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Diabetic Eye Screening Wales Annual Statistical Report 2022-23

Version 1

Mae'r ddogfen yma ar gael yn y Gymraeg/This document is available in Welsh

Publication details

This report is a detailed summary of information on the work undertaken by the Diabetic Eye Screening Wales Programme for the year April 2022 to the end of March 2023.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg. Byddwn yn ateb gohebiaeth yn Gymraeg heb oedi / We welcome correspondence and phone calls in Welsh. We will respond to correspondence in Welsh without delay.

QA statement

Screening data records are constantly updated. The databases used by Public Health Wales Screening Division are updated on a daily basis when records are added, changed or removed (archived). This might relate to when a person has been identified as needing screening; has had screening results that need to be recorded, or has a change of status and no longer needs screening respectively. Data is received from a large number of different sources with varying levels of accuracy and completeness. The Screening Division checks data for accuracy by comparing datasets – for example GP practice data – and corrects the coding data where possible. It should be noted that there are sometimes delays in data collection – for example a person might not immediately register with their GP if they move address. These delays will therefore affect the completeness of the data depending on individual circumstances. In addition, the reader should be aware that data is constantly updated and there might be slight readjustments in the numbers cited in this document year on year because of data refreshing. We occasionally suppress numbers lower than five when the data is potentially sensitive.

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Cover image by Neil Latham, Diabetic Eye Screening Wales.

This document is also available in Welsh.



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Key messages

- Regular eye screening reduces the risk of sight loss caused by diabetic retinopathy.
- Diabetic retinopathy is a common complication of diabetes that affects the 'seeing' part of the eye: the retina.
- Retinopathy is caused when small blood vessels in the retina grow or leak. Over time, this can affect vision temporarily or permanently.
- Until it gets to a late stage, most people with retinopathy do not experience any symptoms or loss of vision; they do not know they are affected.
- Regular eye screening is the best way to identify if any retinopathy is present.
- Early-stage retinopathy can be reversed through keeping blood sugar levels within the target range; more advanced retinopathy can be treated by eye injections or by laser.
- Diabetic Eye Screening Wales offers a free NHS screening test carried out in community venues across Wales.
- The screening test is not 100% accurate and treatment for diabetic retinopathy carries risks.
- Taking part in diabetic eye screening is the participant's choice.

Introduction

Background

Welcome to the fifth annual statistical report published by Diabetic Eye Screening Wales (DESW), Public Health Wales. The service aims to detect diabetic retinopathy before sight loss occurs. 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^{1 2}.

DESW (previously Diabetic Retinopathy Screening Service for Wales) was initially commissioned as a national service by Welsh Government in July 2002. DESW became operational in June 2003 and by 2004 was delivering a service to participants in all Health Board areas. The service was hosted by Cardiff and Vale University Health Board until April 2016 when it transferred to join the other population-based Screening Programmes delivered by Screening Division, Public Health Wales.

Current eligibility

People aged 12 and over with a diagnosis of diabetes, who are registered with a GP in Wales, are eligible and are invited for retinal screening with DESW.

Sources of additional information

¹ Diabetic Retinopathy Study Research Group (1981) Photocoagulation treatment of proliferative diabetic retinopathy. Clinical application of Diabetic Retinopathy Study (DRS) findings, DRS Report Number 8. *Ophthalmology* 88: 583–600.

² Early Treatment Diabetic Retinopathy Study (ETDRS) Research Group (1985) Photocoagulation for diabetic macular oedema. Early Treatment Diabetic Retinopathy Study report number 1. *Archive Ophthalmology* 103: 1796–806.

Diabetic Eye Screening Wales website: <https://phw.nhs.wales/services-and-teams/screening/diabetic-eye-screening-wales/>

Screening locations

DESW clinics continue to be run out of a mix of fixed and non-fixed sites, across health, social care, and community venues. Fixed sites include our staff bases located in St David's Parc in Carmarthen, Llys Britannia in Bangor, and Wrexham Maelor Hospital. Additionally, we also have fixed clinic access in Clytha Clinic in Newport, Barry Hospital, and Mountain View Health Centre in Swansea. Following the impact of the Covid-19 pandemic, DESW is now currently operating out of 75 non-fixed venues, in a variety of health, social care and community venues. These are located across all Local Authority Areas in Wales, with the aim of offering clinic appointments to all postcodes within 45-minute drive time.

Summary of activity in reported year

Throughout 2022-23 has focused on continued recovery of the Programme following the Covid-19 pandemic. Progress in securing an increasing number of venues and reductions in social distancing regulations ensured that capacity for clinic appointments grew continuously. The referral rate into the Programme also increased, having begun this year at a reduced rate (76% of 2019-20 referral numbers) it finished at a return to pre-pandemic levels.

DESW began running daily clinics in the new Public Health Wales Screening Centre in Mountain Ash (Rhos House) at the beginning of July, with the building being officially opened by the Welsh Health Minister Eluned Morgan MS on the 15 August 2022. To date, we have had very positive feedback from the participants and staff alike regarding the new screening space. The venue comprises of four clinic rooms, which are regularly utilised by DESW, Newborn Hearing, and Abdominal Aortic Aneurysm Screening Programmes. The location is ideally placed on the high street in Mountain Ash, which brings with it the benefit of enhanced accessibility with public transport stops (bus and train) in very close proximity.

As well as focusing on recovery of screening clinic appointments, DESW has undertaken transformation work with a view to developing a Future Service Model for eye screening in Wales. Project teams reviewed all aspects of the Programme and evaluated new ways of working.

