Public Health England

Protecting and improving the nation's health

BARS Conference 2021
DES National Update

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THANK YOU

Overview

- PHE/NHS/Department of Health reorganisation
- Workstreams for 2021/2022
- Response to coronavirus pandemic
- Referrals during lockdown and restoration
- Reporting during restoration
- National restoration of diabetic eye screening
- KPI DE4 repeat non-attenders

PHE/NHS/DHSC re-organisation

- Public health re-organisation announced in August 2020
- PHE will cease to exist from 01 October 2021
- All organisations are continuing as business as usual until decisions are made and moved into new organisations
- PHE Screening is being split into 4 different area/organisations
  - NHSEI Pubic Health Commissioning and Operations
  - NHSEI medical directorate SQAS
  - UKNSC
  - Office for Health Improvement and Disparities
- Functions and roles of different organisations is still being developed and finalised

Workstreams 2021-22

- Supporting restoration of DES/re-assess technical guidance
- National diabetes audit functionality
- GP2DRS future proofing
- TAT re-procurement
- Inequalities toolkit
- KPI DE4
- Screening intervals
- Single IT system

Workstreams 2021-22

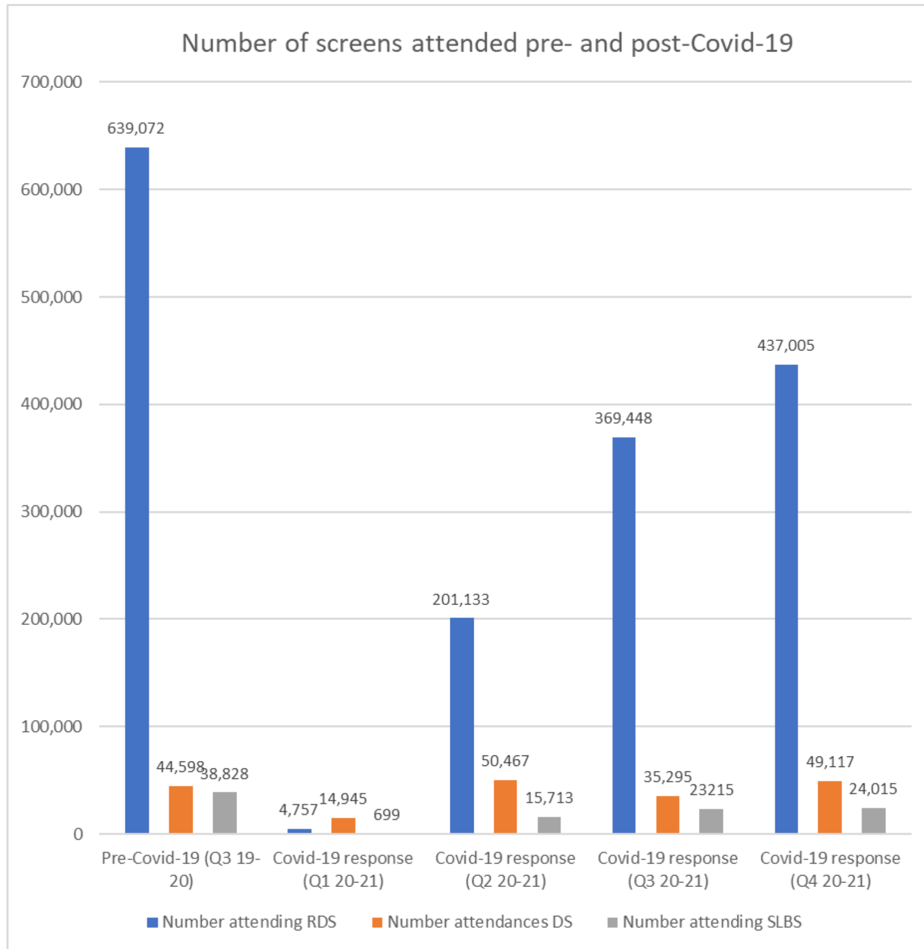
- R2 definition and supporting HES in reducing unnecessary referrals
- SLO usage in DES research
- AI implementation process via UKNSC
- OCT implementation
- Camera assessment process and guidance
- Virtual clinic guidance published
- Service specification 2022/23

