



Public Health
England

NHS

Protecting and improving the nation's health

Diabetic Eye Screening

Extended Screening Intervals

Public Health England leads the NHS Screening Programmes

Screening

The process of identifying healthy people who may be at increased risk of an important / significant disease or condition.

Risk management – early identification to enable timely intervention to reduce the risk of sight threatening diabetic retinopathy.

The opportunity cost should be economically balanced in relation to expenditure on medical care as a whole (value for money).

www.gov.uk/government/publications/evidence-review-criteria-national-screening-programmes/criteria-for-appraising-the-viability-effectiveness-and-appropriateness-of-a-screening-programme

Screening Intervals

Screening Programme	Cohort	Interval
Abnormal Aortic Aneurysm (AAA)	65 year old men	One off for normal results
Breast	50 – 70 year old women	3 yearly
Cervical	25 – 64 year old women	3 yearly, 25 – 49 years old 5 yearly, 50 – 64 years old
Bowel	60 – 74 year old men and women	2 yearly
Diabetic Eye	12+ year old diabetic	Annual for normal results

Diabetic Eye Screening

NDESP and common pathway has provided a wealth of useful data leading to a better understanding of the prevalence and progression rates of DR in our population.

Eligible	3,092,499
Offered	2,582,235
Tested	2,143,757
Uptake	83%

Q4 2015/16 data

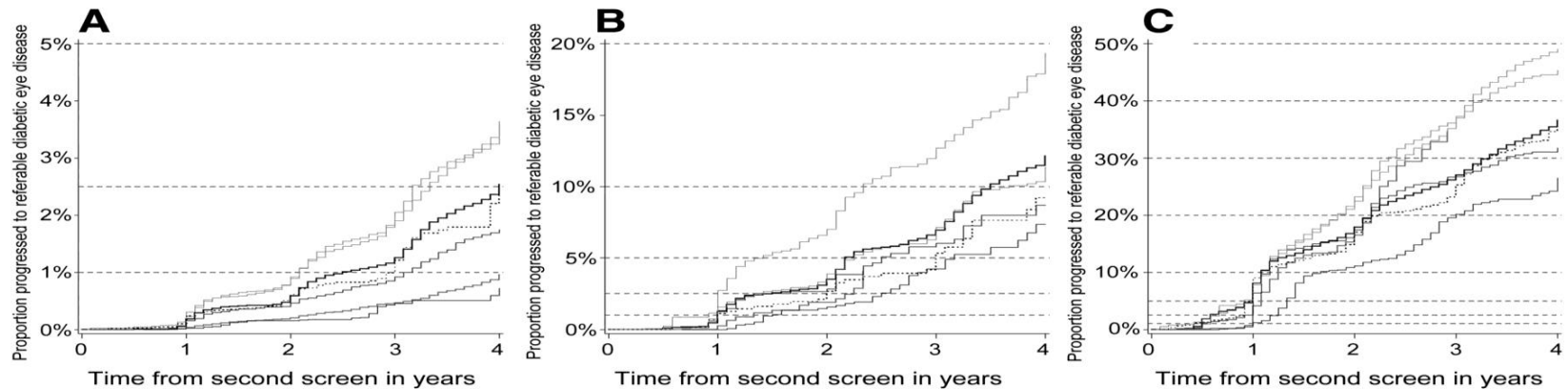
We already accept that some groups require more frequent testing

- Digital Surveillance for some R2 and M1 cases
- Pregnancy pathway

Academic Studies

- 4 Nations Study Group reported November 2014 (Leese et al)
- Observed 354 549 patients up to 4 years (2005 – 2012)
- 7 DESPs in UK
 - Scotland
 - Wales
 - Northern Ireland
 - England (4 programmes)

