 <p>GIG CYMRU NHS WALES Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 24 February 2026</p> <p>Agenda item: 6</p>
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<p align="center">Screening Programmes Assurance and Improvement Report Diabetic Eye Screening Programme</p>	
<p>Executive lead:</p>	<p>Professor Fu-Meng Khaw, National Director Health Protection and Screening Services Executive Medical Director</p>
<p>Author:</p>	<p>Sharon Hillier, Director Screening Division Bethan Bowden Consultant in Public Health lead for Diabetic Eye Screening Kate Morgan, Head of Programme for Diabetic Eye Screening</p>
<p>Purpose</p>	
<p>To provide the Board with assurance on the current performance of the Diabetic Eye Screening Wales (DESW) programme, to outline the key areas requiring improvement, and to set out the actions, timescales, risks and delivery confidence associated with the improvement plan.</p>	

<p>Recommendation:</p>				
<p align="center">APPROVE <input type="checkbox"/></p>	<p align="center">CONSIDER <input type="checkbox"/></p>	<p align="center">RECOMMEND <input type="checkbox"/></p>	<p align="center">ADOPT <input type="checkbox"/></p>	<p align="center">ASSURANCE <input checked="" type="checkbox"/></p>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Receive assurance that there is a focus on working to deliver quality diabetic eye screening programmes in line with delivery of excellent public health services to the population in Wales. • Note the current performance position and areas requiring improvement. • Note and support the improvement plan and associated actions. • Support continued engagement with Health Boards on venue capacity for eye screening appointments. 				



Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	4 - Delivering excellent public health services
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Summary impact analysis

Equality and Health Impact Assessment	Not applicable within scope of the paper.
Risk and Assurance	Paper outlines the focus on the main performance issues that are being addressed in the diabetic eye screening programmes that is being delivered and provides assurance on the plans in place to improve.
Health and Social Care (Quality and Engagement) (Wales) Act	Paper aligned to the Duty of Quality as using domains of quality to highlight key aspects of the screening programme performance and improvement plan.
Financial implications	To note there are financial constraints identified for some of the workstreams that would have been taken forward to improve timeliness.
People implications	Paper outlines the focus on the main performance issues that are being addressed in the diabetic eye screening programme that is being delivered to the population in Wales and provides assurance on the implementation plans in place to improve.

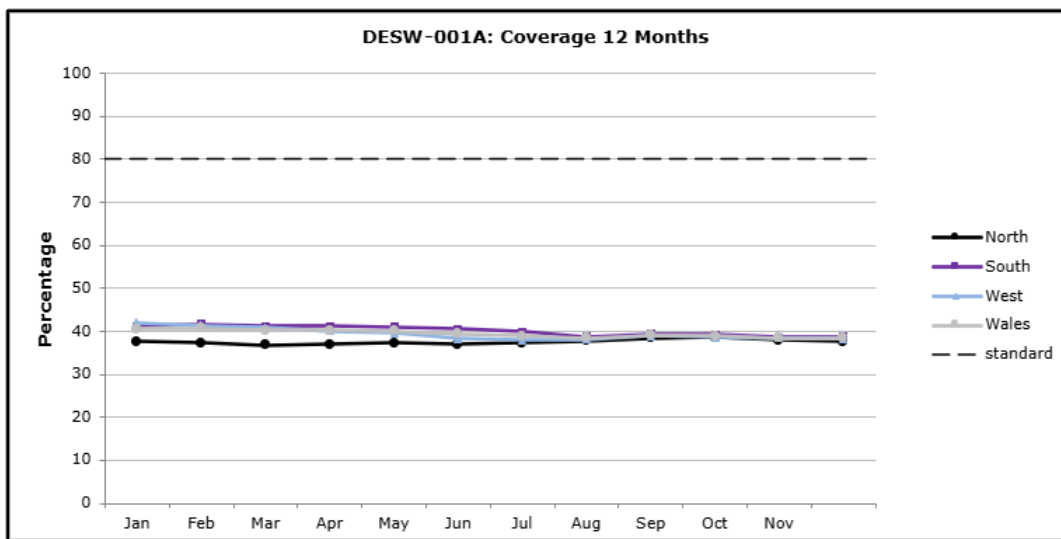


1. Purpose

To provide the Board with assurance on the current performance of the Diabetic Eye Screening Wales (DESW) programme, to outline the key areas requiring improvement, and to set out the actions, timescales, risks and delivery confidence associated with the improvement plan.

2. Summary of current Coverage Performance and Improvement Actions in Place

Diabetic Eye Screening – Coverage of reported results in last 12 months



This timeliness standard is not met. Coverage is the percentage of the defined cohort of eligible participants who have had a reported results in the last 12 months.

