

To meet an objective in the National Service Frameworks for Diabetes a national screening programme for diabetic retinopathy (DR) was commissioned¹. Initially annual screening was recommended based on a consensus of expert opinions², but more recent work from Prof Owens and Rebecca Thomas in conjunction with the Diabetic Eye Screening Service Wales has shown that people without DR especially those with a short duration of diabetes, good glycaemic and blood pressure control are at low risk of developing sight-threatening DR and therefore would be safe to have their screening intervals extended from annual to biennial³. This evidence has now been examined by the National Screening Committee, and biennial screening has been recommended for those persons considered to be at low risk⁴.

1. Welsh Assembly Government. Improving Health in Wales: National Service Framework for Diabetes in Wales: Delivery Strategy. In: Ministry for Health and Social Services, editor.: Welsh Assembly Government; 2002.
2. The National Screening committee. National screening programme for sight-threatening diabetic retinopathy: Fact sheet on Quality Assurance. 2000.
3. Thomas RL, Dunstan F, Luzio SD, Roy Chowdhury S, Hale SL, North RV, et al. Incidence of Diabetic Retinopathy in people with type 2 diabetes mellitus attending the Diabetic Retinopathy Screening Service for Wales: retrospective analysis. *Bmj*. 2012;344:e874.
4. UK National Screening Committee. UK NSC diabetic retinopathy recommendation. 2016.



UK National
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UK NSC diabetic retinopathy recommendation

Following a review of the evidence against strict criteria, the UK NSC recommended that the interval between screening tests should change from one year to two years for people with diabetes at low risk of sight loss.

Everyone aged 12 and over with diabetes is offered screening once a year.

The check takes about half an hour and involves examining the back of the eyes and taking photographs of the part of the eye called the retina.

If a person has diabetes, their eyes are at risk of damage from diabetic retinopathy, a condition that can lead to sight loss if it goes untreated.

Screening is a way of detecting the condition early before the person notices any changes to their vision.

If retinopathy is detected early enough, treatment can stop it getting worse.

Diabetic retinopathy is one of the most common causes of sight loss among people of working age.

Key findings supporting the UK NSC recommendation

- following two successive clear diabetic eye screening appointments people with diabetes will be classed as being at low risk of developing sight threatening retinopathy
- a large observational study was carried out which showed that it was safe to invite people in this low risk group every two years rather than annually. Screening this group less often not only releases capacity, but also lessens the inconvenience for this group of attending appointments every year
- the study found that the current screening interval for people with a high risk of sight loss should remain annual

The UK NSC regularly reviews its recommendations on screening for different conditions in the light of new research evidence becoming available.

To find out more about the UK NSC's diabetic retinopathy recommendation, please visit:

legacy.screening.nhs.uk/diabeticretinopathy

The UK National Screening Committee (UK NSC) advises ministers and the NHS in the 4 UK countries about all aspects of screening and supports implementation of screening programmes.

Find out more about the UK National Screening Committee at www.gov.uk/government/groups/uk-national-screening-committee-uk-nsc. The UK NSC evidence review process is described at www.gov.uk/government/publications/uk-nsc-evidence-review-process and a list of all UK NSC recommendations can be found at legacy.screening.nhs.uk/recommendations

The UK NSC secretariat is hosted by Public Health England (www.gov.uk/phe).