



# Identifying differences in grading outcomes

Shelley Widdowson National grading lead

Public Health England leads the NHS Screening Programmes

# Aim

To tell you about:

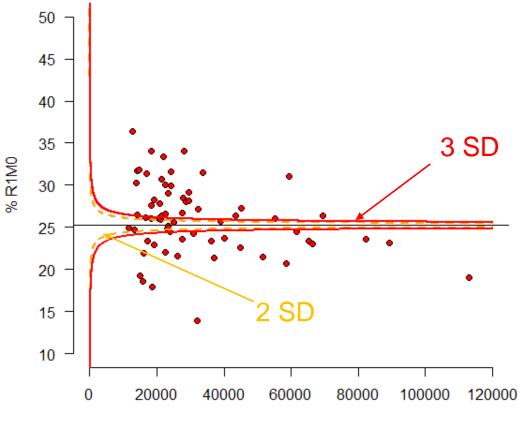
- the statistical method used to compare grading outcomes between programmes
- the new annual atypicality grading outcome report
- why 'atypical' providers might need to improve grading before implementing extended 2-year intervals
- the published guidance and support for programmes
- the timescales for reporting

#### Fixed effects funnel plots

- Comparisons between programmes are often made using funnel plots.
- Fixed effects funnel plots assess variation between programmes assuming that the populations identical.
- They don't take into account population differences between programmes.

#### Fixed effects funnel plots

Percentage of those not referred graded as R1M0



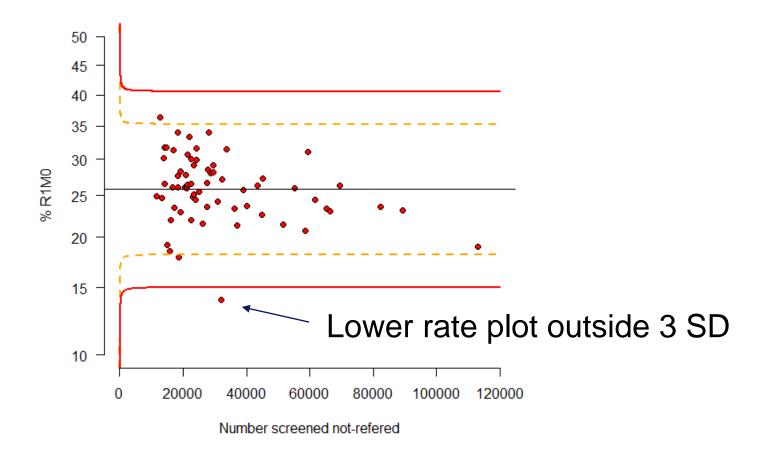
Number screened not-refered

#### Random effects model

- Plots variation between programmes allowing for random variation in populations
- Identifies extreme differences in outcomes between programmes.

#### Random effects model

Percentage of those not referred graded as R1M0



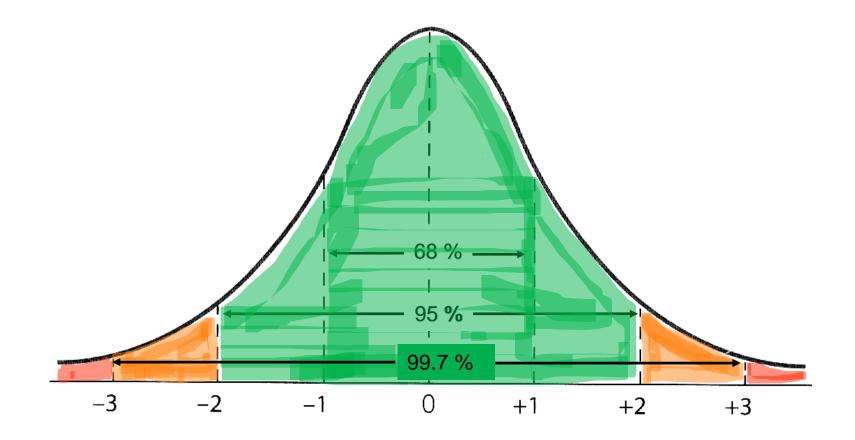


A measure of how many standard deviations (SD) a value is away from the average (mean).

