

Diabetes: eye screening (children T2DM)

NICE indicator

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www.nice.org.uk/indicators/ind307

This indicator replaces IND53.

Indicator

Proportion of children and young people aged 12 to 18 years with type 2 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 2 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 1.3.76 and 1.3.84

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 2 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](#) and [National Diabetes Audit Young](#)

People with Type 2 Diabetes Dashboard.

Expected population size: The National Paediatric Diabetes Audit for 2023 to 2024 indicates that 0.001% of people in England are children and young people aged 12 plus years with type 2 diabetes: 0.1 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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