



Public Health
England



Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme
Doncaster & Bassetlaw

21 March 2019

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About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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Executive summary

The NHS Diabetic Eye Screening Programme aims to reduce the risk of sight loss among people with diabetes by the prompt identification and effective treatment of sight-threatening diabetic retinopathy, at the appropriate stage of the disease process.

The findings in this report relate to the quality assurance visit of the Doncaster and Bassetlaw diabetic eye screening service held on 21 March 2019.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in diabetic eye screening (DES). This is to ensure all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, commissioner and external organisations
- information collected during pre-review visits
- administration review on 15 January 2019
- clinical observation review on 16 January 2019
- information shared with SQAS (North) as part of the visit process

Local screening service

The Doncaster and Bassetlaw diabetic eye screening service (the service) provides diabetic eye screening for approximately 30,000 people with diabetes. The service screens individuals from 49 GP practices and 2 clinical commissioning groups (CCGs). The service is provided by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBHFT). NHS England North (Yorkshire and the Humber) (NHSE Y&H) is the commissioner.

The service is a technician-based scheme providing all elements of the eye screening pathway (including programme management, call/recall, failsafe, image capture and grading) up to the point of referral for screen positive individuals. The service delivers screening across 5 community clinics and 7 prisons.

The service refers people to 2 treatment and assessment hospitals; Doncaster Royal Infirmary and Bassetlaw District Hospital, both part of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

The service was recommissioned during 2016 to 2017 to merge the former 2 eye screening programmes of Doncaster and Bassetlaw from April 2017.

Findings

The service was benchmarked against the NHS diabetic eye screening pathway standards (updated March 2018) and the national key performance indicators using data from quarter 1 2018 to 2019 and annualised data from 2017 to 2019.

The QA visit team identified 3 key findings which were:

- the visit team was advised of the procurement of 4 new digital cameras and the recruitment of additional clinical staff hours
- there is little interface between the service and the hospital eye service (HES) which includes slit lamp biomicroscopy, urgent referrals and routine referrals. Referral appointments have breached the national pathway standards for the past 4 consecutive quarters since quarter 2, 2017 to 2018
- there is no evidence of a risk register (service or departmental) which documents the ongoing challenges that the service has for HES follow-up and timely ophthalmology appointments, equipment or staff recruitment and retention

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 3 high priority recommendations which were:

- there is no defined audit schedule; the service should cross reference their existing audits with the newly developed national audit schedule and present the summary report findings to the Programme Board
- there is a lack of Datix incident reports, ophthalmology referral exception reports and lost to follow-up breach reports; the service should record all incidents within the Datix system and share reports with the Operational Group or Programme Board

- the service should review and implement a formal schedule of multi-disciplinary team meetings which supports staff development and (whole) programme grading performance monitoring

Shared learning

The QA visit team identified several areas of practice for sharing, including:

- committed staff throughout the service with a holistic approach to prevention and diabetes management
- prominent signage and leaflets throughout the hospital developed through user engagement feedback
- robust failsafe
- protected time for staff development and education
- comprehensive prison screening across a large geography using mobile equipment

Recommendations

The following recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Contracts or memoranda of understanding (MOUs) between the provider and the hospital eye service (HES) to be agreed and implemented	National Service Specification	6 months	High	Commissioners to approve the revised contract arrangements with an update regarding the formal agreement minuted at the Programme Board Scope of service to meet the needs of the service and fulfil the requirements of the national service specification
2	Manage and report all screening safety incidents and serious incidents in line with national guidance regardless of classification	Managing Safety Incidents in NHS Screening Programmes	3 months	High	Reported incident summary reports shared during Operational Group meetings
3	Identify and record screening programme risks in accordance with trust risk management processes	National Service Specification	9 months	Standard	Updated risk register presented at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Produce and agree a regular audit schedule for DES and HES audits. This should include the national mandated audits and service specific audits such as pregnancy and discharged at first visit	National Service Specification NDESP Roles and responsibilities of clinical leads of diabetic eye screening programmes NDESP Audit schedule	12 months	Standard	Annual audit schedule Audit results presented to the Programme Board as part of routine reporting
5	Sight impairment data returns to be obtained from HES for those individuals who are certified visually impaired or severely visually impaired predominantly due to diabetic retinopathy	NDESP Roles and responsibilities of clinical leads of diabetic eye screening programmes	9 months	Standard	Summary of data returns and exception reports shared with the Programme Board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Produce a Clinical Lead job description ensuring adequate capacity to undertake the full range of duties for the role and provide strategic planning to facilitate the development and growth of the	National Service Specification NDESP Roles and responsibilities of	6 months	High	Agreed Clinical Lead job description shared with NHSE Y&H and the Programme Board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	service	clinical leads of diabetic eye screening programmes			
7	Put in place a formal agreement with hospital eye service which specifies activities, data flows, roles, responsibilities, governance and grader performance (feedback on inter-grader agreement reports, online monthly test and training sets, 10% QA sample, unassessable rates and under/over grading)	Diabetic eye screening: commission and provide Royal College of Ophthalmologists guidelines 2012 Service specification 2018 to 2019 NDESP The management of grading quality	12 months	High	Service level agreement Confirmation of acceptance from consultant ophthalmologists, the clinical lead and the screening service Schedule of 1:1 sessions for all grading staff
8	Implement a risk assessment process with results summarized and shared. Risks affecting patient or staff safety should be escalated and included on the departmental risk register	National service specification	9 months	Standard	Risk assessment complete for each screening venue and administration offices Action plan developed to address gaps in health and safety or quality of venues Summary report of outcomes and the risk

No.	Recommendation	Reference	Timescale	Priority	Evidence required
					register to be submitted to the Programme Board
9	Review the cameras used within the service to ensure compliance with using approved models, image quality and regular maintenance	NDESP Approved cameras and settings	12 months	Standard	Assure commissioners of compliance with national guidance through Programme Board summary report

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Implement a process for the development, control, approval and revision of standard operating procedures	Service specification 2018 to 2019 Diabetic eye screening: commission and provide	12 months	Standard	Agreed list of policy documents and guidance presented to an appropriate governance group (Programme Board or Operational Group)

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Review and implement a formal schedule of multi-disciplinary team (MDT) meetings which supports staff development, grading performance monitoring, has suitable membership and terms of reference (ToR)	Service specification 2018 to 2019	3 months	Standard	ToR in place Schedule and minutes of team meetings (to include attendance) provided to Programme Board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Consultants should review the urgent and routine referral pathways to ensure timely appointments	NDESP Managing Referrals to Hospital Eye Services	6 months	High	Formal exception reports and breach summary data presented quarterly to the Programme Board
13	Review of the SLB pathway to ensure timely appointments for new and surveillance patients	NDESP Managing Referrals to Hospital Eye Services	6 months	High	Formal exception reports and breach summary data presented quarterly to the Programme Board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Provide assurance of appropriate training and accreditation for all SLB examiners	NDESP Slit lamp biomicroscopy examiner training and accreditation framework	12 months	Standard	Demonstration of SLB accreditation for all slit lamp examiners SLB accreditation process SOP presented to the Programme Board TAT reports presented to the Programme Board

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.