Healthcare Improvement Scotland

Diabetic eye screening

Draft standards

October 2025

NHS SCOTLAND

We are committed to advancing equality, promoting diversity and championing human rights. These standards are intended to enhance improvements in health and social care for everyone, regardless of their age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socioeconomic status or any other status. Suggested aspects to consider and recommended practice throughout these standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment (EQIA) to help us consider if everyone accessing health and social care services will experience the intended benefits of these standards in a fair and equitable way. A copy of the EQIA is available on request.

Healthcare Improvement Scotland is committed to ensuring that our standards are up-to-date, fit for purpose and informed by high-quality evidence and best practice. We consistently assess the validity of our standards, working with partners across health and social care, the third sector and those with lived and living experience. We encourage you to contact the standards and indicators team at his.screeningstandards@nhs.scot to notify us of any updates that might require consideration.

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www.healthcareimprovementscotland.scot

Contents

Introduction

Healthcare Improvement Scotland published the Diabetic Retinopathy Screening standards in 2016. In Autumn 2024, these standards were prioritised by the National Screening Oversight Board for review in 2025. The standards review reflects changes to the programme(1, 2) which include:

- revised screening intervals
- optical coherence tomography surveillance
- updates in the screening programme governance and participant pathway.

Diabetic eye screening (DES) checks for a condition known as diabetic retinopathy. This is when diabetes causes the retinal blood vessels to become blocked or to leak. Diabetic retinopathy is a leading global cause of visual impairment or blindness.(3) As there are no symptoms in the early stages, screening is important to identify and treat people with diabetic retinopathy early.

The aim of the Scottish DES programme is to reduce the incidence of vision loss through diabetes. People with diabetes are registered on the SCI-Diabetes system by primary care.(4) Through this system, screening is offered to eligible people aged 12 years or over who have diabetes. Diabetic eye screening intervals are tailored to individual risk levels.

Information and resources

To support people to make informed decisions about the screening test and their care options, information should be provided in a format and language that suits their needs. Support should be provided to enable informed decision making with opportunities for questions. Care and communication should be compassionate, understanding and non-judgmental. People should always be respected and supported in their choices and decisions.

The following resources and organisations are available to support people:

- Diabates UK: Diabetic eye screening
- My Diabetes My Way
- NHS Inform: Diabetic eye screening
- NHS Scotland: Public information on eye care services and eye health
- RNIB: Your eyes.

Scottish diabetic eye screening programme: governance

The Scottish DES programme board is:

- accountable for the screening pathway, screening assessment, diagnosis and referral
- responsible for monitoring the effectiveness of the programme, including the offer of appropriate screening options and performance against key performance indicators (KPIs).

The national DES programme collects data on the performance of the programme, including coverage and outcomes. The KPIs are available from the DES screening programme board. NHS boards should ensure regular reporting through appropriate national databases and forums. These standards do not reference the specifics of each KPI but should be read alongside the KPIs.

Related guidance and policy

All Healthcare Improvement Scotland standards are mapped to relevant key national legislation, policy and standards.(5-8) They are aligned to the principles of person-centred and trauma-informed care, human rights and equality.(9-11)

These standards should be read alongside the following:

- Healthcare Improvement Scotland: Core screening standards
- National Services Scotland: A guide to national population screening in Scotland
- Scottish Equity in Screening Strategy 2023-26
- Scotland's Population Health Framework 2025-2035.

Scope of the standards

These standards apply to all eligible people aged 12 years and over who have diabetes. Further information on eligibility criteria can be found on NHS Inform.

The standards cover:

- diabetic eye screening invitation
- diabetic eye screening
- assessment of images and reporting of screening results
- referral to optical coherence tomography or ophthalmology.

Format of the standards

Healthcare Improvement Scotland standards follow the same format. Each standard includes:

- an overarching standard statement
- a rationale explaining why the standard is important
- a list of criteria describing what is needed to meet the standard
- what the standards mean if you are participating in the screening programme
- what the standard means if you are a member of staff
- what the standard means for NHS boards
- examples of what meeting the standard may look like in practice.

Implementation

These standards have been developed by key stakeholders from across the diabetic eye screening pathway (see Appendix 1 for further information). The standards support and inform organisational self-evaluation and improvement.

