

NHS Diabetic Eye Screening National Programme Update & Developments

Presented by:


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What we will cover in the session:

- **NHS DES Programme Overview**
 - Programme aim
 - Oversight of the programme
- **NHS Diabetic Eye Screening Programme Updates**
 - Objectives and Workplans
 - Key project Updates
 - 24-month extended Intervals Implementation
 - R2 grading
 - OCT implementation
- **Data Synopsis - current programme status**
- **Future developments for the DES programme**



Programme Aim and Oversight





Aim – NHS Diabetic Eye Screening Programme

The aim of the NHS Diabetic Eye Screening Programme is to:

- reduce the risk of preventable sight loss amongst people living with diabetes

The programme achieves this through:

- Maximising detection of diabetic retinopathy
- Appropriately referring people requiring further investigations promptly to treatment services
- Ensuring high uptake and coverage across the eligible population
- Reducing health inequalities, both in terms of access to services, and health outcomes



Programme Oversight - Vaccination and Screening Directorate

The NHS Diabetic Eye Screening Programme (DESP) is overseen by the NHS England Vaccinations and Screening directorate led by the National Director for Vaccinations and Screening (Steve Russell), who reports to the chief executive of the NHS (Amanda Pritchard):

- NHS England (NHSE) is responsible for the commissioning and delivery of the programme with the Vaccinations and Screening directorate providing central oversight
- The central screening team's function, working closely with regional teams is to ensure the delivery of a high-quality service, reducing variance across the programme, improving uptake and coverage and equality of access to meet the section 7a annual public health functions agreement for screening
- Screening Quality Assurance Team continue to deliver their function centrally and regionally as part of the V&S directorate.
- NHSE is also responsible for a new digital transformation of screening programme

Key project Updates

Areas of Focus for 2023/2024

Priority Area:

- **24-Month Extended Screening Interval Implementation**
- **Maintaining programme oversight**



Workforce, Education & Training

Full review and update of e-learning modules

Brief developed and work commenced for workforce development suite of products to support skill mix, career pathways and education and training opportunities within DES

Data, Reporting and Standards

Forecasting tool developed and includes capacity modelling

Standards review completed to support extended intervals project

Data and reporting requirements updated as part of extended intervals

Guidance, Quality and Assurance

All guidance reviewed and updated to support 24-month screening intervals implementation

QA visits re-commenced post-COVID-19

Drops Guidance developed and published

Reducing health inequalities and increasing uptake

Diabetes UK comprehensive letter review with recommendations – all letters to be updated

Health Inequalities Toolkit completed and shared on NHSFutures

Health Inequalities working group stood up to support 24-month screening intervals

24-Month Extended Intervals Implementation

Rationale and evidence base for change

- In 2016, the UK National Screening Committee (UK NSC) recommended changing the screening interval from every 12 months to every 24 months for people with diabetes at lower risk of sight loss
- A large study showed it was safe to invite people in this lower-risk group every 24 months rather than 12 months
- From October 2023, in England, people eligible for diabetic eye screening who have had two consecutive eye screens, with no signs of diabetic retinopathy, graded R0M0 will start to be offered screening every 24 months.
- Extended screening intervals for people at the lowest risk of developing diabetic retinopathy is now in place in Scotland, Wales and Northern Ireland
- People at higher risk of sight loss diabetic retinopathy will continue to receive more regular screening
- Implementation in England was delayed for several reasons, including the need for an impact assessment on diabetic eye screening services following the Covid-19 pandemic



Screening Intervals Implementation Review (recommendation)

In 2022 a review took place into screening intervals implementation post COVID.

May 2022 Recommendations:

Expert clinical peer advice, and grading outcomes analysis, indicate that there was no evidence that the risk associated with screening intervals increased due to the COVID-19 pandemic.

The recommendation was for the programme to continue with extended screening intervals implementation using the screening encounter in 2021/22 as the first in the sequence of the required two consecutive R0M0 grades and the second screening encounter in 2022/23.

Appropriate data monitoring must be factored into the implementation and IT reporting specification.



