

Condition	Diabetic Retinopathy
Application Type	Modification to Existing Programme 'Diabetic RetinaScreen'
Target Population	Age 12 & Older - (Type 1/Type 2 Diabetes)
Date(s) Considered	17 July 2020 15 October 2020
Decision Date	15 October 2020
Recommendation / Decision	Approve
Background	People with both Type 1 and Type 2 diabetes are at risk of developing diabetic retinopathy. This is a common complication of diabetes which affects the small blood vessels in the lining at the back of the eye and can lead to deterioration in vision. Diabetic RetinaScreen uses specialised digital photography to look for changes that could affect sight. Diabetic retinopathy may not have any symptoms or may not affect sight in the early stages. When the condition is caught early, treatment is effective at reducing or preventing damage to sight. Diabetic RetinaScreen – the National Diabetic Retinal Screening (DRS) Programme is responsible for the screening and treatment of all diabetic patients in Ireland. The National Screening Service (NSS) have submitted a 2-yearly screening (Extended Interval Screening) paper for review and approval by the Committee.
Evidence & Information Considered by NSAC	 Application Form - Modification to the DRS programme - July 2020 – National Screening Service/Diabetic RetinaScreen (DRS); Presentation – National Screening Service/Diabetic RetinaScreen (DRS); 2 Year Screening (Extended Interval Screening Paper) - 2020 - National Screening Service/Diabetic RetinaScreen (DRS); HIQA Scoping Report Protocol - Extended Interval Screening by Diabetic RetinaScreen in Ireland. Available at HIQA Scoping Report Protocol - Extended Interval Screening by the Diabetic RetinaScreen Programme in Ireland

Reasons for Decision	The recommendation has been based on a review of documentation provided by the DRS Programme for the 17 July 2020 Committee meeting and subsequent analysis by the Health Information and Quality Authority (HIQA) team that collaborates with the NSAC in assessing applications.
	Following detailed discussion at the July meeting, it was decided that the proposed modification required further detailed scientific justification and evidence if approval was to be granted by the NSAC.
	At its October meeting the NSAC felt that the analysis provided by HIQA was robust and detailed enough to support the Committee's decision to approve the application.
Conditions of Decision	 It is understood that the interval between screens will be two years only for those who have no retinopathy on two consecutive annual screens. All others will continue to be screened annually. Those with two consecutive ROMO screens can continue to have annual screens on request. Concern exists about people who may be lost to follow-up as a consequence of extending the screening interval. The NSAC recommends that a communications strategy should be put in place to reduce the number of those who do not return. This applies to all patients but may be particularly applicable to the younger age group. The reassurance provided by an annual screen could be lost by extending the screening interval. This matter could be addressed as part of the communications strategy mentioned above. NSAC recommends that an audit of coverage and tracking of non-responders by DRS is needed. The cost-effectiveness of the programme should be subject to formal assessment at three yearly intervals.
Observations / Recommendations	Further information requested from NSS/DRS Programme in order to progress application.
Monitoring	N/A
Review	To be reviewed as agreed by Committee in line with its Terms of Reference and work programme.
Further Reading	The decision on modification of the Diabetic RetinaScreen Programme was informed by the following document produced by HIQA to support the work of the NSAC: HIQA Scoping Report Protocol - Extended Interval Screening by the Diabetic RetinaScreen Programme in Ireland
	<u>Diabetic Retina Screen Patient Information</u>