Implementation of the standards by the screening programme board and NHS boards will ensure the delivery of safe, effective, person-centred and trauma-informed services across the screening pathway.

These standards are a key component in supporting the DES programme board's approach to quality assurance. Monitoring performance against these standards, at a local and national level, aims to improve the quality of the programme.

External quality assurance (EQA) of screening programmes will be delivered using the Healthcare Improvement Scotland quality of care approach and the quality framework. This approach specifies how Healthcare Improvement Scotland will design and deliver EQA activity to support improvement in healthcare.

The approach emphasises the importance of regular, open and honest self-evaluation of programmes using the quality framework as a basis, combined with other relevant data and intelligence, including performance against these standards.

Terminology

Wherever possible, we have used generic terminology which can be applied across all health and social care settings. All terminology is included in the glossary.

How to participate in the consultation process

We welcome feedback on the draft standards and will review every comment received. We are using different methods of consultation, including:

- targeted engagement with people who use services (and their representatives) and service providers (including staff at the point of care)
- circulation of the draft standards to relevant professional groups, pregnancy screening staff and third sector organisations
- an online survey.

Submitting your comments

Responses to the draft standards should be submitted using our online survey: https://www.smartsurvey.co.uk/s/AFL1QQ/

The consultation closes on **27 November 2025**. If you would like to submit your comments using a different format, please contact the project team on his.screeningstandards@nhs.scot.

Please note, consultation comments will not be accepted after the closing date, or in an alternative format, unless previously agreed with the project team.

Consultation feedback

Feedback on the draft standards will be reviewed and themed by the project team. The development group will reconvene following consultation to review feedback on the draft standards and agree on amendments to the standards.

A summary of the responses to the consultation will be made available on request from the project team at his.screeningstandards@nhs.scot.

The final standards will be published early 2026.

Standards summary

Standard 1: Diabetic eye screening invitation

All eligible people are invited for diabetic eye screening.

Standard 2: Diabetic eye screening

Diabetic eye screening is timely, safe, effective and person-centred.

Standard 3: Assessment of images and reporting of screening results

NHS boards ensure that image assessment is high-quality with the timely reporting of screening results.

Standard 4: Referral to optical coherence tomography or ophthalmology

NHS boards ensure timely referral for optical coherence tomography surveillance or further investigation.

Standard 1: Diabetic eye screening invitation

Standard statement

All eligible people are invited for diabetic eye screening.

Rationale

An effective call-recall service ensures all eligible people are offered diabetic eye screening (DES). To access DES, the person requires registration on the SCI-Diabetes system.(4, 12), (13)

NHS boards manage invitations and call-recall through the national DES system.(13) This is overseen by the local DES team within the person's board of residence. Screening recall intervals are determined by a person's previous screening results and managed in line with national protocols.(1) People with diabetes at low risk of sight loss will be called for screening every two years.(14) Screening intervals for people at high risk should be in line with national protocols. Pregnant women with diabetes should be offered screening every three months.(15) Invitations should include the national information leaflet on diabetic eye screening. People can request any additional support when arranging their appointment.

The Scottish DES programme and NHS boards have defined roles and responsibilities to ensure robust governance arrangements are in place across the DES pathway.(13) This includes programme performance, management of failsafes and screening incidents. The DES programme should be monitored and reviewed in line with national KPIs, national protocols and Healthcare Improvement Scotland's core screening standards.

People can opt-out of the diabetic eye screening programme at any time.(12) NHS boards should ensure staff understand how to identify, document and correctly apply temporary or permanent suspension from screening, in line with national agreed protocols. NHS boards should have programme failsafe mechanisms for screening suspension including regular audit activity to monitor the appropriate use of national protocols to remove people from screening. People should be fully informed if they are no longer eligible for screening, whether temporarily or permanently.

Criteria

1.1 All eligible people are invited for DES screening:

- using the national DES system
- in line with national protocols
- at a frequency determined by risk
- with reminders sent where people have not responded to a screening invitation.

1.2 NHS boards and the DES programme board have systems and processes in place to ensure that people who opt-out of screening:

- have their wishes recorded on the call-recall system where appropriate
- are aware of how they can opt in or make an appointment if their decision changes.