Diabetic Eye Screening Extended Intervals Roadmap:

Post-COVID-19 implementation review - May 2022



Q4 Jan – Mar 2022/2023

Project team stood up
Project documentation approved and key milestones agreed – Jan 2023 programme board

Q2 July – Sept 2023/24



- IT development ▲
- IT user Acceptance Testing ▲ ●
- Services to ensure software update is scheduled ●
- IT deployment to local services ▲
- Update to guidance ●
- Training developed & communications to stakeholders continues ●

Q4 Jan – Mar 2023/24



- Implementation of extended intervals will be actively monitored ★ ●

Q3 Q4 Oct – Mar 2024/25



- First cohort of people on 24-month screening interval removed from activity for the first time
- Ensure service and workforce readiness for OCT rollout ★
- 2025/26 National service specification published** ●
- Includes OCT in digital surveillance and describes new provider requirements related to this

Q1 April - June 2023/24



- Development of IT service specification ●
- Project Steering Group stood up ●
- Communication plan developed: ●
 - Updated results letters & leaflet
 - Information to commissioners and services
 - FuturesNHS site stood up
 - Webpage updates

Q3 Oct – Dec 2023/2024



- IT Software in place and activated to support safe management of the pathway change as part of a phased introduction of extended intervals ▲
- Through result letters eligible patients are informed whether they will be recalled at 12 or 24 months ★
- 2024/25 National service specification and supporting guidance issued ●

Q1 Q2 April – Sept 2024/25



- Data and reporting work will continue to be developed to ensure smooth reporting transition from Oct 2024 ●
- IT software updates to support data reporting requirements will be implemented ● ★ ▲
- Scoping of IT changes to support OCT pathway and reporting ● ▲



2025/26 – Intervals and OCT as part of DES Full Roll out in England

- All eligible patients now being managed on 12 or 24-month intervals for RDS
- Anticipated rollout of OCT across England from April 2025 ● ★
 - OCT and Uptake activity funded by savings from intervals

DES Intervals Project Aim:

To supports regions and providers to plan and be ready for the move to 24-month screening intervals from Oct 2023, whilst supporting regions and providers to integrate OCT surveillance within the DES pathway, ensuring changes to national guidance, standards, reporting, IT and software are fully scoped and delivered.

Responsibilities Key:

Central NHS England Team – ●

Regional Commissioners – ●

Diabetic Eye Services – ★

IT providers – ▲

Continuous engagement

NHS England Central & Regions – SQAS – Diabetes Team - Providers – Primary Care - Third sector

24-Month Extended Intervals Implementation



What have we achieved so far...

- Monthly project steering group meetings – good engagement with key stakeholders
- IT service specification developed and deployed
- Full user acceptance testing (UAT) with IT providers
- Clinical safety reviews
- Phase 1 of standards, data and reporting review completed
- Development of a local UAT checklist
- State of readiness documentation and signoff process
- Updated results letters and leaflet
- Recorded webinar and FAQs to support training and education
- Weekly Q&A sessions for services and commissioners
- Communication toolkit and media pack
- Web content updated across NHS.UK and GOV.UK
- All guidance reviewed and updated to reflect the programme changes

What happens next...?

Phase 2 implementation to include:

IT software updates encompassing:

- standards review recommendations
- Implement data & reporting requirements
- New letter templates
- UAT amendments

Audit to look at the impact of extended intervals on:

- Standard 1 (coverage)
- Standard 3 (round length/screening interval)
- Standard 7 (Uptake)
- Standard 8 (3yr non-attenders)

R2 grading project delivery to include:

- Publish new grading guidelines
- Deliver training
- Software updates

OCT implementation (pending strategic finance approval)

R2 Review and Refinement Project



What have we achieved so far...

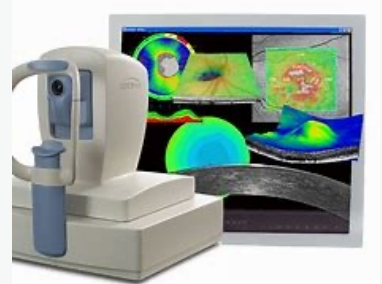
- Developed a new grading strategy for R2 grades
- Agreed standard outcomes for individuals with an R2 grade
- Agreed new imaging protocols
- Agreed new images to be utilised within guidance documents
- Agreed target implementation date

What happens next...?

