



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

## NHS Diabetic Eye Screening Programme Durham and Darlington

26 September 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 Durham and Darlington diabetic eye screening service held on 26 September 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(s), commissioner and external organisations
- information collected during pre-review visits to pre-review visits
  - administration review on 6 August 2019
  - clinical observation review on 7 August 2019
- information shared with SQAS (North) as part of the visit process

### Local screening service

The Durham and Darlington diabetic eye screening service (the service) provides diabetic eye screening for approximately 38,000 people with diabetes.

The service screens individuals from 63 GP practices and 3 clinical commissioning groups (CCGs). The service is provided by County Durham and Darlington NHS Foundation Trust (CDDFT). NHS England North (Cumbria and North East) (NHSE CaNE) is the commissioner.

The service formed in 2006 and the boundary and service configuration remains largely unchanged.

The service uses a hybrid model for booking appointments; new and previously attended recall clients are sent a fixed appointment, people who do not attend are sent an open invite to book an appointment. Screener graders undertake routine digital

screening and digital surveillance appointments and optometrists complete slit lamp biomicroscopy (SLB) examinations.

The service delivers screening across 10 fixed sites and 3 prisons: HMP Frankland, HMP Durham and HMP Low Newton. People residing within mental health units within the service boundary are escorted to clinics for appointments.

The service refers people to 6 treatment and assessment hospitals:

1. Bishop Auckland Hospital, County Durham & Darlington NHS Foundation Trust
2. Darlington Memorial Hospital, County Durham & Darlington NHS Foundation Trust
3. University Hospital of North Durham, County Durham & Darlington NHS Foundation Trust
4. James Cook University Hospital, South Tees Hospitals NHS Foundation Trust
5. Sunderland Eye Infirmary, South Tyneside and Sunderland NHS Foundation Trust
6. Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS Foundation Trust

## Findings

The service was benchmarked against the NHS diabetic eye screening pathway standards (updated July 2019) and the national key performance indicators using data from quarter 4 2018 to 2019 and annualised data from 2018 to 2019.

The QA visit team was advised that:

- the Clinical Lead position remains vacant within the programme (an appointed consultant ophthalmologist withdrew their application)
- audits have no clinical input or oversight and there is no clarity of how audit outcomes influence internal policy and practice
- there is no evidence of succession planning for the Programme Manager role and limited resilience across the whole pathway

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 2 high-priority findings, summarised as:

1. The absence of a Clinical Lead has implications for grading quality and strategic oversight across the full screening pathway.
2. It is unclear which people are in the digital surveillance pathway and whether they should be in Hospital Eye Services (HES) or routine digital screening instead.

## Shared learning

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

- screening staff are well trained and enthusiastic with patient care being their main priority
- good failsafe practices and procedures
- formalised training plan for new administrative staff
- clinics are accessible and reflect the geography of the service
- timely and robust referral and appointment process for people identified with urgent sight threatening diabetic retinopathy

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Produce and agree a regular audit schedule. This should include the mandated national audits.  Audits that are completed by the programme should be supported by conclusions, actions and associated service improvement	National Service Specification  NDESP Audit schedule	12 months	Standard	To be shared during a future Operational group meeting
2	Compile a written report with the outcome and actions from the May 2019 patient survey	National Service Specification	6 months	Standard	To be shared during a future Operational group meeting

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Appoint a Clinical Lead who fulfils the requirements of the National Service Specification	National Service Specification  Roles and responsibilities of Clinical Leads	3 months	High	Appointment or commencement of the recruitment process through interviews
4	Review the business continuity plan to include: <ul style="list-style-type: none"> <li>• succession planning for the Programme Manager</li> <li>• arrangements for long term absences</li> <li>• IT server capacity</li> </ul>	National Service Specification	3 months	High	To be shared during a governance and contract review meeting
5	Implement a formal schedule of multi-disciplinary team (MDT) meetings which supports staff development, grading performance monitoring and has suitable membership and terms of reference (ToR)	Management of grading quality  National Service specification	6 months	Standard	ToR in place  Schedule and minutes of team meetings (to include attendance) provided to Programme Board

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Prison screening process to be reviewed and documented in a standard operating procedure (SOP), including details of the DS process, referrals, return of outcome data and internal QA	Diabetic eye screening: cohort management guidance Managing referrals to hospital eye services The management of grading quality	6 months	Standard	SOP to be shared at future Operational group meeting
7	Implement a process for the development, control, approval and revision of standard operating procedures which complies with trust policy	National Service Specification	12 months	Standard	Protocol to be presented to future Operational group meeting

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Optometrists to meet the minimum number of graded image sets	The management of grading quality	12 months	Standard	Assurance and the PPR section 5 (grader workload) report to be shared at a future Operational group meeting
9	Review the DS pathway in line with national guidance	National Service Specification Diabetic eye screening surveillance pathways	6 months	High	Summary report and SOP to be presented to Operational group meeting and/or Programme Board



No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Internal QA of grading feedback to be developed and implemented	National service specification  The management of grading quality	6 months	High	SOP to be shared at future Operational group meeting
11	Carry out a formal audit on the number of ungradeable images to determine the reason for increase and implement corrective actions	NDESP Pathway standards April 2019  The management of grading quality	6 months	High	Summary report to be presented to Operational group meeting  Ammended local grading processes

## 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 and 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.