



UK National  
Screening Committee



Screening Programmes

Diabetic Eye

# DESP New Common Pathway

## An Update

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Screening Programmes (DESP and AAA)

Part of Public Health England



# Our Pre – NCP starting point



"I fed all the data in to the computer. The print-out reads  
'How the hell should I know!'"

# Why did we start the process?

We set out to have accurate measures of programme performance

Two stranded approach

A common pathway

So we can measure like v like

New measures of grading performance

So we know grading is accurate and assesses risk of progression properly

# Case finding v Screening

## Clinical View - Patient Centred

Every decision correct  
Every decision acted upon  
Diagnostic

## Public Health View- Population Centred

Best benefit –most people  
Cost effective  
Balance of sensitivity and specificity

# For Grader Performance - Sensitivity and Specificity

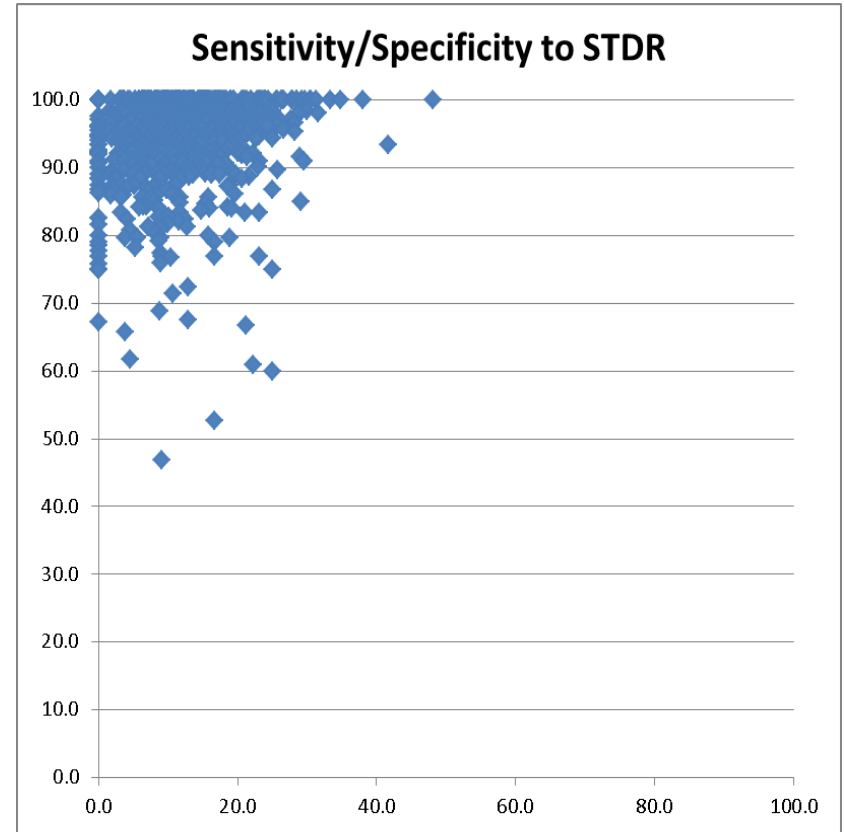
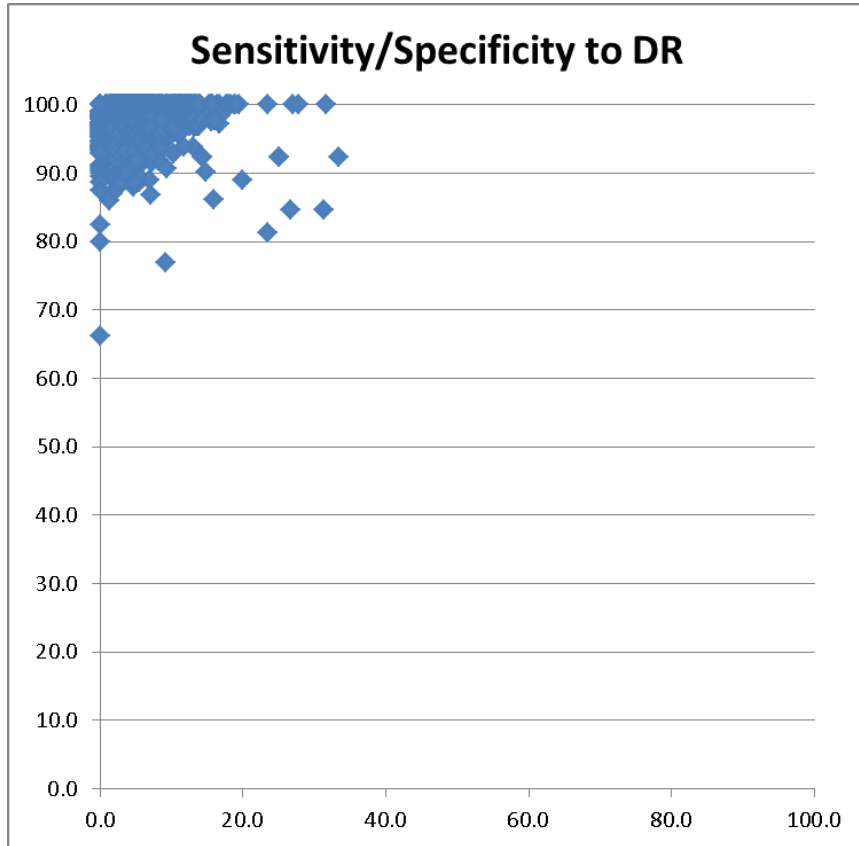
Sensitivity