- Develop and publish new grading and imaging guidance specifically around R2 grades and ensure online education materials are updated
- Create training delivery models and deliver training to all grading staff in the England programme
- Develop and deploy IT software specification to support R2 changes

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 DES 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.
- Finance and Programme team developed a business case to support its central implementation as a programme development – strategic finance decision due October 2023
- Aligns with outpatient ophthalmology transformation and GIRFT initiative
- Capacity released through the implementation of extended intervals supports further innovations in the programme



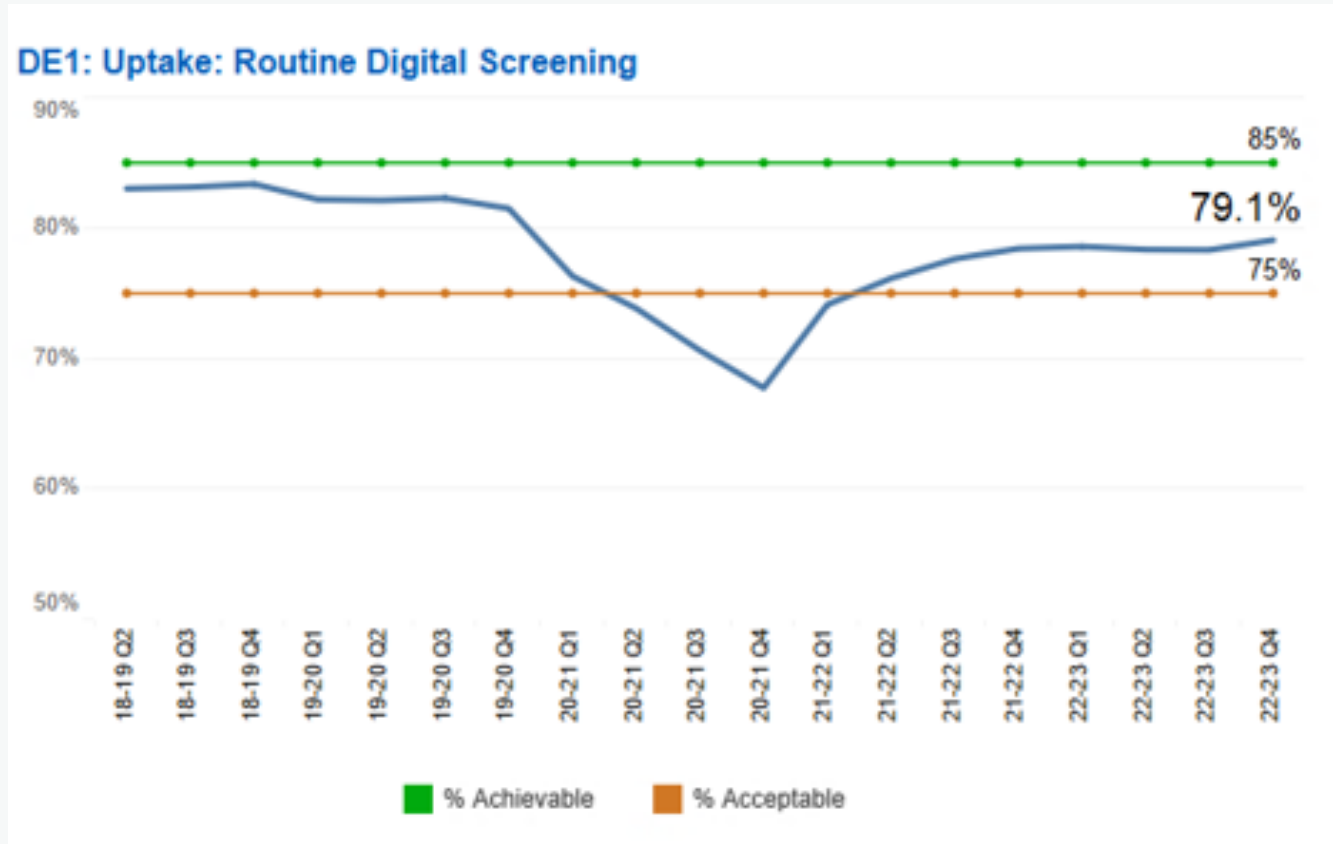
Data Synopsis



Current programme
status



DE1- Key Performance Indicators Q4 2022-23

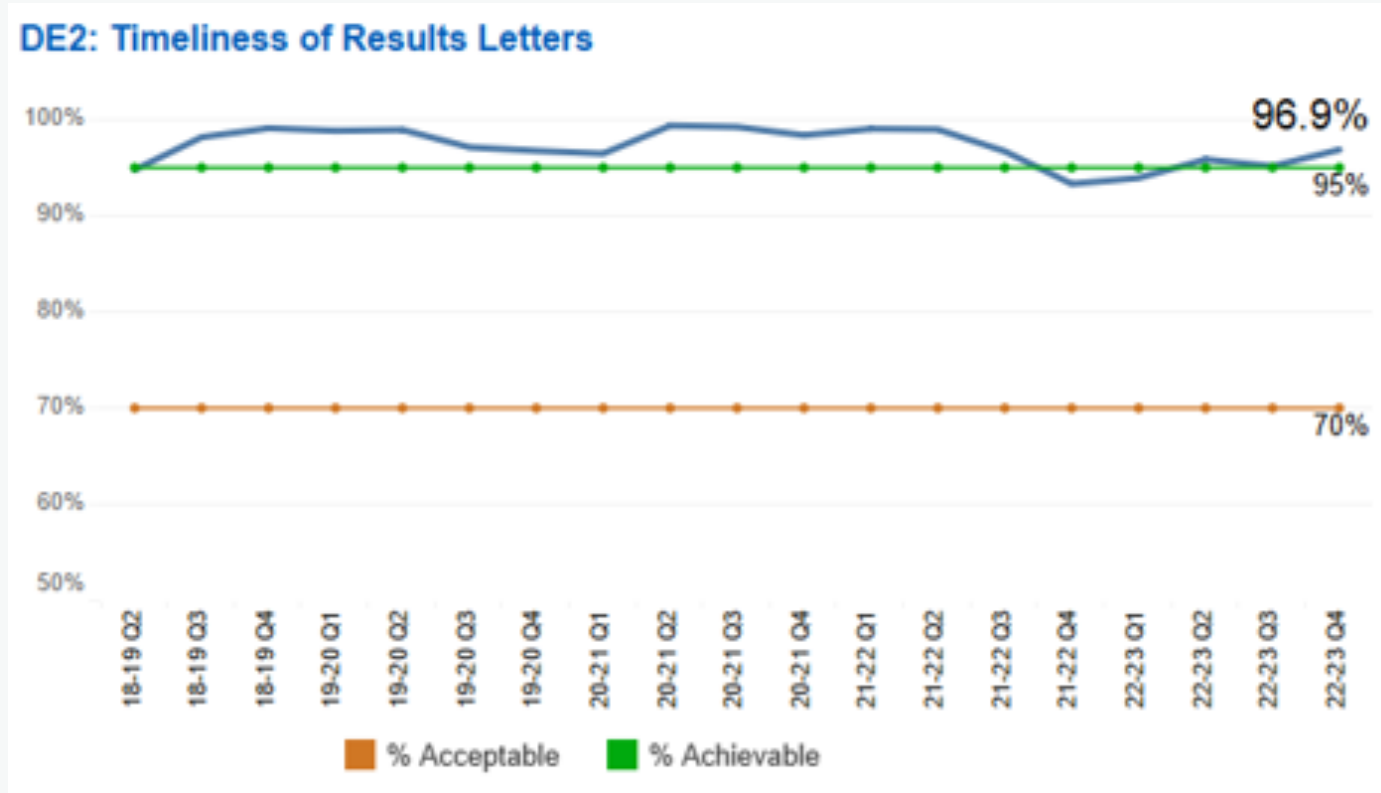


This indicator shows the proportion of people offered routine digital screening who received screening in the previous 12 months - **Uptake**

The graph shows things are continuing to improve following the restoration from Covid but are not yet back to pre-Covid levels

Extended intervals implementation should support this improvement in addition to targeted service level interventions

