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).

## Screening Intervals

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

<table>
<thead>
<tr>
<th>Eligible</th>
<th>3,092,499</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offered</td>
<td>2,582,235</td>
</tr>
<tr>
<td>Tested</td>
<td>2,143,757</td>
</tr>
<tr>
<td>Uptake</td>
<td>83%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Assumption</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>10 000</td>
<td>Patients screened in year 1</td>
</tr>
<tr>
<td>35%</td>
<td>Eligible for extended interval screening (move to 2 yearly screening following 2 x R0M0 grades)</td>
</tr>
<tr>
<td>5%</td>
<td>Increase in screening per year (population growth)</td>
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</table>
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