

NHS Diabetic Eye Screening Programme News

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diabeticeye.screening.nhs.uk

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New resources make the grade

National Grading Resources support high quality grading of images within the NHS Diabetic Eye Screening Programme (NDESP), ensuring the accurate identification of diabetic retinopathy and maculopathy.

The resources consist of:

- the Grading College – an expert group of graders
- software to deliver sets of images for Testing and Training (TaT)
- the Grading Assessment Application (GAA), which allows rapid remote grading support for programmes

The testing and training aspects of TaT have been separated and there has been an extensive stakeholder engagement exercise to ensure local programmes are behind the new arrangements.

Graders now need to complete a 200 case (20 x 10) test each year. More than half of all regular graders already complete this new required number of tests.

Reports and graphical outputs will allow managers easy sight of participation and sensitivity information for a large group of graders. Detailed reports will give a breakdown of test performance to allow focused support for graders where needed. A support algorithm has been devised to ensure programmes take a consistent approach to performance improvement.

During the remainder of 2014/15, NDESP will introduce the new system and provide full guidance to graders, clinical leads, commissioners and quality assurance (QA) staff.



National stage: From left, retinal screener graders Nichola Ross, Charlotte Wallis and Sandra Van Zanten from the Dorset programme which is through to the final of the Quality in Care Diabetes Awards

Dorset team through to final

Congratulations to Dorset Diabetic Eye Screening Programme (DDESP) after being selected as one of the finalists in the Quality in Care (QiC) Diabetes Awards.

DDESP submitted an entry in the 'Best initiative to support equality in care in vulnerable and hard to reach groups' for their work with prisons in Dorset.

DDESP provides twice yearly visits to screen prisoners in Dorset and has found high levels of sight threatening retinopathy in this population. There are currently no national statistics on

the prevalence of retinopathy in prisoners and DDESP's findings support the need for more work on this.

The team also displayed a poster on the levels of diabetic retinopathy in the Dorset prison population at the national Diabetes UK Professional Conference in March.

The DDESP team will be attending the QiC Diabetes Awards ceremony in Guildford on 16 October. For more information visit the [awards website](#).



National role for Patrick

Patrick Rankin has joined the Young Person and Adult Screening Programmes team as the new National Training and Education Manager.

Patrick (above) has a wealth of experience having been a local abdominal aortic aneurysm screening programme coordinator and a regional quality assurance manager.

"I am extremely excited about my new role across both programmes as they can have such a positive impact on the lives of the people we screen," he said.

Poster profile

Hillingdon Diabetic Eye Screening Programme presented a poster entitled 'Developing Criteria for Slit Lamp Biomicroscopy in Diabetic Eye Screening – Review of a Local Audit' at *Public Health England's second annual conference*.

The poster explained how slit lamp makes it possible to screen some patients whose results are ungradable using the standard digital photography test.

Overcoming colour blindness in grading

Shades of grey

by Michael Ring

According to the Colour Blind Awareness organisation one in 12 men suffers from some form of colour blindness.

I have red-green colour blindness (RGB), the most common form. This means I cannot see the difference in the spectrum of those colours which include some red or green.

I have worked in retinal imaging since the age of 19 but was completely oblivious to my condition at first. Four years ago I was taken on by my local diabetic eye screening service and trained as a screener/grader. I now work at Moorfields Eye Hospital, where I am involved in the research and development of adaptive optics imaging technology under Dr Adam Dubis and Prof Michael Michaelides.

My condition was diagnosed in May this year when I was shadowing Dr Dubis as he took a patient through the consent process and visual acuity. It was well until Adam took the patient through the Ishihara colour test and I noticed I could not see some of the numbers hidden within the patterns. I went through the test charts and it was confirmed I had RGB colour blindness.

Several things then started to make sense. Ever since gaining my grading qualification, I would instinctively switch to viewing images of the retina in black and white, as I found it far easier to assess them for subtle signs of diabetic eye disease.

Sometimes if I could see pathology like a haemorrhage in black and white I would switch back to colour to confirm it was red. However, when looking at the same image in colour, I would find it hard to pick out lesions, especially in milder background retinopathy.