Coverage at 12 months for annual recall remains below standard at 38.5% in December report. Coverage at 24 months for the low-risk recall pathway is higher at 72.5%, though below standard of 80%. Uptake of eye screening above standard at 81.7%.

Prevalence of diabetes across Wales is increasing and the service has approximately 1,350 new referrals a month which require an appointment within 90 days as these are higher risk participants. Service delivery model is reliant on provision of suitable venues by Health Boards. Staff sickness levels above PHW average is impacting on clinic cancellations. High volume of cancellations of fixed time appointments and non-attendance of approximately 20% at scheduled clinic appointments impacts clinic utilisation.



Diabetic Eye Screening Wales – Improvement Plan

Objective: Restore screening coverage by ensuring a more timely offer of screening appointments.

Recovery Trajectory

- 60% coverage by 12 months
- 70% coverage by 24 months
- 80% coverage by 36 months

Delivery Confidence: Medium.

Assumptions with current staffing levels and venue availability and continued increase in eligible population due to increasing prevalence of diabetes.

Key Actions

Increase Clinic Capacity (expected 25% uplift)

- Drop-in Clinic Model: Pilot Feb 2026, evaluation Mar 2026, rollout Apr 2026
- Low-Risk Recall Pathway Clinics: Pilot Feb 2026, evaluation Mar 2026, rollout Apr 2026
- Two-photographer + HCA clinics: to be used ad-hoc

Retinal Imaging Without Routine Dilation – Evaluation Project (expected 30% uplift)

- Project setup & approvals: Aug 2025 – Feb 2026
- Evaluation clinics: Apr – May 2026
- Qualitative evaluation: Apr – Jun 2026
- Analysis: May – Jun 2026
- Report: Jul – Aug 2026
- Governance approval: Nov 2026
- Implementation: from Jan 2027

Continue Low-Risk Recall Pathway implementation

Improve Clinic Utilisation

- Autobook module implementation: by June 2026

Cultural & Workforce sickness levels improvement work (Ongoing)

Next Steps

- Continue capacity-increasing service improvement work
- Progress retinal imaging evaluation project
- Update projections for increasing population
- Continue Low-Risk Recall Pathway
- Improve clinic utilisation with backfill
- Ongoing cultural work

3. Background and Context

Aim of diabetic eye screening

DESW aims to detect diabetic retinopathy early and prevent sight loss from diabetic eye disease. Diabetic eye screening looks for signs of diabetic retinopathy before any symptoms are shown. Research evidence shows that with early identification and treatment; loss of vision can be prevented in 70–90% of people with sight threatening diabetic retinopathy.

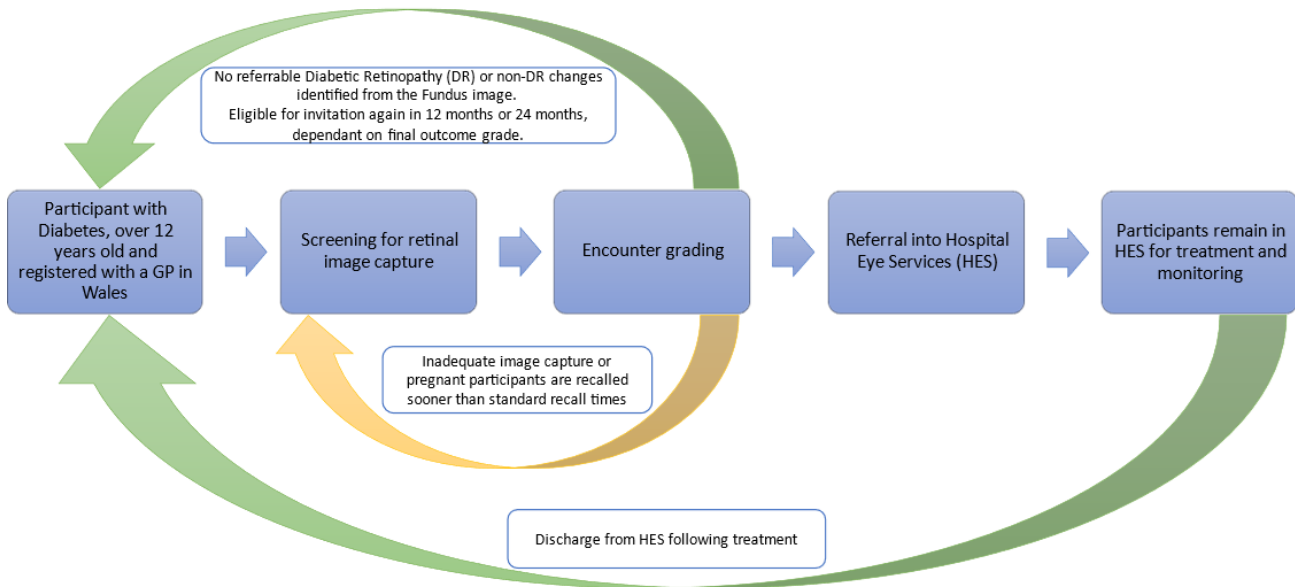
DESW is a targeted screening programme for all people aged 12 and over with diagnosis of diabetes, who are registered with a GP in Wales. People who are eligible are invited for retinal screening with DESW. Diabetic eye screening is an important part of diabetes care and is one of the nine care processes recommended by NICE for people living with diabetes.