1.3 NHS boards ensure the national opt-out suspension protocol is applied and documented appropriately.

1.4 Staff adhere to local and national call-recall protocols, and ensure they implement:

- DES eligibility criteria for including screening intervals
- screening for specific high risk groups, for example pregnant women and people who are newly diagnosed
- opt-out and permanent suspension protocols
- failsafe processes and escalate appropriately.

1.5 People are provided with accessible information and support to enable decision making, which includes:

- why they have been offered diabetic retinopathy screening
- the intended health benefits and implications of screening
- what to expect at the screening appointment
- what the results mean and when they will be received
- how to access further information in formats or languages appropriate to their needs.

1.6 NHS boards ensure there are systems in place to identify and address people's additional support needs, including transport, translation services or additional appointment times.

1.7 NHS boards and the DES programme board have systems and processes in place to monitor call-recall, which:

- include audit and improvement plans
- address health inequalities in line with the Scottish equity in screening strategy
- demonstrate adherence to the national KPIs, screening incident management and failsafe protocols
- demonstrate implementation of national protocols and Healthcare Improvement Scotland's core screening standards.

What does the standard mean for people participating in diabetic eye screening?
• You will be invited to take part in diabetic eye screening. • As part of the invitation, you will receive information about diabetic eye screening. You will be able to access information that is right for you. • You will be supported by staff who will treat you with respect and compassion. You will be listened to and fully supported to make informed decisions. • If you do not wish to be invited for diabetic eye screening, you will know who to contact. They will record your decision. You will be given information about how to rejoin, if you change your mind. • When you arrange your appointment, you can request additional support depending on your needs. For example, translation or interpreter services or additional appointment time.
What does the standard mean for staff?
Staff, in line with roles, responsibilities and workplace setting: • adhere to diabetic eye screening protocols, including call-recall, eligibility criteria, opt-out and permanent suspension • ensure people accessing screening have information in a format or language that suits their needs including signposting to appropriate support resources for example, the national information leaflet • adhere to failsafe and screening incident procedures, including appropriate escalation of concerns.

What does the standard mean for the organisation?
DES programme board ensures: • robust governance arrangements are in place for the effective delivery of screening • an effective call-recall system is in place and regularly monitored in line with national protocols and KPIs • identification and implementation of strategies to increase access and uptake of screening and reduce health inequalities • national protocols for programme delivery are in place including eligibility criteria, permanent suspension and opt-out • failsafe and escalation arrangements are in place to support NHS boards in the reporting of screening incidents or issues. NHS boards: • understand their roles and responsibilities in local diabetic eye screening governance and delivery • ensure staff are trained and knowledgeable in national DES protocols • maximise uptake of diabetic eye screening amongst their local population • understand their roles and responsibilities in reporting and escalating any issues or screening incidents • understand their roles and responsibilities in applying and documenting opt-out and permanent suspension.
Examples of what meeting this standard might look like
• Provision of national protocols, including eligibility, opt-out and permanent suspensions. • Use of national opt-out letter templates. • Awareness raising sessions on national protocols. • Local and national audits and improvement plans, including adherence to national protocols, standards and other guidance. • Collection and reporting of national KPI data. • Evidence of audit and review of failsafe processes. • Provision of national information leaflets in a range of formats and languages. • Local standard operating protocols (SOPs) for referral of pregnant women with diabetes for diabetic eye screening.

Standard 2: Diabetic eye screening

Standard statement

Diabetic eye screening is timely, safe, effective and person-centred.

Rationale

All eligible people should have timely access to safe and person-centred diabetic eye screening. NHS boards should ensure arrangements are in place to deliver accessible and local (which may be another NHS board if it is closer to home) diabetic eye screening appointments, where appropriate. For example, use of pop-up clinics or mobile units or reciprocal arrangements for staff availability.

NHS boards should ensure workforce capacity and capability to deliver diabetic eye screening. Staff should be appropriately trained and knowledgeable in undertaking diabetic eye screening. This includes participation in nationally available screening accreditation courses. Training should cover image taking, appropriate use of equipment and failsafe processes.

