

NHS Diabetic Eye Screening Programme Update

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What we will cover in the session:

- **National Programme Performance**
 - What does the data tell us?
- **National Programme Update – 2024/2025**
 - Programme Transformation Projects
 - Standards review
 - Workforce suite of resources & Training Update
- **Looking to the future.....**



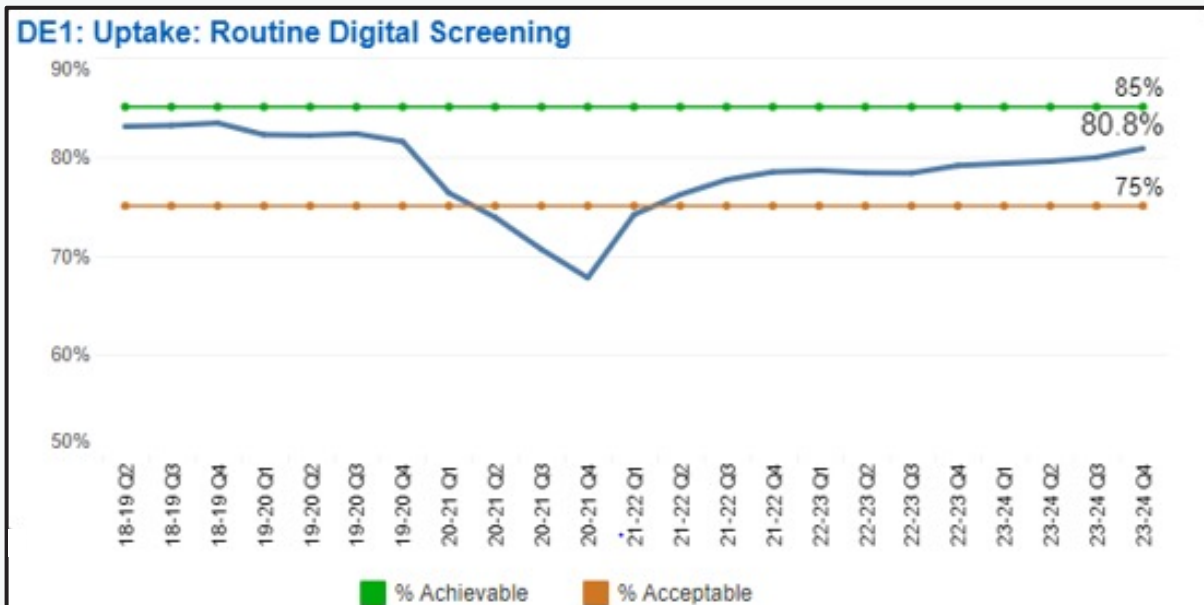
National Programme Performance

What does the data tell
us?

Key Performance Indicators Q4 2023-24

DE1:Uptake: Routine Digital Screening

% of those offered RDS who attend a routine digital screening event where images are captured



This indicator shows the proportion of those who were offered routine digital screening who received screening in the previous 12 months.

Performance improved by 0.9 percentage points to 80.8% in Q4 2023-24 but is not yet back to pre-pandemic levels.

Regional performance ranged from 85.4% (South West) to 77.2% (Midlands).

- Across England, the latest data tells us that 80.8% of people in the routine digital screening pathway, who were offered an appointment, attended for screening.