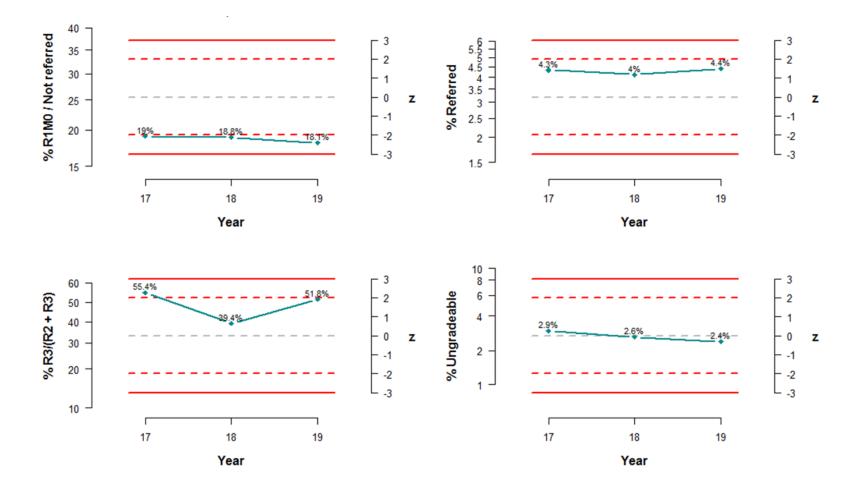
- Z scores within + / 2SD are considered to be within the usual range
- Z scores outside + / 2SD are unusual
- Z scores outside + / 3SD are considered to be extremely unusual

Programme	R1M0 versus R0M0 + R1M0 (non ref group)			
	%	Z		
Programme A	14.0%	-3.6		
Programme B	25.7%	-0.02		
Programme C	23.1%	-0.69		
Programme D	25.1%	-0.17		

