

Diabetic eye screening services - Initial technical guidance to support regional commissioners during the coronavirus (Covid-19) pandemic

Version Control	
3.0 (8 th April 2020)	Initial Technical Guidance for NHSEI Regional Public Health Commissioners

In the light of the continuing COVID-19 incident, NHS England and NHS Improvement as the commissioner of the NHS Diabetic Eye Screening Programme has worked with Public Health England and other clinical experts to develop initial guidance. This document is to support NHSEI regional public health commissioners with conversations they are having with providers of eye screening services.

This is initial guidance based on the situation as at 8th April 2020. It will be reviewed regularly and updated as necessary in light of the emerging situation.

It is comprised of:

1. Rescheduling Diabetic Eye Screening Appointments (p2)
2. Digital surveillance for existing diabetic retinopathy/maculopathy during the COVID response (pp3-4)
3. Diabetic Eye Screening For Pregnant Women during COVID-19 response (pp5-6)

Annex A: I.T. Considerations For Rescheduling Diabetic Eye Screening Appointments (pp7-9)

Commissioners should also be aware of the following guidance issued by professional bodies:

Professional guidance

The Royal College of Ophthalmologists guidance:

<https://rcophth.ac.uk/2020/03/covid-19-update-and-resources-for-ophthalmologists/>

The College of Optometry has issued guidance at:

<https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists.html>

The Royal College of Obstetrics and Gynaecology guidance:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-maternal-medicine-in-the-evolving-coronavirus-covid-19-pandemic.pdf>

Rescheduling Diabetic Eye Screening (DES) appointments

- Where diabetic eye screening services consider that they are not able to offer routine digital screening, digital surveillance and slit lamp biomicroscopy, arrangement should be made for appointments to be rescheduled at an appropriate time later in the year when it is clear when it is possible to resume these services. Further advice will be issued on recovery plans.
- However, there are some priority groups for whom it is important that services continue to be available during the Covid-19 response. Local services should identify those individuals within their cohort who are at a higher risk of sight loss, this should include pregnant women and those with pre-proliferative retinopathy. Further guidance on these groups are set out below.
- Commissioners and providers should locally identify the level and location of service availability for the highest risk groups and highlight the risks and mitigations through appropriate regional and local processes. The absence of a service should be escalated within regional NHSEI commissioners as appropriate.
- In addition to the above groups, outstanding grading should be completed and any referrals for R3A should be made. Routine referrals may not be accepted by Hospital Eye Services (HES) at present, and may need to be placed in digital surveillance with a 3 month recall
- Guidance has been developed to support the practical actions in IT systems to reschedule appointments. A copy of this is attached at annex A.

Digital surveillance for existing diabetic retinopathy/maculopathy during the COVID-19 response

The Digital Surveillance (DS) pathway in the NHS Diabetic Eye Screening Programme (NDESP) is for people with diabetes who have existing retinopathy/maculopathy where there is a clinical need to be assessed more frequently than once every 12 months. The existing digital surveillance pathway can be found [here](#).

Due to the ongoing local responses to the coronavirus some DES services may not be able to offer digital surveillance fully to all relevant people with diabetes due to staff redeployment, access to clinic space and appropriate identification of patients. It is however important during the coronavirus response that local diabetic eye services continue to provide DS for individuals at higher risk of sight loss

This guidance is to support local and regional decisions on prioritising access to services, taking into account available capacity and capability locally. Where a provider is not able to identify an appropriate mechanism to provide DS for higher risk groups they should work with regional NHSEI commissioners to seek to identify a way forward.

The following approaches are set out to support prioritisation of groups for the maintaining of services:

- people who were referred with grade R3A within the last 12 months, DNA'd their first HES appointment and were discharged from HES should be re-referred to HES for treatment. They should not be reappointed within DS and do not require additional imaging within the screening service
- people who were referred with grade R3A more than 12 months ago, seen in HES but discharged due to failure to attend a subsequent appointment or were lost to follow up should be offered a DS appointment
- people with diabetes who were graded as R2M1 or R2M0 on their last screening episode who are due for a digital surveillance appointment, should be reassessed by a referral outcome grader and recalled for DS if it is deemed clinically appropriate
- people with any other grade on their previous screening appointment should have their appointment postponed and advised they will be rescheduled for a DS appointment once screening resumes

- any person with diabetes who has their appointments rescheduled to a later date should be advised to contact their local screening service or their local optometrist if they have any change in their vision

All decisions should be documented within the patient notes section of the software so a full audit trail is maintained.