Looking forward to the next screening year

This year, Welsh Government agreed a policy change, in accordance with an evidence-based decision from the UK National Screening Committee (UKNSC) that people with diabetes identified as being at low risk from diabetic retinopathy can be safely screened every two years. This is a change from the previous arrangements under which everyone with type 1 or type 2 diabetes aged 12 years or older was invited for screening annually. All UK countries' screening programmes are in the process of implementing the same change. Recommendations were presented to and agreed by the Wales Screening Committee (WSC), with a planned roll out of the new pathway to take place in the 1st quarter of 2023/24. This new pathway will be known locally as the Low-Risk Recall Pathway (LRRP).

A DESW implementation project team will oversee and organise the required stakeholder engagement, communication methods and materials, any staff training, and the IT system upgrade, in order to bring about this change successfully.

Programme delivery

The Screening Division of Public Health Wales is responsible for managing, delivering and quality assuring the DESW Programme. The Programme employs a full-time Head of Programme, sessional Clinical Director, and Associate Specialist. Since 2020, clinical and professional oversight of screening has been undertaken by four full-time nurses. During 2022-23, the substantive Head of Programme was seconded to support another screening programme, with the management structure of DESW being temporarily amended. Leadership is currently provided by a full-time Optimisation Manager and a full-time Transformation Manager.

The workload of the Programme is divided between these two management roles, with the Optimisation Manager being responsible for the day-to-day operational delivery of DESW and the Transformation Manager overseeing the Future Service Model project and transformation programme.

The screening team, who deliver the screening clinics, are staffed by 55 Healthcare Support Workers (screeners), 36 of whom are trained to capture retinal images in addition to completing the visual acuity assessment and administering eye drops in our clinic settings. These staff operate from four bases across Wales and are supported by local managers who combine management and clinic delivery responsibilities. All retinal images taken across Wales are reviewed and graded by our grading team of 12 who are based in Treforest, South Wales. The graders are managed by staff who perform both grading and management duties.

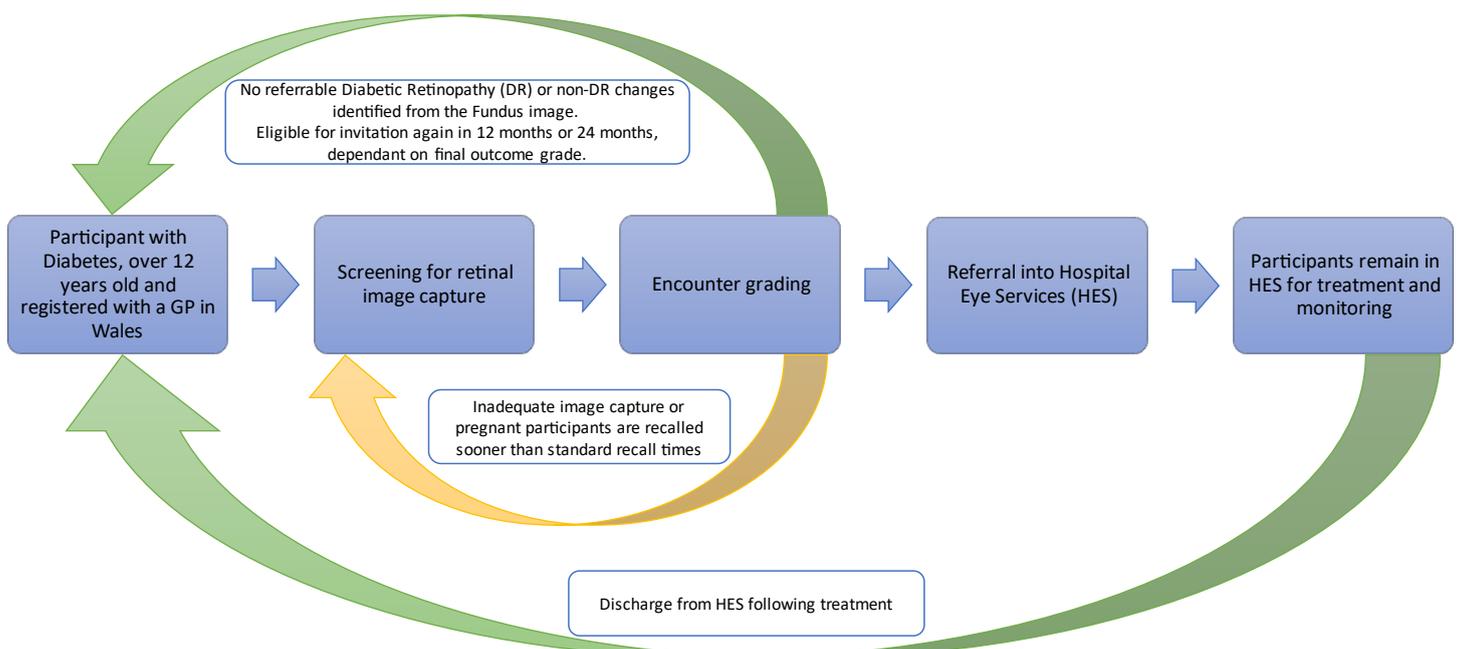
All administrative duties for the Programme are carried out by a dedicated team also based in Treforest, South Wales. This team comprises of 9 staff who are managed by a Pathway Co-Ordinator and Manager.

Screening pathway

- People aged 12 years and older with a diagnosis of diabetes, who are registered with a GP in Wales, are referred to DESW for regular eye screening.
- Eligible people are invited to attend for eye screening in more than 75 community venues across Wales, such as hospitals, health centres and GP practices.
- 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.
 - 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.
 - Any participant who is pregnant is seen a minimum of twice during their pregnancy. These appointments take place at 12 weeks and 28 weeks gestation. If a third appointment is needed, this will be between 16- and 20-weeks' gestation.
 - 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 1: Pathway for Diabetic Eye Screening Wales



Headline statistics

This report covers activity from April 2022 to March 2023 inclusive.

