

## IND69: Offer of routine digital diabetic eye screening

*The proportion of eligible people with diabetes who are offered an appointment for diabetic eye screening.*

Data currently collected by screening provider and CCG. This proposal assesses the potential as a NICE CCG level indicator.

### Importance

Considerations	Assessment
<p>Priority identified by Public Health England.</p> <p><a href="#">Diabetic eye screening</a> is one of 11 <a href="#">NHS national population screening programmes</a> available in England.</p> <p>To maximise the impact of the screening programme, all eligible people should be offered an appointment for routine digital screening (RDS), unless they are suspended or excluded.</p>	<p>The indicator reflects a specific priority area identified by Public Health England.</p>
<p>The <a href="#">NHS Long Term Plan</a> identifies diabetes as a clinical priority for care quality and outcomes improvement.</p>	<p>The indicator reflects a specific priority area identified by NHS England.</p>
<p><a href="#">Diabetic eye screening 2016 to 2017 data</a> reports the eligible population for RDS and the number of people offered screening. In England 86.3% of the eligible population were offered screening (ranging from 84.8% to 88.7% at regional level)</p>	<p>The indicator relates to an area where there is known variation in practice.</p>
<p>A range of eye problems can affect people with diabetes. One of these conditions is diabetic retinopathy, caused by high blood sugar levels damaging the back of the eye (retina). Diabetic retinopathy can cause blindness if it is left undiagnosed and untreated, however if problems are caught early, treatment can help prevent or reduce vision loss.</p>	<p>The indicator will lead to a meaningful improvement in patient outcomes.</p>

### Evidence base

Considerations	Assessment
<p>Repeat annual eye screening is supported by:</p> <p><a href="#">NICE's guideline on type 1 diabetes in adults</a> recommendation 1.15.1</p> <p><a href="#">NICE's guideline on type 2 diabetes in adults</a> recommendation 1.7.17</p> <p><a href="#">NICE's guideline on diabetes (type 1 and 2) in children and young people</a> recommendations 1.2.117 and 1.3.52</p>	<p>The indicator is derived from a high-quality evidence base.</p> <p>The indicator aligns with the evidence base.</p>

## Specification

Considerations	Assessment
<p>Numerator: number of people in the denominator offered an appointment for diabetic eye screening during the reporting period (programme performance report (PPR) field 3.2c).</p> <p>Denominator: number of eligible people with diabetes, on the final day of the reporting period (PPR field 3.1.7a).</p> <p>Performance calculated by dividing numerator by denominator and multiplying by 100 to give a percentage. Rolling 12-month data.</p> <p>If an eligible person attends a walk-in clinic or is screened for diabetic retinopathy while in care of ophthalmology for non-diabetic retinopathy it will be counted as an offer for that date.</p> <p>All people with diabetes over the age of 12 are eligible except those with no perception of light in both eyes.</p> <p>Eligible people with diabetes, categorised under RDS towards the end of the screening year may not be sent an invitation within the reporting time period (their invitation would be sent in the subsequent year and reported on then).</p> <p>This is a snapshot at the final day of the reporting period, meaning that 1.1 will not include individuals sent an invitation for RDS during the reporting period, but no longer categorised under RDS on the final day of the reporting period. This also means that anyone screened under surveillance during the reporting year and subsequently moved back to RDS before the final day, will not be counted as having received screening.</p> <p>For these reasons the provider is not expected to achieve 100%.</p>	<p>The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.</p>
<p>Data currently presented by PHE at national, regional and provider level on screening uptake. NICE CCG level indicators are intended for use where there is an average of 50 patients or more per CCG. Data presented by PHE as part of the <a href="#">Diabetic eye screening 2016 to 2017 data</a> indicate an average number of 15,339 patients per CCG. The Diabetic eye screening 2016 to 2017 data reports the eligible population for England as 3,175,121. QOF data 2016/17 shows 207 participating CCGs: <math>3,175,121/207=15,339</math>.</p>	<p>The indicator outlines minimum numbers of patients needed to be confident in the assessment of variation.</p>

## Feasibility

Considerations	Assessment
Data is collected as part of the <a href="#">NHS Diabetic Eye Screening programme</a> .	The indicator is repeatable.
Details of <a href="#">data to be submitted</a> are available from gov.uk.	The indicator is measuring what it is designed to measure.  The indicator uses existing data fields.

## Acceptability

Considerations	Assessment
The commissioning of the NDESP pathway involves commissioning at different levels which includes NHS England and CCGs.  Providers are responsible for inviting the eligible population for screening.	The indicator assesses performance that is attributable to or within the control of the audience
Data on diabetic eye screening is published at regional, national and screening provider level as part of <a href="#">NHS Screening programme KPI reports</a> . Data is not published relating to the eligible population, but this could be included to compare practice and assist in <a href="#">quality assurance procedures</a> .	The results of the indicator can be used to improve practice

## Risk

Considerations	Assessment
The NHS Diabetic Eye Screening programme operated under <a href="#">published standards</a> and <a href="#">quality assurance frameworks</a> .	The indicator has an acceptable risk of unintended consequences.