Finding the cases you need to

Specificity

Only finding the cases you need to

# Testing - Are we agreeing ?



Plot of test results for 1215 Graders v College

# TaT developments 2014 -15

Remove confusion around its purpose

Clear use as performance monitoring system

Stakeholder Workshop June 2014

- Development of reporting system
- Development of statistical evidence for test size
- Ensure full participation
- Development of evidence for acceptable standards
- Develop support mechanism for poor performance

Train all stakeholders in using it !

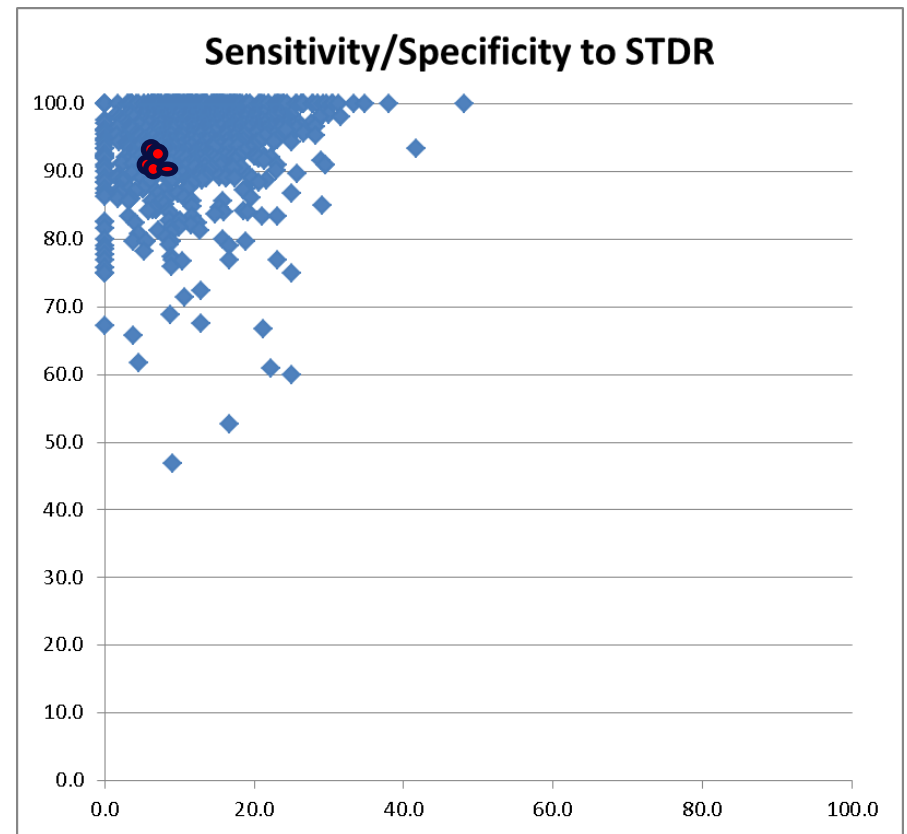
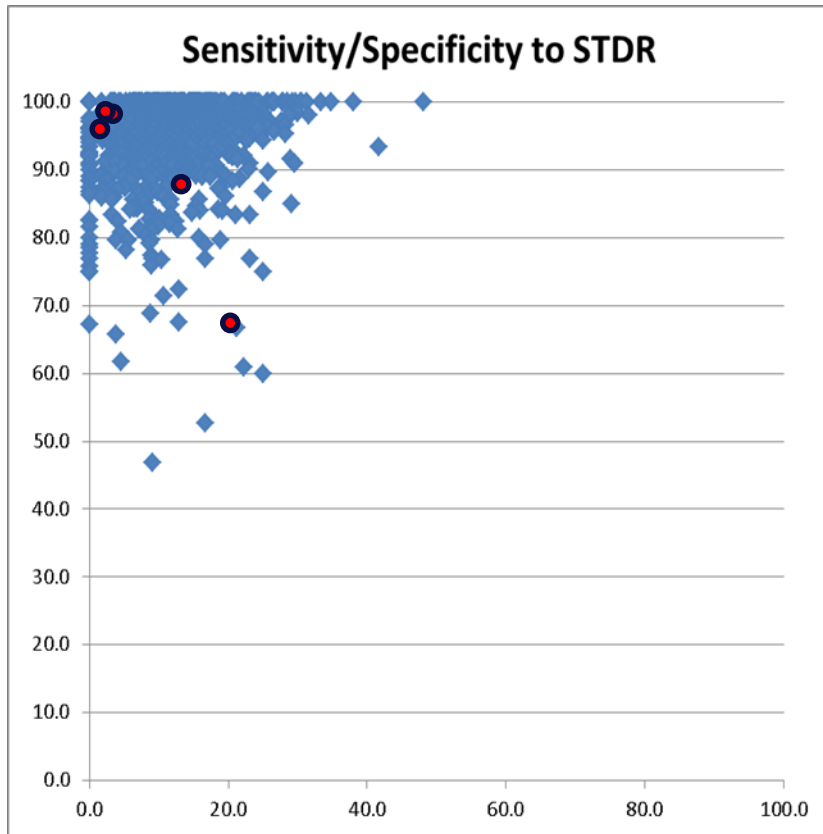
# What do we want to measure ?