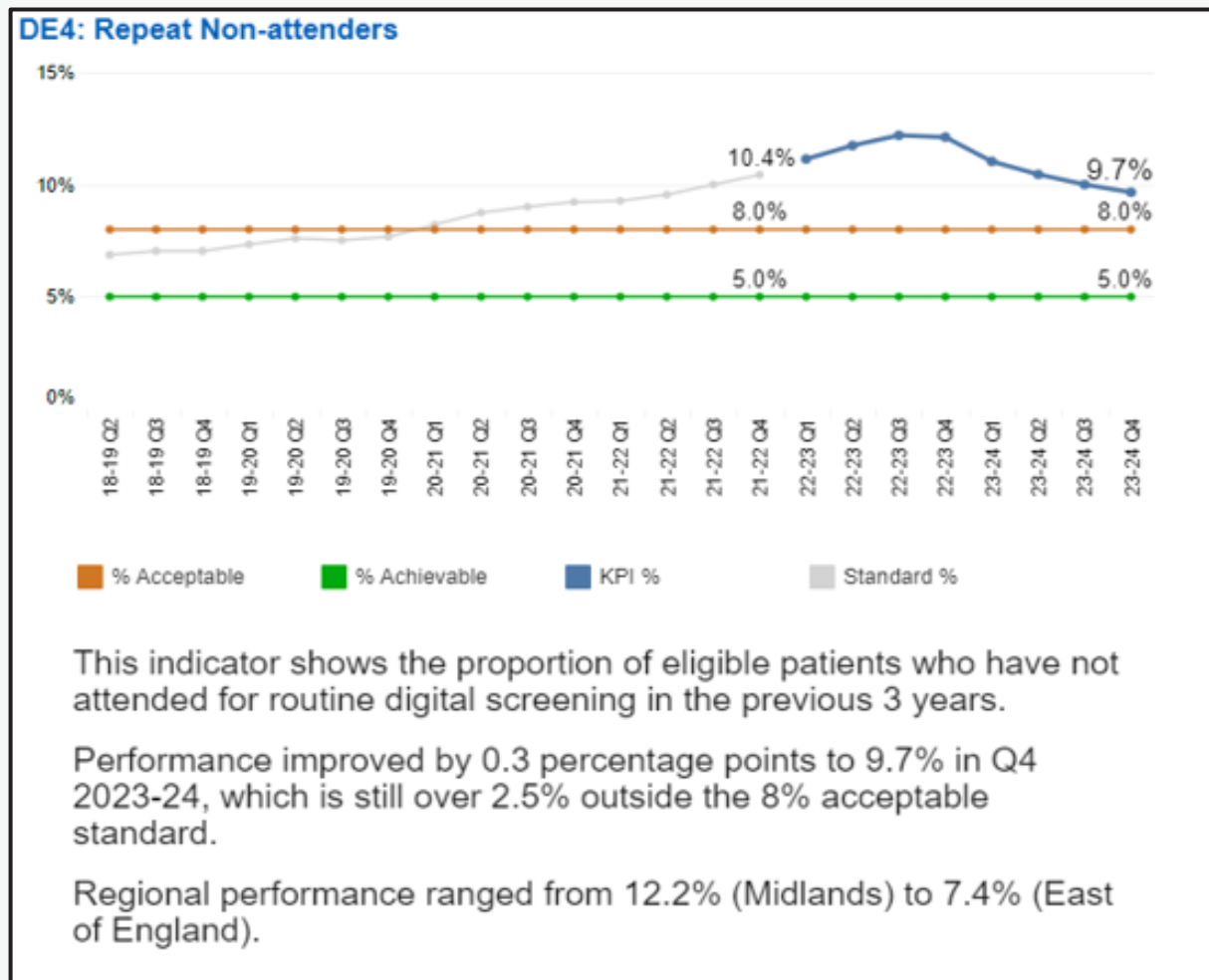


- Not quite back to pre-pandemic levels, but uptake is good
- This tells us that most people invited, attend for their screening appointment. But to get a true picture we need to look at coverage (includes all those eligible for an invite)

Key Performance Indicators Q4 2023-24

DE4: RDS Persistent non-attenders

% of eligible people with diabetes who have not attended for RDS in the previous 3 years.

