



## **Draft Standards for Diabetic Retinopathy Screening – Consultation**

Healthcare Improvement Scotland is currently developing national draft standards for diabetic retinopathy screening. A key element of our standards development process is public and staff consultation and we would like to hear your views and comments.

We would particularly appreciate your comments on the following aspects of each standard and please note all comments are welcome:

- Standard statement
- Rationale
- Criteria

To help you complete this survey, we have included text from all the standard statements, rationales and criteria throughout.

As the consultation will close on Friday 26 February 2016, please return your completed form before then either via email or via post to:

- [scott.horton@nhs.net](mailto:scott.horton@nhs.net)
- Scott Horton, Project Officer, Healthcare Improvement Scotland, Delta House, 50 West Nile Street, Glasgow, G1 2NP

Please be advised that all comments submitted will be anonymised. A full consultation report will be available from Healthcare Improvement Scotland in April 2016.

Thank you for taking part.

## Standard 1: Governance and leadership

### Standard statement

Scotland has an effective national diabetic retinopathy screening service.

**Do you agree with the standard statement? YES**

**Do you have any comments about the standard statement?**

The Royal College of Physicians of Edinburgh ("the College") has no specific comments in response to this question.

### Rationale

Population-based screening for eligible people can reduce blindness and visual impairment caused by diabetic retinopathy.

**Do you agree with the rationale? YES**

**Do you have any comments about the rationale?**

The College has no specific comments in response to this question.

### Criteria

#### 1.1

NHS boards have systems and processes in place to demonstrate the implementation of:

- (a) diabetic retinopathy screening national guidance
- (b) multidisciplinary input to diabetic retinopathy screening
- (c) collection, monitoring, review and action on data relating to diabetic retinopathy screening, and
- (d) on-going quality improvement in diabetic retinopathy screening.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **1.2**

NHS boards have a designated public health lead acting as the diabetic retinopathy screening co-ordinator.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **1.3**

NHS boards have a designated lead clinician for diabetic retinopathy screening.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **1.4**

Staff, involved in the clinical assessment of diabetic retinopathy, participate in the diabetic retinopathy screening external quality assurance scheme.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **1.5**

Staff meet the requirements of the DRS Collaborative approved training programmes, relevant to their role.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **1.6**

NHS boards have access to a national IT system which enables data collection and supports governance procedures.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## Standard 2: Call-recall

### Standard statement

Eligible people are invited for diabetic retinopathy screening.

**Do you agree with the standard statement? YES**

**Do you have any comments about the standard statement?**

The College has no specific comments in response to this question.

### Rationale

An effective and systematic call-recall service increases the number of eligible people participating in diabetic retinopathy screening.

The call-recall service is based on the DRS Collaborative national follow-up protocol, appropriate to the outcome of the screening.

#### Notes:

Eligible people:

- who did not attend their appointment can, at any time, contact the DRS Collaborative for another appointment, and
- who choose not to participate in diabetic retinopathy screening, inform their GP of their decision every 3 years.

**Do you agree with the rationale? YES**

**Do you have any comments about the rationale?**

The College has no specific comments in response to this question.

### Criteria

#### 2.1

NHS boards have a system in place to identify all eligible people for diabetic retinopathy screening.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

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## 2.2

NHS boards will invite eligible people for diabetic retinopathy screening.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## 2.3

The invitation to attend diabetic retinopathy screening is offered to newly diagnosed patients within 30 calendar days of the DRS Collaborative receiving notification.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## 2.4

The date of the appointment offered to newly diagnosed patients is within 90 calendar days of the DRS Collaborative receiving notification.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## 2.5

NHS boards recall eligible people for diabetic retinopathy screening at a frequency appropriate to the:

- (a) DRS Collaborative national follow-up protocol, and
- (b) outcome of the diabetic retinopathy screening.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## 2.6

NHS boards recall eligible people who have not responded to the diabetic retinopathy screening invitation in line with DRS Collaborative protocols.

### **Do you have any comments about this criterion?**

This criterion is important as a small but significant group exists of those who fail to attend the

screening, often for many years.

## **2.7**

NHS boards have a system in place to identify eligible people who choose not to participate in diabetic retinopathy screening, and who have notified their GP of their decision.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## Standard 3: Uptake

### Standard statement

The number of eligible people participating in diabetic retinopathy screening is maximised within the principles of informed choice.

**Do you agree with the standard statement? YES**

**Do you have any comments about the standard statement?**

The College has no specific comments in response to this question.

### Rationale

Visual impairment and sight-loss rates can be reduced by diabetic retinopathy screening. Maximising uptake for diabetic retinopathy screening ensures that NHS boards identify, refer and treat people appropriately and effectively.

Providing accessible and responsive information supports people to make informed choices and helps to maximise uptake.

Engaging with seldom heard groups, where uptake may be lower than expected, is also important for maximising uptake.

**Do you agree with the rationale? YES**

**Do you have any comments about the rationale?**

The College has no specific comments in response to this question.