## At what granularity ?

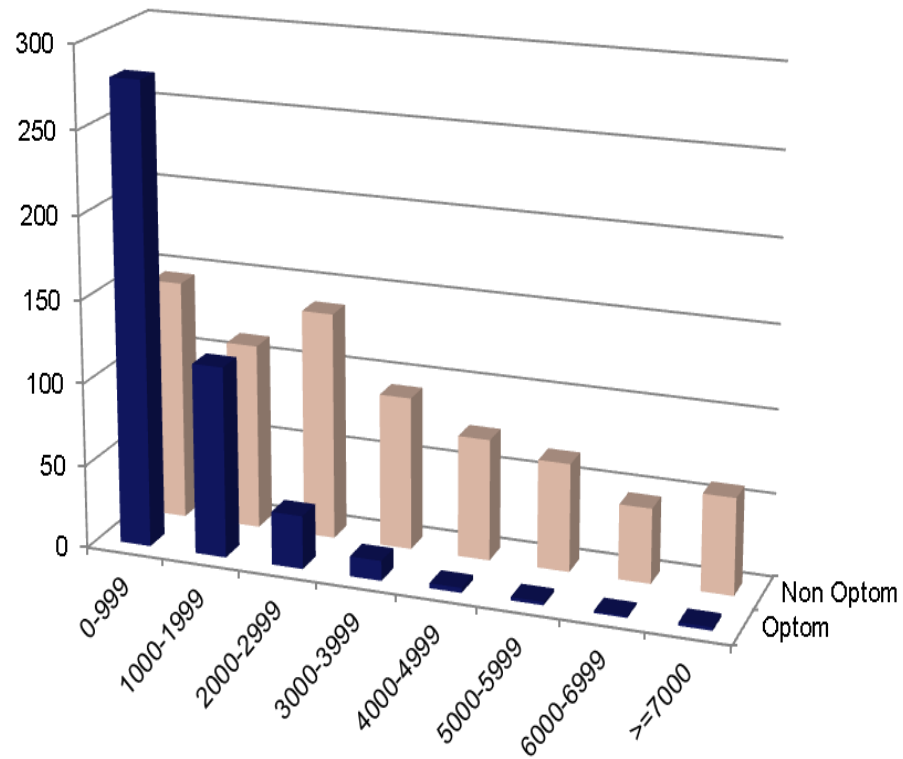
- Total Output – Service as a black box – funnel plots
- Final Outcomes at grade level by regrading - R&Ms correct
- Individuals by comparison within a programme -- IGA
- Test individuals and look at comparative performance against a standard