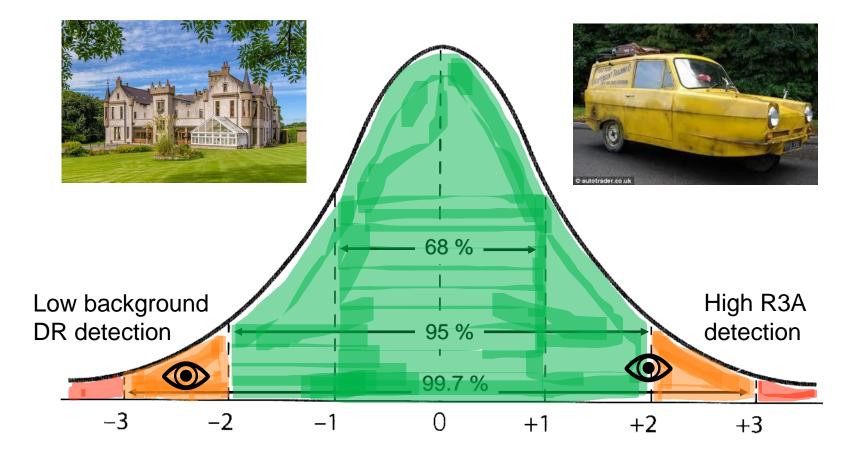
## Bell plot



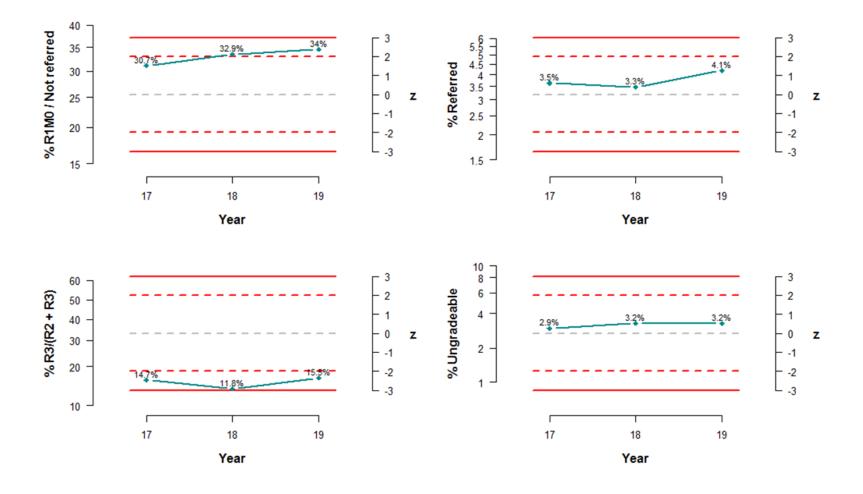
#### Trend data



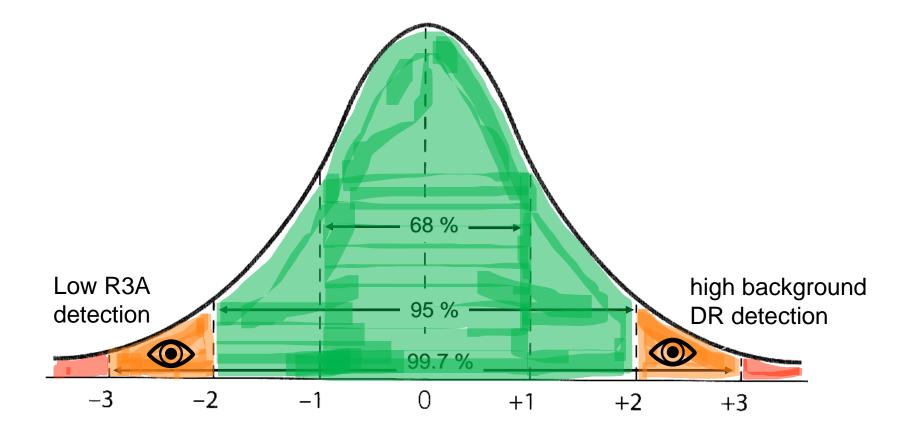




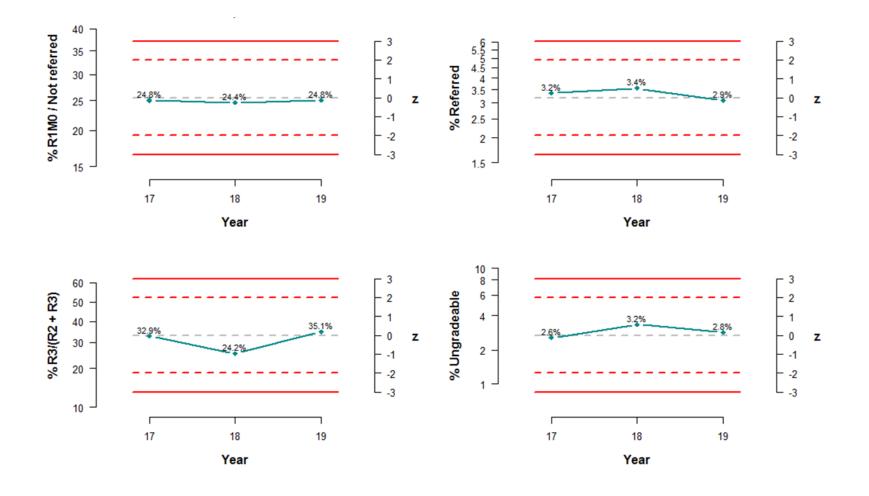
#### **Trend data**



# Bell plot



#### **Trend data**





The atypicality score is calculated using the Z scores from 4 grading outcomes. This score measures how unusual a programme is relative to all the other programmes.

# Atypicality scoring

Outcomes	R1M0 versus R0M0 + R1M0 (non ref group)		Referrals		R3A versus all R2 + R3A		Ungradable		Atypicality
	%	Z	%	Z	%	Z	%	Z	%
Programme A	14.0	-3.6	2.4	-1.14	42.3	1.55	1.9	-0.93	99.3
Programme B	25.7	-0.02	8.5	3.54	26.3	-0.19	6.3	2.01	97.7
Programme C	26.1	0.09	2.7	-0.5	23.9	-0.5	2.5	0.0	2.7

Providers will be identified as atypical if they:

- have an absolute z score greater than 3 (red) for any of the 4 outcomes
- have an atypicality score above 95%

# Atypicality scoring

Outcomes	R1M0 versus R0M0 + R1M0 (non ref group)		Referrals		R3A versus all R2 + R3A		Ungradable		Atypicality
	%	Z	%	Z	%	Z	%	Z	%
Programme A	14.0	-3.6	2.4	-1.14	42.3	1.55	1.9	-0.93	99.3
Programme B	25.7	-0.02	8.5	3.54	26.3	-0.19	6.3	2.01	97.7
Programme C	26.1	0.09	2.7	-0.5	23.9	-0.5	2.5	0.0	2.7

- Atypical providers will receive an explanation as to why they have been identified as atypical.
- This does not necessarily mean they have a grading issue, but they will be asked to do additional audit.

### Guidance

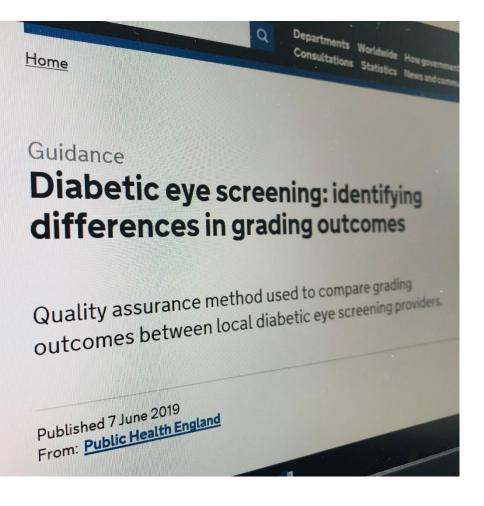
www.gov.uk/government/publica tions/diabetic-eye-screeningidentifying-differences-ingrading-outcomes

#### Mid June

PPR Q4 data collected

#### **End September**

Atypicality scores calculated and sent to screening providers.







Thank you