

NHS Diabetic Eye Screening Programme Update

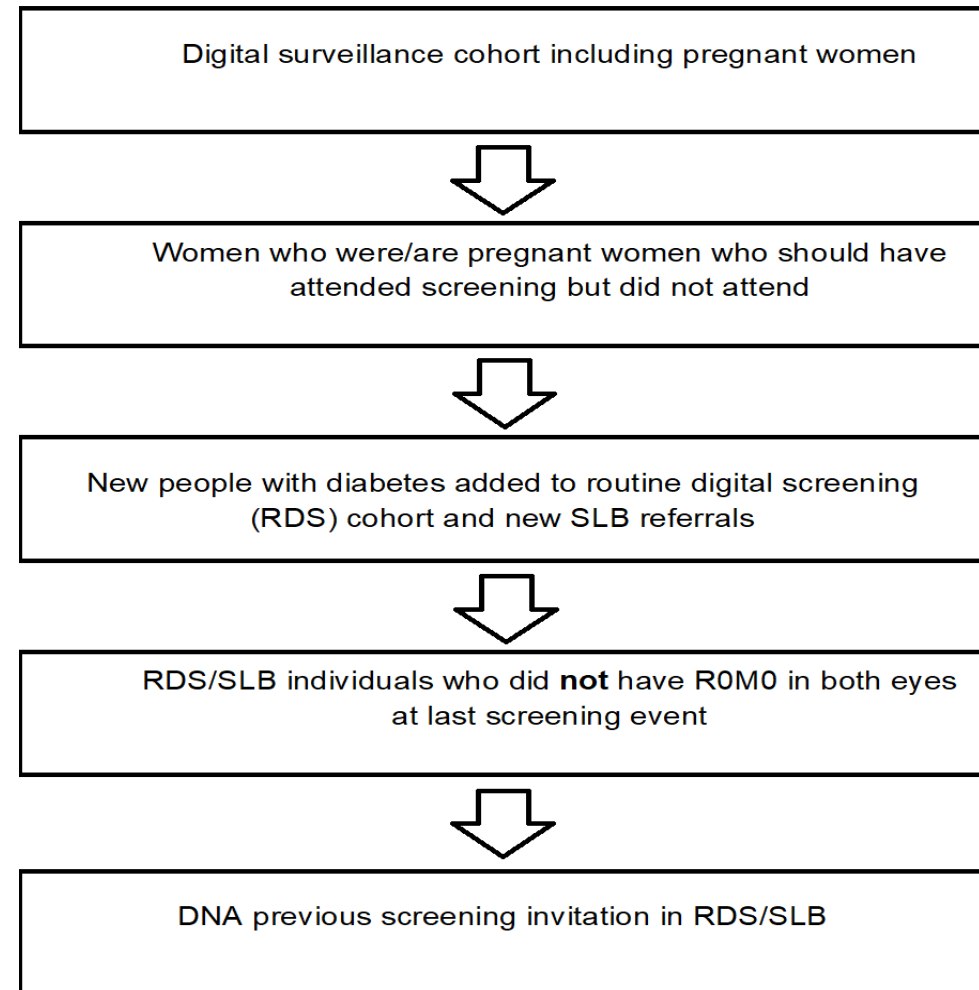
Patrick Rankin, National Programme Manager (DES), NHSE

Background – NHS Diabetic Eye Screening Programme

- The NHS Diabetic Eye Screening (DES) programme team is now part of the Public Health Commissioning and Operations (PHCO) Team within the Chief Operating Office directorate at NHSE:
 - Responsibilities previously held by Public Health England (PHE), were transferred to NHS England on 1 October 2021.
 - This included new governance and ways of operational delivery.
 - A corporate framework detailing functions and responsibilities is under development.
- Some functions were retained within Office for Health Improvement and Disparities (OHID) as part of a small screening team in that organisation.
- The Screening Quality Assurance functions and teams now sit within the NHSE Medical Directorate.
- Current strategic review in progress to ascertain framework for wider organisation and Screening, Vaccination and Covid directorate

The impact of the Covid-19 pandemic

- Services were significantly impacted by Covid-19 in 2020
- Covid Task and Finish governance groups were convened for all national programmes with NHSEI/PHE/Commissioners/clinical experts.
- Developed risk stratified restoration guidance, whereby those at highest risk of sight loss were invited for screening and those with lowest risk could have their interval extended.
- Enabled those most at risk of sight loss to be invited for screening.
- Those less likely to be at risk had a maximum of 12 months added to their due date.
- Based on the evidence used for screening intervals.
- Enabled services to provide screening when capacity was reduced due to social distancing, capacity, reduced venues, infection control, etc.