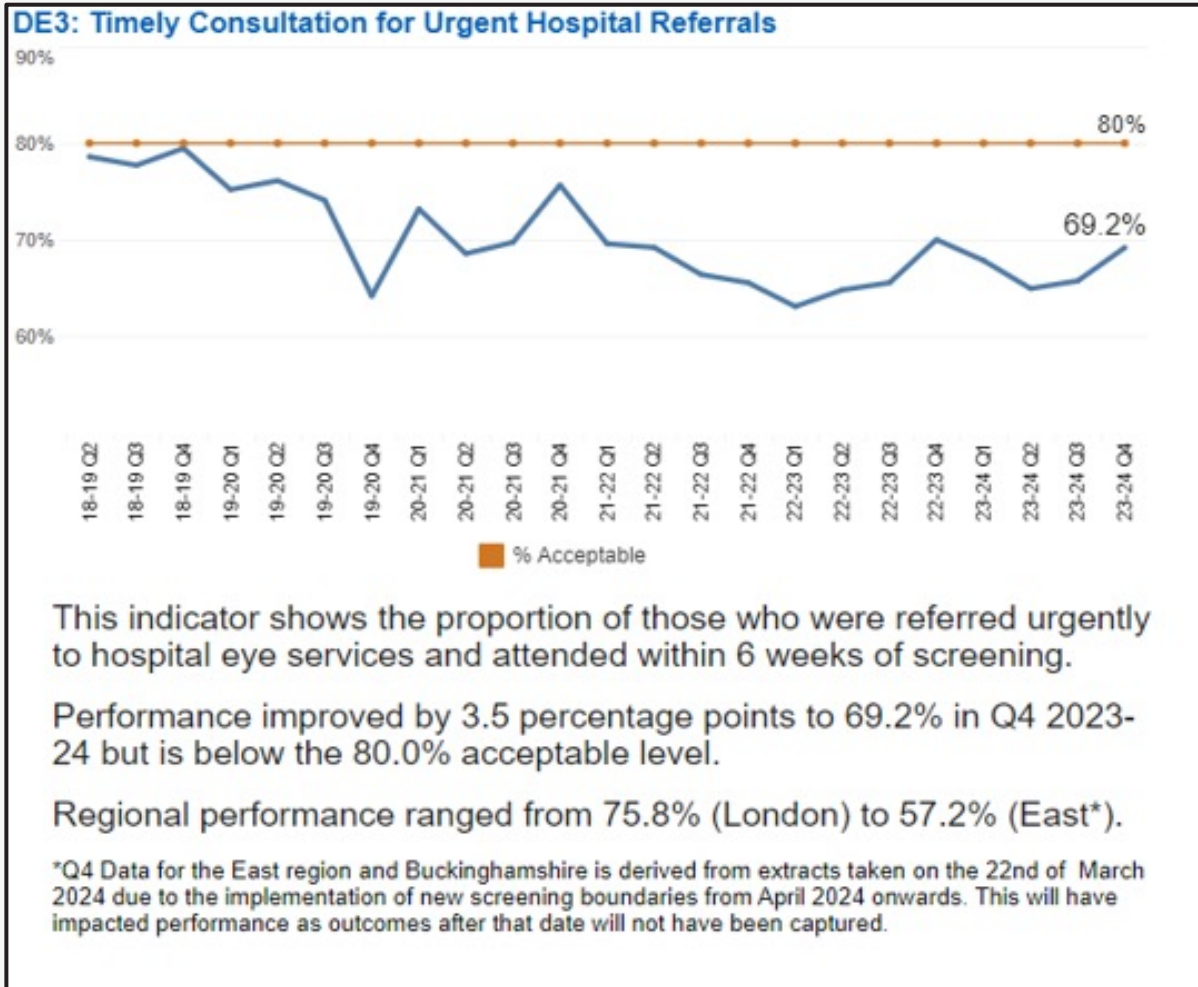


- This is our health inequalities indicator, focusing on people eligible for screening who haven't attended for the previous 3 years
- As a national programme we have not yet achieved the acceptable level of 8%
- However, we have seen a steady improvement on this indicator over the last 4 quarters with the latest England position being 9.7%
- We know there is lots of great work happening across services focusing on increasing engagement and uptake

Key Performance Indicators Q4 2023-24

DE3: Timely Consultation for Urgent Hospital Referrals

Time between urgent screening event & first attended consultation at HES or digital surveillance.



- This indicator tells us much more about the health of secondary care and treatment services, than about diabetic eye screening services
- In England, the latest data tells us 69.2% of people urgently referred to HES were seen within 6 weeks of their screening appointment
- We know that not meeting the acceptable threshold of 80% has many contributing factors, including in some cases patient choice
- By having this indicator, it allows us to continue to monitor the urgent hospital referral process and to look at areas of good practice and share the learning and support areas where there are concerns




On the topic of data.....

Some numbers that might interest you:


At the end of **Q4 2023/24** there were **4,008,487** individuals registered within the diabetic eye screening programme in England.

Of which **3,338,285** are being monitored every 1 or 2 years within the routine digital screening pathway.

Of the **2,533,842** that attended RDS within the year, **76,671** had an outcome grade that could potentially be kept in the digital surveillance pathway if services were able to fully roll out R2 grading refinement and OCT.



National Programme Update - It has been a busy 12 months (well actually 24 months!)

- Programme Transformation Projects
 - Standards review
 - Workforce suite of resources & Training Update
- 

What we achieved in 2024/2025



What have we achieved so far this year...

- OCT expert working group stood up
- IT service specification for OCT, R2 and new datasets developed
- Programme Standards review and public consultation completed
- Collaboration with DUK and Insights team on full results letters and leaflet review and update
- Two national webinars and FAQs to support planning and implementation of changes
- R2 grading refinement webinars to support staff training
- Communication toolkit and media pack to inform programme stakeholders
- Web content updated across NHS.UK and GOV.UK
- Guidance reviewed and updated to reflect the programme changes
- Pricing working group stood up
- Workforce survey and recommendations pack
- DS Forecasting tool developed

What is left to do...