People should be informed of the purpose of diabetic eye screening, possible results and when to expect results (see Standard 3). Every person should be supported throughout the appointment with their comfort and safety maximised. The principles of informed and shared decision making are central to supporting people to take part in screening. Consent should be obtained in line with national guidance and local protocols.(16)

Criteria

2.1 Diabetic eye screening appointments are timely, accessible and person-centred.

2.2 NHS boards have systems and processes in place to ensure availability of diabetic eye screening, which include:

- workforce planning and capacity
- flexible appointments or range of locations, where possible
- support for people with additional needs, including translators.

2.3 Staff undertaking diabetic eye screening:

- are trained healthcare professionals, and have up to date registration where appropriate
- are competent in accurate image taking and the use of appropriate equipment, in line with national protocols
- understand and implement failsafe processes
- are trained in person-centred and trauma-informed communication
- support informed decision making and can access and share appropriate information
- obtain consent and document it appropriately.

2.4 Staff maintain relevant competencies through:

- regular training and continued professional development
- supervision and appraisal.

What does the standard mean for people participating in diabetic eye screening?
• You will be offered an appointment that meets your needs, where possible. • Staff will do what they can to make sure you are comfortable.
What does the standard mean for staff?
Staff in line with roles, responsibilities and workplace setting: • take accurate and high-quality images, in line with national protocols • understand failsafe processes and escalation procedures • access approved training programmes to support them when providing diabetic eye screening.
What does the standard mean for the NHS board?
NHS boards: • provide multiple screening locations and a range of appointments with additional time as required • ensure staff are trained and competent in accurate image taking • monitor and review failsafe processes.

Examples of what meeting this standard might look like
• Evidence of flexible screening appointments such as multiple clinical locations. • Attendance at local or national training events or courses. • Compliance with image taking protocols. • Recording and review of KPIs.

Standard 3: Assessment of images and reporting of screening results

Standard statement

NHS boards ensure that image assessment is high-quality with the timely reporting of screening results.

Rationale

Obtaining high-quality images from screening ensures any diabetic eye disease related risks are identified for referral and treatment. NHS boards should ensure the approved image grading software and equipment is in place to undertake high-quality imaging. Staff should be appropriately trained and competent in image assessment and grading.

The national external quality assurance scheme for DES aims to maintain essential standards and performance improvement. Each NHS board's DES service is required to take part in the scheme, which is overseen by the national DES programme. Staff should adhere to national protocols for performing retinal examination and taking accurate images. This includes monitoring recommended failsafe processes and appropriate escalation.

The timeliness and accuracy of results is important for the person's experience and for individual and clinical outcomes. Staff should explain potential outcomes. The screening outcome determines either the next screening interval or further referral (see Standard 4). People should be informed about who to contact if there is a delay in receiving their results and of the importance of attending regular optometrist eye checks.

In some circumstances, the image may be unclear and the person should be invited back for repeat screening.

Criteria

3.1 NHS boards ensure timely reporting and accurate recording of results in line with national guidance and protocols.

3.2 NHS boards ensure that image grading software, equipment and peripherals used for screening are procured and maintained in line with national protocols and specifications.

3.3 Staff assessing screening images:

- are trained in image assessment and the appropriate use of equipment, in line with national guidelines
- have clean, safe and effective equipment to use for diabetic eye screening
- take part in external quality assurance schemes.

3.4 NHS boards participate in the national external quality assurance scheme to:

- monitor staff appraisal and training
- review and implement improvement plans
- contribute to relevant local and national professional forums to share learning.

3.5 Where significant changes have been found, the person is referred for further assessment in line with national guidance and protocols.

3.6 Where no retinopathy is found, the person will:

- be given their result and receive a further invitation in line with national protocols
- be advised to see their optometrist annually
- be informed of how to contact the service if they experience any changes to their eyesight between screening invitations.

What does the standard mean for people participating in diabetic eye screening?
• You can be confident that your screening results have been reviewed and assessed by appropriately trained staff. • You will receive your results in a timely manner and in a format that suits your needs, where possible. • You will be told what the results mean and what will happen next.
What does the standard mean for staff?
Staff in line with their roles, responsibilities and workplace setting: • are trained and competent in image assessment and grading • take part in external quality assurance • have clean, safe and effective equipment to use for diabetic eye screening • ensure accurate results recording and participant placed on correct pathway depending on results.

