

Diabetic Eye Screening Programme

7th May 2021

NHS England and NHS Improvement



Who are NHSE and NHSI

The NHS is a very very big organisation, in fact we are the 6th Biggest employer in the world. We employ 1.7 million people and have a budget of around £210 Billion pounds.

Lots and lots of smaller organisations make up the NHS and NHSE/NHSI sit between all of the NHS services and the Government.

Most services are still provided in big Hospitals and these are commissioned by Clinical Commissioning Groups although this is changing.

NHSE/NHSI provide the governance, budget and ensures that NHS Organisations are working together to deliver the best and most efficient services possible.



What is Diabetes

Diabetes is a disease that occurs when your blood glucose, also called blood sugar, is too high. Blood glucose is your main source of energy and comes from the food you eat. Insulin, a hormone made by the pancreas, helps glucose from food get into your cells to be used for energy. There are 2 types of diabetes:

Type 1 – These people do not produce enough insulin and need to regularly inject themselves to compensate. It can start at any time although more commonly in childhood and is not linked to being overweight.

Type 2 - This is much more common than Type 1 and generally starts later in life. It is commonly linked to carrying excess weight. It can be symptomless until complications like Diabetic Retinopathy start

There are around 4 million diabetics in England, that number is rising.

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What is Diabetic Retinopathy

This condition occurs when diabetes affects small blood vessels, damaging the part of the eye called the retina. It can cause the blood vessels in the retina to leak or become blocked. This can affect your sight and if the damage isn't detected early enough then it can't be reversed.



More than 1,700

people have their sight seriously affected by their diabetes every year in the UK.

That's more than 30 people every week.



How often are diabetics examined

If you have diabetes and you're aged 12 or over, you'll get a letter asking you to have your eyes checked at least once a year.

During COVID some providers have been putting low risk patients on a 2 year recall. This may become a permanent feature of the programme.

The NHS is currently reviewing all the evidence around this change to ensure it is clinically safe to introduce it.



What happens at an appointment

At the appointment, sight is checked to make sure there has been no change and drops are put in the eyes to dilate them.

This helps to allow more light to the back of the eye.



The picture taken of the retina is assessed and the level of monitoring or treatment will be decided.

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What Happens Next

The image of the eye is graded by a specially trained person
Grades denote if there is any retinopathy and maculopathy

Retinopathy is damage to blood vessels at the back of the eye.
Maculopathy is damage to central vision

These grades will then help to determine if the patient needs
Treatment or if they need continued monitoring within the
Programme.



How do NHSE/NHSI decide who delivers this Service

Diabetic Screening is delivered by providers through a procured model which means they all submit tenders to NHSE/I to provide the service. We review these tenders and decide who's submission best meets the needs of the population.

That means that both NHS and independent providers can submit tenders for these services. In Walsall your provider is **University Hospital Birmingham**.

NHSE/I must follow procurement law and ensure that its process for assessing bids is transparent and fair. We must also consult with patients and their representatives before awarding a contract.



Why do we engage with patients

NHSE/NHSI have a legal duty to ensure that we speak to patients and their representatives. It's an important responsibility.

Even if it wasn't a legal responsibility we would still want to do it as there is no point in setting up a service unless your clear that the service users can access it.

For Diabetic Eye Screening we want to make sure that our service model works for everyone and that everyone can access those services easily. We are talking to local bodies like Healthwatch and charities as they have a huge amount of expertise in representing service users.

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Happy to take any questions and thank you for listening?