Local services should explain to people being offered a DS appointment that they are at an increased risk of sight loss if they do not attend their appointment. However, they must be advised NOT to attend their appointment if they are suffering from any of the symptoms associated with COVID-19 or are self-isolating as outlined in government guidance <https://www.gov.uk/coronavirus>. Their appointment should be rescheduled for a time when they are no longer self-isolating.

Clinics should be carried out with appropriate personal protective equipment (PPE) as outlined [here](#).

Further guidance for pregnant women with diabetes is set out below.

Referrals to HES

If a person with diabetes is graded as R3A following a DS appointment and referred to HES, it is acceptable for a hospital to assess the images within a virtual HES clinic to triage the referred individuals prior to offering a face to face appointment.

If a person with diabetes decides not to attend or declines a HES appointment following their DS appointment, they should be advised to contact their local service or optometrist if they have any changes in their vision. They should be returned to DS and re-referred when appropriate.

Ongoing failsafe of the digital surveillance pathway

Local services should continue with ongoing failsafe for individuals in the DS pathway, including individuals who have declined or are unable to attend a DS appointment.

Routine referrals to HES should be kept in DS and placed on a 3 month recall until the HES referral centre is able to provide appointments for assessment and treatment.

Routine referrals that have already been accepted by HES are considered to be under the care of HES and should follow the standard HES failsafe [guidance](#).

Diabetic retinopathy screening for pregnant women during Covid-19 response

Pregnant women with Type 1 or Type 2 diabetes are at an increased risk of diabetic retinopathy which could lead to worsening of their retinopathy and potential sight loss.

The standard guidance for pregnant women with diabetes is;

Offer pregnant women with pre-existing diabetes retinal assessment by digital imaging with mydriasis using tropicamide following their first antenatal clinic appointment (unless they have had a retinal assessment in the last 3 months), and again at 28 weeks. If any diabetic retinopathy is present at booking, perform an additional retinal assessment at 16–20 weeks.

Due to the additional risk of sight threatening retinopathy associated with pregnant women with diabetes, the following guidance is also set out for this group in order to support appropriate risk stratification and prioritisation of diabetic eye screening services as part of the Covid-19 response:

- Local screening services should identify all people with diabetes who are pregnant within their service
- Local services should develop a model for enabling access to retinal photography to determine level of retinopathy including digital photography and grading (slit lamp biomicroscopy if appropriate)
- This model and location of screening may be different from the standard model of screening provided within the service. It may also require co-operation between providers to identify who is best placed to offer this service.
- This should be developed in conjunction with local stakeholders including optometry, hospital eye services, diabetes centres and commissioners. Where a provider is not able to identify an appropriate model, they should work with commissioners to seek to identify a way forward. The absence of a service should be escalated within regional NHSEI commissioners as appropriate.
- Pregnant women with diabetes should continue to be invited for retinal screening where possible with the highest risk individuals being invited first based on their results from their most recent screen as detailed below:
 - Proliferative retinopathy (should be in HES) R3A
 - Pre-proliferative retinopathy in previous screening R2
 - Previous treated proliferative stable retinopathy R3S
 - Background retinopathy and maculopathy in previous screening R1M1
 - Background retinopathy in previous screening R1

- No previous screening within the last 2 years
- No retinopathy within last 2 years of screening R0

Local services should explain the increased risk of sight loss to pregnant women with diabetes when they offer them an appointment for screening. Pregnant women must be advised NOT to attend their appointment if they are suffering from any of the symptoms associated with COVID-19 as outlined in government guidance or fall within one of the groups who should self-isolate:

<https://www.gov.uk/coronavirus>

If a pregnant woman with diabetes is graded as R3A/proliferative retinopathy and referred to the Hospital Eye Services (HES) it is acceptable for the HES to assess the images within a virtual environment to triage the referred individuals prior to offering a face to face appointment.