Progression to referable disease



No DR in either eye
at 2 successive screenings

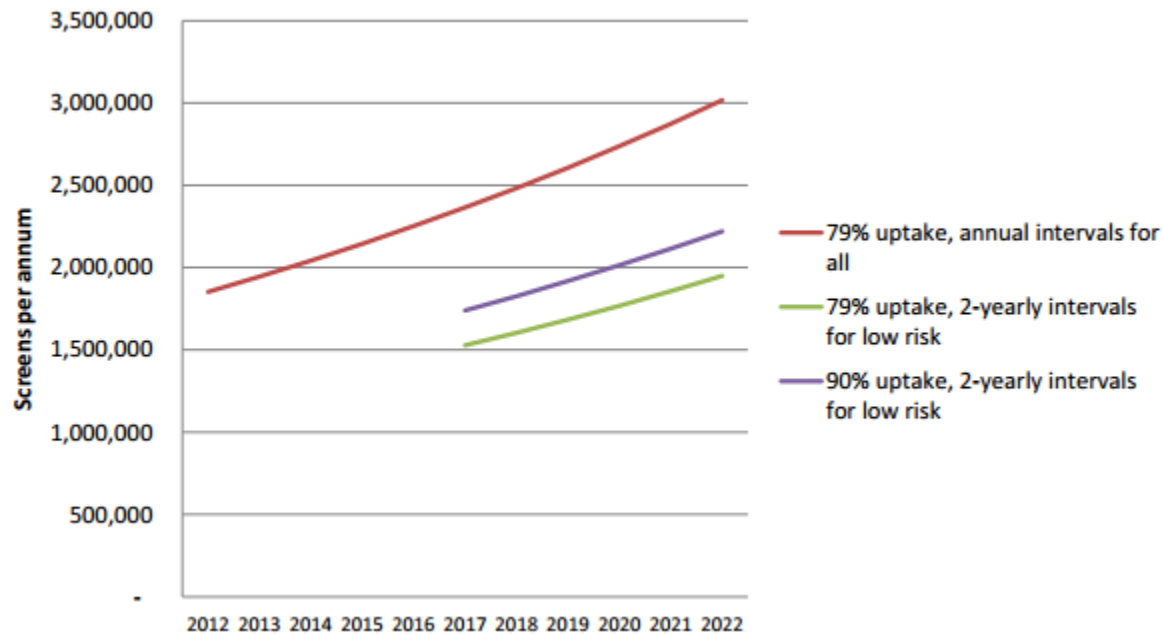
Mild NPDR in one eye
at 2 successive screenings

Mild NPDR in both eyes
at 2 successive screenings

Optimum screening interval for low risk patients = 2 – 3 years

Graham P. Leese et al. *Dia Care* 2015;38:488-494

Projected Screening Activity



Diabetic Eye Screening Intervals - A review of evidence Marianne Scholes, Emma Reed, Sarah Bagland Health Improvement Analytical Team
Department of Health 6 November 2014

Summary of benefits

Estimated reduction of 35% in screening requirement allowing:

- Capacity to cope with national diabetic population growth (5%pa)
- Increase uptake in eligible population
- Redeployment of resources
- Target hard to reach groups

NSC Recommendation

- Agreement to extend intervals for low risk group to 2 years if:
 - Accurate and consistent grading in place in programmes
 - Robust data and IT processes to manage pathways
 - Vital stakeholder and service user communication

Low Risk Group

- Someone who has had a minimum of 2 routine screenings
- No signs of Retinopathy (R0)
- No signs of Maculopathy (M0)
 - In either eye
 - In the last 2 consecutive screenings
- Reliant on assurance of good, consistent grading