- Coverage of the programme was 31.5% within 12 months (on 31 March 2023).
- The uptake rate of offered screening appointments was 81.9% (on 31 March 2023).
- 15,490 additional referrals were received for people who were newly diagnosed with diabetes or newly registered with a GP in Wales.
- 84,166 individuals were invited to attend eye screening.
- 68,980 individuals attended eye screening clinics (including people who attended on more than one occasion).
- 18% of those invited did not attend a DESW eye screening appointment.
- DESW reported 63,611 screening results, including 4,039 (6.35%) reported as 'inadequate'.
- DESW identified the presence of some diabetic retinopathy in 14,424 individuals (22.68% of those screened).
- 2,713 people (6.01% of those who received a screening result) were identified with potential sight threatening diabetic retinopathy and referred by DESW to Ophthalmology for specialist assessment.
- Throughout 2022-23, screening coverage and recall waiting times were below standard, with variation in waiting times seen in different geographical areas.



Data

Coverage

Definition and standard

The percentage of a defined cohort of eligible active participants who have a reported result in the last 12 months.

Standard: A minimum of 80% of eligible active participants should have a reported result in the last 12 months.

Denominator = Eligible active participants as recorded at month end.

Numerator = Eligible active participants at month end, for whom a result letter was printed within the previous 12 months.

Result for 2022-23

In 2022-23, coverage of diabetic eye screening was 31.5% across Wales.

Three-year trend

The three-year trend demonstrates an increase in coverage from 7.2% in 2020-21 to 23.5% in 2021-22 and 31.5% in 2022-23.

Geographic overview

Coverage of diabetic eye screening varies across health board areas in Wales with highest coverage at 36.1% in Betsi Cadwaladr UHB area and lowest in the Aneurin Bevan UHB area at 25.5%.

Comment

Coverage is defined as the percentage of eligible active participants, at a particular point in time, who have a reported result in the previous 12 months. Ineligible participants include those who have no perception of light in both eyes (are completely blind). Inactive participants include those who are under hospital eye service care, or who have chosen to 'opt-out' of eye screening during the period.

Whilst service growth decreased in the 2021-22, this year saw a return to increasing population referral rates for DESW. Growth was recorded at a rate of 6.49%, with a further 15,490 referrals received by the Programme for people receiving a diabetes diagnosis or registering with a GP in Wales. The total eligible population has increased from 179,813 in 2021-22 to 191,495 in 2022-23.

Coverage does not meet the 80% standard either across Wales or for any individual health board. This is due to screening clinic capacity and the increasing number of people within our eligible active population across Wales, as well as a continued approach to recovery and the backlog due to the Covid-19 pandemic.

At an All-Wales level coverage decreases with increasing area deprivation. The highest coverage is in the least deprived areas (quintile 5) at 34.6% with lowest coverage at 28% in the most deprived areas (quintile 1). There is a historic trend across screening programmes for lower coverage in the most deprived communities, resulting in an inequality gap.

However, at a Health Board level there is some variation with the linear trend not evident in Cwm Taf Morgannwg UHB and Hywel Dda UHB. In 2022 the Screening Division established its first screening hub on the High Street in Mountain Ash in Rhondda Cynon Taf. The aim of this centre was to increase accessibility and access for participants in the CTM area, particularly participants from the most deprived communities. The impact of this screening venue on health inequalities will be monitored through future reports.

Figures and tables

Table 1: Coverage 2022-23

Year	Eligible active participants	Reported results	Coverage (%)
2022-23	191,495	60,286	31.5

Table 2: Coverage three-year trend

Year	Eligible active participants	Reported results	Coverage (%)
2022-23	191,495	60,286	31.5
2021-22	179,804	42,248	23.5
2020-21	182,672	13,229	7.2



Table 3: Diabetic eye screening coverage by health board 2022-23

LHB	Eligible active participants	Reported results	Coverage (%)
Aneurin Bevan UHB	39,247	9,997	25.5
Betsi Cadwaladr UHB	40,311	14,562	36.1
Cardiff and Vale UHB	25,358	8,669	34.2
Cwm Taf Morgannwg UHB	29,355	9,278	31.6
Hywel Dda UHB	24,975	8,438	33.8
Powys Teaching LHB	7,885	2,114	26.8
Swansea Bay UHB	23,195	6,859	29.6
All Wales	191,495	60,286	31.5



Table 4: Coverage by deprivation quintile 2022-23

LHB	Most deprived 1	2	3	4	Least deprived 5	Total
Aneurin Bevan UHB	23.0	23.4	25.1	28.9	31.1	25.5
Betsi Cadwaladr UHB	33.8	32.3	34.6	38.3	40.4	36.1
Cardiff and Vale UHB	30.5	34.5	36.4	33.3	37.0	34.2
Cwm Taf Morgannwg UHB	32.9	33.3	34.0	25.7	28.0	31.6
Hywel Dda UHB	25.1	32.3	34.3	38.3	28.2	33.8
Powys Teaching LHB	20.6	24.7	29.0	26.4	28.2	26.8
Swansea Bay UHB	25.7	30.9	31.1	29.3	33.0	29.6
All Wales	28.0%	30.5%	32.1%	33.2%	34.6%	31.5%

