Frequently Asked Questions

DES 24- month screening intervals

NHS Diabetic Eye Screening Programme

Themes of Q&As

- Rational & Governance
- Intervals & recall
- Opt-out and DNAs
- Communication
- IT & technical
- Capacity

Rational and Governance

How is the Diabetic Eye Screening Programme (DESP) in England Changing following a recommendation from the UK National Screening Programme.	• People with diabetes who have a lower risk of sight loss to received screening every two years instead of every year. People with diabetes with a higher risk of sight loss (those with some degree of retinopathy) will continue to receive annual or more frequent screening • From 1st October 2023, people eligible for diabetic eye screening who have had two successive eye screens, showing no signs of diabetic retinopathy (R0M0), and therefore at lower risk of diabetic retinopathy, will start to be offered screening every 2 years. • This change to the programme for eligible people is based on clinical evidence which shows screening for people at a lower risk of diabetic retinopathy every 2 years is safe and effective.
Why are these changes being made now?	The UK NSC recommended this changes in 2016, implementation was due to take place in 2020. The COVID-19 pandemic put this implementation on hold until all screening services were restored following the pause in screening. The effects of the pandemic were reviewed to ensure extended intervals for those at lowest risk of diabetic retinopathy remained clinically safe.
How are the changes being governed?	An NHS DESP Project Board has been set up to manage the implementation of extended screening intervals by NHS England. This has representation from NHS England (Screening and Diabetes teams), regional teams from across England, IT, Finance and Diabetes UK. The clinical professional group is also providing subject matter expertise. A state of readiness checklist will be developed by NHS England and shared with regional commissioners and services. Services will need to assure regional commissioners that they have met all the requirements set out in the state of readiness document prior to the implementation of extended intervals.
Will this impact on grading numbers and will there be changes to requirements for minimum numbers of grades per year?	A forecasting tool has been developed to provide services with the ability to determine the impact across each service. Due to the predicted decrease in activity being spread over 2 years initial thoughts are that this will not have a significant impact.

Intervals & Recall

Can staff decide who should be on a 1 or 2 year cycle and can patients request an earlier screen in their 24-month interval if they are concerned?	No, published research has shown that patients are at little risk of sight threatening DR in the 24-month interval. The systematic screening process is set centrally and is automated. Any concerns they have about their vision are likely to be caused by something else and they should be directed to their optometrist/optician. (see clinical lead over-ride below)
When we are making someone eligible for screening again, do we keep the two-year recall flag and resume previous recall or recall immediately? We may not be aware of their screening history.	Presumably if you do not know their screening history they will be on annual recall as they are new to your service. People will retain their two-year recall flag dependant on the recall due date and result of current screening. If recall due date is due or passed, they will automatically be recalled for screening and their status following the screening will depend on their results.
The clinical lead over-ride in exceptional circumstances. What will these exceptional circumstances be?	The CPG could not determine a list of reasons for a clinical lead override. Each case must be looked at individually and we expect these cases to be very few and far between. There is no change to the 'Early worsening phenomenon guidelines contained in the 'Cohort Management' document on GOV.UK
Will the recall buffer periods be extended to 12 weeks?	Recall buffer periods (+ / - 6 weeks) will remain the same.
Can we have some discussion around the programme activity models done for extended intervals - these seem to be predicted on 85% coverage – Is this realistic? Won't we expect uptake to drop?	Following implementation, we will be doing audits to monitor the affect the intervals are having on activity within the programmes. Once the audits are complete, we will have a better idea around expected uptake figures and whether we need to change standards etc.
How will PS1 be calculated with the introduction of screening intervals? Will patients on 2-year recall be excluded from the eligible denominator for the 12 months they are not in the recall cycle?	Full changes to the IT specifications to take into account the 24-month intervals for data and reporting are being developed in Phase 2 and will be deployed by the time figures will be affected by the changes.

