

Hybrid Closed Loop SEL Diabetic Eye Pathway:

Contact DESP when patient starts HCL. DESP will ensure the correct action is taken for patient recall

Email: gst-tr.seldespa.admin@nhs.net or for queries/escalations contact Clare.Connor@gstt.nhs.uk

For clinical questions/advice contact SEL DESP clinical lead Samantha.mann@gstt.nhs.uk

If patient is not registered with a GP in South East London then notify GP and local DESP screening programme

Retinal Grades	Diabetologist Actions	Diabetic Eye Screening Dept (DESP) Actions	Ophthalmologist Actions if care of HES
Low risk (in care DESP) R0M0- no retinopathy	Inform DESP that on HCL to ensure yearly/12 months screen rather than 2 yearly (for the first year on HCL) Ensure/check with patient that they attend 12 months screening for first year.	If patient screened ≥ 6 months ago, to re-invite for a screen in 4-6 weeks and ensure recall period is not more than 12 months If patient screened < 6 months ago, over-ride any 24-month outcome to 12 months.	N/A
R3(S)- stable treated	If symptoms of floaters (re-activation) - contact DESP or ophthalmology consultant	Should be on 1 yearly follow up in surveillance	Should be on 1 yearly follow up if in virtual clinics
Medium risk (in care DESP) R1M0	Ensure attendance at Screening 1 yearly or	Will remain on yearly screening	N/A
R1M1 (early) R2M0 (early)	Ensure attendance at OCT clinic/ DESP surveillance clinic (6 monthly)	Will be in OCT, surveillance clinics 6 monthly - to refer to HES if worsening	If in virtual clinics - ensure 3 monthly review
High risk (in care ophthalmology) R2M1, R3AM0, R3AM1 Advanced M1 (if attending HES for injections/laser/review)	Inform ophthalmology local lead of HCL. Ensure eye check within 3/12 of starting HCL. Check HbA1c if $> 9\%$ Use less aggressive HCL settings if HbA1c $> 9\%$ and intensify gradually over 3 months. May need to delay HCL if active untreated R3A present	Likely to be DNA from ophthalmology due to non-attendance re-invite within 3 months for R3A pts and 6 months for other grades DESP failsafe check patients in care of HES to ensure they are not lost to follow up	Ensure HCL users stay on a 2-3 monthly review until treatment complete and stable.

Proposal for SEL DESP Management of those patients graded ROMO in routine digital screening and starting on HCL

When a patient starts on HCL they may be at any point in the DESP recall cycle