What does the standard mean for the NHS board?
NHS boards: • take part in external quality assurance • ensure facilities, equipment and staffing levels comply with nationally agreed protocols, including use of image grading software • ensure staff are trained and competent in image assessment and grading • have protocols in place for the timely reporting of results.
Examples of what meeting this standard might look like
• KPI data relating to image assessment, grading and screening outcomes. • Compliance documentation for image assessment equipment and software. • Improvement plans from external quality assurance audits. • Adherence to the maintenance schedules for equipment and peripherals.

Standard 4: Referral to optical coherence tomography or ophthalmology

Standard statement

NHS boards ensure timely referral for optical coherence tomography surveillance or further investigation.

Rationale

NHS boards should ensure that referral for optical coherence tomography (OCT) surveillance or ophthalmology services is timely and in line with the national diabetic eye grading scheme.(17)

OCT surveillance is a key component for the DES programme. OCT detects macular oedema, which can cause sight loss in people with diabetes. NHS boards have responsibility for OCT provision within their local DES service.(14) Staff undertaking OCT are trained in line with national protocols and guidance. People attending services should be provided with relevant national information and support organisations.

NHS boards are responsible for managing referral to ophthalmology services and provision of treatment. To support the national DES programme, NHS boards should have processes in place to accurately collate and report on KPIs and screening outcomes. When surveillance or treatment has been completed, the NHS board is responsible for ensuring the person is discharged from the service at the appropriate time. This will place the person back to the DES programme, where eligible (see Standard 1).

NHS boards should ensure that OCT and ophthalmology services contribute to all aspects of quality assurance, improvement and audit. This includes regular multidisciplinary local and national forums to share learning.

Criteria

4.1 NHS boards ensure timely referral for monitoring or treatment for people with referable retinopathy, in line with national protocols and guidance.

4.2 NHS boards ensure local protocols are in place which cover:

- discharge from ophthalmology services following treatment or surveillance
- monitoring of recommended failsafe processes and appropriate escalation
- referral back to the national DES programme where eligible and in line with national protocols.

4.3 NHS boards and the national programme board have systems and processes in place for OCT or ophthalmology which include:

- collating and monitoring activity, KPI, failsafes and outcome data
- undertaking audit and review of activity and outcome data
- implementing actions and improvement plans
- working collaboratively to promote the exchange of information and shared learning.

What does the standard mean for people participating in diabetic eye screening?
• If you require further assessment, you will be referred to ophthalmology services. • You will receive information about what to expect at your appointment, and you will be able to ask questions. • Staff will signpost you to specialist support organisations and information, if this is right for you.
What does the standard mean for staff?
Staff, in line with roles, responsibilities and workplace setting: • are trained in the relevant care and treatment pathways • can signpost to relevant information and support organisations, as required.

What does the standard mean for the NHS board?
NHS boards: • ensure referral protocols are in place to access OCT and NHS ophthalmology services • all nationally recommended failsafes are monitored at appropriate intervals • report on KPIs and screening outcomes to the national programme board • have processes to support people who have to travel outwith their NHS board area for treatment.
Examples of what meeting this standard might look like
• Local referral protocols to ophthalmology for retinopathy that may affect sight. • Local protocols detailing roles and responsibilities for discharge from treatment or surveillance. • Regular reporting and review of data relating to outcomes including KPIs and failsafes. • Provision of information or signposting to sight loss organisations or services such as eye care liaison officers, where available.

Appendix 1: Development of the diabetic eye screening standards

Healthcare Improvement Scotland has established a robust process for developing standards, which is informed by international standards development methodology.(18) This ensures the standards:

- are fit for purpose and informed by current evidence and practice
- set out clearly what people who use services can expect to experience
- are an effective quality assurance tool.

The standards have been informed by current evidence, best practice recommendations, national policy and are developed by expert group consensus. The standards have been cocreated with key stakeholders and people with lived experience from across Scotland.

Evidence base

A review of the literature was carried out using an explicit search strategy developed by Healthcare Improvement Scotland's Research and Information Service. Additional searching was done through citation chaining and identified websites, grey literature and stakeholder knowledge. Searches included Scottish Government, Public Health Scotland, NICE, SIGN, NHS Evidence and Department of Health and Social Care websites. This evidence was also informed equalities impact assessments. Standards are mapped to a number of information sources to support statements and criteria. This includes, but is not limited to:

- government policy
- approaches to healthcare delivery and design, such as person-centred care
- clinical guidelines, protocols or standards
- professional or regulatory guidance, best practice or position statements
- evidence from improvement.