Intervals & Recall

Since 2 yearly starts from October 2024 what will happen to half of the eligible patients in 2024/2025?	You will screen everyone at least once more between October 23 and 24, half of these will have been told they will be screened in 12 months so will be due between October 24 and October 25 call them group A. Group B will have been told that they will be screened in 24 months so they will be called between October 25 and 26. Group A will then be seen in 26/27 Group B in 27/28 and so on.
The main reason we are asked to recall people early currently (by hospital diabetes teams) is when they have had a dramatic/quick improvement in their diabetes control as they understand this may have led to complications. Some comms (possibly in an HCP FAQ doc) written with a clinical understanding/evidence to address this point directly would be useful.	Cohort Management Guidance has been updated to tackle this question. There is currently no conclusive evidence that there is a need to screen someone who is R0M0 if they have a dramatic change to their HbA1c control. The current guidance on 'Early Worsening' still stands with the 24-month screening.
If a patient was R0MO last year and ROMO on SLB this year, will this patient be eligible for 24 months interval?	Individuals being discharged from the SLB pathway and who's previous RDS final grading outcome in both eyes was R0M0, would be eligible to move to 24 month recall at their next RDS appointment if the RDS final grading outcome at that appointment is R0M0 in both eyes (in line with the criteria set out in section 3) providing they have not received any final grading outcome other than R0M0 in both eyes while on the SLB pathway.
Will the two-yearly patients be chosen randomly? It must be noted that they are spread equally by post code. Is this how it is planned?	Patients will be chosen alternately in the order in which they receive their final grade. This will not consider any clinic venue or postcode relating to the patient.
What if optometrist refers with R1 during their 24-month recall?	If you have screened a patient in the correct timescales, you should not be seeing them again following a referral from an optometrist.
Currently, RDS patients have a <6w or >6w breach date, will this be updated to 12w either side of the patients recall for the 24 months or stay the same?	The Breach dates for patient recalls will remain unchanged for 24-month recall.

Opt-out and DNAs

For patients that DNA/DNR, do they stay on the standard 12 month recall pathway?	A patient that DNA's when they are on the 24-month pathway will have their flag removed and be called back in 12 months' time. Once they attend if the result is still R0M0 they will return to the 24-month pathway until their next screening event.
How will the DNA after 24-month recall impact on KPI4?	They will be recalled at 12 months. All the standards are being reviewed and updated to reflect the changes in the programme due to extended intervals.
Is the introduction of extended intervals anticipated to increase (on paper) the rate of serial DNA patients (ie where a patient on a 2-year recall then misses their following year's cycle)?	This will be audited, and changes made to the standard in the future if this is felt to be the case.
NHSE states that extended intervals will increase DESPs' capacity to address DNAs etc, but this is not the approach local commissioners are taking in ongoing procurement where we are expected to save money.	The central team are working with local commissioners, and we are hoping that there will be no change to the financial envelope in the period that has already been set. Moving forward this is very much going to depend on whether innovations such as OCT within DES come to fruition where there will be further financial discussion to be had.
You've already explained that a DNA would mean a restart (of the 2 consecutive R0M0s). If a patient is postponed (for whatever reason) after their first R0M0, with a consequence that their 2nd R0M0 is a lot longer than 12-months, maybe even as much as 24months. Will they need to restart their 2 consecutive R0M0s?	DNA does not mean a restart of their 2 consecutive R0M0s. If a person DNAs or Postpones etc and then return to screening the system will look at the last 2 screening results (if they are still R0M0) and regardless of the length of time between screening events and they will still be eligible for 24-month screening if still R0M0.
Will the opt-out periods be extended?	No, they will remain the same, 1, 2 and 3 years. Postponement period will also remain the same.

