



Public Health
England



Screening Quality Assurance visit report

NHS Diabetic Eye Screening Service Oxfordshire

30 April 2018

Public Health England leads the NHS Screening Programmes

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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 better informed decisions. National population screening services 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. The Screening Quality Assurance Service ensures services are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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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 Oxfordshire Diabetic Eye Screening service held on 21 February 2018.

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 the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to Bicester Health Centre, John Radcliffe Hospital, and Specsavers, Banbury on 18 January 2018
- information shared with the SQAS (South) as part of the visit process

Local screening service

The Oxfordshire diabetic eye screening service (ODES) provides retinal screening for a registered population of 29,990 on the screening database as of September 2017.

The service is provided by Oxford University Hospitals (OUH) NHS Foundation Trust and is commissioned by NHS England South (South Central). ODES uses a mixed model for screening utilising both mobile screening at 20 GP practices and optometry - based screening at 15 premises across the county. The service has 2 fixed sites, John Radcliffe Hospital and Windrush Medical Practice. The service also serves 2 prisons.

Digital surveillance clinics are held at John Radcliffe Hospital.

Screen positive patients requiring ophthalmic assessment or treatment are referred to 2 sites managed by Oxford University Hospitals NHS Foundation Trust: John Radcliffe or

Horton Hospital. A minority of patients are referred to the Royal Berkshire Hospital (Reading), or Great Western Hospital (Swindon) due to patient choice.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority issues as summarised below:

- development of standard operating procedures for failsafe processes
- review software capability to better support failsafe procedures
- internal quality assurance of failsafe including oversight and reporting
- oversight and clinical governance for slit-lamp biomicroscopy pathway
- review and accurately document the pregnancy pathway to meet NICE guidelines

Shared learning

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

- publication of research about uptake of retinal screening in Oxfordshire
- the service sends outcome reports to diabetologists and paediatricians (as appropriate) keeping other health professionals informed about patient results
- the links with Oxford Health Foundation Trust Learning Disability team allow the needs of individuals to be considered and appropriate appointments/support to be offered to encourage attendance
- the service is working with a diabetologist who is visiting each GP practice, giving up-to-date information about diabetic care and the Diabetic Eye Screening service

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Revise the programme board agenda to match the exemplar template within the local terms of reference	Service specification [1]	3 months	Standard	Updated agenda presented to programme board
2	Review and revise subcontracts with optometry practices	Service specification [1]	6 months	Standard	Revised sub-contracts presented to programme board Evidence showing all Optometry practices have signed the updated contract
3	Develop a process for performance monitoring and management of subcontracted optometry practices	Service specification [1]	6 months	Standard	Performance monitoring process presented to programme board. Add standing agenda item to the programme board agenda

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Develop a service level agreement between diabetic eye screening (DES) and Hospital Eye Service (HES) for the delivery of slit lamp biomicroscopy (SLB)	Service specification [1]	6 months	Standard	Service level agreement to be presented at programme board to include clinical oversight, access and frequency of clinics, slit lamp examiner accreditation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Revise standard operating procedures (SOPs) to include descriptions of step by step procedures for all aspects of the screening pathway	Service specification [1]	12 months	Standard	<p>Standard operating procedures developed and presented to programme board</p> <p>Action plan and schedule for the revision of SOPs. Minutes from programme board where schedule is presented</p> <p>Each revised SOP to be tested with non-screening staff to ensure accurate procedures described</p> <p>Minutes from programme board where summary outcomes of revision and testing have been reported</p>
6	Develop a formal agreement with the Hospital Eye Service (HES) which specifies activity, data flows, roles, responsibilities and governance	<p>Service specification [1]</p> <p>National guidance [10]</p>	6 months	Standard	Present evidence of formal agreement which reflects national timelines for referral and treatment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Ensure staff designated with the responsibility for the investigation, reporting and management of incidents have received appropriate training	National guidance [4]	12 months	Standard	Evidence to demonstrate staff have completed appropriate incident risk management, root cause analysis and report writing training
8	The commissioner and stakeholders should work together to undertake a health equity audit	Service specification [1]	12 months	Standard	Audit results and action plan presented to programme board
9	Develop an audit schedule in accordance with national guidance and the national service specification	Service specification [1]	3 months	Standard	Audit schedule produced and presented to programme board
10	Complete an annual patient satisfaction survey	Service specification [1]	12 months	Standard	Annual patient satisfaction survey presented to programme board Minutes of programme board where analysis of survey data and report of summary outcomes and service improvements are presented