Figure 2: Diabetic eye screening coverage by health board 2022-23

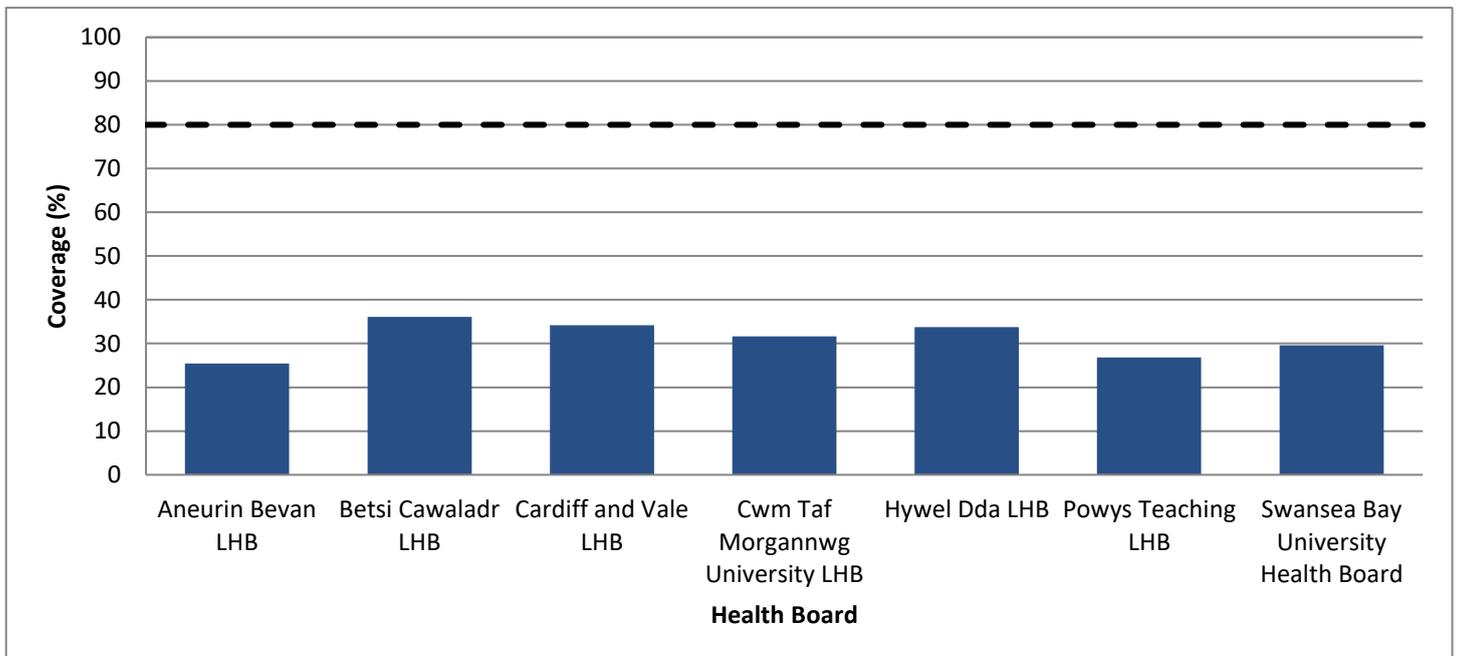
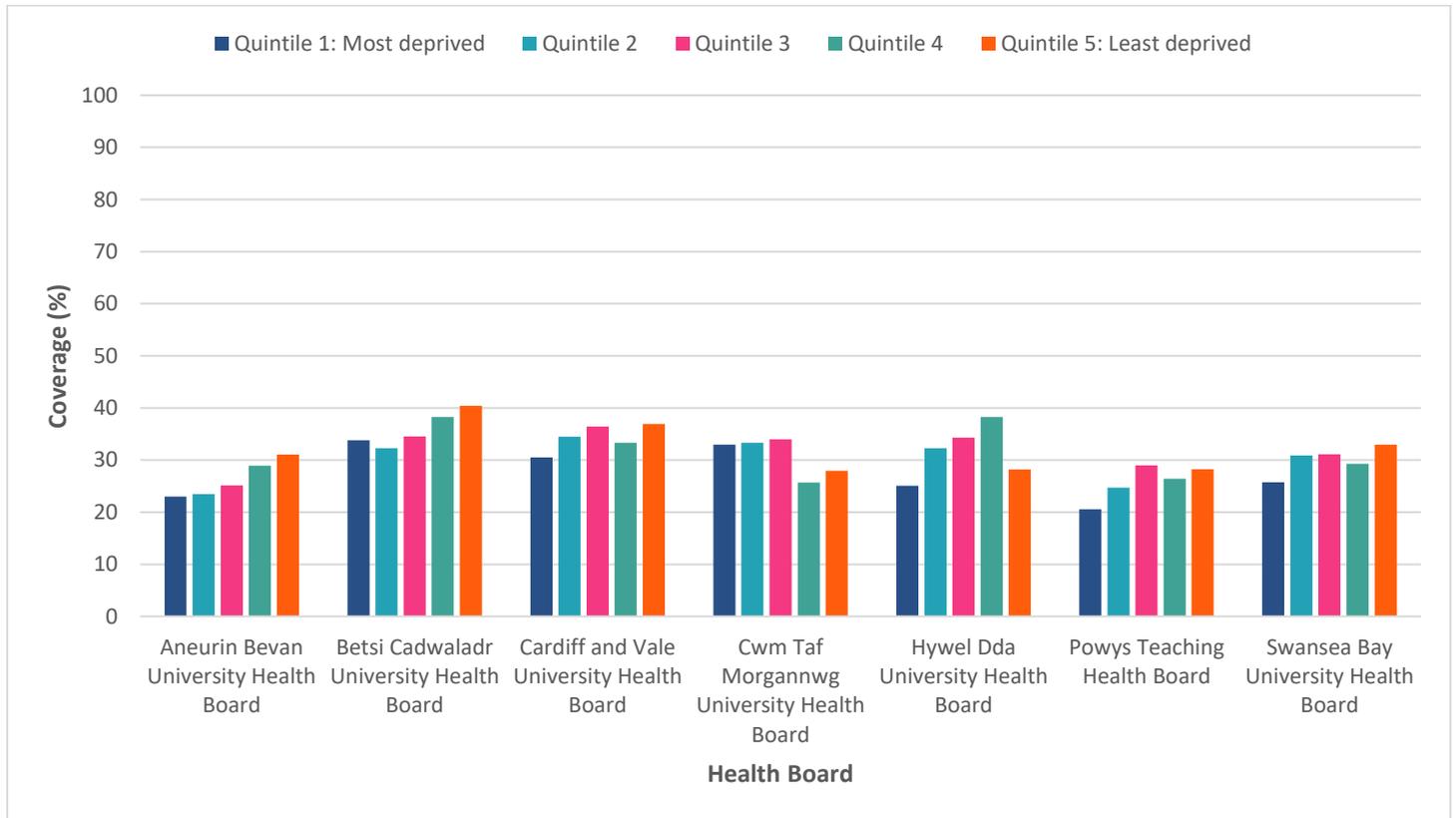


Figure 3: Coverage by deprivation quintile





Uptake

Definition and standard

Uptake is defined as the percentage of eligible participants who have attended a screening invitation.

