



Public Health
England



Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Cornwall

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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 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. The Screening Quality Assurance Service ensures programmes 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 Cornwall Diabetic Eye Screening Programme held on 25 April 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:

- 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 and the Royal Cornwall Hospitals NHS Trust on 14 March 2018 and Perranporth GP surgery and Clays Roche surgery on 4 April 2018
- information shared with the SQAS (South) as part of the visit process

Local screening service

The Cornwall Diabetic Eye Screening Programme (Cornwall DESP) provides retinal screening for a registered population of 32,196 on the screening database as of April 2018.

The Cornwall DESP is provided by the Royal Cornwall Hospitals NHS Trust (RCHT) and is commissioned by NHS England South (South West). Cornwall DESP provides routine digital screening at over 70 sites across Cornwall; these include GP practices, a mobile screening unit and other community venues. The programme does not cover any prisons, mental health or other populations in secure settings.

Digital surveillance clinics are held in 2 fixed sites at either end of the county: Bodmin Hospital and the West Cornwall Hospital, Penzance.

Screen-positive patients requiring ophthalmic assessment or treatment are referred to 3 sites: the Royal Cornwall Hospital, Truro, the Royal Eye Infirmary, Plymouth and the North Devon District Hospital, Barnstaple.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 6 high priority areas which were:

- contracting and governance processes for slit lamp biomicroscopy surveillance pathway
- sub-optimal conditions for primary grading in clinic locations
- delay in downloading images captured in GP surgeries due to lack of N3 connections
- secure storage and transport of patient information
- implementation planning for new GP data-extraction software
- discrepancies with GP practice size data and screening database

Shared learning

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

- well established engagement with ophthalmology and diabetology
- multi-disciplinary team meetings (MDT) with diabetologist in regular attendance
- good links with the learning disability team allowing the needs of individuals to be considered and appropriate appointments/support to be offered to encourage attendance
- established links with antenatal services, with joint monthly clinics

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure SLA/contracts with third parties for provision of slit lamp biomicroscopy services are in place to assure screening commissioners that key performance indicators (KPIs) will be met	Service spec [3]	3 months	High	Minutes of programme board meeting confirming that formal agreements have been developed, signed and submitted to programme board for information purposes
2	Ensure slit lamp biomicroscopy services are incorporated into and managed by the screening programme	Service spec [3]	6 months	Standard	Plan for development of SLB services produced and presented to programme board Minutes of programme board where plan is presented

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Undertake a health equity audit in conjunction with the commissioners	Service specification [3]	12 months	Standard	<p>Audit results and action plan for health promotional activities to identify and support access for populations not currently accessing screening presented to programme board</p> <p>Minutes from programme board where audit and action plan is presented</p>
4	Develop an audit schedule in accordance with national guidance and the National Service Specification	Service specification [3]	6 months	Standard	<p>Audit schedule produced and presented at programme board</p> <p>Minutes from programme board where schedule is presented</p> <p>Audit results presented to programme board as part of routine reporting</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Add injectable treatments to laser book audit	Service specification [3]	9 months	Standard	Laser book audit produced and presented at programme board Minutes from programme board where laser book audit is presented
6	Add plaudits and complaints as a standing programme board agenda	Service specification [3]	6 months	Standard	Add standing agenda item to programme board agenda
7	Develop a documented plan for GP engagement to include uptake, feedback and education	Service specification [3]	6 months	Standard	Plan for GP engagement to include uptake feedback and education developed and presented to programme board Minutes from programme board where plan is presented