# Which is worst / unacceptable ?



# Weighted Influence



# TaT Participation

Register cleaned of “Guests” in 2013

- **1385 FDG Registered Currently and 366 Trainees**
- **87% of regd FDG participate**
- **60% of regd Trainees participate**
- **1200 participate in a given month**

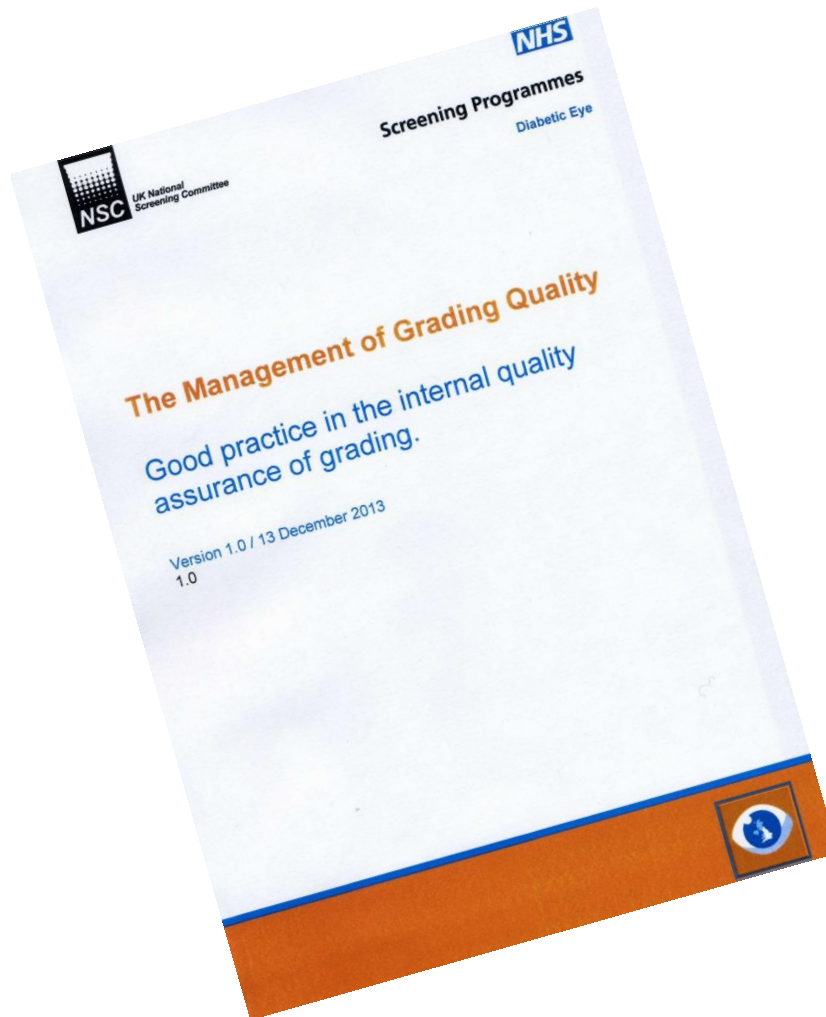
**Previous requirement was that all regular graders complete 6 x 20 per year min 10 x 20 achievable**

**New requirement is intended to be that all complete 10 x 20 per year**

**Early warning to expect this in 2013 but waiting gateway approval for final release**

**RCOphth have supported this as good practice for ophthalmologists who grade regularly.**

# Whats next



Training in Managing Grading  
Report Interpretation Guidance  
Support Guidance  
Performance Standards