- Completion of the time and motion study to support the pricing framework project
- Post implementation guide and checklist (due end of October)
- Full guidance review
- Data and Standards update and review in Q3 2025/2026
- Behavioral insights commissioned work on barriers to attendance for under 40s (building on the excellent EROS study)
- HSD full review
- Work with the national DICOM working group to support OCT interoperability

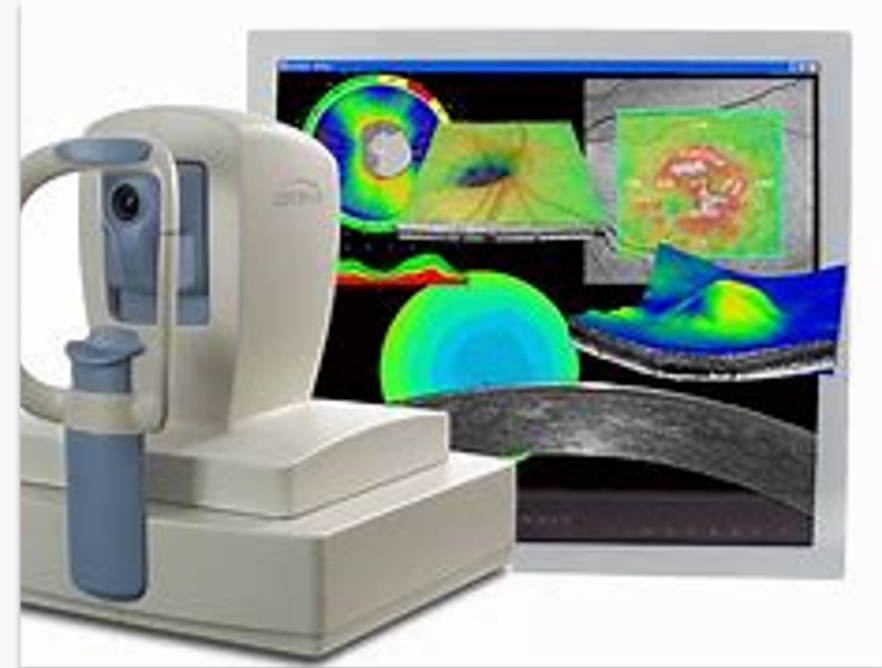
Why we are implementing OCT into programme

Introducing OCT into the DS pathway, will standardise the current processes within digital surveillance in screening, where several different 2-dimensional markers are being used in screening services without OCT as referral criteria to Hospital Eye Services.

The ambition is to increase the specificity of referrals to Hospital Eye Services (HES), without reducing the high sensitivity of detection. With the aim of reducing unnecessary referrals to hospital eye services.

The strategic drivers to include OCT into Diabetic Eye Screening are:

- [Get It Right First Time \(GIRFT\)](#), 2019 National Specialty Report for Ophthalmology, recommended that systems:
 - i. Develop a national standardised referral pathway for suspected diabetic maculopathy that includes the use of OCT as a form of referral refinement to reduce unnecessary referrals from screening services. [March 2023 pathway](#)
- [Academy of Medical Royal Colleges](#). Evidence-based Interventions (January 2022), which stated that:
 - i. The proposed guidance uses best available evidence to propose patients with DES diabetic retinopathy grading M1 or above should have integration of OCT within the DES
- [Publication on new NHS measures to improve eye care and cut waiting times](#)
 - i. Currently, diabetic eye screening contracts in England do not include the use of OCT. The Evidence Based Intervention (EBI) programme recommends that the referral pathway for diabetic patients to be seen by hospital eye services is updated across England



OCT Implementation

- State of readiness process – triangulating an agreed start date for services
 - Local services need to have the capacity, equipment, SOPs and staff trained
 - IT providers need to have software updates completed, tested & approved and then deployed to services
 - NHS England (regional) need to have the contract and commissioning arrangements in place and agreed (*taking in to consideration those services already delivering OCT, potentially receiving alternative funding*)
- IT providers are on track for deploying software updates from early to mid-October onwards
- A review process will need to take place between NHS England (national and regional teams) with services and IT providers over the next few weeks to agree an implementation roadmap for all services
- **Current information would indicate that approx. 50% of services will be offering OCT by the end of October**, either as a new service with the new software in place, or because they already offer OCT and will continue delivering whilst waiting for the new software deployment.

