



NHS

Public Health  
England

# NHS Diabetic Eye Screening

## Guidance on monitoring retired, amended and new pathway standards

March 2017

Public Health England leads the NHS Screening Programmes

This document was withdrawn on 30 May 2019

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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## About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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# Executive summary

This document supports the implementation of the revised **diabetic eye screening standards**.

It explains how local Diabetic Eye Screening (DES) providers and commissioners can continue to monitor the structural aspects of the service that have been retired. These retired standards are still required and are detailed in the **service specification**. This document also details the pathway standards that have been introduced or amended since the interim standards were published and the operational changes that may be required to meet them.

This document should be read in conjunction with the **pathway standards**, the **service specification** and available **operational guidance**.

# Changes to the standards, impact and associated guidance

Interim number	Pathway Number	Standard	Change	Impact	Relevant guidance
1.1	N/A	Single collated list of all people with diabetes and systematic call from a single management system	<b>Withdrawn</b> as it relates to the structure of the programme	Requirement is maintained through section 7A agreement.  Monitor through programme board report	NHS Diabetic Eye Screening Programme - Consent and Cohort Management June 2016  Service specification
1.2	N/A	Comparison of DESP database programme size with CQRS (calculating quality reporting service) diabetic population	<b>Withdrawn</b> as it is not a standard and cannot be populated reliably	Commissioners can continue to request an annual comparison to provide assurance that validation processes are suitable	
1.3	N/A	Proportion of GP practices participating	<b>Withdrawn</b> as it relates to the structure of the programme	Requirement is maintained through section 7A agreement and updated NICE guidance.  Monitor through programme board report	Not required. All practices are participating and highly unlikely any changes would be picked up through reviewing numbers. Linked to primary care commissioning.  Service specification NICE guidance
1.4	N/1	Regular database cleansing using national standard operating procedures	<b>Withdrawn</b> as it is included in the standard operating procedures	Requirement is maintained through national standard operating procedure.  Monitor through programme board report. Programmes should detail validation issues	Local programme standard operating procedures  NHS Diabetic Eye Screening Programme - Consent and Cohort Management June 2016  NHS Diabetic Eye Screening Programme - Management of patients not included on the

				and exceptions as a standing agenda item at programme board meetings	screening register Service specification
2.1	PS-1	Percentage of eligible population invited to screening	<b>Amended.</b> The definition now excludes suspended patients from the denominator.	Performance will now be under 100% but will never reach 100% as denominator includes patients who have been excluded and therefore not invited. Programmes should still be able to reach the acceptable and achievable thresholds. Programmes will need to report the percentage of excluded patients as well	Management of exclusions and suspensions
3.1	PS-7	Proportion of those offered screening who attend a digital screening event	<b>Amended.</b> Thresholds amended due to increase performance	Continue to monitor through KPIs and quarterly reporting	KPI definitions
4	PS-9	Percentage of people with diabetes where a digital image has been obtained but the final grading outcome is ungradable	<b>Amended.</b> Threshold range now set	Continue to monitor through quarterly reporting	Pathway standards definitions Submission guidance
5.1	N/A	Every grader registered on the software as a grader to participate in TaT (test and training)	<b>Removed</b> as it is a structural standard	Monitor using the TaT reports available quarterly at programme board	Diabetic eye screening: test and training participation - August 2015
5.2	N/A	Evidence of clinical lead or nominated senior grader feeding back outcomes to grading	<b>Removed</b> as it is a structural standard		The Management of Grading quality - March 2016

		staff			
6	PS-10	Time between screening event and issuing of results letters to person with diabetes and GP	<b>Amended.</b> Now includes relevant healthcare professional. Dataset has been amended so that the name and contact details of the healthcare professional can be recorded	If a patient has a named healthcare professional recorded eg paediatrician, a copy of the results should also be sent to the named professional	Pathway standards definitions
7	PS-11	Time between screening event and issue of referral request	<b>Amended.</b> Routine now includes R3SM1. Thresholds have been amended	Based on the current data programmes should be able to meet the thresholds but programmes with small numbers of referrals may be adversely affected	Pathway standards definitions
8.1	PS-12	Time between notification of positive test and consultation (urgent)	<b>Amended.</b> Time frames changed so that the screening event is the starting point. Thresholds amended	A delay in grading or referral may affect the attainment of this standard. The standard also relies on HES being able to offer an appointment within the timeframe	STTT specification
8.2	PS-12	Time between notification of positive test and consultation (routine)	<b>Amended.</b> Time frames changed so that the screening event is the starting point and time frame shortened. Thresholds amended	A delay in grading or referral may affect the attainment of this standard. The standard also relies on HES being able to offer an appointment within the timeframe. The time frame is shorter than before and programmes may need to	STTT specification