The uptake of diabetic eye screening is set within the principles of informed choice and a standard of 80% of participants attending a digital screening event where images are captured.

Denominator = Eligible active participants who have been offered a screening appointment between month start and month end.

Numerator = Eligible active participants who have attended a screening appointment between month start and month end. This includes participants who attended but couldn't be photographed for technical reasons and participants who were unable to comply with the screening procedure.

Result for 2022-23

In 2022-23, uptake was 81.9% achieving the standard of 80%.

Three-year trend

The three-year trend demonstrates an increased uptake from 33.7% in 2020-21 to 57.9% in 2021-22 and 81.9% in 2022-23.

Geographic overview

In 2022-23 the standard for 80% uptake has been reached at an All-Wales level, however, there is some geographical variation with uptake ranging from 77.8% in Cardiff & Vale UHB to 84.7% in Powys Teaching LHB. Cardiff and Vale UHB is the only area in Wales where the 80% standard has not been obtained.

Comment

DESW invited 84,156 participants for eye screening, with 68,970 individuals attending clinics (including people who attended on more than one occasion) demonstrating an uptake of 81.9% and achieving the standard for uptake of 80%. Uptake has increased from 33.7% in 2020-21 to 81.9% in 2022-23.



The service non-attendance rate, for those people who did not take up their screening invite, was 18.1%, which is consistent with previous non-pandemic years.

Figures and tables

Table 5: Uptake 2022-23

Year	Attended	Invited	Uptake (%)
2022-23	68,970	84,156	81.9

Table 6: Uptake three-year trend

Year	Attended	Invited	Uptake (%)
2022-23	68,970	84,156	81.9
2021-22	48,637	84,076	57.9
2020-21	14,541	43,131	33.7

Table 7: Diabetic eye screening uptake by health board 2022-23

LHB	Attended	Invited	Uptake (%)
Aneurin Bevan UHB	11,524	14,166	81.4
Betsi Cadwaladr UHB	16,375	19,550	83.8
Cardiff and Vale UHB	9,576	12,311	77.8
Cwm Taf Morgannwg UHB	10,802	13,362	80.9
Hywel Dda UHB	9,685	11,485	84.3
Powys Teaching LHB	2,858	3,375	84.7
Swansea Bay UHB	7,722	9,405	82.1
All Wales	68,970	84,156	81.9



Timely offer of screening

Definition and standard

A minimum of 95% of eligible active participants should be offered a recall appointment within 12 months of their last screening outcome.

Result for 2022-23

In 2022-23, 4.7% of eligible active participants were offered a recall appointment within 12 months of their last screening outcome.

Three-year trend

The three-year trend has declined from 35.8% in 2020-21 to 4.7% in 2022-23.

Geographic overview

There is variation in recall across Wales from 1.4% in Powys teaching LHB to 12.5% in Cardiff and Vale UHB.

Comment

Most participants (97%) screened are recalled for DESW screening, rather than being referred to Ophthalmology. The vast majority (95%) are placed on a routine recall pathway, which means that they should be screened within 12 months of their last screening result. Participants who do not attend their screening appointment are sent a reminder letter and offered a routine recall in 12 months.

This standard is not reached either across Wales or for any individual health board. This is due to clinic capacity across Wales and a prolonged backlog due to the Covid-19 pandemic. Waiting times for screening appointments can vary between health board areas. Currently, eye screening appointments remain delayed with offers typically between 24 and 36 months from the last screening result.



Figures and tables

Table 8: Participants recalled within 12 months 2022-23

Year	Recall offered within 12 months	Recall offered	Recall offered within 12 months %
2022-23	2,824	59,281	4.7