Communication

How will patients be notified of the change? Will the specific patients that are moved be notified /generic information to all patients?	Post implementation on 1st October 2023 patients that are selected to receive 24-month screening will be informed by their results letter. All patient facing information in leaflets and on NHS UK etc are being updated to reflect the change.
Will people have a letter explaining why they are not screened this year?	The whole cohort will still be screened between Oct 23 and Sept 24. Some will get a letter stating that they will not be screened for 24 months following their most recent screening, the QR code will take them to updated leaflet information. We anticipate some increase in phone calls to programmes to explain the changes.
Are GP's and other HCP's (ie Diabetes Teams) to be notified of the change to the screening pathway?	There is a comprehensive communications plan that includes informing all stakeholders of the changes to the screening pathways.
Have there been any projects to inform patients and GP Surgeries of the interval changes and why they are being made?	A communication toolkit is being developed which will be sent out to relevant parties in the last week of September 2023 and will be hosted on NHSFutures.
When do you anticipate the information on public facing 'nhs.uk' being updated? It currently says 'you will be checked at least once a year'	The changes have been made to these website pages and have a go live date of the 1st October 2023 which from what we understand means they will change automatically on that date.
Will there be patient friendly and HCP friendly comms about ethnicity/equality impact assessment we can direct people too?	The central team are working with the Health Inequalities Team on these topics.
Will the big diabetes conferences be used as opportunities to share this change and the rationale behind it?	We are taking every opportunity we are afforded to get the message out there and we have just booked to speak at the Diabetes Professional Care conference at Olympia in November 2023.

IT & Technical

How will this be implemented in the software?	Both software suppliers, InHealth Intelligence (IHI) and NEC, have agreed to develop software updates in line with the IT service specification issued by NHS England in May 2023. The software suppliers are working with the project team to ensure updates are ready within agreed timescales. The changes include, but are not limited to, the automatic selection of 50% of eligible people (those with two successive R0M0 grades) to be invited back in 1 year and 50% to be invited back in 2 years during the implementation phase. This will ensure an even spread across the 2 years of implementation.
How will the software calculate who is screened biannual?	The software will look at the results of the next screening result following the go live date of 1st October and the last screening result prior to that, if they are both R0M0 at final grade then the software will allocate the 1st individual fitting this criteria 12 month recall and the next 24 month and the next 12 months and so on in an alternating basis. Examples :- • 1. A person was screened in October 2022 and is graded R0M0, they attend again in October 2023 and graded R0M0 –1 year between screens -**Eligible for 2-year recall** • 2. A person was screened in December 2022 and graded R0M0, they attend again in October 2023 and graded R0M0–10 months (less than 46 weeks) between screens -**Not Eligible for 2-year recall, called back in 1 year** • 3. A person was screened in October 2020 and graded R0M0, they attend again in October 2023 and graded R0M0 –36 months between screens -Eligible for 2-year recall.
Do you know if the IT providers will be doing the switch on, or will the programmes need to do this?	The IT providers are managing the switch on dates. The state of readiness document will be the basis for whether you implement in Oct 2023 or whether that is delayed.
Why doesn't SLB count if R0M0? I think that these patients would be ideal for 24-month screening as we see little referrable disease in SLB.	SLB is not counted as it is not 'gold standard' for detecting DR. SLB is used as an option because it is better than not seeing them at all but does not have the relevant failsafe measures that photography does.

Capacity

There needs to be some clarity about funding. Current modelling is showing a greater impact than previously implied. Will programmes have to lay staff off or start reducing/stop recruiting staff now?	Funding is something that you should speak to your commissioners about, however, it is anticipated that any 'spare' capacity will be utilised to increase uptake, as well as other projects in the pipeline that may impact on capacity e.g. OCT implementation
What are the percentages forecast to drop by in RDS?	There are obviously some variations between programmes but the current estimates range between 13% and 26%. You should look at the data provided on FuturesNHS for specifics for your programme.
When will NHS DESP interval changes come into effect?	Individuals will be identified from October 2023 and will start to be informed of the change if they are eligible.

Thank You

@nhsengland

company/nhsengland

england.nhs.uk