Standards development

A standards development group, chaired by Gareth Brown, Director of Screening, Screening Oversight Assurance Scotland, NHS National Services Scotland was convened in July 2025 to consider the evidence and to review the 2016 standards for diabetic eye screening.

Membership of the development group is outlined in Appendix 2.

Each standard is underpinned by the views and expectations of healthcare staff, third sector representatives, people participating in screening and the public. Information has been gathered from several sources and activities, including:

- two development group meetings in July and August 2025
- a four-week consultation period including a survey and stakeholder workshops
- an editorial panel meetings in October 2025.

Consultation feedback and finalisation of the standards

Following consultation, the standards development group will reconvene to review the comments received on the draft standards and make final decisions and changes. More information can be found in the consultation feedback report, which will be available on request from the standards and indicators team following publication of the final standards.

Quality assurance

All standards development group members were responsible for advising on the professional aspects of the standards. Clinical members of the standards development group advised on clinical aspects of the work. The Chair had lead responsibility for formal clinical assurance and sign off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All standards development group members made a declaration of interest at the beginning of the project. They also reviewed and agreed to the standards development group's terms of reference. More details are available on request from his.screeningstandards@nhs.scot.

The standards were developed within the Operating Framework for Healthcare Improvement Scotland and the Scottish Government (2022), which highlights the principles of independence, openness, transparency and accountability.

For more information about HIS's role, direction and priorities, please visit: Healthcare Improvement Scotland.

Appendix 2: Membership of the standards development group

Name	Position	Organisation
Gareth Brown (Chair)	Director of Screening, Screening Oversight Assurance Scotland	NHS National Services Scotland
Jane Carrick	Service Manager, Diabetic Eye Screening	NHS Dumfries and Galloway
Suzy Cooke	Consultant in Public Health, Screening and Early Detection Team	NHS Lothian
Samantha Creamer	Senior Programme Manager, Screening Oversight Assurance Scotland	NHS National Services Scotland
Mike Gavin	Consultant Ophthalmologist, Diabetic Eye Screening Clinical Lead	NHS Greater Glasgow and Clyde
Alison Grant	Engagement Manager	Diabetes Scotland
Amanda Griffin	Service Manager	NHS Tayside
Oliver Harding	Consultant in Public Health	NHS Forth Valley
Laura Jones	NHS Engagement Manager (Scotland)	RNIB Scotland
Shona Macleod	Consultant Ophthalmologist	NHS Highland
Karen Madill	Consultant Ophthalmologist	NHS Lothian
Sam Philip	Consultant Diabetologist	NHS Grampian

Name	Position	Organisation
Tasmin Sommerfield	National Clinical Advisor/Deputy Director of Screening	NHS National Services Scotland
Sonali Tarafdar	Consultant Ophthalmologist	NHS Tayside
Amy Taylor	Senior Health Improvement Officer	Public Health Scotland

The standards development group, review and editorial panels were supported by the following members of Healthcare Improvement Scotland's standards and indicators team:

- Stephanie Kennedy – Administrative Officer
- Carolyn Roper – Project Officer
- Jen Layden – Programme Manager
- Fiona Wardell – Team Lead

Appendix 3: Membership of the editorial and review panel

Name	Position	Organisation
Gareth Brown (Chair)	Director of Screening, Screening Oversight Assurance Scotland	NHS National Services Scotland
Jen Layden	Programme Manager	Healthcare Improvement Scotland
Safia Qureshi*	Director of Evidence & Digital	Healthcare Improvement Scotland
Fiona Wardell	Team Lead	Healthcare Improvement Scotland

*Attendance at editorial panel only.

