes (2014), **Diabetic Retinopathy**. [Online] Available at <http://diabeticeye.screening.nhs.uk/statistics> [Date Accessed April 2014]



## Appendix 1: Diabetic Retinopathy Screening Uptake and Practice IMD (2010)

Practice Code	Practice Name	2011 - Uptake %	2013 - Uptake %	Practice IMD Score
N85002	Marine Lake Medical Centre	*81.24	*77.83	11.85
N85004	West Kirby Health Centre	*81.24	*77.83	11.85
N85011	West Kirby Health Centre	*81.24	*77.83	11.85
N85614	Seabank Medical Centre	71.26	*70.50	30.82
N85619	Earlston and Seabank	*81.93	*70.50	30.82
N85040	Moreton Health Clinic	85.79	86.46	29.88
N85032	Greasby Group Practice	86.71	85.34	8.92
N85643	Prenton Medical Centre	83.12	83.72	18.45
N85022	Holmlands Medical Centre	88.14	83.59	22.85
N85018	Villa Medical Centre	86.27	83.54	22.86
N85001	TG Medical Centre	80.34	82.70	12.67
N85617	Spital Surgery	81.44	82.63	10.83
N85007	Heswall & Pensby Health Centre	84.48	82.17	9.31
N85006	Civic Health Centre	83.98	81.92	15.72
N85048	Moreton Medical Centre	83.85	81.82	26.99
N85047	Orchard Surgery	84.71	81.62	18.31
N85005	Eastham Group Practice	83.66	81.51	16.44
N85054	Kings Lane Medical Centre	81.48	81.38	16.25
N85057	Teehey Lane Medical Centre	91.04	81.15	21.46
N85028	Moreton Cross Group Practice	86.86	80.93	28.33
N85008	The Warrens Medical Centre	85.52	80.67	9.27
N85056	Wallasey Village Group Practice	78.57	80.08	23.01
N85046	Hoylake Road Medical Centre	83.95	79.91	23.66
N85034	Parkfield Mc (Hawthornthwaite)	*81.28	79.76	30.04
N85013	Upton Group Practice	86.10	79.65	19.16
N85012	St. Georges Medical Centre	79.61	79.19	28.71
N85025	St. Hilary Brow Group Practice	82.45	79.15	24.18
N85059	Hoylake & Meols Medical Centre	82.59	78.63	11.07
N85053	Field Road Health Centre	80.31	78.22	31.19
N85051	Parkfield Medical Centre (Raymond)	*81.28	78.02	31.73
N85058	Silverdale Medical Centre	85.39	77.90	8.09
N85052	Grove Road Surgery	87.31	77.78	22.15
N85620	Grove Medical Centre	78.21	77.78	24.09
N85009	Commonfield Surgery	81.76	77.71	33.74
N85041	Greenway Surgery	77.28	77.59	35.20
N85003	Allport Surgery	82.76	76.99	18.01
N85616	Liscard Group Practice	83.50	76.26	35.14
N85020	Victoria Park Health Centre	78.59	76.17	36.74
N85640	Leasowe Primary Care	73.94	76.13	48.33
N85027	Central Park Group Practice	79.57	76.12	37.92
N85044	Cloughton Medical Centre	76.72	75.78	36.43
N85021	Hamilton Medical Centre	71.32	75.74	53.41
N85024	Somerville Medical Centre	79.35	75.51	39.72
N85037	Heatherlands Medical Centre.	76.06	75.25	41.29
N85635	Mill Lane Surgery	79.82	75.20	36.30
N85023	Manor Health Centre	77.00	75.08	29.36
N85031	Gladstone Medical Centre	73.80	75.00	44.65
N85017	Cavendish Medical Centre	78.51	74.02	49.21
N85016	Riverside Surgery	75.15	73.95	39.62
N85019	Whetstone Lane Medical Centre	78.65	73.89	47.70
N85029	Fender Way Health Centre	77.72	73.43	44.51
N85629	Egremont Medical Centre	76.39	73.26	45.49
N85014	Townfield Health Centre	77.24	72.39	21.94
N85648	Blackheath Medical Centre	82.69	72.00	29.74
N85038	Vittoria Medical Centre (Edwards)	80.34	71.43	55.41
N85007A	Heswall & Pensby Health Centre	N/A	71.05	90.00
N85015	Devaney Medical Centre	74.46	69.80	34.86
N85625	Miriam Medical Centre	70.66	69.05	59.53
Y02162	Woodchurch Medical Centre	74.42	68.89	42.89
N85633	Church Road Medical Practice	80.95	68.18	19.27
N85634	Vittoria Medical Centre (Murty)	N/A	67.89	53.06
Y02569	All Day Health Centre	N/A	65.38	**