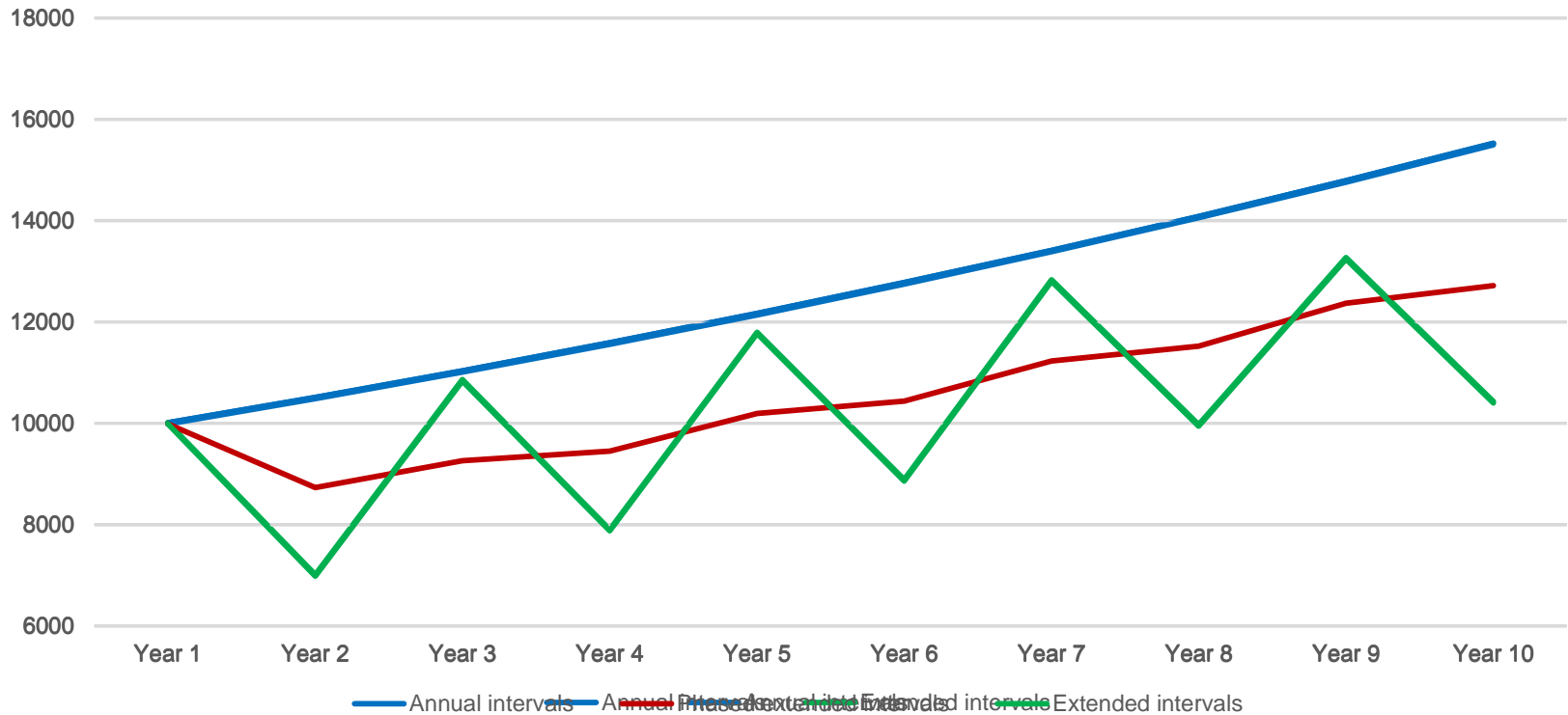
Implementation

- IT capability to manage the pathway
- Programme ready to make change
- Robust Programme Management and Clinical Leadership and Failsafe
- Consistent and accurate grading
- Local commissioning and QA agreement
- Local stakeholder awareness
- Resource redeployment plan

- Phased implementation across the country
- Phased implementation within the local programme

Phased Implementation

Predicted Screening Activity



Assumptions

10 000	Patients screened in year 1
35%	Eligible for extended interval screening (move to 2 yearly screening following 2 x ROM0 grades)
5%	Increase in screening per year (population growth)

Working Group

Stakeholders:

NDESP

QA

Screening & Imms

Expert Advisory Groups

Local DESP

Commissioning

Diabetes UK

GP

Work Streams:

Grading

Patient Behaviour

Implementation

Communication

Education / Training