Glossary

Term	Definition
Accessible and timely	ensuring people can access care when and where they need it.
Call-recall	is the process for inviting eligible people to attend screening on a regular basis.
Effective	providing care based on evidence and which produces a clear benefit.
Eligibility criteria	sets out who should be invited to attend screening. Each national screening programme has defined eligibility criteria. Criteria include age and/or sex, or if the person has any conditions (for example diabetes) that may mean they are more likely to develop an illness or condition (such as diabetic eye disease).
Eligible person/people	a person who is invited for screening because they meet the eligibility criteria.
Equitable	providing care that delivers equity of outcomes for everyone, and which recognises the different needs of protected characteristics.
Failsafe	refers to processes designed to ensure that all aspects of the screening process are safe and effective, and that there are appropriate mechanisms where an issue or screening incident occurs.
Ophthalmology	medical specialty that focuses on the diagnosis, treatment and prevention of eye health and vision problems.
Person-centred and personalised	providing care that responds to individual needs and preferences, and ensures individuals are partners in its planning and delivery.
Pregnant woman/women	anyone who is pregnant including transgender and non-binary people

Term	Definition
Primary care	is community based services provided by healthcare staff including GPs, community nurses.
Safe	ensures people using health and care services feel safe and the care they receive does not harm them.
Screening incident	an adverse event that could have caused, or did result in, harm to a person or a group of people.

References

1. Public Health Scotland. Changes to the Scottish diabetic eye screening programme: FAQs for health professionals 2020 [2025 Oct 23]. Available from: https://publichealthscotland.scot/publications/changes-to-the-scottish-diabetic-eye-screening-programme-faqs-for-health-professionals/.
2. Scottish Government. Diabetes care - progress against national priorities: commitments - 2021 to 2026 2021 [2025 Oct 23]. Available from: https://www.gov.scot/publications/diabetes-care-scotland-progress-against-national-priorities-commitments-2021-2026/.
3. World Health Organisation. Diabetic retinopathy screening: a short guide 2020 [2025 Oct 23]. Available from: https://iris.who.int/bitstream/handle/10665/336660/9789289055321-eng.pdf.
4. NHS Scotland. SCI-Diabetes 2025 [2025 Oct 23]. Available from: https://rightdecisions.scot.nhs.uk/media/sesfaza4/sci-diabetes_data_usage_v1-11.pdf.
5. Scottish Government. Patient rights and responsibilities charter: easy read version 2020 [2025 Oct 23]. Available from: https://www.gov.scot/publications/charter-patient-rights-responsibilities-easy-read/documents/.
6. Scottish Government. National health and wellbeing outcomes framework 2015 [2025 Oct 23]. Available from: https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/.
7. Scottish Government. Health and Social Care Standards: my support, my life 2017 [2025 Oct 23]. Available from: https://www.gov.scot/publications/health-social-care-standards-support-life/.
8. Scottish Government. United Nations Convention on the Rights of the Child (UNCRC): clarification of inherent obligations 2024 [2025 Oct 23]. Available from: https://www.gov.scot/publications/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/pages/1/.
9. NHS Education for Scotland. Person centred care 2023 [2025 Oct 23]. Available from: https://www.nes.scot.nhs.uk/our-work/person-centred-care/#whatispersoncentredcare1.
10. NHS Education for Scotland. National trauma transformation programme 2025 [2025 Oct 23]. Available from: https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-transformation-programme/.
11. Scottish Government. Human Rights 2025 [2025 Oct 23]. Available from: https://www.gov.scot/policies/human-rights/.
12. Public Health Scotland. Diabetic eye screening: Important information for professionals working with people with diabetes 2024 [2025 Oct 23]. Available from: https://publichealthscotland.scot/media/29173/2024-09-diabetic-eye-screening-briefing.pdf.
13. Scotland NS. A guide to national population screening in Scotland 2023 [2025 Oct 14]. Available from: https://www.scot.nhs.uk/wp-content/uploads/2022/03/2022-02-24-Guide-to-Screening-v1-3-FINAL.pdf.
14. Chief Medical Officer. Important Changes to the Scottish Diabetic Eye Screening Programme - SGHD/CMO(2020)32 2020 [2025 Oct 23]. Available from: https://www.publications.scot.nhs.uk/files/cmo-2020-32.pdf.
15. SIGN. Management of diabetes in pregnancy 2024 [2025 Oct 23]. Available from: https://www.sign.ac.uk/our-guidelines/management-of-diabetes-in-pregnancy/.
16. Healthcare Improvement Scotland. Core screening standards 2023 [2025 Oct 23]. Available from: https://www.healthcareimprovementscotland.scot/publications/core-screening-standards/.
17. NHS England. NHS Diabetic Eye Screening Programme: grading definitions for referable disease 2025 [2025 Oct 23]. Available from: https://www.gov.uk/government/publications/diabetic-eye-

screening-retinal-image-grading-criteria/nhs-diabetic-eye-screening-programme-grading-definitions-for-referable-disease-start-date-october-01.
18. International Society for Quality in Healthcare (ISQua). Guidelines and principles for the development of health and social care standards 2018 [2025 Oct 07]. Available from: https://ieea.ch/.