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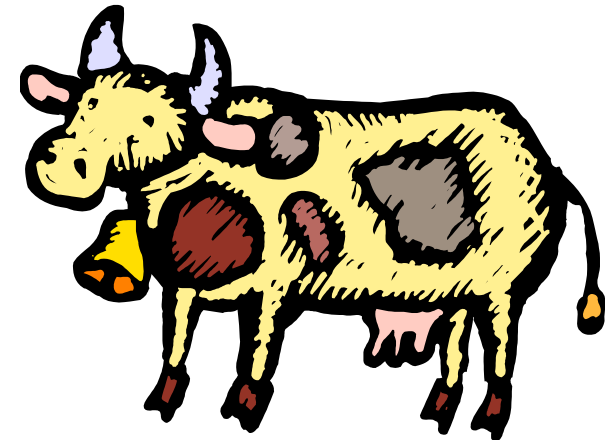
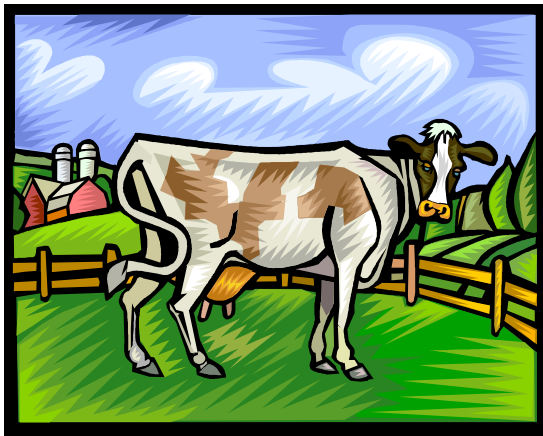
# Screening Programmes

Diabetic Eye

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UK National Screening Committee/NHS Screening Programmes



# Grading Cows



# The journey

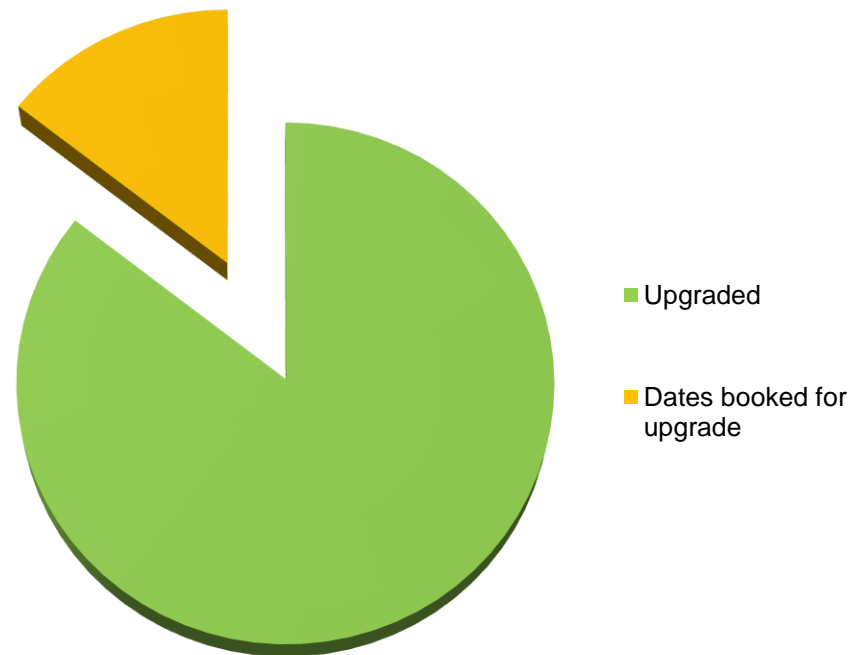


# Pathway Upgrade Progress

83 programmes

71 upgraded

12 scheduled





# Post implementation event

Thursday 15 January 2014

- PM and Failsafe officer each programme
- QA, National programme
- Software suppliers
- Questions in advance
- Registration on line

# Service Specification

- Annual review
- NDESP, QA, IEPP, UKNSC
- NHSE, DoH
- Published ~November
- Basis of commissioning
- Standardising service spec templates

# Information to support common pathway

- Patient information – replacing DR and Laser leaflets
- GP Information
- Interim Standards
- Standards Review

# Contact Details

NHS Diabetic Eye Screening Programme

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