



# Diabetes: eye screening (children T1DM)

NICE indicator

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[www.nice.org.uk/indicators/ind306](https://www.nice.org.uk/indicators/ind306)

This other replaces IND53.

## Indicator

Proportion of children and young people aged 12 to 18 years with type 1 diabetes who have a record of eye screening in the previous 24 months.

## Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

## Rationale

Screening for diabetic retinal disease is effective at detecting unrecognised sight-threatening retinopathy. This indicator aims to help prevent retinopathy in children and young people aged 12 to 18 years with type 1 diabetes through eye screening at least every 2 years.

## Source guidance

[Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management. NICE guideline NG18](#) (2015, updated 2023), recommendations 1.2.120 and 1.2.125

## Specification

**Numerator:** The number of people in the denominator who had a record of eye screening in the previous 24 months.

**Denominator:** The number of children and young people aged 12 to 18 years with type 1 diabetes.

**Calculation:** Numerator divided by the denominator, multiplied by 100.

**Exclusions:** None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if eye screening is not appropriate.

**Data source:** [National Paediatrics Diabetes Audit](#).

Expected population size: The National Paediatric Diabetes Audit for 2023 to 2024 shows that 0.03% of people in England are children and young people aged 12 plus years with type 1 diabetes: 3 per 10,000 patients served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

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