Screening pathway

Eligible people are invited to attend for eye screening in more than 75 venues across Wales. This includes a mix of fixed and non-fixed sites, across health, social care, and community venues including two PHW screening centres in Cardiff and Mountain Ash. Participants have a short consultation with a DESW Health Care Assistant. After a check of visual acuity (eye chart), eye drops are administered to improve image quality. After around a 20-minute wait for the eye drops to work, the photographer will take photographs of the back of the eyes using a special camera. The images will be graded to identify whether there is any diabetic retinopathy present, and, if present, the severity of the retinopathy.

Letters containing the screening results and explaining the next steps are sent to all participants. Where there is no retinopathy, or only a limited amount of background retinopathy present, the participant will be re-invited for screening by DESW in around 12 months. If participants have had two screening appointments with no retinopathy identified, they will be re-invited for screening by DESW in around 24 months. For all participants identified as having any other level of retinopathy, a referral is made to their local hospital Ophthalmology Department for specialist assessment and possible treatment. Sometimes, the images taken are not clear enough to make a full assessment ('inadequate' images). These participants are re-invited for more images to be taken at a second appointment. If the images are classified as 'inadequate' at this second appointment, then a referral to Ophthalmology for an assessment with different equipment is required.

Figure 2: Pathway for Diabetic Eye Screening Wales



Until recently, every participant was recalled for their eye screening appointment on an annual basis, however, following further research and clinical evidence, the UK National Screening Committee recommended that the screening interval be changed to biennially for those participants who meet the criteria of low risk*. This recommendation was implemented across the UK, with Wales making this change in June 2023. The aim of the low-risk recall pathway (LRRP) is to increase capacity within the programme by reducing the frequency of recall for low-risk participants and reduce the inconvenience of annual screening for those who are at low-risk of diabetic retinopathy.

*low risk criteria is when a participant has had two consecutive outcome grades of ‘no retinopathy’ (R0M0) at least 12 months apart.

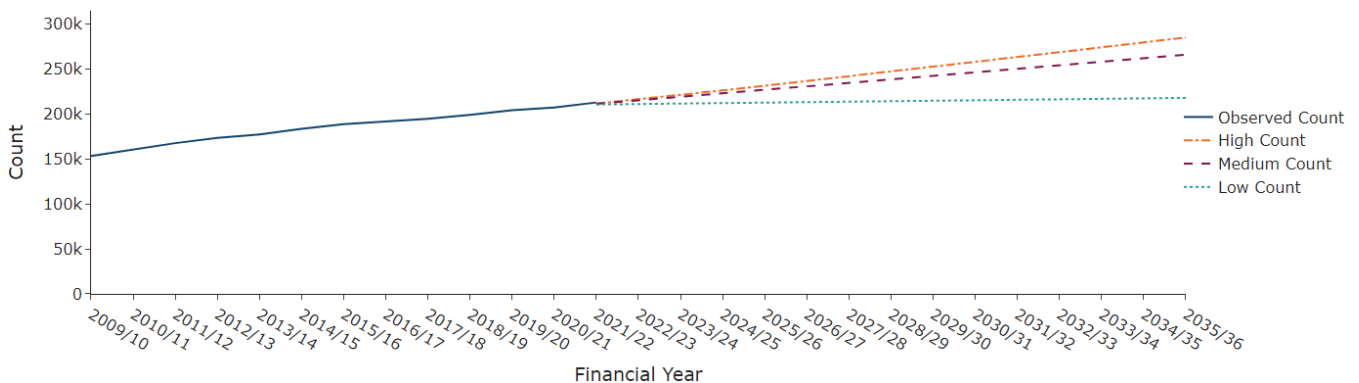
The end-to-end pathway includes:

- Identification of eligible cohort through receipt of referral from healthcare professional
- Call/recall and invitation
- Retinal image capture using fundus photography in clinical settings
- Grading of retinal images, using 25% quality assurance, with arbitration or consensus
- Result communication
- Re-invitation in two years if meeting low risk criteria, one year if outcome is ‘some retinopathy’ (R1M0), or 3 months if images captured are deemed ‘inadequate’.
- Referral to Hospital Eye Services (HES) for review and / or treatment – routine and urgent for diabetic retinopathy (DR) and / or maculopathy.
- Referral to HES for review and / or treatment – routine and urgent for non-diabetic retinopathy reasons (non-DR) (inadequate image capture using fundus photography, incidental findings).
- Quality assurance (QA), governance, audit, continuous improvement, and service development.

Prevalence of diabetes in Wales:

- It is estimated that there are more than 220,000 people in Wales who are living with diabetes, approximately 8% of the population. Since 2009/10, the number of adults aged 17 years or older living with diabetes in Wales has increased by 40% and if current trends continue, by 2035/36 an estimated 260,000 people will be living with diabetes in Wales, around 1 in 11 adults (17+ years old). This would be an increase of 22% compared to 2021/22.

Figure 1. Time series forecast of rates of people with diabetes, applied to the GP population projections



[Diabetes prevalence – trends, risk factors, and 10-year projection - Public Health Wales](#)

- The increase in prevalence in diabetes has a direct impact on the demand for diabetes eye screening as every person with diabetes in Wales who is aged 12 or over should be invited on an annual or biennial basis for eye screening for the duration of their life.
- People who are newly diagnosed with diabetes are prioritised for eye screening as they are a higher risk cohort. Newly registered participants are offered an eye screening appointment within 90 days of referral with DESW consistently achieving this standard with over 99% offered an appointment within this time scale. The continued requirement to provide appointments for new participants, approximately 1350 new referrals a month, has a consequent impact on appointment capacity.

4. Service Delivery Arrangements:

All elements of the identification, invitation and offer of screening test are delivered by DESW. DESW are responsible for image capture and consequent grading of the images to determine presence of diabetic retinopathy and/or maculopathy. Following a positive screening test, any result apart from R0M0 or R1M0, a referral is required to Hospital Eye Services. At time of referral the participants care is transferred to the Health Boards.

Pathway Element	Delivery Model
Call/recall	Direct PHW (DESW)
Screening clinics	Direct PHW (DESW)
Fundus photography	Direct PHW (DESW)
Image grading / arbitration	Direct PHW (DESW)
Other diagnostic procedures	Health Boards
Treatment	Health Boards
QA, audit, improvement etc	PHW (DESW)

5. Performance Framework and STEEEP Alignment

Assessed by regular monitoring of defined key performance indicator data, service audits, performance reporting, and quality assurance.

STEEEP Domain	Key Measures
Safe	Screening environment and equipment, adverse incident monitoring and investigation; screening capacity and timeliness; national audits; IP&C audits; individual performance monitoring
Timely	Timeliness of recall (24 months low risk, otherwise 12 months) Timeliness of surveillance recall for inadequate images (3 months) Time to issue results letters (standard 21 days) Time to refer for urgent referral to HES (DR and non-DR) (standard 14 days)
Effective	DR positive and inadequate image capture rates; non-DR incidental findings; adherence to national guidance and standard operating procedures; service-level audits; effective communication
Efficient	Clinic utilisation and appointment capacity; effective service planning; minimisation of repeat appointments procedures; skill mix and prudent healthcare principles
Equitable	Uptake by region/deprivation/gender; accessible services and communication; timeliness of procedures
Person-centred	Compliments, concerns, participant experience feedback via SMS texts