If a woman decides not to attend an appointment for retinal screening offered to them by the screening service they should be advised to contact their local service or optometrist if they have any changes in their vision.

Pregnant women with gestational diabetes do not require retinal screening.

Annex A: I.T. Considerations for Rescheduling Diabetic Eye Screening (DES) appointments

NHSEI and PHE have considered the steps that should be taken by local services in order to support a consistent, safe approach in rescheduling DES appointments as part of the response to the COVID-19 pandemic. The following summarises elements to consider in relation to the DES IT systems.

- **Rescheduling of appointments/clinics**
 - Appropriate wording should be used to inform each person that their appointment is being rescheduled due to the Covid-19 situation and that they will be sent a new appointment when screening is resumed. This should include the items set out in appendix 1. In order to achieve this, it will be necessary to use the functionality to cancel clinics and adapting the relevant letter(s) within the system. Once all clinics have been cancelled, the letter template should be reverted back to its original wording.
 - Any reminder letters or invitation letters already generated but not printed/sent should be cancelled
- **Completion of any outstanding admin tasks**
 - Outstanding grading should be completed and any referrals for R3A should be made. Routine referrals may not be accepted by Hospital Eye Services (HES) at present, and may need to be placed in digital surveillance with a 3 month recall
- **Management of system timers**
 - Some DES IT systems are highly automated in terms of background timers, and these timers continue when there is no screening activity taking place.
 - If screening activity stops, these timers will need to be stopped temporarily too.
 - Failure to do so could result in reminder letters continuing to be generated, individuals 'striking out' and being deferred until the following year, screening statuses being changed inappropriately due to individuals 'timing out' of confirmation states, and similar.
 - Some software suppliers will need to update the system configuration for each DESP to put a temporary halt on these timers in order to prevent unwanted system activity during the downtime. Your supplier can advise on whether this is necessary for your system. Such action may result in the need for some management of pregnant individuals outside of the software as normal call/recall and DNA functions may not operate. Appropriate, safe arrangements should be put in place to ensure that all appropriate patients are invited.

- **Ongoing activity during the downtime**
 - Pregnant women will need to be identified and prioritised according to their last screening outcome. Software suppliers may be asked to assist with this. People who notify the DESP of their pregnancy during this time when clinics are being rescheduled due to Covid-19 should be managed on the system as per PHE/NHSE guidance
 - A small number of Digital Surveillance (DS) clinics will need to be created and maintained on the system in order to offer screening to pregnant women with diabetes and other high risk individuals.
 - GP2DRS will continue to run as normal and local DESPs should continue to download and reconcile their data each month in order to keep their single collated list up to date. New patients will continue to be registered on the system but won't be invited until screening resumes.
 - People already under HES for DR should continue to be failsafed. Anyone discharged from HES should be updated on the DES system and put into Digital Surveillance, ready to be invited when screening resumes.
 - Graders should continue to complete their monthly Test & Training sets.
 - DESPs may still be required to run the Programme Performance Report and submit/validate data to NDESP

- **Restarting screening**
 - Further consideration will be given nationally as to the approach to be taken to recovery and advice will be issued as appropriate.
 - Work will be needed in response to the above to appropriately prioritise individuals for screening/surveillance according to urgency. This could include prioritising people by DS recall interval, last grade, new registrations, etc. and there may be the need for amendments to software to support this.
 - When the programme restarts, any system timers that had been paused will need to be restarted via a system configuration change organised by the software suppliers.

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Appendix 1: Items for inclusion in letters to patients regarding the rescheduling of their eye screening appointment

Due to the coronavirus (COVID-19) pandemic your Diabetic Eye Screening appointment on <<xxxx>> at <<xxxx>> will be rearranged for another date. Please do not attend this appointment. This is to reduce the risk of COVID-19 to you, patients, colleagues and other front-line NHS staff.

We will continue to monitor the situation and your appointment will be rescheduled as soon as possible.

Whilst our service is suspended, if you experience any changes in your vision, please contact the screening programme or your community optometrist or hospital eye service.

We have included some Frequently Asked Questions which we hope will help advise you further.