### Criteria

#### 3.1

NHS boards ensure that a minimum of 80% of eligible people who wish to participate in diabetic retinopathy screening, are screened within the prescribed interval, in line with DRS Collaborative protocols.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

### **3.2**

NHS boards maximise uptake by ensuring that eligible people, regardless of their personal circumstances or characteristics:

- (a)* are offered an opportunity to participate, and
- (b)* receive accessible and responsive information to support them make an informed choice.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.



## **Standard 4: The screening process**

### **Standard statement**

Diabetic retinopathy screening is safe, effective and person-centred.

**Do you agree with the standard statement? YES**

**Do you have any comments about the standard statement?**

The College has no specific comments in response to this question.

### **Rationale**

To promote safe and effective care, images are obtained by competent staff using equipment and techniques which meet DRS Collaborative protocols.

To ensure accurate results from the images obtained, the images are graded by an approved automated system and/or competent staff.

When people who have participated in the screening process receive accurate and timely results, this supports a person-centred approach to care and reduces unnecessary anxiety.

**Do you agree with the rationale? YES**

**Do you have any comments about the rationale?**

The College has no specific comments in response to this question.

### **Criteria**

#### **4.1**

The diabetic retinopathy screening process is carried out in line with DRS Collaborative protocols.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **4.2**

All equipment is procured, maintained and used in line with DRS Collaborative protocols.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **4.3**

DRS Collaborative protocols are used to internally and externally quality assure the work of graders. A maximum rate of ungradable images is 2.5% for digital imaging and 2% for slit lamp examinations.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **4.4**

A minimum of 95% of eligible people screened are sent the result within 20 working days of being screened.

### **Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## **Standard 5: Referral**

### **Standard statement**

Eligible people are referred to ophthalmology services for assessment in line with DRS Collaborative referral protocols.

**Do you agree with the standard statement? YES**

**Do you have any comments about the standard statement?**

The College has no specific comments in response to this question.

### **Rationale**

Timely referral of eligible people with active asymptomatic proliferative retinopathy and symptomatic diabetic macular oedema reduces the risk of permanent visual impairment.

**Do you agree with the rationale? YES**

**Do you have any comments about the rationale?**

The College has no specific comments in response to this question.

### **Criteria**

#### **5.1**

Eligible people graded as having active proliferative retinopathy (active new vessels at the disc, or active new vessels elsewhere) are referred to ophthalmology services within 5 working days of being screened.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

#### **5.2**

Eligible people with symptomatic diabetic macular oedema are referred to ophthalmology services within 10 working days of diagnosis.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

## Standard 6: Treatment

### Standard statement

Eligible people requiring treatment can access nationally approved treatments in a timely manner.

**Do you agree with the standard statement? YES**

**Do you have any comments about the standard statement?**

The College has no specific comments in response to this question.

### Rationale

Timely and effective treatment prevents permanent visual impairment. Avoidance of visual impairment due to diabetic retinopathy treatment ensures that people receive safe, effective and person-centred care.

**Do you agree with the rationale? YES**

**Do you have any comments about the rationale?**

The College has no specific comments in response to this question.

### Criteria

#### 6.1

Eligible people diagnosed by retinal screening as having active, untreated, “high risk” proliferative retinopathy (active new vessels at the disc, or active new vessels elsewhere with vitreous haemorrhage), and confirmed in ophthalmology, access nationally approved treatments within 5 working days of referral from the DRS Collaborative.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

#### 6.2

Eligible people, diagnosed by retinal screening as having active, untreated, “early” proliferative retinopathy (active new vessels elsewhere in the absence of vitreous haemorrhage), and confirmed in ophthalmology, access nationally approved treatments within 10 working days of referral from the DRS Collaborative.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

**6.3**

Eligible people, diagnosed in retinal screening as having symptomatic diabetic macular oedema, receive nationally approved treatments within 20 working days of referral from the DRS Collaborative.

**Do you have any comments about this criterion?**

The College has no specific comments in response to this question.

**If you have identified gaps with the document, please provide further information below.**

The College has no specific comments in response to this question

**Is there anything which the project group should consider when finalising these standards?**

The College has no specific comments in response to this question

**Any other comments?**

The College welcomes this document. The standards are laudable and the criteria are appropriate.

**Would you like to receive an electronic copy of the final standards and consultation report?**

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

**PERSONAL DETAILS**

**Please enter your details below:**

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**Thank you for taking the time to complete this survey.**

**Please be aware that the closing date for consultation is Friday 26 February 2016.**

**All the comments and suggestions we receive will remain confidential (processed in line with the Data Protection Act 1998) and will only be used to help develop the final diabetic retinopathy screening standards.**

**The consultation report will be published alongside the final diabetic retinopathy screening standards in April 2016**

**If you have any queries relating to the draft standards please contact Scott Horton at [scott.horton@nhs.net](mailto:scott.horton@nhs.net) or call 0141 225 5550.**