6. Current Performance Overview

Area and Position	RAG
<p>Coverage: % of a defined cohort of eligible active participants who have a reported result in the last 12 / 24 months</p> <p>Standard for 12 months is $\geq 80\%$, with November SPARs showing 38.4% for all Wales.</p> <p>Standard for 24 months is $\geq 80\%$, with November SPARs showing 72.1% for all Wales.</p>	<p>Red</p> <p>Amber</p>
<p>Uptake: % of eligible participants who have attended a screening invitation.</p> <p>Standard is $\geq 80\%$, with November SPARs showing 81.5%.</p> <p>Standard achieved across all Wales throughout 2025, with occasional region dip (e.g. West Wales was 79.7% in November).</p>	Green
<p>New Registrations Appointed: % of eligible participants newly registered with DESW offered a screening appointment within 90 days.</p> <p>Standard is $\geq 80\%$, with November SPARs showing 99.8%.</p> <p>Standard achieved across all Wales throughout 2025.</p>	Green
<p>Grading Outcome Inadequate: % eligible active participants with a final grading outcome of inadequate.</p> <p>Standard is $\leq 3\%$, with November SPAR showing 5.5%.</p> <p>Achievement of standard has improved with the introduction of the new cameras in Sept 2024, with the inadequate rate sitting at approximately 12% before that time.</p>	Red
<p>Results Letters: % of results letters printed within three weeks of screening appointment date.</p> <p>Standard is $\geq 85\%$, with November SPARs showing 81.7%.</p> <p>Slight dip in this most recent month due to decreased staff capacity in the team (sickness and other absence reasons).</p>	Amber
<p>R3 Referrals to HES: % of eligible active participants with a positive screening result with R3A outcome in one or both eyes referred to HES within two weeks of screening appointment.</p> <p>Standard is $\geq 95\%$, with November SPARs showing 28.1%.</p> <p>Standard impacted by decreased staff capacity in the grading team (as above).</p>	Red



7. Performance Framework and Alignment

Performance is monitored against:

- National screening standards and DESW Screening Performance Activity Reports (SPARs).
- STEEEP domains: Safe, Timely, Effective, Efficient, Equitable, Person-centred (via quality assurance reviews, internal and external audits).
- Incident reporting, concerns, compliments, participant experience test message surveys, audits.

8. Impact of Delay for Timely offer of Screening

Reduced coverage due to delays in timeliness of offer of screening could increase the number of cases where diabetic retinopathy is not identified at an early stage. Diabetic retinopathy detected at a later stage is associated with irreversible sight loss. A greater number of people with diabetes could present with symptomatic diabetic retinopathy. Delays in timeliness of offer could increase anxiety of participants waiting longer for their appointment.

9. Assessment of Coverage Metric

Recent demand and capacity modelling undertaken by the PHW Data Science Team has identified that an estimated 15,000 appointments will be required every month to meet anticipated demand. With the current service delivery model in place, an average of 9,000 – 10,000 booked appointments are delivered a month.

To address this shortfall an Increasing Clinic Capacity (ICC) Project Group was established in August 2025, from which three internal service improvement projects have been set up. The improvement projects are being undertaken using the Model for Improvement Methodology (Langley et al 2009) and are all exploring ways to increase our clinic capacity within current resources. This is required to both improve the overall coverage metric in the Programme, but also to look at ways to meet the rising demand on eye screening due to the increasing numbers of the population who are diagnosed with diabetes in Wales. The modelling takes into account the low-risk recall pathway (LRRP) which has been implemented with the increased capacity offsetting some of the increased prevalence.

Within DESW, it is worth noting that new referrals are prioritised over recall participants. This is because these participants have not had a diabetic eye screen previously and are therefore their risk of sight threatening diabetic retinopathy is unknown. New referrals are called in a timely way with the standard overachieved monthly despite involving a considerable workload with on average of 1,400 new referrals per month. The programme must absorb the new referrals that are received each month and cannot anticipate the variation.

Referral Numbers into DESW April 2019 – Jan 2026

Year	Total for year	Average no. per month
2019/20	13306	1109
2020/21	9147	762
2021/22	11598	967
2022/23	14869	1239
2023/24	16308	1359
2024/25	16192	1349
2025/26	12614 (to date)	1402

10. Improvement Plan to improve capacity to improve coverage

Increasing Clinic Capacity Service (ICC) Improvement Projects

Timescale: Four months: Completion of trials and report by March 26 with rolling implementation from April 26

Potential impact of ICC project: Anticipated increase in appointment capacity of 25%

Delivery Confidence: medium

The three internal improvement projects being tested as part of the ICC Project are to see if improvements in numbers seen can be increased without compromising quality and safety of the appointment and the images captured within existing staff resources. This includes using 2 pre-screeners to 1 retinal photographer template model; shorter appointment times for low-risk pathway recall participants and a drop-in appointment clinic model. All three projects have utilised the Model for Improvement methodology, with the ICC Project Group providing the structure, direction, and governance of each improvement idea. The work regarding each improvement project idea has been recorded using the HIVE system and will be published and made accessible to NHS Wales once the work has been completed.

ICC Project Objective: To trial alternative clinic templates which increase the number of participants attending a clinic day using the same level of resources.

Current Status and Outstanding Actions:

- 2:1 Template Model:



Increase ratio of Pre-screener: Retinal photographer from 1:1 to 2:1 with aim to increase utilisation of retinal photographer capacity. Trial of model resulted in unsustainable workload for retinal photographer and difficulty scheduling clinics due to need for three clinic rooms. Pilot clinics completed and decision to only use on an ad hoc basis when there is an additional screener available, or the geographical region requires increased capacity and can accommodate a 3-person clinic.