Resources to support OCT Implementation

Project Theme	Update
Communications & Stakeholder engagement	<ul style="list-style-type: none"> • Stakeholder Webinars (Feb & July 2024) • Revised DES Letters and Leaflets – implementation from October (aligned to software updates) • Communication toolkit & FAQ on NHSFutures • HES system communication email and primary care bulletin update to go out this week • Royal College of Ophthalmology bulletin, Diabetes bulletins and wider system comms to go out next week
Workforce, Education & Training	<ul style="list-style-type: none"> • R2 training cascade – recordings on NHSFutures • OCT training guidance updated and published on Gov.UK • HSD review underway with proposed OCT module in development • Updated sign-off process for screeners approved
Guidance & QA & Equipment	<ul style="list-style-type: none"> • R2 Guidance updated and published here • OCT Guidance updated and published here • Development of implementation guidance and post implementation local testing checklist (by end of Oct) • State of readiness documents – thank you for completing • OCT Equipment Specification
Commissioning & Finance	<ul style="list-style-type: none"> • Fortnightly meetings focusing on OCT since April 2024 – Co-Chaired by National & Regional colleagues • Communications to services on ‘soft start’ and implementation expectations • Pricing and time and motion workstreams to support future funding for the programme



Standards Review

Changes to Standards and Reporting

- The pathway standards have been reviewed to support the monitoring of individuals who have moved onto 24-month intervals
- The NHS Diabetic Eye Screening portfolio team have taken the opportunity to review all the existing standards and make improvements whilst proposing new standards for the implementation of OCT and R2 grading refinement
- Thresholds have been reviewed and set for some of the standards without acceptable and achievable levels



Data and Reporting update

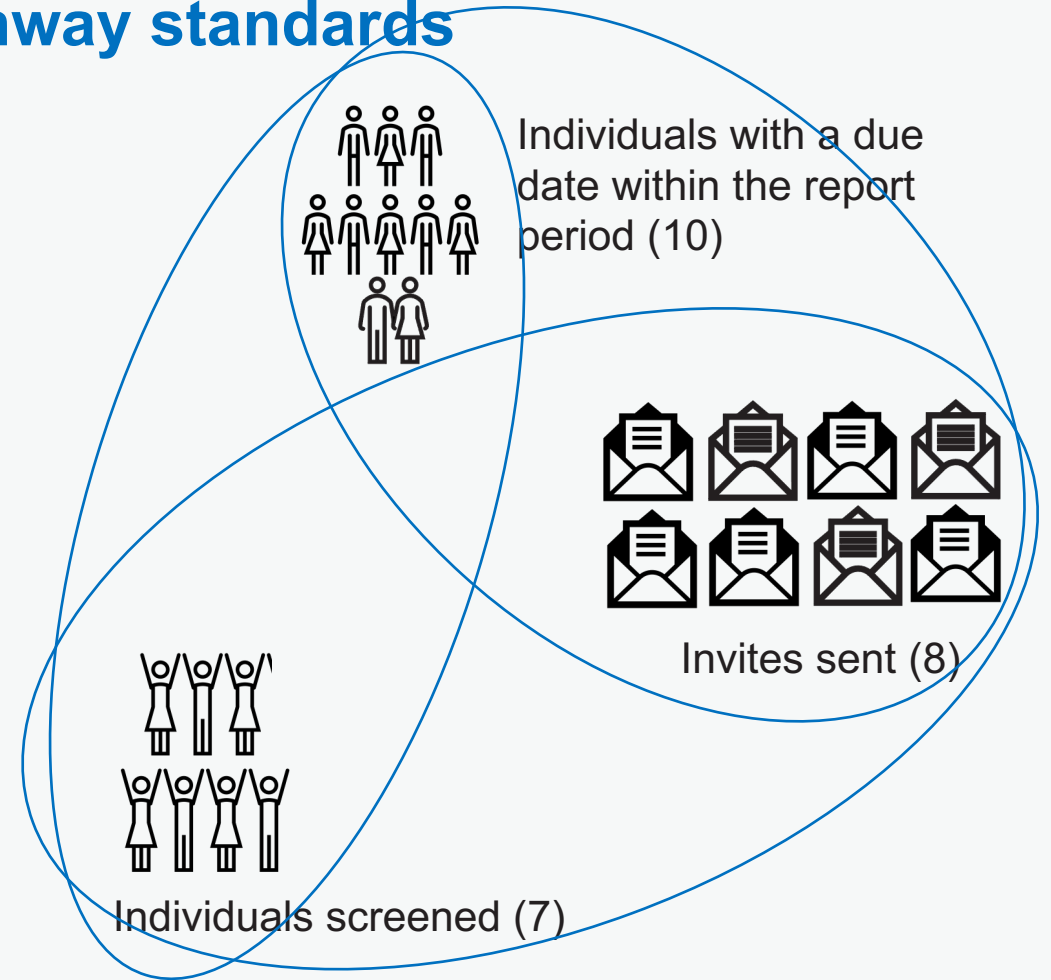
Definitions/metrics included within new pathway standards