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Implement regular fit-for-purpose reviews of all screening and grading locations, including optometry based sites	Service specification [1]	12 months	Standard	Present plan for rolling review of all screening and grading locations. Present summary of reviews at programme board
12	Develop a business continuity plan and associated standard operating procedures (SOP) to include, but not limited to, screening database link failures at any or all screening sites, regular database backup and disaster recovery	Service specification [1]	12 months	Standard	Business continuity plan developed and reviewed at programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Develop and implement an action plan for the introduction of an electronic GP data extraction system (eg GP2DRS)	Service specification [1]	6 months	Standard	Copy of implementation plan Minutes from programme board where implementation plan submitted

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Investigate discrepancies of more than 5% of the number of diabetic people eligible for screening in GP practice sizes compared with the screening programme management database	Service specification [1] National guidance [20]	6 months	Standard	Present summary report comparing CQRS data with programme data Develop action plan to address any identified discrepancies Minutes of programme board where summary outcomes are submitted
15	Ensure compliance with submitting a regular register (either electronic or manual) from GP practices of diabetic patients is monitored at programme board	Service specification [1]	3 months	Standard	Exception report presented to programme board detailing practices which have not submitted a quarterly list for validation
16	Review and accurately document the pregnancy pathway to ensure all pregnant patients are invited for screening by the service at an appropriate interval and NICE guidelines are followed	NICE guidelines [12]	3 months	High	Ensure the service has an SOP to reflect this pathway Updated SOP presented to programme board documenting new process

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Conduct an audit to identify and review eligible patients who have not been offered an appointment (PS1)	Pathway Standards [2]	6 months	Standard	Summary audit presented to programme board and action plan to address breaches

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Review the purpose and scope of both the multidisciplinary team (MDT) and clinical feedback meetings to ensure national requirement for a monthly clinical MDT is met	National guidance [7]	6 months	Standard	Updated terms of reference and agenda for MDT presented to programme board
19	Ensure patients receive slit-lamp biomicroscopy (SLB) assessments within national pathway standard timescales and can be reported accurately against national standards	Pathway Standards [2]	6 months	Standard	Breaches reported at programme board for review/action SLB data to be included in quarterly standards reports submitted to the national team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Review, revise and document the slit lamp biomicroscopy pathway to ensure appropriate management, clinical governance and monitoring of the call/recall function	Service specification [1]	3 months	High	<p>SOPs for clinical governance, referral and monitoring of call/recall function to be developed and presented to programme board</p> <p>Action plan to address clinical governance of SLB examiners to be presented to programme board. This should include ongoing oversight and regular internal quality assurance reporting</p>

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Ensure urgent referrals (R3A) are referred to HES within appropriate timeframes to meet pathway standard 11.1	Pathway Standards [2]	6 months	Standard	Present any breaches to the programme board and summary report identifying why breaches are occurring

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Implement a process for the development, control, approval and revision of standard operating procedures for failsafe procedures	Service specification [1]	3 months	High	<p>Action plan and schedule for the revision of SOPs. Minutes from programme board where schedule is presented</p> <p>Each revised SOP to be tested with non-screening staff to ensure accurate procedures described</p> <p>Minutes from programme board where summary outcomes of revision and testing have been reported</p>
23	Review software functionality and failsafe processes to improve automated failsafe and to provide an audit trail	Service specification [1]	3 months	High	<p>Failsafe SOP presented to programme board</p> <p>Summary of change in processes presented to programme board</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Oversee failsafe activity across the screening service	Service specification [1] National guidance [5]	3 months	High	Report detailing schedule of regular failsafe activity Report(s) developed that provides outcomes of the failsafe activity Summary outcomes of failsafe activity to be reported at programme board

Next steps

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

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months after the report is published. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.