- Low-Risk Recall Pathway Clinics:

Low-Risk Recall pathway clinics comprise shorter appointment times for low-risk recall participants as fewer complex participants. Trial of 8-minute appointment slots compared to 10-minute appointments currently in place which would increase appointment capacity by 25%. Successful trials in South region with intention for rolling implementation. Pilot in different region to determine if All-Wales implementation feasible. If successful, begin setting up regular clinics for this client group which comprises approximately 33% of total eligible population.

- Drop-In Appointments:

Drop- In appointment clinics offer an additional 10 appointment slots for participants on a 'drop-in' sessional basis i.e. either morning or afternoon sessions. Successful trial with third pilot of drop-in clinic template model planned in alternative venue location with alternative staff and offering ten drop-in appt slots. Review feedback and data once complete for outcome decision to be made with intention to scale up to all suitable venues with adequate waiting room facilities. If successful, begin setting up regular clinics for this client group within a minimum of 25% of all clinic locations.

Camera Evaluation and Use of Tropicamide

Timescale: 6 months for evaluation phase: Planning and implementation of evaluation clinics and write up of report. 6 months for implementation post-evaluation with aim for new approach from January 2027.

Delivery Confidence: medium

Potential impact of project: Anticipated increase in appointment capacity of 62.5% however, limited to delivery to approximately 50% of venues.

As well as the internal service improvement projects, DESW is also working with the PHW Research and Evaluation Team to conduct formal evaluation of the new fundus cameras which were brought into the Programme in September 2024. The camera utilises a new technology that makes use of the retina's reflective properties and as such can capture colour fundus images without the need to dilate the pupils. The programme is now looking at how to realise the potential benefit of the cameras to take adequate images without the need for pupil dilation with Tropicamide eye drops.



There could be significant benefits to both participants and the programme if Tropicamide eye drops are not administered to all participants. From a participant's perspective it would reduce the need for the administration of a medicine and potential side effects. From a programme perspective it could offer efficiencies in service delivery (increasing the number of participants seen per clinic due to shorter appointment times) and cost (reducing the amount of Tropicamide used). There are also potential wider benefits to participants if Tropicamide is not used as their vision will not be impacted and they can return to normal activities immediately.

Camera Evaluation Project Objective: To evaluate the feasibility, safety, and acceptability of implementing a staged mydriasis protocol in DESW, where retinal images are initially captured without dilation, and dilation is used only when necessary.

The primary clinical objective is image quality, with additional secondary objectives to consider the behavioural and clinical implications of adopting a staged mydriatic approach. This service evaluation will inform the development of a standardised, staged mydriatic screening protocol for implementation across all DESW site types.

Current Status and Outstanding Actions:

- To establish formal project management team to run evaluation of cameras in collaboration with the PHW Research and Evaluation Team and framework approved.
- Gain approval from all relevant departments / groups providing oversight for project of this nature (IG and IT).
- Ensure processes for image capture with and without Tropicamide use are agreed, and all relevant required paperwork is available.
- Plan clinics to be set up for evaluation with 8 weeks' notice for administration and booking purposes.
- Provide training to all staff in DESW in relation to the evaluation project, and the roles which they will play in this.

Summary of impact and projected improvements in coverage metric

Following the original capacity and demand work completed in 2024, and the identification that the Programme requires 15,000 appointments to reduce waiting times and meet expected demand. The programme is currently refreshing the demand and capacity modelling to consider the impact of the new clinic delivery models and a move to a staged mydriatic approach with reduced use of Tropicamide.

Using an estimated increase in appointment capacity of 25% from adopting the ICC projects findings and maximising clinic utilisation through active backfill and autobooking of appointments it would be anticipated that by end of Year 1 coverage will increase to 62%. Implementation of the staged mydriatic approach in Year 2 will further increase appointment capacity with anticipated coverage of 75% by end of Year 2 and 82% by Year 3. These are initial findings and will require further exploration through refinement of the demand and capacity modelling. However, if the prevalence of diabetes continues to increase, maintaining coverage will be challenging, even with the additional appointment capacity released by the new models. The service planning modelling will be used to

estimate additional resources required to maintain coverage with increasing prevalence and can also be used to estimate resources required if timescales set to recover are quicker than by year 3.