Senior colleagues would tell me not to rely on red-free images (which are very similar to black and white images) as I would miss seeing pathology. While I was learning my trade they were indeed right and initially my test set scores were low. However, as I gained confidence, I began to learn to grade in shades of grey. My ability, and consequently my test set scores, improved dramatically.

By the time I finished as a grader for my local eye service, I was taking on arbitration grading. And in the final year my test set scores were always above 85%. I even achieved scores as high as 98%.



Awareness raised by pedal to Paris

Members of the North Yorkshire Diabetic Eye Screening Programme got on their bikes again earlier this month to promote the importance of retinal screening.

Having cycled 132 miles through their own patch in 2013 they tackled the London to Paris route this year, completing the 215 miles from Tower Bridge to the Eiffel Tower in just three days.

In addition to raising awareness of screening they also raised funds for Medical Detection Dogs, a charity which trains dogs to detect odour changes associated with life-threatening diseases such as diabetes.

You can read more about their trip on their [NYDESP cycle London to Paris blog](#).

Hopefully my experience suggests that, provided your grading is accurate and your test set scores consistently high, you can still provide an excellent service to patients with diabetes, even if you do have difficulty with your reds and greens.

Pilot sites have played key pathway role

The implementation of the new common pathway and installation of pathway compliant software continue apace.

Of the 83 DES local programmes, 72 will be live by the end of September and 82 by Christmas. The remaining programme is part of a re-tendering exercise.

As with any major change, there have been some teething problems which the NDESP pathway implementation team has been working closely with local programmes and

software suppliers to resolve. NDESP would like to thank the pilot sites for their help in testing both the operational and reporting aspects of the programme.

A one-day post-implementation event for programme managers and failsafe officers is being held on 15 January in Gloucester and the QA team and software suppliers are also being invited.

Further details will be circulated to programmes next month.

New process for reporting

A new reporting process for diabetic eye screening was introduced on 1 September aligned with the new common pathway.

This will ensure all local programmes calculate and report on their service objectives in the same way. The consistency of data and presentation will aid commissioners and quality assurance teams.

The new process involves programmes sending a quarterly and rolling 12-month version of their performance report to the NDESP data team during the routine KPI submission window. The relevant data are extracted from the report and used to calculate the quarterly KPIs and produce a quarterly service objective report.

Programmes can then review the figures and discuss them with their programme boards and commissioners.

The data will be used by NDESP to identify inconsistencies and any errors within the reporting system or software to improve data quality.

The quarterly reports will eventually be used to build trend information for each programme.

The new process and accompanying documents will be evaluated with programmes, commissioners and QA teams in early 2015.

GP2DRS update

The General Practice Extraction Service (GPES) has produced the specification for the extraction of data for the national cohort management system (GP2DRS) that will improve the transfer of data between GP practices and local screening programmes.

GPES is working towards delivering this extraction to meet NDESP's requirements. It is now down to the GP system suppliers to indicate how quickly they can deliver the service using the GPES technology.

Unfortunately we cannot yet give firm dates when programmes can expect this service to be operational. We are therefore offering programmes the following advice:

- if you already have an extraction system continue to use it and if necessary plan to use it for a further year. Do not enter into an agreement longer than one year if possible
- if you are about to commission an extraction service try to limit the length of the contract to no more than a year

Induction resource

The UK NSC screening induction resource has been redesigned, updated and improved.

The resource supports all staff involved in diabetic eye screening as well as the other seven national non-cancer NHS screening programmes.

It includes essential screening facts, practical information and can be used either online or printed as a handout.

Find out more at cpd.screening.nhs.uk/induction-resource.

if you have no immediate plans to commission an extraction service continue to wait for the national service

In order to help those programmes that already have, or are commissioning, a cohort extraction service, NDESP will soon be publishing the extraction specification that underpins GP2DRS so programmes can tailor their services to conform to national quality standards and best practice.