Covid-19 response and restoration

Local DES services were tasked with fully restoring their 12-month screening interval by end March 2022 + 6 weeks.

- The restoration tracking tools have been essential in supporting local services and their commissioners in monitoring restoration.
- Majority of DES services have restored fully to pre-covid provision by March 2022
- Remaining services are had additional support over the coming months from their commissioners and NHSE central team.
- Further guidance was developed for non-restoring services to again ensure only low risk patients impacted.
- Assurance has been given from all 57 services that they will be restored by end September 2022

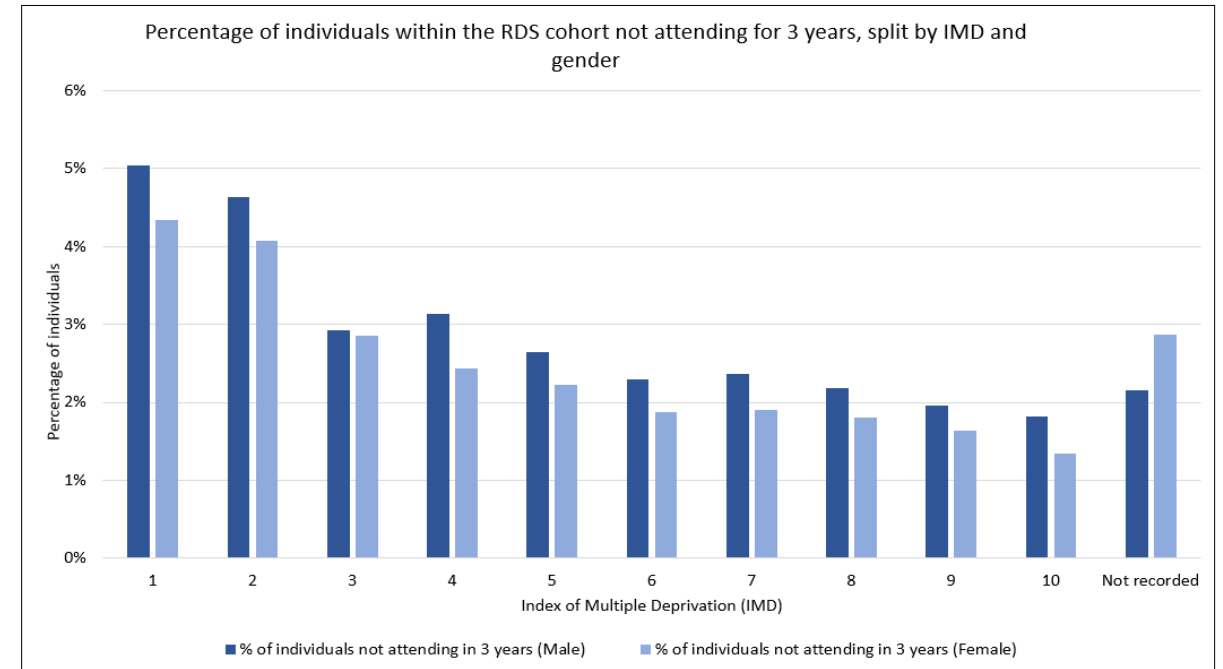
KPI DE4 Repeat Non-attenders



- New Key Performance Indicator supporting the aim to reduce health inequalities.
- DES pathway DES-PS-08, monitors the proportion of eligible people with diabetes who have not attended for routine digital screening (RDS) in the previous 3 years.
- Introduced as KPI DE4 from April 2022.
- People at higher risk of the conditions being screened for are generally less likely to participate.
- People who do not attend regularly/miss appointments have a higher incidence of referable retinopathy.
- To enable local services to demonstrate their ability to reduce inequalities and improve access to the NHS DES Programme for those who find it more difficult to attend.
- The performance thresholds are already set with an acceptable level $\leq 8.0\%$ and achievable level of $\leq 5.0\%$.
- No reason to amend these thresholds.
- Added to service specification for 2022.