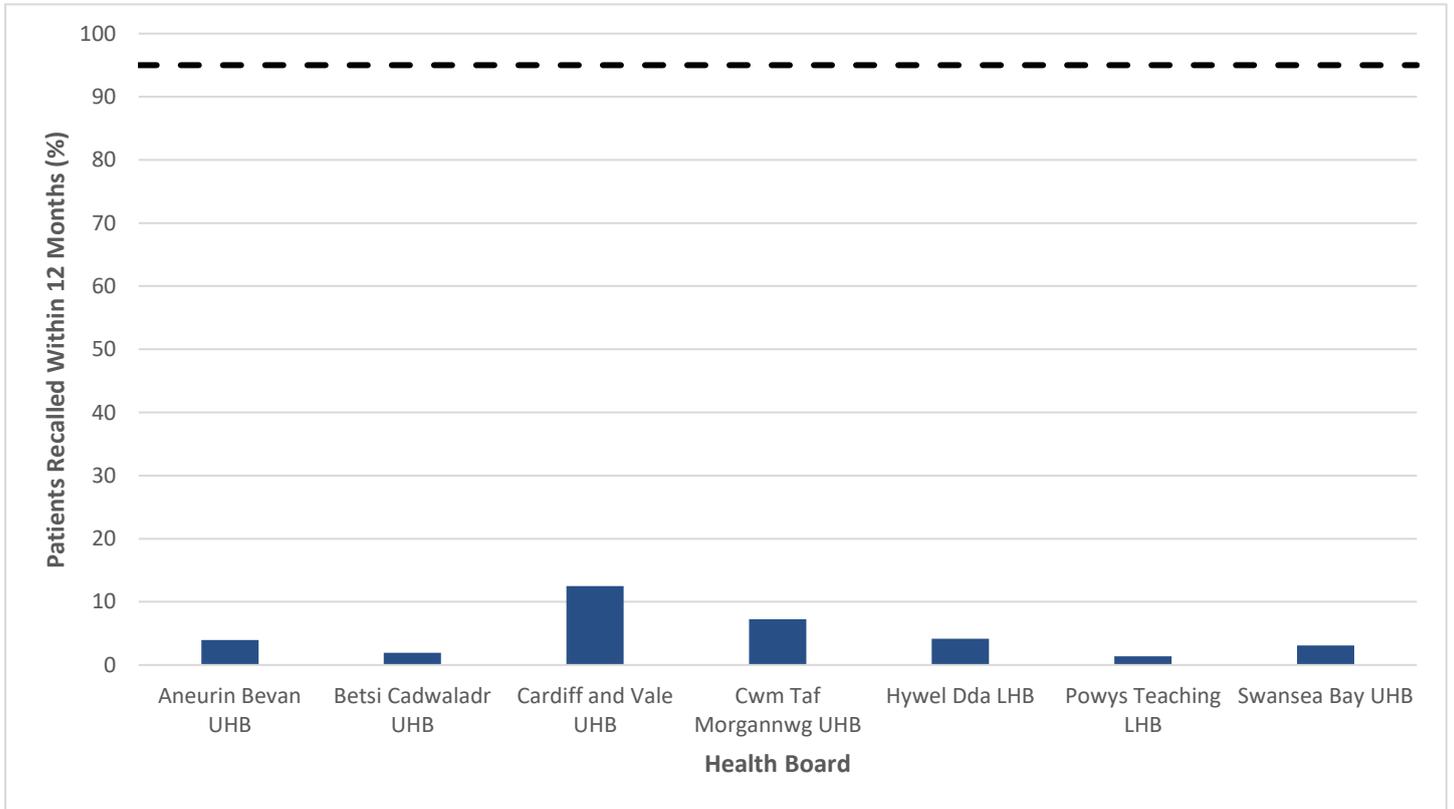
Table 9: Participants recalled within 12 months three-year trend

Year	Recall offered within 12 months	Recall offered	Recall offered within 12 months %
2022-23	2,824	59,281	4.7
2021-22	4,223	64,391	6.6
2020-21	6,684	18,678	35.8

Table 10: Participants recalled within 12 months by health board 2022-23

LHB	Recall offered within 12 months	Recall offered	Recall offered within 12 months %
Aneurin Bevan UHB	369	9,307	4
Betsi Cadwaladr UHB	289	14,964	1.9
Cardiff and Vale UHB	991	7,936	12.5
Cwm Taf Morgannwg UHB	654	9,023	7.2
Hywel Dda UHB	316	7,574	4.2
Powys Teaching LHB	37	2,714	1.4
Swansea Bay UHB	156	7,411	2.1
All Wales	2,824	59,281	4.7

Figure 4: Participants recalled within 12 months by health board 2022-23





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Report of screening result

Definition and standard

A minimum of 85% of participant result letters should be printed within 21 calendar days of the screening appointment.

Result for 2022-23

In 2022-23, 90.3% of participant result letters were printed within 21 calendar days of their screening appointment.

Three-year trend

In 2020-21, 96.5% of results were printed within 21 days. This increased in 2021-22 to 99.9% of results printed within 21 days however this has declined to 90.3% in 2022-23.

Comment

In 2022-23 over 90% of participant result letters were printed within 21 calendar days of their screening appointment. There has been a reduction from 96.5% in 2020-12 and 99.9% in 2021-22 which reflects the increased number of participants seen within the screening programme in 2022-23.

The percentage of participant result letters printed within 21 calendar days remains above the standard of 85% at an All-Wales level and remains above the 85% standard in all geographical areas across Wales.



Figures and tables

Table 11: Results printed within 21 days 2022-23

Year	Results printed within 21 days	Results letters printed	Results printed within 21 days %
2022-23	57,441	63,611	90.3