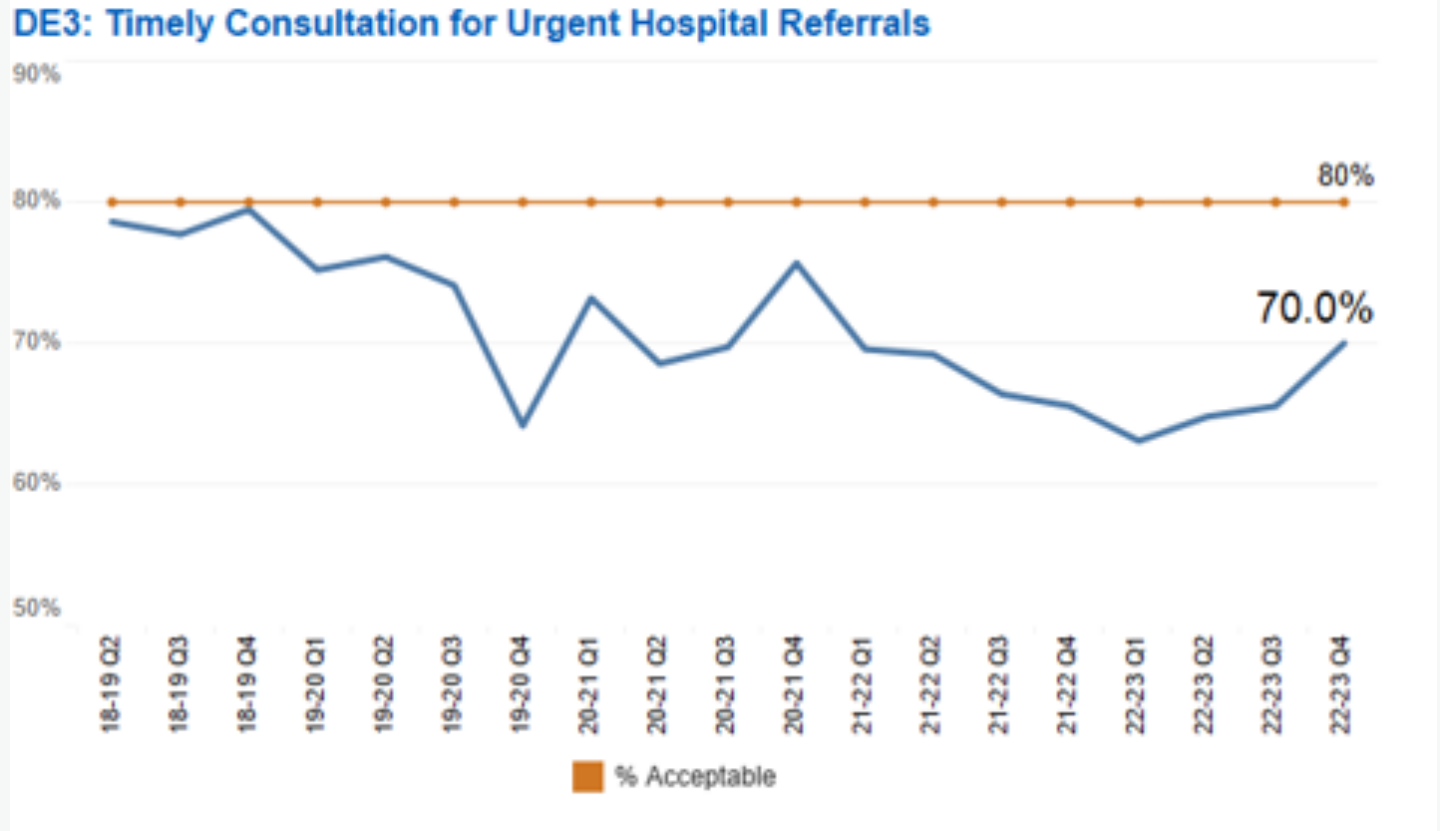
DE2 - Key Performance Indicators Q4 2022-23



This indicator shows the proportion of people screened, who received results within 3 weeks.

DE2 is a good indicator of whether programmes have sufficient grading capacity, as results letters can only be sent following completion of grading

DE3 - Key Performance Indicators Q4 2022-23



This indicator shows the proportion of those who were referred urgently to hospital eye services and attended within 6 weeks of screening.