11. Financial Implications Impacting Coverage

There are several financial implications which are impacting DESW's ability to address the coverage within the Programme. The ability to offer overtime has been halted and the number of clinics being run on a Saturday has also been reduced due to finances available for the additional staffing resources. Whilst the Saturday clinics are not increased capacity (as run in lieu of clinics on other days of the week), they do provide our population with an alternative attendance opportunity when a weekday appointment may not be suitable for them due to work or school. In addition to this, funding is no longer available for DESW to utilise the Tenovus mobile clinics which we have been able to access for the last three years. This flexibility of being able to access a mobile clinic has meant that the Programme has been able to increase capacity of appointments in specific geographical areas, when primary and secondary care venue space is not available and has been instrumental in address areas of longest wait.

Active backfilling is required to ensure high clinic utilisation which is essential for recovery of the coverage metric. This requires staff capacity and resources and could be supported by digital technology such as online booking that would require capital investment. If prevalence of diabetes continues to increase it is likely that the Programme will require additional staffing and venue space, which would need increased financial resources to address.

12. Workforce Implications Impacting Coverage

Sickness within DESW continues to be an ongoing problem for the Programme and has been raised as a risk regarding the Transformation Programme. Review of data from July 2019 to June 2025 (below) shows that whilst there are small improvements at times, this is not maintained. The only exception to this is Feb – Sept 2020 however this aligns with the covid pandemic and the pause of the programme.

Year	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
2019 - 20	12.79 %	10.73 %	7.55%	6.45%	7.57%	12.80 %	10.83 %	11.82 %	10.21 %	6.04%	5.50%	5.09%
2020 - 21	4.30%	3.57%	2.30%	5.09%	9.03%	9.99%	10.85 %	9.81%	7.36%	6.36%	5.20%	5.52%
2021 - 22	7.76%	7.34%	11.76 %	18.46 %	14.20 %	15.75 %	12.58 %	14.64 %	11.65 %	9.54%	9.26%	11.59 %
2022 - 23	12.62 %	10.05 %	7.41%	5.47%	5.79%	11.66 %	6.94%	4.48%	6.33%	5.40%	4.29%	3.99%
2023 - 24	3.60%	5.69%	7.67%	9.70%	8.90%	8.14%	5.94%	5.68%	5.29%	7.75%	4.78%	3.69%
2024 - 25	4.52%	8.19%	10.06 %	8.30%	9.73%	8.88%	9.23%	6.79%	6.73%	5.69%	7.11%	9.64%

Key: Green = less than 5%; Red = greater than 9%



13.9% achieved less than 5% sickness; 41.7% sickness was over 9%

Work within DESW is focusing on the culture within the organisation, with an expectation that this will assist in reducing the high rates of sickness. Addressing culture across the entire organisation of PHW is a priority and is the foundation upon which all other activity within DESW hinges. As such, DESW is engaging closely with wider support being offered by the People and OD Team and the Division to improve and enhance with working environment for all staff. The DESW Culture Club was established last year and is committed to addressing local concerns identified by the staff who work for the Programme. Activities to address these concerns will be led by the staff working within DESW, with the focus directed to four priority areas of working, these being 'Understand Local Culture', 'Cohesiveness and Belonging', 'Psychological Safety', and 'Reflective Learning'. All work is underpinned by the DESW Culture Action Plan, and reports into the Screening Division Culture Group.

13. Additional Continuous Improvement Projects

DESW recognises that there are other key areas for improvement within the Programme based on the current performance position indicated within the SPARs. Two further projects are also being undertaken to address this shortfall.

Inadequate Images

Objective: To ensure that the avoidable adequate image capture rate for the Programme is less than 3%.

Timescale: 3 months

Delivery Confidence: high

Actions:

- Paper to be taken to Programme Board and SMT to propose changes to the current DESW SPARs to bring them in line with the other UK nations.
- Discussion with Informatics to determine how to run the report to generate 'avoidable' and 'unavoidable' inadequate images.
- Further development of performance data to be fed back to screeners monthly, to not only support improvement, but celebrate high standards and good practice.
- Training for the screener staff to provide them with the changes proposed, how the data is captured and what it is showing, and what additional mentoring and support can be given if required.

Urgent Referrals to Hospital Eye Services

Objective: To ensure that at least 95% of all urgent DR referrals are made to HES within two weeks of attending screening clinic appointment.

Timescale: six months

Delivery Confidence: high

Actions:

- Increasing the grading team capacity by reviewing the training plans to ensure that new staff and those returning to work after a period of absence are as streamline as they can be. New ideas of how to approach this training has been put forward by the Specialist Optometrist within the team, with a view to incorporating this in the next couple of months.
- Begin work exploring the possibility of reducing the QA level to 10% for full competent ROG graders. This would also increase the grading team capacity and would bring the Programme in line with the rest of the UK and would free up graders' capacity.
- Benchmarking against other UK nations to ensure that the measuring of this SPAR is capturing the best practice as it happens i.e. taking the measurement point from the referral made and supporting this up to the end of day 14.

