

# Changes to the Scottish diabetic eye screening programme

Winter 2020

## Frequently asked questions for health professionals

### Key messages

- On the basis of scientific evidence, the UK National Screening Committee recommends that people with diabetes who are at low risk of sight loss should be screened for diabetic retinopathy (DR) every two years, instead of every year.
- We are in the process of transitioning to these revised screening intervals. This began in October 2020.
- This will reduce unnecessary annual appointments.
- Sometimes an optical coherence tomography (OCT) scan is needed to detect macular oedema (MO), which is the leading cause of moderate sight loss in people with diabetes.
- OCT will be formally incorporated into the diabetic eye screening (DES) programme and will generally be delivered by DES teams instead of requiring referral to ophthalmology.
- This should reduce waiting times for OCT and allow ophthalmology clinics to be used more effectively.

### What is diabetic retinopathy (DR)?

DR is an eye condition which occurs when high blood-sugar levels damage the cells in the retina. The blood vessels in the retina can leak or become blocked. This may cause blindness or serious damage to eyesight.

## What is diabetic eye screening?

Diabetic eye screening involves taking photographs of the retina using a 2D digital camera. The retinal images are held within the IT system and are analysed by trained individuals (graders) for signs of DR. Those found to have potential disease are referred to ophthalmology services.

## Who is eligible for diabetic eye screening in Scotland?

Diabetic eye screening is currently offered every year to anyone with diabetes who is aged 12 or over. People with type 1 or type 2 diabetes are at risk of developing DR. Diabetic eye screening can detect DR early, before any changes to sight are noticeable.

## How will the DES programme change?

The Scottish Screening Committee has recommended the following changes:

- People with diabetes who are at low risk of sight loss should receive screening every two years instead of every year. People who are at high risk of sight loss will continue to receive annual or six-monthly screening. This was also a recommendation of the UK National Screening Committee.
- OCT surveillance is formally incorporated into the DES programme.

## Why are we calling the programme ‘diabetic eye screening’?

Following user feedback, the programme will now be referred to as diabetic eye screening (DES) instead of diabetic retinopathy screening. This brings us in line with our English, Welsh and Northern Irish counterparts.

Research told us that this is a more engaging, friendlier and more understandable term, especially for those with lower levels of literacy. This will be supported by a strong sub-heading containing the word ‘retinopathy’ on public-facing materials, and we have made it clear that the test only looks for retinopathy.

## How will the DES programme select who is at low or high risk?

A person's previous screening history will be used to determine whether they are deemed low risk and eligible to move to two-yearly intervals.

The move to two-yearly screening will be phased in, with some people at low risk being transferred over to two-yearly intervals immediately and others being transferred over after their next screening test.

## Why is OCT surveillance being formally integrated into the DES programme?

OCT is required to detect macular oedema (MO), which is the leading cause of moderate sight loss in people with diabetes. If MO is suspected, they are currently referred to ophthalmology.

By incorporating OCT surveillance into the DES programme, the waiting time for OCT should be reduced and ophthalmology clinics can be used more effectively.

## When will these changes be introduced?

We are in the process of transitioning to revised screening intervals. This began in October 2020. OCT will be formally incorporated into the DES programme on 1 January 2021.

## How are the changes within the programme being governed?

A project board was set up to manage the roll out of the changes to the DES programme. This is chaired by NHS National Services Division and has representation from Scottish Government, screening services across Scotland, primary care, IT, finance, Public Health Scotland, Royal National Institute of Blind People (RNIB) Scotland and Diabetes Scotland.

## **How have service users been involved in the planned changes?**

Key changes to public-facing information have been tested by service users, facilitated by RNIB Scotland and Diabetes Scotland. Their feedback has informed decisions of the programme's communications work stream and project board.

## **Do revised screening intervals reflect efficiency savings?**

No, the DES programme will not reduce in size, scope, equipment or staff capacity. Rather, the changes recognise findings from a large-scale UK clinical research project that advancements within the programme and technology mean those at low risk of sight loss can now be safely screened every two years. This will reduce unnecessary annual appointments, and the associated anxiety and inconvenience for people with diabetes who are at low risk of sight loss. This may be particularly true for those with poor mobility.

## **Can I decide whether someone should be on an annual or two-yearly cycle?**

No, the DES IT system will decide the most appropriate screening intervals based on the person's screening history.

## **Can I give extra appointments to people concerned about their sight?**

No. Anyone concerned about their sight or eyes should visit their optician.

## **Will the DES IT system be linked into the OCT machines and will OCT scan images be transferred across to the IT system?**

No. There is no current plan to electronically link OCT machines and the DES IT system because of the challenges of transferring very large image files generated by OCT scans. Image files will continue to be stored locally by NHS Boards for DES

and ophthalmology teams to access. Advances in technology may enable system links in the future.

## **Will all NHS Boards move to revised screening intervals together?**

Yes. As the DES programme is a national screening programme, all NHS Boards operate under the same policies and procedures and will move to revised screening intervals at the same time.

## **How has the pause to the DES programme affected the planned changes?**

The DES programme was temporarily paused between March and August 2020 because of COVID-19. This pause, as well as the COVID-19 social distancing measures required in clinics, means that the programme is currently running approximately six months behind.

People who are deemed at low risk of sight loss based on their last two screening test results are now being moved across to two-yearly intervals. This will help us to prioritise those most at risk of sight loss as we catch up after the pause.

We will ensure this is communicated to the public through public-facing channels, as appropriate.