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1. Public Health Scotland. Changes to the Scottish diabetic eye screening programme: FAQs for health professionals 2020 [2025 Oct 23]. Available from: https://publichealthscotland.scot/publications/changes-to-the-scottish-diabetic-eye-screening-programme-faqs-for-health-professionals/.
2. Scottish Government. Diabetes care - progress against national priorities: commitments - 2021 to 2026 2021 [2025 Oct 23]. Available from: https://www.gov.scot/publications/diabetes-care-scotland-progress-against-national-priorities-commitments-2021-2026/.
3. World Health Organisation. Diabetic retinopathy screening: a short guide 2020 [2025 Oct 23]. Available from: https://iris.who.int/bitstream/handle/10665/336660/9789289055321-eng.pdf.
4. NHS Scotland. SCI-Diabetes 2025 [2025 Oct 23]. Available from: https://rightdecisions.scot.nhs.uk/media/sesfaza4/sci-diabetes_data_usage_v1-11.pdf.
5. Scottish Government. Patient rights and responsibilities charter: easy read version 2020 [2025 Oct 23]. Available from: https://www.gov.scot/publications/charter-patient-rights-responsibilities-easy-read/documents/.
6. Scottish Government. National health and wellbeing outcomes framework 2015 [2025 Oct 23]. Available from: https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/.
7. Scottish Government. Health and Social Care Standards: my support, my life 2017 [2025 Oct 23]. Available from: https://www.gov.scot/publications/health-social-care-standards-support-life/.

8. Scottish Government. United Nations Convention on the Rights of the Child (UNCRC): clarification of inherent obligations 2024 [2025 Oct 23]. Available from: https://www.gov.scot/publications/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/pages/1/.
9. NHS Education for Scotland. Person centred care 2023 [2025 Oct 23]. Available from: https://www.nes.scot.nhs.uk/our-work/person-centred-care/#whatispersoncentredcare1.
10. NHS Education for Scotland. National trauma transformation programme 2025 [2025 Oct 23]. Available from: https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-transformation-programme/.
11. Scottish Government. Human Rights 2025 [2025 Oct 23]. Available from: https://www.gov.scot/policies/human-rights/.
12. Public Health Scotland. Diabetic eye screening: Important information for professionals working with people with diabetes 2024 [2025 Oct 23]. Available from: https://publichealthscotland.scot/media/29173/2024-09-diabetic-eye-screening-briefing.pdf.
13. Scotland NS. A guide to national population screening in Scotland 2023 [2025 Oct 14]. Available from: https://www.scot.nhs.uk/wp-content/uploads/2022/03/2022-02-24-Guide-to-Screening-v1-3-FINAL.pdf.
14. Chief Medical Officer. Important Changes to the Scottish Diabetic Eye Screening Programme - SGHD/CMO(2020)32 2020 [2025 Oct 23]. Available from: https://www.publications.scot.nhs.uk/files/cmo-2020-32.pdf.
15. SIGN. Management of diabetes in pregnancy 2024 [2025 Oct 23]. Available from: https://www.sign.ac.uk/our-guidelines/management-of-diabetes-in-pregnancy/.
16. Healthcare Improvement Scotland. Core screening standards 2023 [2025 Oct 23]. Available from: https://www.healthcareimprovementscotland.scot/publications/core-screening-standards/.
17. NHS England. NHS Diabetic Eye Screening Programme: grading definitions for referable disease 2025 [2025 Oct 23]. Available from: https://www.gov.uk/government/publications/diabetic-eye-screening-retinal-image-grading-criteria/nhs-diabetic-eye-screening-programme-grading-definitions-for-referable-disease-start-date-october-01.
18. International Society for Quality in Healthcare (ISQua). Guidelines and principles for the development of health and social care standards 2018 [2025 Oct 07]. Available from: https://ieea.ch/.