14. DESW Programme Risks and Mitigations

Risk	Impact	Mitigation
Insufficient appointment capacity to meet growing demand	Continued delays for participants due to insufficient capacity (staffing and venue locations), potential adverse effects on vision and increased anxiety for those waiting	Continued dialogue with the health boards regarding venue space available, use of the demand and capacity tools to assist service planning, review of options to improve efficiencies to running clinics, increasing capacity with existing resources.
Staff sickness rates	Increase staff absence due to sickness, increasing delays for participants to be seen, and increased short-notice cancellations	DESW Culture Club action plan, training and supporting of line managers, working with HR to gain consistent advice and support.
Cost pressures and resulting lower staffing levels	Limits capacity to address delays in waiting for appointments and limits options for service improvement	Review of clinic templates to increase capacity with same resources and de-prioritisation and reduction in the reduced essential aspects of Programme delivery (i.e. cultural change, service improvement, audit, QA)
Reputational risk	Reduced confidence in the programme due to prolonged waiting times and delays to HES referrals	Transparency with the public through engagement with external stakeholders



15. Innovation/Service Improvement

In addition to the optimisation of the service delivery DESW is delivering a transformation programme to develop, adopt and implement innovative approaches to service delivery and digital transformation within a transformation five-year road map. Projects planned within the Transformation Plan include:

- Implementation of Autobook module into database to automate the process of booking clinics.
- Collaborate with research partners on feasibility of 'one stop shop' style clinics
- Commence user preference to determine preferred communication methods for clinic invites and results.
- Develop validated email communication link for those with digital preference.
- Build evidence for effectiveness and safety of handheld fundus cameras
- Support development of integrated system for transfer of referrals and results between primary and secondary care providers.
- Scope implication of any UK National Screening Committee recommendations for the use of AI in the grading department.

16. Equality, Health Inequalities and Welsh Language

As part of the Screening Division, DESW are committed to the delivery of the Screening Equity Action Plan with a dedicated Equity Champion within the programme. DESW have undertaken service developments to address inequity in access to screening through the implementation of extended hours clinics, so appointments are available at weekends and in the evening. This is in response to participant feedback that provision of appointments during working hours only reduced access for working age adults and those who were dependent on them to access screening.

DESW Stakeholder Lead works closely with the Screening Engagement Team in the development of Public Information adopting a coproduction approach. DESW provide accessible information for participants who may have additional communication or language needs including Easy Read formats.

DESW provide an active offer of Welsh language appointments and provide interpreters through WITS for any participants who do not have English as their first language including BSL signers. DESW are actively engaged with the Welsh Language Standards Clinical Consultation Plan.



17. Governance and Assurance

Progress against the improvement plans will be monitored through:

- DESW Programme Board and Screening Senior Management Team
- DESW LMT
- DESW Increasing Clinic Capacity Project Team
- DESW Camera Evaluation Project Team
- The project teams use established programme management methodology to deliver including:
 - Performance dashboards and key performance indicator data
 - Risk registers
 - Incident and complaint monitoring

18. Summary

DESW is responsible for the planning, delivery, monitoring and quality assurance of the diabetic eye screening programme in Wales. Following a positive screening test that requires referral to Hospital Eye Services care is passed to the relevant Health Board. Performance against key performance indicators such as uptake and new referral management is satisfactory however, DESW has not achieved timely recall of participants with coverage for the 12-month pathway below standard. Causative factors include the increasing prevalence of diabetes in Wales, reduced appointment capacity through lack of suitable venues provided by Health Boards and high rates of cancellations that require re-booking. Several improvement projects are underway to increase appointment capacity through adoption of new clinic models using existing staff resources. This will be supported in 2026/27 with an evaluation of the new camera technology. Anticipated benefits of these projects to increase appointment capacity, combined with improved clinic utilisation through effective backfilling of appointments are modelled to see coverage returning to standard. However, this will be impacted by prevalence of diabetes within communities in Wales, adequate funding to support new innovations and a stable and resilient DESW workforce.

19. Recommendation

The Committee is asked to:

- Receive **assurance** that there is a focus on working to deliver quality diabetic eye screening programmes in line with delivery of excellent public health services to the population in Wales.
- **Note** the current performance position and areas requiring improvement.
- **Note** and support the improvement plan and associated actions.
- Support continued engagement with Health Boards on venue capacity for eye screening appointments.