\* Practice figures were combined and could not be separated out, \*\* IMD Score not available

\*\*\* Figures may not be directly comparable due to changes in software & databases

Source: Optomize, Wirral Diabetic Eye Screening Programme, 2014 and IMD 2010

## Appendix 2: Diabetes Screening DNAs by GP Practice, January – December 2013

The table below illustrates the number and percentage of patients who booked an appointment but did not attend (DNA).

Practice Code	Practice Name	Number of DNA	% DNA
N85001	TG Medical Centre	4	2.16
N85002	Marine Lake Medical Centre	13	4.01
N85003	Allport Surgery	10	4.42
N85004	West Kirby Health Centre	8	3.13
N85005	Eastham Group Practice	12	2.02
N85006	Civic Health Centre	10	2.23
N85007	Heswall & Pensby Health Centre	22	3.74
N85007	Heswall & Pensby Health Centre	2	5.26
N85008	The Warrens Medical Centre	23	3.37
N85009	Commonfield Surgery	21	6.00
N85011	West Kirby Health Centre	11	4.56
N85012	St. Georges Medical Centre	18	3.05
N85013	Upton Group Practice	23	4.50
N85014	Townfield Health Centre	16	4.51
N85015	Devaney Medical Centre	14	3.55
N85016	Riverside Surgery	20	5.26
N85017	Cavendish Medical Centre	12	4.27
N85018	Villa Medical Centre	9	2.80
N85019	Whetstone Lane Medical Centre	27	5.73
N85020	Victoria Park Health Centre	13	3.19
N85021	Hamilton Medical Centre	4	2.94
N85022	Holmlands Medical Centre	6	3.08
N85023	Manor Health Centre	15	4.67
N85024	Somerville Medical Centre	16	4.04
N85025	St. Hilary Brow Group Practice	11	3.89
N85027	Central Park Group Practice	35	7.14
N85028	Moreton Cross Group Practice	18	4.40
N85029	Fender Way Health Centre	8	3.86
N85031	Gladstone Medical Centre	10	3.29
N85032	Greasby Group Practice	24	6.90
N85034	Parkfield Mc (Hawthornthwaite)	16	3.86
N85037	Heatherlands Medical Centre	13	6.57
N85038	Vittoria Medical Centre (Edwards)	16	5.71
N85040	Moreton Health Clinic	14	3.65
N85041	Greenway Surgery	16	3.94
N85044	Cloughton Medical Centre	24	5.38
N85046	Hoyle Road Medical Centre	9	4.11
N85047	Orchard Surgery	8	2.94
N85048	Moreton Medical Centre	14	4.55
N85051	Parkfield Medical Centre (Raymond)	32	7.03
N85052	Grove Road Surgery	7	5.19
N85053	Field Road Health Centre	6	2.97
N85054	Kings Lane Medical Centre	13	6.91
N85056	Wallasey Village Group Practice	8	3.25
N85057	Teehey Lane Medical Centre	2	1.64
N85058	Silverdale Medical Centre	7	2.54
N85059	Hoyle & Meols Medical Centre	9	3.85
N85614	Seabank Medical Centre	8	8.00
N85616	Liscard Group Practice	18	8.22
N85617	Spital Surgery	6	3.16
N85619	Earlston and Seabank	5	2.56
N85620	Grove Medical Centre	8	4.68
N85625	Miriam Medical Centre	25	8.50
N85629	Egremont Medical Centre	16	6.20
N85633	Church Road Medical Practice	1	0.76
N85634	Vittoria Medical Centre (Murty)	2	1.83
N85635	Mill Lane Surgery	2	1.60
N85640	Leasowe Primary Care	11	7.10
N85643	Prenton Medical Centre	3	3.49
N85648	Blackheath Medical Centre	10	5.71
Y02162	Woodchurch Medical Centre	4	4.44
Y02569	All Day Health Centre	2	7.69
<b>Wirral</b>		<b>770</b>	<b>4.31</b>

Source: Optimize, 2014

### Appendix 3: Map of Diabetic Retinopathy Screening: Non Attenders, 2 Years Pooled (1 April 2012 to 31 March 2014), Rate Per 1,000