				adjust local protocols	
9	N/A	Timeline tracking undertaken to agreed national template	<b>Withdrawn</b> as not a standard and the STTT is included in the software	Programme boards should continue to ensure that the programmes have adequate failsafe procedures in place. The STTT can be provided from within the software for monitoring the progress of referrals	Referrals from diabetic eye screening to hospital eye services and associated failsafe  A local SOP is required to enable programmes to collect the relevant data for DES-PS-12 (Obj 8 - interim standard) from the Hospital Eye Service
10	PS-13	Maximum time between RDS and attendance for SLBS to be no more than 13 weeks	<b>Amended.</b> Reworded and thresholds amended	No change	
11	N/A	Time between listing and first treatment following screening if listed at first visit	<b>Withdrawn</b> as treatment is outside the scope of the screening programme	Services can still monitor and record if a patient has received treatment using the STTT. This will allow them to then ensure that the patient is returned to the service appropriately	Referrals from diabetic eye screening to hospital eye services and associated failsafe page 13  STTT specification
12	N/A	Time between screening event and first treatment if listed at first visit	<b>Withdrawn</b> as treatment is outside the scope of the screening programme	Programmes can still monitor and record if a patient has received treatment using the STTT. This will allow them to then ensure that the patient is returned to the service appropriately	Referrals from diabetic eye screening to hospital eye services and associated failsafe page 13  STTT specification
13.1	N/A	Audit of SSI/SI certifications	<b>Withdrawn</b> as outcomes are outside the scope of the screening programme	As best practice, services should audit cases where they are made aware of a certification in order to identify any lessons	Roles and responsibilities of clinical leads of diabetic eye screening programmes

				learned and to improve service provision. This can be monitored through an annual report to the programme board. It will also be reviewed at quality assurance visits	The Management of Grading quality - March 2016
13.2	N/A	Audit of visual acuity	<b>Withdrawn</b> as outcomes are outside the scope of the screening programme	As best practice, services should audit cases where they are made aware of a certification in order to identify any lessons learned and to improve service provision. This can be monitored through an annual report to the programme board. It will also be reviewed a quality assurance visits	Roles and responsibilities of clinical leads of diabetic eye screening programmes  The Management of Grading quality - March 2016
14	N/A	Screening and grading staff to be appropriately qualified in accordance with national standards	<b>Withdrawn</b> as included in the service specification	Requirement is maintained through section 7A agreement. Monitor through programme board report	The Management of Grading quality - March 2016  Service specification
15	N/A	Graders must meet minimum grading requirement	<b>Withdrawn</b> as included in the service specification	Requirement is maintained through section 7A agreement. Monitor through programme board report	The Management of Grading quality - March 2016  Service specification
16	N/A	Minimum programme size	<b>Withdrawn</b> as included in the service specification	Requirement is maintained through section 7A agreement. Monitor through programme board report	Service specification
17	PS-3	Programme operates on	<b>Amended.</b> Definition	Programmes may need	

		annual screening interval for RDS	changed to look at people with diabetes invited within six weeks of their due date	to change the timeframe for automatically inviting people. It may affect when they go to certain clinic locations. Some patients may always be seen outside of the time frame due to the constraints of the screening location. This is accounted for in the threshold levels	
18.1	N/A	Production of nationally specified reports	<b>Withdrawn</b> as included in the service specification	Requirement is maintained through section 7A agreement. Monitor through review of the nationally produced quarterly pathway standards reports at programme board	Service specification
18.2	N/A	Production of KPI data	<b>Withdrawn</b> as included in the service specification	Requirement is maintained through section 7A agreement. Monitor through review of the nationally produced KPIs at programme board	Service specification
19	N/A	External quality assurance	<b>Withdrawn</b> as included in the service specification	Requirement is maintained through section 7A agreement	Service specification
N/A	PS-4	Proportion of people with diabetes offered an appointment for slit lamp biomicroscopy within an appropriate time frame	<b>New</b>	May require changes to ensure appointments are offered within a timeframe relevant to the follow up time	
N/A	PS-5	Proportion of people	<b>New</b>	May require changes to	

		with diabetes on digital surveillance seen in an appropriate time frame		ensure appointments are made within a timeframe relevant to the follow up time	
N/A	PS-6	Proportion of pregnant women with diabetes seen within six weeks of notification of pregnancy to the programme	New	Will require additional information to be entered regarding pregnancy, for example, expected due date	
N/A	PS-8	Proportion of people with diabetes not attending an appointment within three years	New	Will require further analysis in order to identify if the same people are not attending each year. There is an expectation that the programme will be able to identify areas or groups for targeted interventions to improve uptake	

Standing agenda items at programme boards must include but are not limited to:

- validation of the single collated list
- grading quality (list of all aspects of grader monitoring required or national template)
- audits
- national pathway standard report and key performance indicators