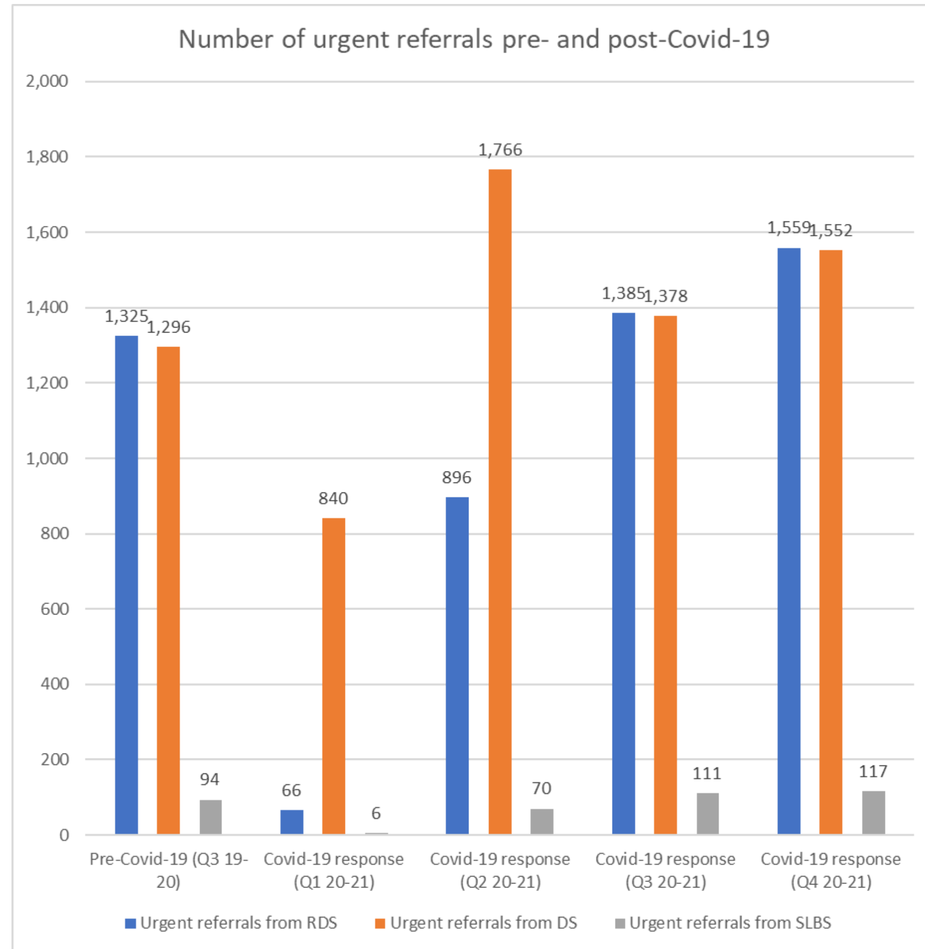
PHE Screening response to coronavirus pandemic