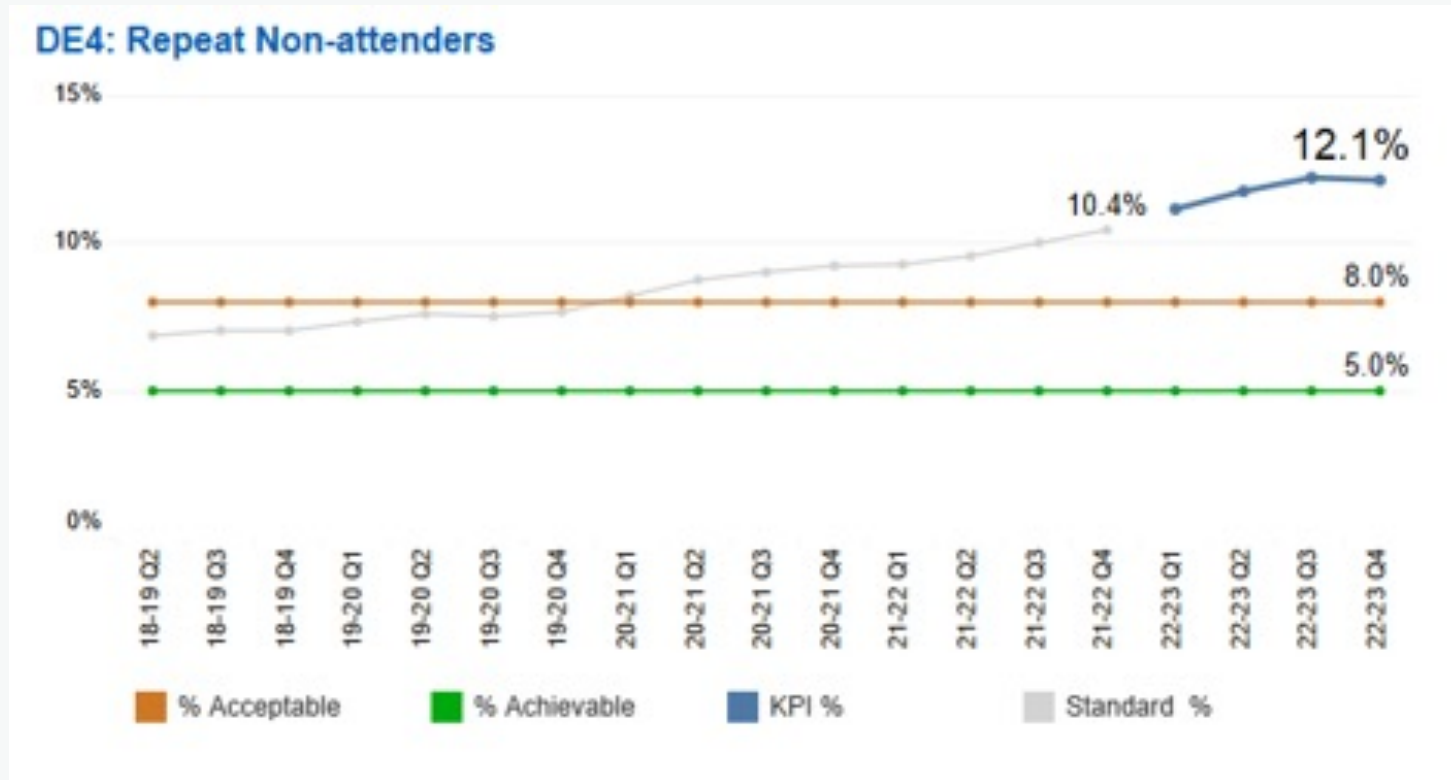
DE3 highlights capacity issues with the receiving Hospital Eye Services, as well as service grading capacity.

The increase is not distributed evenly across regions. The East of England, London and Northwest have seen large increases while the Midlands, Northeast and Yorkshire and Southeast have seen single digit percentage increases.

Although showing signs of improvement over the last 3 quarters, it is still below pre-pandemic levels.

This standard will be reviewed as part of the full standards review process.

