



Public Health
England

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme South Tees

4 April 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 South Tees diabetic eye screening service held on 4 April 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 13 February 2019
 - clinical observation review on 28 January 2019
- information shared with SQAS (North) as part of the of the visit process

Local screening service

The South Tees diabetic eye screening service (the service) provides diabetic eye screening for approximately 26,000 people with diabetes. The service screens individuals from 60 GP practices and 2 clinical commissioning groups (CCGs). The service is provided by South Tees Hospitals NHS Foundation Trust (STFT). NHS England Cumbria and North East (NHSE CANE) is the commissioner and NHS England North (Yorkshire and the Humber) (NHSE Y&H) is the associate 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 12 community clinics. There are no prisons and one secure mental health unit.

The service refers people to 2 treatment and assessment hospitals; James Cook University Hospital, Middlesbrough and the Friarage Hospital, Northallerton, both part of South Tees Hospitals NHS Foundation Trust.

The service was formed in November 2003 with approximately 8500 patients. The service has not been re-procured but did have a boundary change during 2006 to 2007 to include people with diabetes from Hambleton & Richmondshire.

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 3 2018 to 2019 and annualised data from 2018 to 2019.

The QA visit team was advised that:

- the recruitment freeze within STFT has been lifted and the service vacant posts can be filled
- a business case for service development and additional staff capacity has been agreed by STFT and subsequently submitted to the commissioners on 1 May 2019

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- the staffing structure is not adequate to provide effective diabetic eye screening and there is an over-reliance on key members of staff
- the slit lamp biomicroscopy (SLB) pathway needs review - there is only 1 SLB examiner with limited clinic capacity; national pathway standards show only 46% of service users are seen within timescale
- server capacity is limited with 13% of remaining disc space - it is estimated the server will not be able to function after August 2019

Shared learning

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

- dedicated website page which has been redesigned by the screening staff and is extremely informative and user friendly
- optical coherence tomography (OCT) courses conducted by the Clinical Lead for the service and neighbouring screening programmes
- contacting service users prior to appointments as a reminder
- standardised clinics
- annual certificate of visual impairment audit

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Develop a service specific business continuity plan to include; capacity planning, IT failures, disaster recovery	National Service Specification	6 months	High	Business continuity plan developed and reviewed through the Programme Board
2	Identify and record screening programme risks on the STFT Datix system in accordance with Trust risk management processes	National Service Specification	6 months	Standard	Updated risk register presented at Programme Board
3	The Ophthalmology Directorate Lead, Clinical Lead and Programme Manager to hold scheduled formal meetings to facilitate strategic planning, growth of the service and discuss incidents and risk management	National Service Specification	6 months	Standard	Meeting schedule and minutes or notes documenting discussion

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Produce and agree a regular audit schedule for DES and hospital eye service (HES) audits. This should include national audits and service specific audits such as 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	Undertake a patient satisfaction survey to ensure feedback from service users is collected and learned from	National Service Specification	12 months	Standard	Summary of survey and subsequent results shared with the Programme Board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Review the staffing structure for each part of the pathway to ensure there are adequate staff numbers with clearly defined roles and responsibilities	National Service Specification	6 months	High	Workforce review completed with action plan to address gaps. Submit to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Review and update the System Level Security Policy (SLSP) to ensure the resilience of data backup, disaster recovery and IT support	National Service Specification	12 months	Standard	Updated SLSP document shared with the Programme Board
8	IT to increase server capacity and upgrade the hardware operating system to provide assurance that there is adequate IT provision for service demands	National Service Specification	3 months	High	IT to confirm the installation of additional server capacity and renewed operating system to the Programme Board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Cease the receiving of non-diabetic deceased notifications from STFT	NDESP Use of personal information	12 months	Standard	Produce a summary report and present at Programme Board
10	Review and update standard operating procedures (SOPs) and local processes for all elements of the programme pathway to comply with national guidance	National Service Specification	12 months	Standard	Master SOP index (or similar) and revised sign-off process to be shared with the Programme Board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Service literature warning of the effects of contra-indications should include the risk of acute onset glaucoma from dilating drops	National Service Specification	12 months	Standard	Revised contra-indication literature to be presented at Programme Board
12	Ensure all staff complete the STFT Information Governance (IG) mandatory training and reinforce working practices of safeguarding person identifiable data (PID) during multi-disciplinary team (MDT) meetings	National Service Specification	12 months	Standard	Summary of the mandatory training schedule and minutes of the relevant MDT meeting to be presented at Programme Board
13	Review and implement a formal schedule of MDT meetings which supports staff development, grading performance monitoring, has suitable membership and terms of reference (ToR)	National Service specification	3 months	High	ToR in place Schedule and minutes of meetings (to include attendance) provided to Programme Board
14	Ophthalmologists with ROG responsibilities to complete the minimum number of test and training (TAT) sets per annum to provide assurance on their understanding of feature-based grading and enable accurate grading	NDESP Participation in the grading test and training system	6 months	High	Registration with the online TAT system Record of participation

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	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
16	Ensure failsafe and management of patients in HES is in line with guidance.	Royal College of Ophthalmology Preferred Practice Guidance NDESP Managing Referrals to Hospital Eye Services Guidance	12 months	Standard	Breach reports and recorded risk register breach information to be shared at Programme Board SOP to be produced and shared which documents the failsafe processes between HES and DESP
17	Exception reports and breach summary data to be formalised. Details of breaches affecting patient ophthalmology appointments should be recorded through the risk register	Royal College of Ophthalmology Preferred Practice Guidance NDESP Managing Referrals to Hospital Eye Services Guidance	6 months	High	Exception reports and breach summary data to be shared with the Ophthalmology Directorate Manager and the Programme Board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Review the non-diabetic retinopathy (non-DR) pathway to ensure compliance with national guidance	<p>National Service Specification</p> <p>NDESP Overview of patient pathway, grading pathway, surveillance pathways and referral pathways</p> <p>NDESP Managing Referrals to Hospital Eye Services Guidance</p>	6 months	High	<p>Confirmation of revised pathway documents</p> <p>MDT meeting minutes documenting discussion of non-DR outcomes</p>

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.