Public Health England

NHS

National programme update BARS 2019

Patrick Rankin, NDESP National Manager

Public Health England leads the NHS Screening Programmes

Developments within national programme

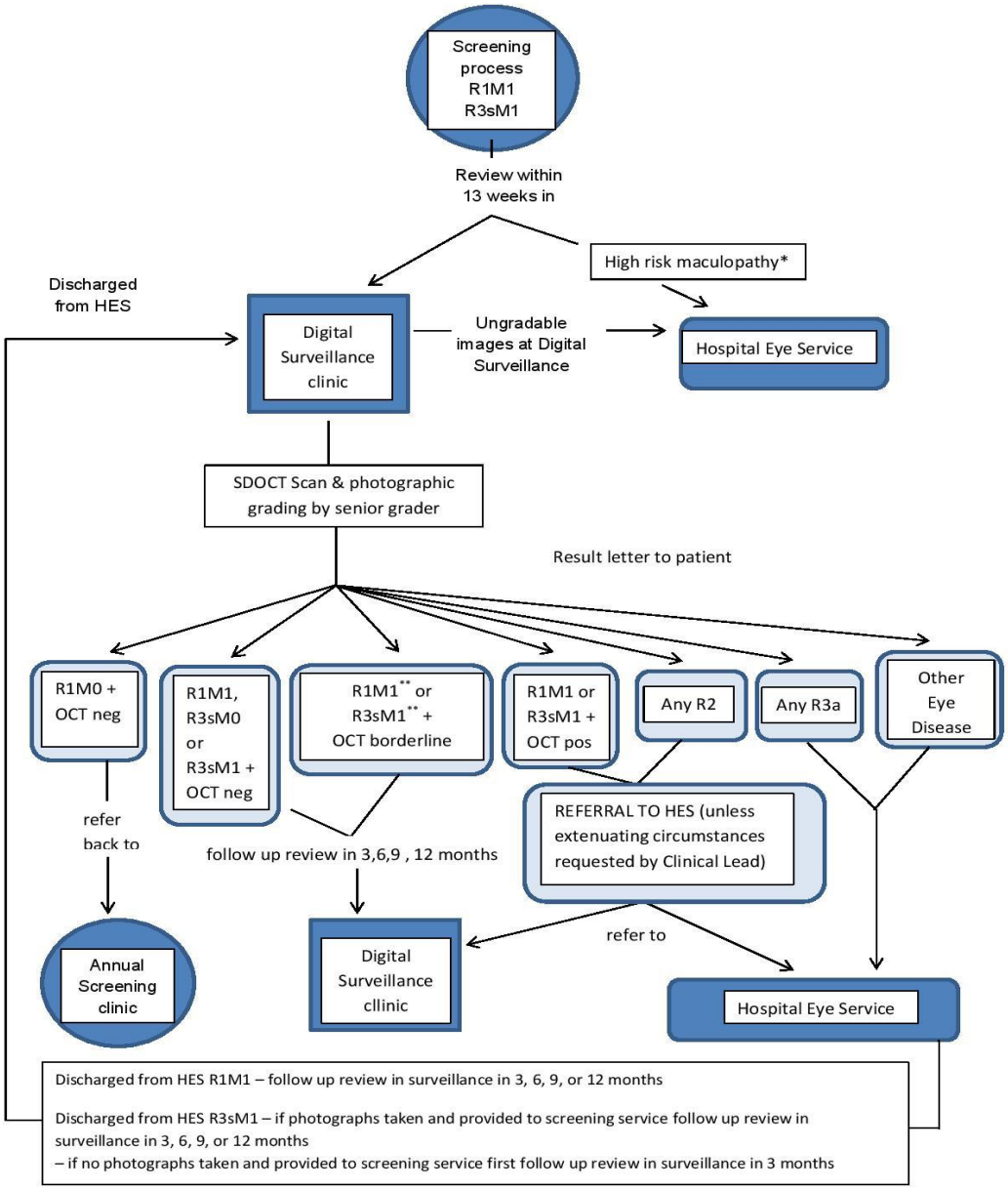
- Optical coherence tomography
- Automation/artificial intelligence
- Screening intervals
- Virtual clinics in HES
- Key performance indicators
- Terminology in DES

National team

- **Data**: Donna Prentis
- **IT**: Phil Gardner
- **Grading**: Shelley Widdowson
- **Data secondment**: Buki Asanbe
- **Communications**: Mike Harris and wider IEPP team
- **Education and training**: Tsitsi Muchayingeyi
- **Quality assurance portfolio lead**: Madeleine Johnson
- **National programme manager**: Patrick Rankin
- **National programmes lead**: Anne Stevenson

OCT Best practice guidance

- Developed with help and support of a working group over the past 2 years
- Included ophthalmologists/ optometrists/ diabetologists/ commissioners/graders/ programme managers
- Developed a consensus pathway for OCT with patients who have M1 positive markers in screening
- Needs to be commissioned separately from screening pathway
- Utilises digital surveillance to support the pathway
- Includes
  - Pathway
  - Training
  - Roles and responsibilities
  - Cost effectiveness
- Awaiting ratification from Royal College of Ophthalmology as best practice



**Please note that R1M0 OCT borderline or positive is not possible if the OCT changes are caused by diabetic maculopathy. These grades would automatically become R1M1 OCT borderline or positive. OCT changes from other eye disease should be referred to HES.