DE4 - Key Performance Indicators Q4 2022-23

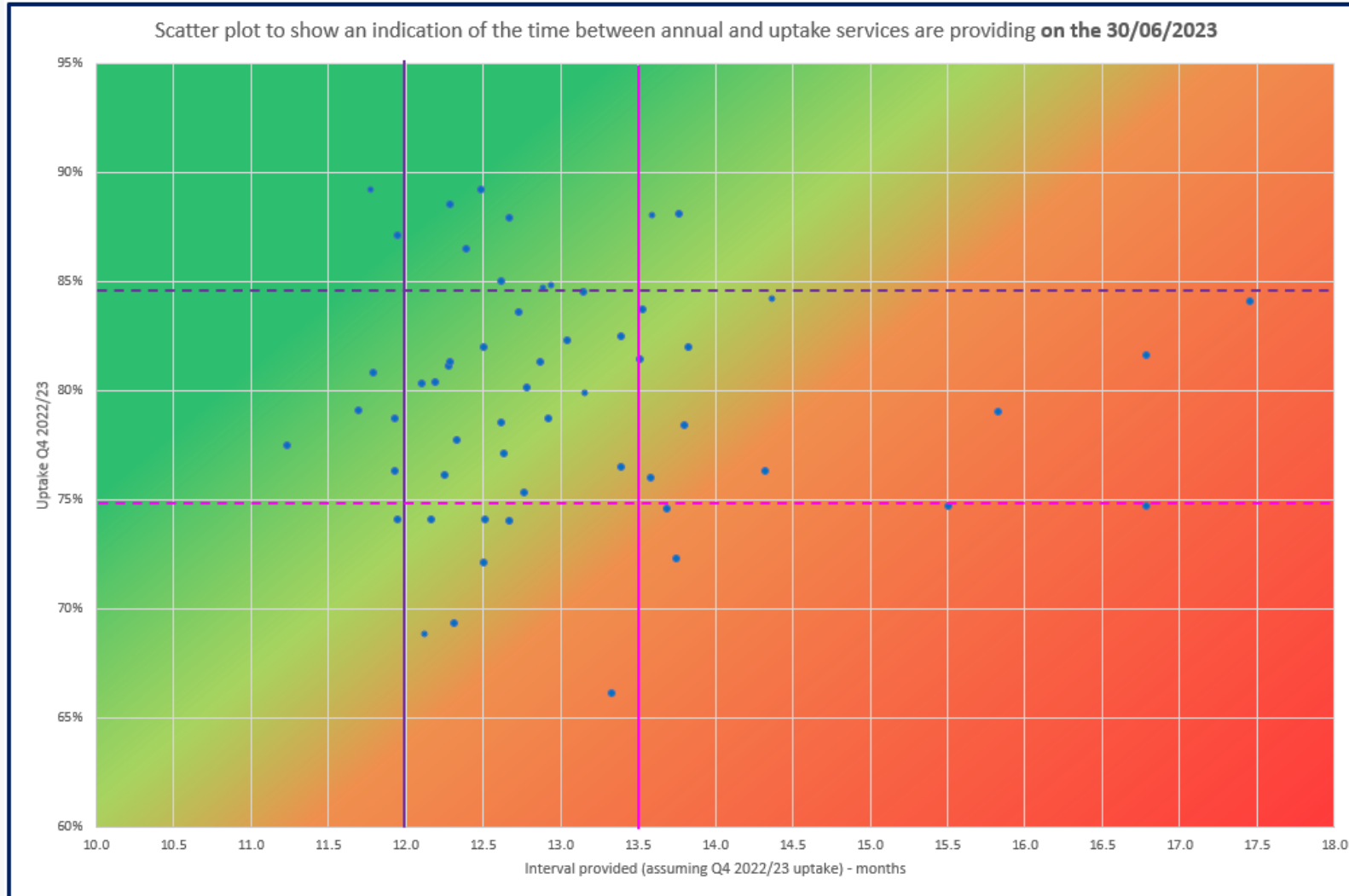


DE4 is relatively new KPI showing the percentage of people who have not attended screening in the last three years.

269,058 people fall into this category and many of them may not be engaging with other health care providers, consequently they may be more likely to have complications of their diabetes.

More work on understanding the reasons and barriers to attending screening will be carried out and health inequalities is high on the agenda for NHSE.

Q4 2022/23 – Annual Recall periods and Uptake



- The scatter graph shows the average annual recall timeframe and uptake.
- Uptake does not seem to be directly affected by recall period, however further analysis on uptake and coverage will be prioritised going forward.
- There are a few services with screening intervals longer than 12 months + 6 weeks and services with uptake below 75%. This will be an area requiring an improvement plan