Forthcoming events

9 October	World Sight Day, London	Diabetic retinopathy screening training alumni day including presentation by members of the national NDESP team
15 January	Pathway post-implementation event, Gloucester	Learning forum for programme managers and failsafe officers from each local programme, plus QA and software suppliers
11-13 March	Diabetes UK Conference, London	Four nations (England, N Ireland, Scotland, Wales) DES presentation. The four nations plus Republic of Ireland will also have a shared exhibition stand for the three days
24 April	NDESP/Royal Society of Medicine (RSM) diabetic eye screening conference, London	Second joint annual conference on diabetic eye screening with the RSM. Details to follow

Earlier screening recommended

Following the UK National Screening Committee [meeting on 18 June](#), the UK NSC has recommended earlier screening for [Edward's Syndrome \(T18\)](#) and [Patau's Syndrome \(T13\)](#) in pregnancy.

The Committee recommended against screening for atrial fibrillation, type 2 diabetes and parvovirus.

Current policy consultations:

- [Dementia](#) (closes 9 October)

- [Preterm birth](#) (closes 17 October)
- [Bacterial vaginosis](#) (closes 17 October)
- [Gauchers disease](#) (closes on 6 November)
- [Depression](#) (closes 26 December)

Consultations due to start soon:

- [Amino acid metabolism disorders](#)
- [Sudden cardiac death](#)
- [Galactosaemia](#)
- [Fatty-acid oxidation disorders](#)



UK National
Screening Committee

Transition begins

The transition of the NHS screening website content to NHS Choices and GOV.UK has begun.

Online information for the public is going to NHS Choices and information for professionals is moving to GOV.UK. The e-learning screening modules will also be moving to a new home in due course.

The process is due to be completed by January 2015 and should increase the number of visitors to our websites, provide a more integrated approach to providing information across all NHS screening programmes – cancer and non-cancer – and allow better integration of information with other parts of Government and the NHS.

The first stage in this process saw public content on abdominal aortic

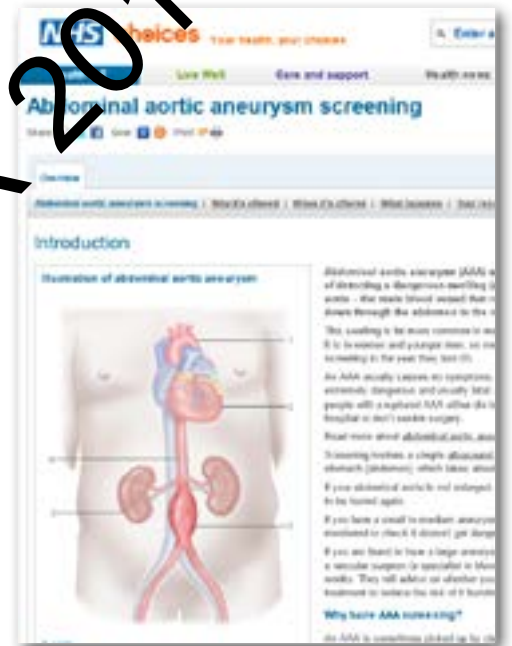
aneurysm (AAA) screening go live on NHS Choices this month. The existing [aaa.screening.nhs.uk](#) site will remain operational until the migration of all AAA screening content is complete.

Diabetic eye screening content will be the next to go live.

Follow us on Twitter



The Twitter account, [@PHE_Screening](#), is a great source of information on health screening in England. Please feel free to follow and engage with the account.



The new abdominal aortic aneurysm screening information for the public on the NHS Choices website

Other news in brief

UK NSC review:

The independent review of the role, terms of reference and membership of the UK National Screening Committee has now closed.

Many thanks to everyone who took part.

2013-14 quarter 4 KPI data:

Key Performance Indicators (KPIs) for NHS Screening Programmes for the

fourth quarter of 2013/14 have now been published.

Screening in England 2012/13 report

The Screening in England annual summary for 2012-13 has now been published on the UK NSC website.

The report covers the final year before the NHS Screening Programmes became part of Public

Health England. The summary highlights the progress of the eight national non-cancer screening programmes throughout the year and outlines key successes using data and case studies.

The foreword, by Professor Kevin Fenton, Director of Health and Wellbeing at Public Health England, outlines the important role screening programmes play in the public health agenda.