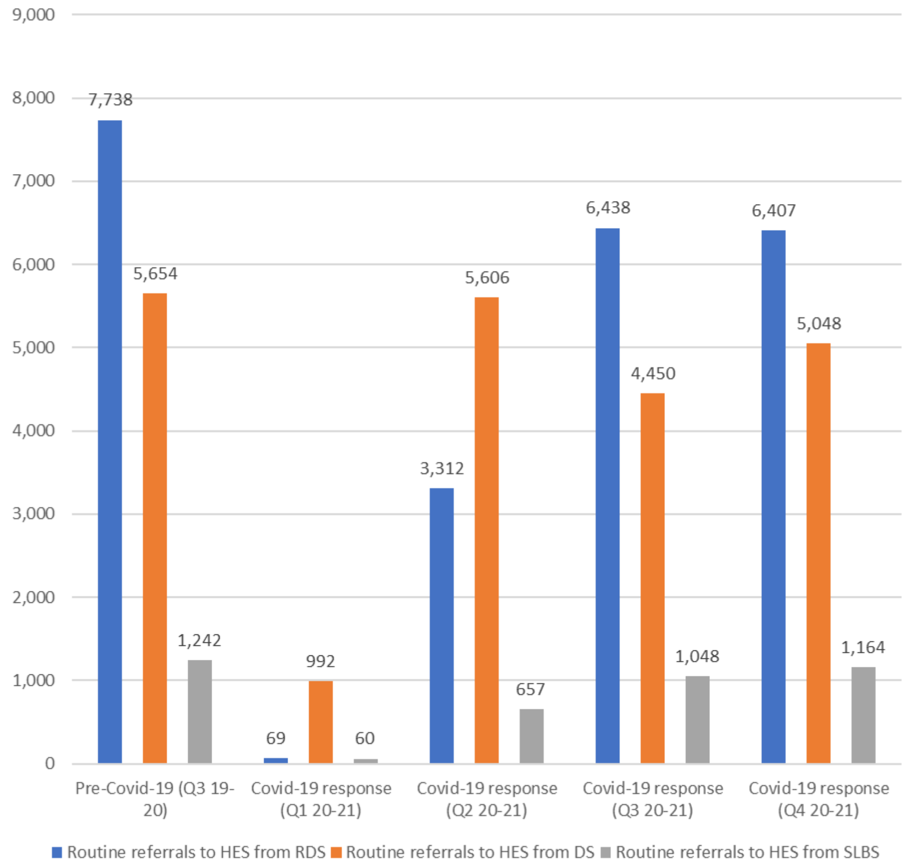
- Produced initial technical guidance for NHSEI for R2 and pregnant women
- Developed the risk stratified restoration of screening including
  - Phase 1 and Phase 2 cohort
  - Screen and refer those most at risk
  - Provide capacity for services during restoration
  - Allowing a 24 month maximum between invites for previous R0M0
- Produced numerous resources/letter updates
- Provided NHSEI with restoration templates, updates etc
- Developed the restoration tracking tool to determine the capacity of services to restore to the March 2022 deadline.

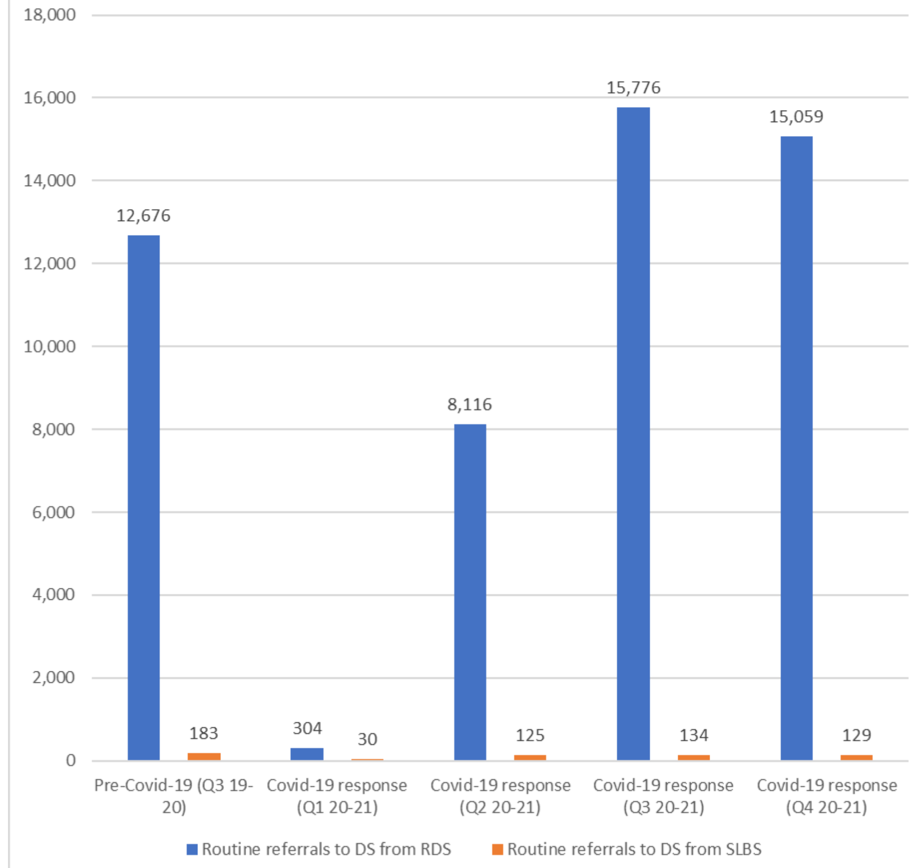
Expected (based on Q3 19-20*) attendances and referrals vs actual (over Q1, Q2, Q3 and Q4 20-21)