Coverage – Individuals screened out of those who require screening within the time period

Completeness of offer – Invited out of those who require screening within the time period

Uptake – Individuals screened out of those invited

Metric	Performance
Coverage	70%
Completeness of offer	80%
Uptake	86%





Data and Reporting update

When will you see a change

As 24-month recall was implemented on 1st October 2023, the first report period where the new standards are required is **Q3 2024 (Oct, Nov, Dec)**, which also coincides with the implementation of OCT and R2 review and refine.

Data for Q3 2024 will be collected in March 2025, and the reports available soon after.

Documentation to support the pathway standards will be published on the 1st October 2024



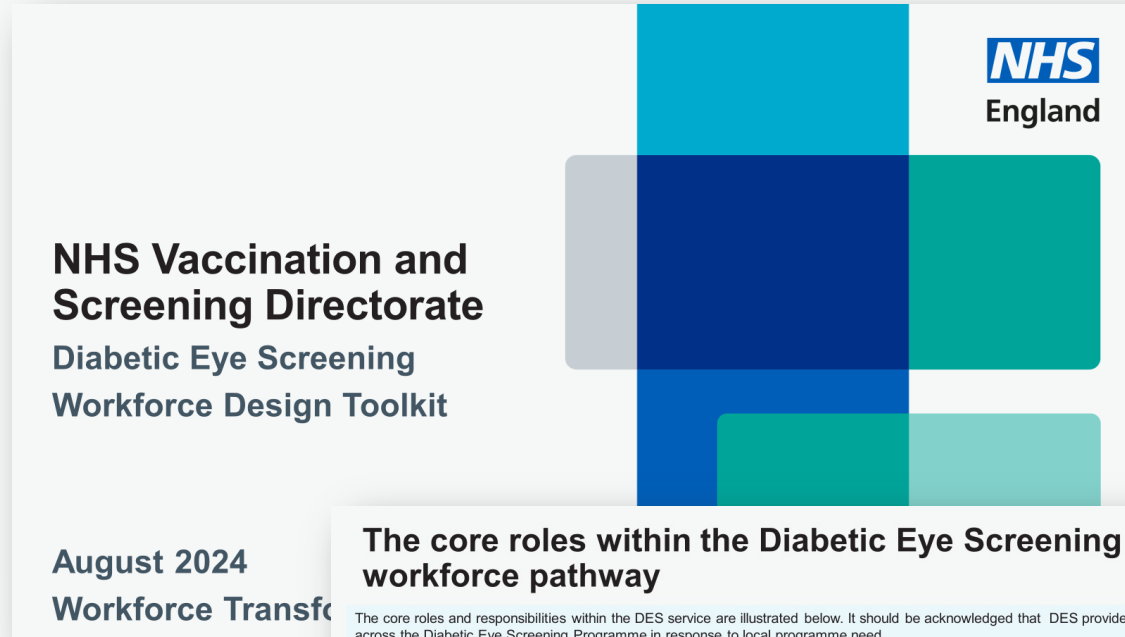
Workforce suite of resources & Training Update



Workforce Suite of Resources

The National DES Portfolio team had support from the Workforce Transformation team to create a suite of workforce resources for the DES Programme:

1. Workforce survey and data pack
 - Workforce survey went to all services in England **February 2024**
 - Summary data pack will shortly be available on NHSFutures
2. Recommendations Pack
 - Workshops and visits to inform the recommendations pack took place from **November 2023 to March 2024**
 - Recommendations pack will shortly be available on NHSFutures
3. Workforce Modelling Tool
 - Modelling tool has been developed and is being reviewed by multiple different services to validate across different operating models



NHS
England

NHS Vaccination and Screening Directorate
Diabetic Eye Screening
Workforce Design Toolkit

August 2024
Workforce Transformation

The core roles within the Diabetic Eye Screening workforce pathway

The core roles and responsibilities within the DES service are illustrated below. It should be acknowledged that DES providers have created a rich and varied mix of roles across the Diabetic Eye Screening Programme in response to local programme need.