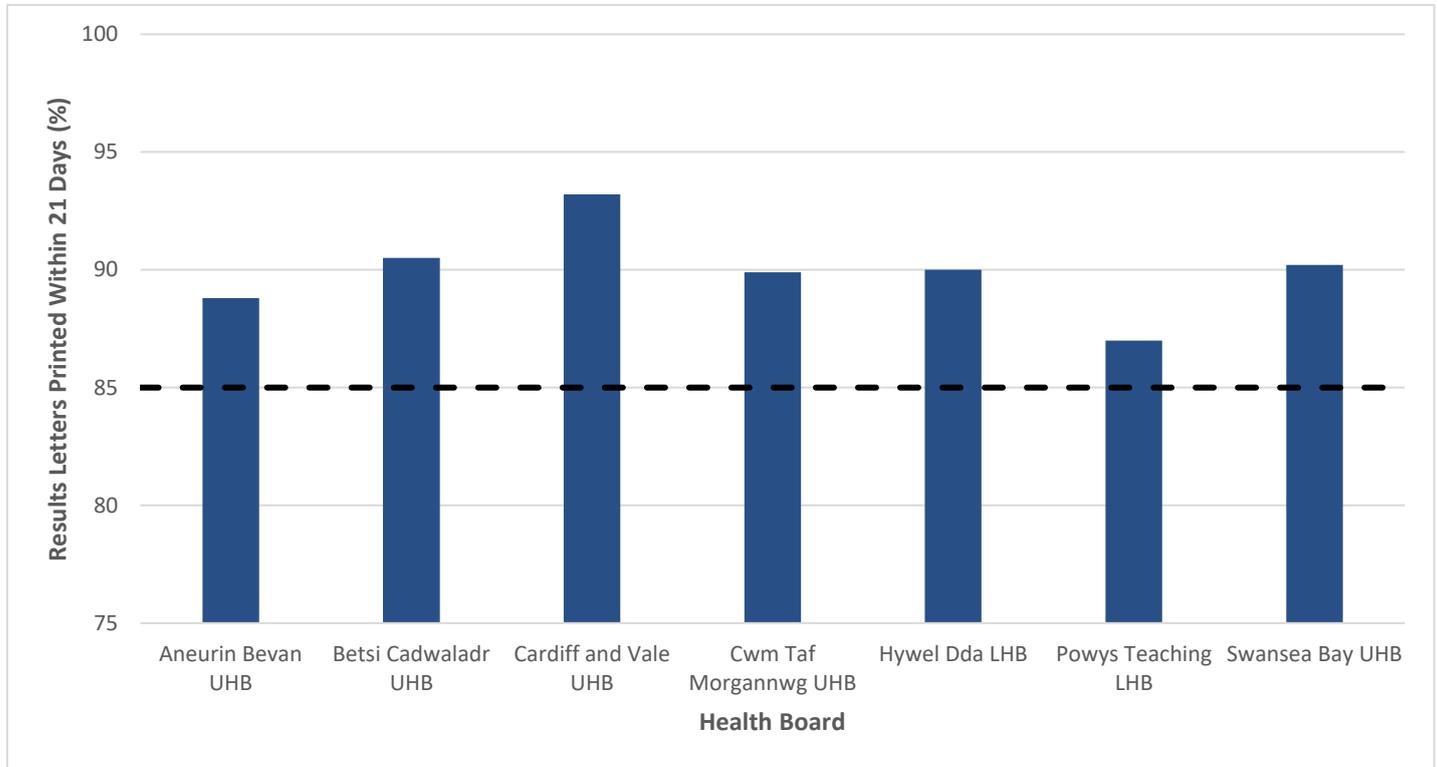
Table 12: Results printed within 21 days three-year trend

Year	Results printed within 21 days	Results letters printed	Results printed within 21 days %
2022-23	57,441	63,611	90.3
2021-22	47,365	47,410	99.9
2020-21	14,518	15,043	96.5

Table 13: Results letters printed by health board 2022-23

LHB	Results printed within 21 days	Results letters printed	Results printed within 21 days %
Aneurin Bevan UHB	9,367	10,552	88.8
Betsi Cadwaladr UHB	13,915	15,381	90.5
Cardiff and Vale UHB	8,578	9,199	93.2
Cwm Taf Morgannwg UHB	8,825	9,818	89.9
Hywel Dda UHB	8,015	8,902	90.0
Powys Teaching LHB	1,958	2,250	87.0
Swansea Bay UHB	6,429	7,124	90.2
All Wales	57,441	63,611	90.3

Figure 5: Results letters printed by health board 2022-23



Retinopathy Identified

Definition and standard

Any retinopathy includes the presence of all retinopathy grades: from mild, background retinopathy to proliferative retinopathy that requires urgent hospital referral. The presence and severity of retinopathy can fluctuate dependent on the person's blood glucose level over time. An individual who is in the 'any retinopathy' category one year can move to 'no retinopathy' at their next screening event.

The 'inadequate' category relates to those participants who have attended for their eye screening assessment, but it has not been possible to capture a clear photograph of their retina to enable grading to take place. An example of this would be that the participant has a cataract which obscures the retina from view, or there have been technical issues with the camera. Participants with inadequate images may be either referred to the Hospital Eye Service or recalled for screening, dependent upon individual circumstances.

Standard: N/A

For participants who have severe retinopathy identified on their screening (an R3A outcome) an urgent referral to the Hospital Eye Service from DESW is required. The standard is for 95% of urgent referrals to the Hospital Eye Service due to an R3A outcome to be made within two weeks of the screen date.

Result for 2022-23

In 2022-23, 70.98% of participants had no retinopathy identified, 22.7% had 'any retinopathy' identified with a further 6.4% having inadequate images.

Three-year trend

The three-year trend for participants with no retinopathy has increased from 46.9% in 2020-21 to 71.0% in 2022-23. The three-year trend for participants with any retinopathy has decreased from 45.0% in 2020-21 to 22.7% in 2022-23. The three-year trend for participants with inadequate images has decreased from 8.1% in 2020-21 to 6.4% in 2022-23 (9.0% in 2021-22).

Geographic overview

There is geographical variation across Wales from retinopathy identified. It ranges from 68.2% of people in Cardiff and Vale UHB with no retinopathy to 75.9% with no retinopathy in Swansea Bay UHB.

Comment

During 2022-23 across Wales 70.98% of participants had no retinopathy identified from their screening. There were 22.7% who had 'any retinopathy' identified with a further 6.4% having inadequate images.

The proportion of participants with no retinopathy has increased from 46.9% in 2020-21 to 71% in 2022-23. Following the pause in diabetic eye screening during the Covid-19 pandemic, participants recall was prioritised with higher risk participants invited to attend first. Higher proportions of people with retinopathy would therefore be expected in the initial recovery of the programme.

Across Wales, of the 22.7% of participants screened who have any retinopathy, a much smaller proportion have sight threatening retinopathy identified. Sight threatening retinopathy or maculopathy requires referral to hospital eye services for specialist assessment and treatment. Of all participants, 4.3% were reported as having sight threatening retinopathy. This ranges from 3.3% in Swansea Bay UHB to 5.2% in Cardiff and Vale UHB.