Supporting reduction of health inequalities

- The KPI should become a standard agenda item at appropriate meetings, where achievement against the indicator can be discussed with wider stakeholders.
- Through these discussions, action plans should be agreed, with the aim to improve attendance for known hard to reach groups.
- These changes should be sustainable and supported with appropriate commissioning.
- It is possible for short term initiatives by local services to hit thresholds for KPI DE4, but ideally initiatives should be aimed at having a long-term impact.
- Both software providers provide health equity reports within the software which is easy to download for any report period.
- The reports allow comparisons for uptake, referrals and non-attenders split by decile of index of multiple deprivation, ethnicity, age, gender, etc.
- An mock-up example is on the right:



Screening intervals implementation

- The introduction of screening intervals is to change the recall period for those in the lowest risk cohort from 1 year to 2 years.
- Implementation has been delayed due to COVID-19.
- Work supported the restoration of screening as evidence base.
- NHSE PHCO have undertaken a review post-COVID into screening intervals implementation:
 - Impact of COVID on population with diabetes.
 - Robust IT and data in place
 - Stakeholder communications
 - Accurate and consistent grading in place.
 - Modelling of cohort to be transferred to 2 yearly screening
- Impact of COVID on population with diabetes:
 - Has there been a negative impact on retinopathy rates over this period of time?
 - Has there been an increase in people progressing from R0M0 to R1M0 or worse during COVID.
 - Compare grading outcomes pre- and post-pandemic.
 - Request clinical opinion and evidence if change in population.
- Developing guidance regards next steps for implementation
- Utilising resources and criteria process previously utilised to determine and identify pathfinders.

Optical Coherence Tomography (OCT) in DES

- Up to 80% of M1 are negative on OCT.
- Key issue is to increase the specificity of the maculopathy part of the screening pathway to reduce unnecessary referrals from the NHS Diabetic Eye Screening Programme into the hospital eye service.
- Could reduce number of referrals to HES by 50% and provide additional capacity for other eye conditions.
- UK NSC have been consulted about including it within the screening programme.
- PHCO team to develop a business case to support its central implementation as a programme development.
- Feeds into the outpatient ophthalmology transformation and GIRFT initiatives

R2 review and refinement

- Review and refinement of the R2 grade in DES to provide clearer guidance to services.
- More appropriate referrals to HES.
- R2 grade covers a broad range of clinical risk and currently there is no clear advice on the boundary between referral to Hospital Eye Services (HES) and Digital Surveillance (DS).
- No distinction between severity of pathology across the R2 grade.
- Update and clarify existing guidance regarding R2 pathology/grading features and when a referral to HES is required.
- Investigate the possibility of using the International Diabetic Retinopathy Severity Scales.
- Uses a 4:2:1 rule which is:
 - Multiple blot haemorrhages in 4 quadrants of the retina.
 - Venous beading in 2 quadrants or more.
 - Severe IRMA (using standard photograph 8A) in 1 quadrant or more.
- Consider two categories of R2 within screening programme:
 - R2 for HES referral.
 - R2 for DS/retention in screening.
- Commissioning and capacity implications need to be assessed as part of process.

Optometry unit exemption, Health Screener Diploma

- The NHS DES Programme utilises the Health Screener Diploma for staff undertaking and interpreting the screening test.
- Different staff groups undertake different units and these are determined in the 'Rules of Combination' guidance on GOV.UK.
- [Diabetic eye screening: Diploma for health screeners rules of combination - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/diabetic-eye-screening-diploma-for-health-screener-rules-of-combination)
- DES were asked to undertake a reassessment of the units required for qualified optometrists to work within the screening programme.
- Specifically the 'Prepare for diabetic retinopathy screening unit' was not required as this was a repeat of the GOC Outcomes for Registration, which were updated in 2021.
- Therefore a mapping exercise was undertaken with DES and College of Optometry colleagues in the Autumn of 2021, this determined that the GOC registration outcomes map across and fully cover the prepare for diabetic retinopathy screening unit
- Optometrists no longer have to undertake this unit.
- Guidance has been updated on GOV.UK

Moving forward...objectives for DES 2022/23

- Ongoing support of restoration of diabetic eye screening services.
- Full 'stock take' of the programme and linkage with other key stakeholders, primary care, diabetes team, inequalities team (core20plus5), Health Education England.
- Publish Drops and KPI DE4 guidance
- Extended screening intervals review and implementation.
- Refining the appropriateness of referrals into hospitals:
 - R2 definition.
 - Optical Coherence Tomography (OCT).
 - Routine HES referrals report.
- Digital Transformation of Screening (DToS):
 - Single IT System.
 - Digital resource review.
 - Improved reporting and monitoring of referrals from screening.
- Support and management of implementation of artificial intelligence into the programme.

Contact information

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