Programme Administrator	Patient Engagement Officer	Failsafe Officer	Screeener	Screeener/Grader	Senior Screeener/Grader	Programme Manager	Clinical Lead
<p>The programme administrator is responsible for supporting the programme aims by identifying the patient cohort, coordinating patient invites, reminders, and appointment booking.</p> <p>The programme administrator is responsible for dispatching patient results and responding to telephone enquiries.</p>	<p>The patient engagement officer is responsible for activity to reduce the Did Not Attend (DNA) % rate of Diabetic eye screening appointments.</p> <p>The patient engagement officer will liaise with primary care to reconcile data quality concerns.</p>	<p>Responsible for regular review of grading quality, coordination of Multi Disciplinary Team (MDT) meetings and audit preparation and submission.</p> <p>Ensures graders have access to suitable workload to maintain skill.</p>	<p>Responsible for explaining the test procedure to the people attending diabetic eye screening, and obtaining informed patient consent.</p> <p>Undertakes the pre-screening and screening functions of the pathway.</p>	<p>Responsible for all role requirements of the screener role.</p> <p>Also undertakes the triaging and grading of each digital image in accordance with national standards.</p>	<p>The senior screener or grader will be an experienced grader who supervises and provides training and feedback to the team of screeners and graders.</p> <p>They ensure national standards are met.</p> <p>Role may also be undertaken by the clinical lead or programme manager.</p>	<p>Oversees the smooth delivery of the service including quality assurance and call and recall.</p> <p>Responsible for screening and grading capacity, compliance of workforce with education and training requirements, compliance with Quality Assurance (QA) requirements and monitoring the service's performance against standards.</p>	<p>Has overall clinical responsibility for the service.</p> <p>Will be either a consultant ophthalmologist with medical retina experience or a consultant diabetologist.</p> <p>In services where the clinical lead is a diabetologist, a consultant or senior speciality doctor grade ophthalmologist with medical retina experience must also be in the skill mix.</p>

Executive Summary

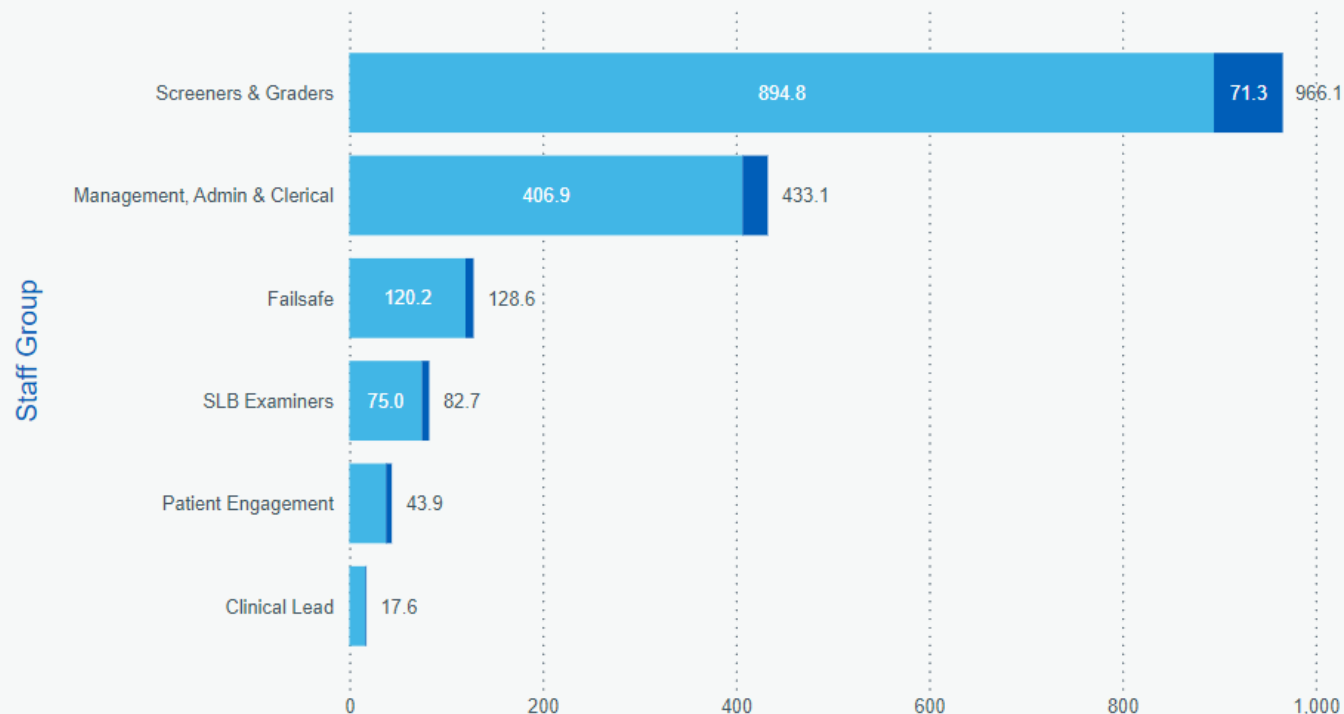
Headline findings for the England DES programme:

- In February 2024 there was a reported head count of **2,052 staff** and a Whole Time Equivalency (WTE) of **1,672** posts
 - *To note, two services did not provide survey returns and therefore the headcount likely to be slightly higher*
- Vacancy rate within the programme was **7%** (142 posts), comparable to the national NHS vacancy rate across all staff groups - **SLB Examiners have the longest unfilled duration for both absence and vacancies**
- The **Screeners & Graders staff group** comprises 966.1 WTE (**57.8%**) of the overall workforce.
- **45% of the workforce are paid at AfC band 2 & 3**, with 39% of the workforce paid between AfC band 4 & 5
- The total **workforce nearing retirement age (60+)** represent **8%** of the overall workforce – services need to ensure they are planning for this.

What is the skill mix of the diabetic eye screening workforce?

WTE In Post vs Vacant/Absent

Whole Time Equivalent (WTE) ● In Post ● Vacancy/Absence

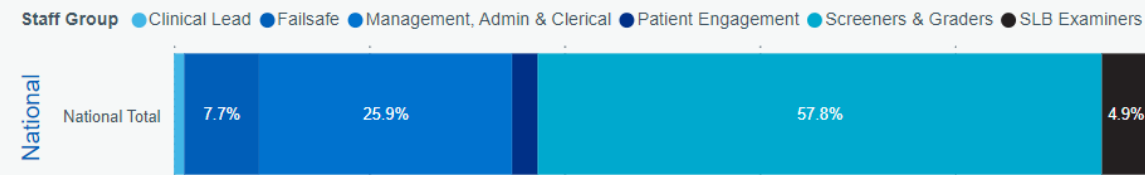


The survey was grouped by the staff groups displayed in the visualisation. The various staff roles are grouped within these.

The total allocation to the programme is displayed by each staff group to the left split by in-post and vacant/absent.

The percentage split of the total workforce is shown below with posts in the Screeners & Graders staff group comprising 966.1 (57.8%) of the overall workforce.

WTE by Staff Group %



Clinical leadership staff group comprises 1% of the workforce (not labelled in graph)



New Sign-Off Process for Screeners

Following workshop meetings held by the Workforce, Training and Education team one of the most significant issues raised was the sign off process for new Screeners.

This became an agreed priority area within the programme to review the way screeners achieved competency and signoff to screen without supervision.

This means that now the sign off process

- Does not require screeners to have completed the 4 units as previously
- Screeners can be screening independently in a much shorter timescale
- Programmes can wait to sign them up for the HSD until they are sure they are going to stay
- Programmes can utilise the workbook developed in line with the one used in AAA which can they be used as evidence for some of the HSD once they are signed up

More details can be found on the FutureNHS website.

Looking to the future....



The Future is Bright....



Digital Transformation and AI in DES

Cohorting functionality – replacement of GP2DRS

IT provision to link in to relevant NHS England digital products e.g. NHS App, GP Connect, Data platforms and notify

AI in DES – development of a Target Product Profile, research and linking with DHSC and UKNSC on next steps

Phase 3 – 24-months, OCT & R2

- Audit and review of the programme changes...are the benefits being realised, does anything need to change?
- Dataset review from Q3 2025/2026

Improvements

- Full guidance review
- Improved communication and location of key information
- Listen to feedback...
- HSD review

Horizon Scanning

Improved outcome data and closer working with the DHSC on effectiveness and evidence into practice

Delegation of commissioning from regions to ICBs

Opportunity for Questions and Answers





Resources and contact information

Resources:

[Atlas of variation](#) - risk factors and healthcare for vision (2020)

[Vision atlas \(england.nhs.uk\)](#) Data tool

[DES Guidance](#)

Data Dashboard

<https://future.nhs.uk/vaccsandscreening/view?objectID=41910224>

Communications materials:

[FutureNHS Vaccinations and Screening Main Page](#)

[FutureNHS Diabetic Eye Screening Page](#)