Forecasting Coverage for 2023-24

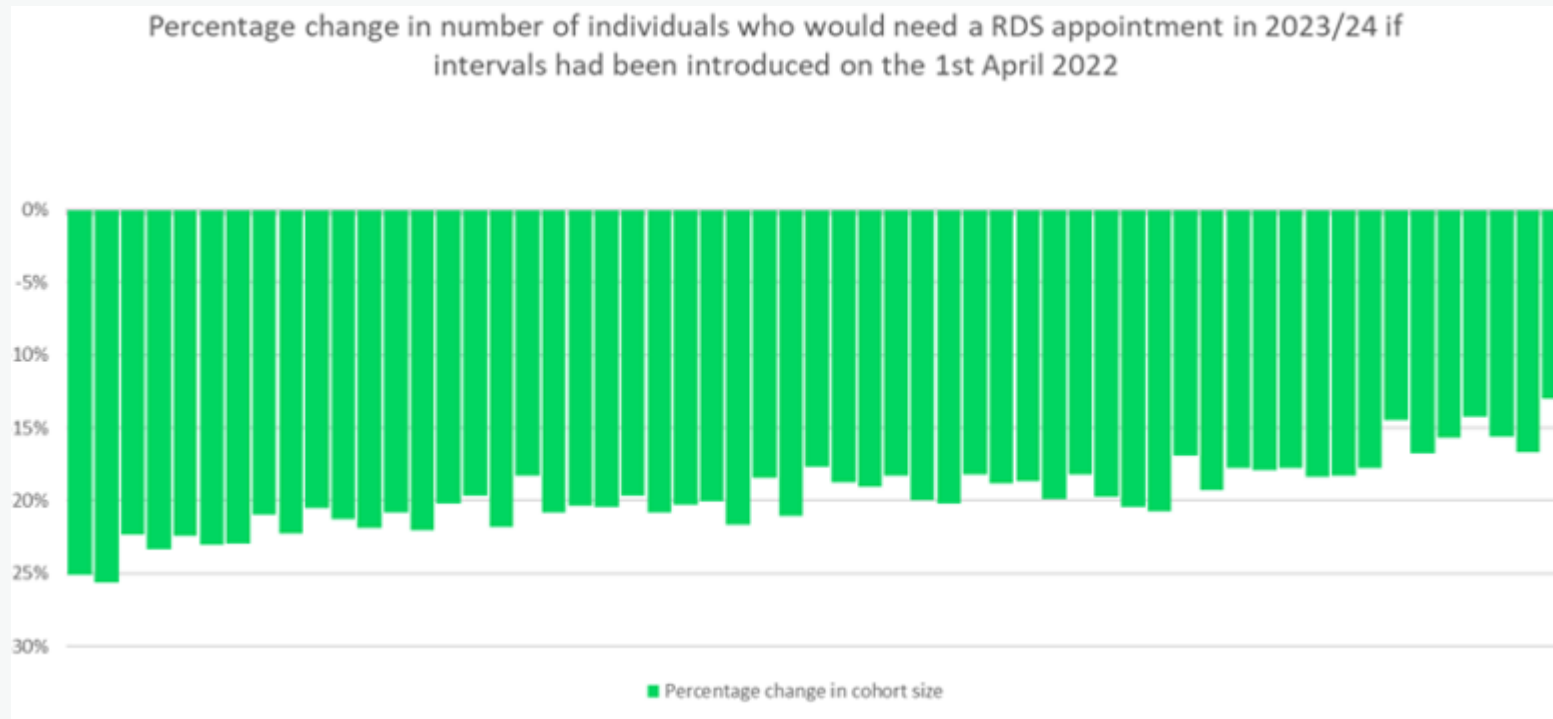
Forecasting tools have been developed to predict diabetic eye screening coverage (those who will attend a screening out of those needing an appointment) by the end of March 2024 for Routine Digital Screening (RDS) and Slit Lamp Biomicroscopy (SLB) clinics.

Forecasts are calculated using the average of the last three months' data (currently to the end of June 2023) to predict cohort size, invitation and attendance activity up until the end of March 2024.

As part of the preparations for the introduction of 2 year interval RDS in October 2023, for each service, the RDS cohort for 2022-23 with 50% of eligible R0M0 patients removed, and 85% coverage of this adjusted cohort have been included. The predicted RDS cohort size for each service has if intervals had been introduced on 1st April 2023 is also displayed.

There are currently no formal pathway standards to monitor coverage for either RDS or SLB. Further details of the calculations used are available in the tools.

Forecast of change in RDS appointment requirements.



This chart shows a forecast of the percentage change in RDS appointments for each programme had the intervals started on the 1st of April 2022

This is only an indication and programmes should be able to predict more accurately once you can run some of the reports following implementation on 1st October.



Diabetic Eye Screening Data

Futures NHS:

- <https://future.nhs.uk/vaccsandscreening/view?objectID=41910224>
- Quarterly Data Dashboard
- DES RDS Forecasting Tool
- DES SLB Forecasting Data



Future developments for the DES programme

2024/2025 and beyond



Transformation plans for the DES programme 2024/2025



Phase 2 – Extended Intervals

IT software updates encompassing:

- standards review recommendations
- New data & reporting requirements
- New letter templates
- UAT amendments

Audit to look at the impact of extended intervals
Phase 2 communication plans

Workforce, Education and training

Development of a workforce development plan using the the workforce, education and training recommendations and survey data as an evidence base.

R2 and OCT training to include:

- Update online education materials
- Create training delivery models and deliver training to all grading staff in the England programme

R2 Grading & OCT implementation

Develop and publish new grading and imaging guidance specifically around **R2 grades**

Develop and deploy IT software specification to support R2 changes

OCT implementation – Strategic finance decision, if approved work with regional commissioners to implement in a consistent and equitable way

Improving Uptake & Coverage, Reducing HI

Develop workplan and agreed outputs for health inequalities working group – look at implementation of London's health equity audit data reporting across England

Develop an uptake improvement plan – workshop and insights work with key stakeholders – strong focus on the repeat DNA cohort

Working with regional commissioning colleagues to understand why some services have not met their uptake KPIs



Contact information

Please use the below email address to contact the Public Health Commissioning and Operations (PHCO) Team:

england.phs7apmo@nhs.net