OCT within screening programme

- Utilising the best practice guidance to incorporate OCT into the screening pathway
- Enable the whole pathway to be commissioned providing additional capacity in hospital eye services
- Cost effective and a better use of resources across screening and HES
- Initial briefing has been sent to PHE with comments back to provide more detail on:
  - Cost effectiveness
  - Governance and quality assurance
  - External quality assurance/TAT
  - Training and assessment of staff to undertake test
- Needs full UKNSC application/consideration then commissioning
- Timescales of 12-18 months for implementation

OCT best practice guidance

- Will need to be commissioned and funded separately from the screening programme and pathway
- Initial steps before potentially submitting UK NSC for recommendation and implementation into screening programme
- Draft guidance due for sign-off by working group
  - Pathway
  - Training framework
  - Assurance of staff and process
  - Failsafe
- Guidance needs to be ratified by the appropriate colleges and NDESP before publication

Automation/Artificial intelligence

- NDESP has been involved in research about implementing artificial intelligence into the screening programme
- Has huge potential to revolutionise DES and other medical fields
- A UKNSC application has been submitted this month from the team at Moorfields and Homerton to preplace primary grader with automated/AI grading
- Could provide significant cost savings across the programme which could be reinvested to improve uptake and reduce inequalities
- Awaiting UKNSC feedback and what next steps would be
- PHE have set up a working group to look at the potential for AI across all screening programme
- Timescale: 18-24 months

Screening intervals September 2019

- NHS E leading implementation of screening intervals using Health Intelligence and NPS Optomize
- Support from PHE Screening (NDESP and SQAS)
- Identification of ‘pathfinder’ sites in 2019/20
- Local programmes will need to utilise criteria/pre-planning document before being able to transition to screening intervals
- PHE are determining the IT changes required
  - PPR changes
  - Standards review
- Funding costs/commissioning and process still to be determined by NHS E
- Local programmes will be required as part of pathfinder process to develop cost effectiveness/capacity and staffing requirements

Virtual clinics for HES

- Most HES utilise virtual clinics to manage capacity
- PHE will be producing guidance for local services on when HES virtual clinic dates can be used for patient pathways in NDESP
- Programme advisory and Grading and Assessments groups determined:
- Urgent referrals
  - Not suitable use of virtual clinic date for urgent (R3A) referrals
- Non-urgent referrals
  - Appropriate to use the date that the clinical decision is made on these referrals to be used as the date for seen in HES
  - An OCT appointment on its own without clinical decision or the decision to refer for OCT should not be used as the date seen in HES
  - Date of clinical decision to be used
- HES must communicate to the patient about results and outcome via letter
- Timescale for guidance publication: October 2019

Key performance indicators

KPI DE3

- Still not being achieved nationally
- Survey was sent out to local programmes in May
- Results published in September 2019 via blog
- Developed some potential national actions

Results

Issues with achieving DE3:

- Patient DNA/DNR: 33
- HES capacity: 19
- Small numbers impacting on KPI: 8
- Poor feedback or communication from HES: 8
- Grading capacity: 3

National team actions

- Enabling services to report on offered as part of the KPI, this would highlight the issue with HES capacity/DNA levels
- R3S better definition to allow services to refer these as non-urgent back to the hospital eye service if required
- Considering working with NICE to incorporate the screening treatment standards into their guidance for ophthalmology/chronic disease management
- Asking local programmes to complete exception data on each referral centre to provide a breakdown of how each HES is able to achieve this KPI to potentially publish this data in the future

KPI DE2

- Results issued within 3 week of RDS/SLB/DS
- Ensures capacity within programme
- All programmes are meeting acceptable threshold (70%)
- Determine if Pathway standard 8 is now a more appropriate KPI
- Proportion of eligible people who have not attended for RDS in the previous 3 years (thresholds for 2019/20)
  - Acceptable 8.0%
  - Achievable 5.0%
- Would demonstrate the programmes ability to improve uptake and access harder to reach populations
- PHE need to do some more validation of the data and then undertake a wider consultation about the change

Terminology used in NDESP

- In a jointly published document available, NHS E, Diabetes UK and a number of different stakeholders outline the importance of the terminology and language used when interacting with people with diabetes to have a positive impact on their experiences with healthcare professionals
- NDESP will be incorporating the recommendations from this document within the guidance, reports and publications published online and in print over the next 12 months
- Local screening programmes are asked to follow the recommendations

https://www.england.nhs.uk/publication/language-matters-language-and-diabetes/

- Timescale: to be implemented over next 12 months