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Develop a formal log for training, development and education for all screening staff	Service specification [3]	6 months	Standard	<p>Training log developed and presented to programme board</p> <p>Minutes from programme board where training log is presented</p>
9	Assess the conditions for primary grading and develop a protocol which includes: lighting conditions, screen resolution and the amount of image on screen whilst grading	<p>Service specification [3]</p> <p>National guidance [8]</p>	3 months	High	<p>Assessment of conditions for primary grading and protocol presented to programme board</p> <p>Minutes from programme board where assessment and protocol are presented and implementation is confirmed</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Implement regular fit-for-purpose reviews of all screening and grading locations, including GP practices and other community venues	Service specification [3]	6 months	Standard	<p>Present plan for rolling review of all screening and grading locations to programme board</p> <p>Present summary of reviews at programme board</p> <p>Minutes from programme board where plan and reviews are presented</p>
11	Explore the direct connections for downloading images captured when attending GP surgeries through N3 connections	Service specification [3]	3 months	High	<p>Report findings to programme board</p> <p>Minutes from programme board where findings are discussed</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Develop a standard operating procedure (SOP) to ensure patient information is transported and stored in compliance with information governance requirements	Service specification [3]	3 months	Standard	SOP developed and presented to programme board Minutes from programme board where SOP is presented
13	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 [3]	9 months	Standard	Business continuity plan developed and presented to programme board Minutes from programme board where plan is presented

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Develop and implement an action plan for the introduction of GP2DRS	Service specification [3]	3 months	High	Copy of implementation plan Minutes from programme board where implementation plan submitted
15	Investigate discrepancies of more than 5% in GP practice sizes from the Calculating Quality Reporting Service (CQRS) figures published in October 2017 compared with the screening programme's single collated list	Service specification [3] National guidance [11]	3 months	High	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

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure compliance with submitting a regular register (either electronic or manual) from GP practices of patients with diabetes is monitored at programme board.	Service specification [3]	9 months	Standard	Exception report presented to programme board detailing practices which have not submitted a quarterly list for validation Minutes from programme board where exception report is submitted and discussed

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Audit pregnant patients who appear to have breached pathway standard 6 –proportion of pregnant women with diabetes seen within 6 weeks of notification of their pregnancy to the screening provider, and report findings at programme board	Pathway Standards [4]	6 months	Standard	Summary of audit presented to programme board and action plan to address breaches Minutes from programme board where audit and action plan is presented

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Conduct an audit to identify and review eligible patients who have not been offered an appointment (PS1)	Pathway Standards [4]	6 months	Standard	Summary of audit presented to programme board and action plan to address breaches Minutes from programme board where audit and action plan is presented
19	Repeat a Did Not Attend (DNA) audit and develop an action plan based on the findings	Service specification [3]	9 months	Standard	Completion of audit and action plan Findings presented at programme board Minutes from programme board where audit and action plan is presented
20	Ensure patients receive written information detailing emergency contacts if they experience an adverse reaction to mydriasis		6 months	Standard	Minutes of programme board meeting where action reported as complete

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Review the purpose and scope of the multi- disciplinary team (MDT) meeting and formalise MDT involvement for screener/graders	National guidance [8]	6 months	Standard	Updated terms of reference and agenda for MDT presented to programme board Minutes of programme board meeting where action reported as complete
22	Clarify how optical coherence tomography (OCT) is commissioned and governed	Service specification [3]	6 months	Standard	Minutes of programme board meeting where commissioning arrangements for OCT have been clarified complete
23	Implement arbitration on R0R1 as part of planning for extension of the screening intervals	National guidance [19] Service specification [3]	12 months	Standard	Arbitration report on R0R1 submitted to programme board Minutes from programme board where R0R1 arbitration report has been reported

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Audit the screening programme's ungradable imagesets and report findings to programme board	Pathway standards [4]	6 months	Standard	Audit and action any findings submitted to programme board Minutes from programme board where audit and findings have been reported

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Explore the possibility of provision of assessment and treatment facilities in the East of the county, for example Liskeard	Service specification [3]	12 months	Standard	Decision reached within the Trust re the provision of assessment and treatment facilities in the east of the county Minutes from programme board where rationale for decision has been reported

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Develop an over-arching failsafe policy which covers all standard operating procedures (SOPs) for failsafe procedures	National guidance [22]	6 months	Standard	<p>Failsafe policy completed and presented at programme board</p> <p>Minutes from programme board where failsafe policy has been presented</p>
27	Ensure routine referrals to digital surveillance (DS) are seen within appropriate timeframes to meet pathway standard 12.2 – the time between screening event and first attended consultation at DS	Pathway standards [4]	6 months	Standard	<p>Quarterly pathway standards report</p> <p>Minutes from programme board where pathway standard report discussed</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.