* Q3 19-20 outcomes, to represent a 'normal' (pre-Covid) quarter of activity. For RDS and SLBS attendance, we would expect overall attendance to be approx. 70.8% lower in 20-21 where Phase 1 patients were predominantly being invited (19-20 R0M0 grades were an average of 29.2%).






Routine referrals to HES pre- and post-Covid-19
9,000
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
7,738
5,654
1,242
69
992
60
3,312
5,606
657
6,438
4,450
1,048
6,407
5,048
1,164
Pre-Covid-19 (Q3 19-20)
Covid-19 response (Q1 20-21)
Covid-19 response (Q2 20-21)
Covid-19 response (Q3 20-21)
Covid-19 response (Q4 20-21)
Routine referrals to HES from RDS
Routine referrals to HES from DS
Routine referrals to HES from SLBS


Routine referrals to DS pre- and post-Covid-19
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
12,676
183
304
30
8,116
125
15,776
134
15,059
129
Pre-Covid-19 (Q3 19-20)
Covid-19 response (Q1 20-21)
Covid-19 response (Q2 20-21)
Covid-19 response (Q3 20-21)
Covid-19 response (Q4 20-21)
Routine referrals to DS from RDS
Routine referrals to DS from SLBS

Reporting/KPI's during restoration

- PPR sent to PHE monthly instead of quarterly
- Reports produced by PHE and sent to services/commissioners/SQAS
- Restoration tracking tool also sent to services each month to complete
- Restoration to be completed by March 2022
- Services should be developing plans for this with their commissioners
- KPI's still being collected and published as usual
- Caveats are being added to cover restoration period

National Restoration Tracker

- Tool developed by PHE to enable services/commissioners/NHSEI to plan for individual services to restore by end March 2022 (+6 weeks)
- Individual services are populating and sending to data team
- Published on FuturesNHS site

July 2021 update

- 37/57 (65%) DES services on track for full restoration
- 20 services need to undertake additional planning and ways to increase capacity to restore by end March 2022
- Commissioners will be working with services to support them
- Individuals left to screen is approximately 51,540
    - 1.6% of the total routine digital screening cohort

KPI DE4 Repeat non-attenders

- KPI DE2 has met for the last 2 years
- Local services have sufficient capacity to deal with grading queue
- PHE Screening is reviewing adding an additional KPI to utilise Pathway standard 8
- PS-8 Number of people on register who DNA for 3 years or more
- Demonstrate how services are able to reduce inequalities within the service
  - Acceptable level: ≤ 8.0%
  - Achievable level: ≤ 5.0%
- Harder to reach population
- More likely to have retinopathy
- Less likely to engage with other diabetes services
- Use in conjunction with the Health Equity Report available from both IT suppliers

- **Agreed implemention from April 2022**