In 2022-23 there were 335 urgent referrals made for severe retinopathy (R3A) with 220 made within 14 days. This is 65.7% of urgent referrals made within 14 days which is below the standard of 95%. There is geographic variation across Wales with 52.8% of referrals in Aneurin Bevan UHB made within 14 days compared to 81.8% in Powys Teaching LHB.

Urgent referrals are also made to Ophthalmology for other lesions. Of the 561 urgent referrals made across Wales in 2022-23, there were 226 made for other lesions identified during the grading process.



Figures and tables

Table 14: Presence of retinopathy breakdown by health board 2022-23

Health Board	Results reported	No retinopathy	%	Any retinopathy	%	Inadequate image	%
Aneurin Bevan UHB	10,552	7,582	72.0	2,336	22.14	634	6.0
Betsi Cadwaladr UHB	15,381	10,925	71.0	3,374	21.94	1,082	7.0
Cardiff and Vale UHB	9,199	6,272	68.2	2,407	26.17	520	5.7
Cwm Taf Morgannwg UHB	9,818	6,837	69.6	2,342	23.85	639	6.5
Hywel Dda UHB	8,902	6,260	70.3	2,061	23.15	581	6.5
Powys Teaching LHB	2,250	1,586	70.5	526	23.38	138	6.1
Swansea Bay UHB	7,124	5,407	75.9	1,294	18.16	423	5.9
All Wales	63,611	45,148	71.0	14,424	22.68	4,039	6.4



Table 15: Retinopathy outcomes by health board 2022-23

Health Board	Sight threatening retinopathy/maculopathy	% of screened diabetic population with sight threatening retinopathy/maculopathy by Health Board	Severe retinopathy/maculopathy *	% of screened diabetic population with severe retinopathy/maculopathy by Health Board
Aneurin Bevan UHB	472	4.5	72	0.7
Betsi Cadwaladr UHB	614	4.0	72	0.5
Cardiff and Vale UHB	483	5.2	53	0.6
Cwm Taf Morgannwg UHB	426	4.3	53	0.5
Hywel Dda UHB	368	4.1	42	0.5
Powys Teaching LHB	106	4.7	11	0.5
Swansea Bay UHB	233	3.3	30	0.4
Wales	2,713	4.3	335	0.5

* Number of people with sight threatening retinopathy/maculopathy that is severe – note, these participants appear in both the sight threatening and severe categories.



Table 16: Urgent referrals for active proliferative retinopathy (R3A) to Ophthalmology within 14 days by health board 2022-23

Health Board	Number of urgent R3A referrals made	R3A referrals made within 14 days	%
Aneurin Bevan UHB	72	38	52.8
Betsi Cadwaladr UHB	72	52	72.2
Cardiff and Vale UHB	53	36	67.9
Cwm Taf Morgannwg UHB	53	38	71.7
Hywel Dda UHB	42	25	59.5
Powys Teaching LHB	11	9	81.8
Swansea Bay UHB	30	20	66.7
All Wales	335	220	65.7

Wales totals include a small number of participants where the Health Board is not recorded.



Table 17: All urgent referrals to Ophthalmology by health board 2022-23

Health Board	All urgent referrals to Ophthalmology for DR	All urgent referrals to Ophthalmology for other lesions *	Total urgent referrals
Aneurin Bevan UHB	72	36	108
Betsi Cadwaladr UHB	72	56	128
Cardiff and Vale UHB	53	31	84
Cwm Taf Morgannwg UHB	53	43	96
Hywel Dda UHB	42	25	67
Powys Teaching LHB	11	5	16
Swansea Bay UHB	30	27	57
All Wales	335	226	561

Wales totals include a small number of participants where the Health Board is not recorded.

* If, whilst assessing an image for diabetic retinopathy, the grader observes a non-diabetic issue of concern, this may also prompt a routine or urgent referral.

Definitions

Eligible active

Eligible active population definition includes participants in the following states:

- Awaiting a screening appointment/procedure
- Undergoing screening / grading
- Under Ophthalmology care for non-diabetic conditions
- Marked as post office return

Eligible active population excludes suspended and inactive participants:

Suspended

- Under Ophthalmology care for diabetic retinopathy
- Screening postponed
- Temporary physical/learning or mental disability
- Screening refused
- Under 12

Inactive

- Opted out of screening
- Medically unfit
- No light perception in both eyes
- Terminal illness
- Deceased
- Discharged
- Moved out of area
- No longer diabetic



- Permanent physical/learning/mental disability
- Registered blind

Uptake

Uptake: % of eligible participants who have attended a screening invitation.

The uptake of diabetic eye screening is set within the principles of informed choice and a standard of 80% of participants attending a digital screening event where images are captured.

Denominator = Eligible active participants who have been offered a screening appointment between month start and month end.

Numerator = Eligible active participants who have attended a screening appointment between month start and month end. This includes participants who attended but couldn't be photographed for technical reasons and participants who were unable to comply with the screening procedure.

Coverage

Coverage: % of a defined cohort of eligible active participants who have a reported result in the last 12 months

Denominator = Eligible active participants as recorded at month end.

Numerator = Eligible active participants at month end, for whom a result letter was printed within the previous 12 months.

Health Board

This is the participant's health board of residence.

Invited

Participants who have a first offered appointment (not cancelled by Programme), within the report month.

Tested

The number of participants with a final grading result.



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Sight Threatening Retinopathy/Maculopathy

Comprised of grading outcomes indicating pre-proliferative or proliferative retinopathy: R2M0, R2M1, R3AM0, R3AM1, R3SM1. Also includes a grading outcome of minimal background retinopathy with maculopathy R1M1.

Severe Retinopathy/Maculopathy

Comprised of grading outcomes indicating severe (proliferative) retinopathy: R3AM0, R3AM1.



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