



Public Health  
England

# Screening Quality Assurance visit report NHS Diabetic Eye Screening Programme Kent and Medway

6 April 2017

**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 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 four 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 (DES) 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 (QA) visit of the Kent & Medway screening service held on 6 April 2017.

## Purpose and approach to quality assurance (QA)

Quality assurance aims to maintain national standards and promote continuous improvement in diabetic eye screening. 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 service management and screening/grading observational visits
- information shared with the south regional SQAS as part of the visit process

## Description of local screening service

The Kent & Medway diabetic eye screening programme (KMDESP) provides retinal screening for a registered diabetic population of 100,708 on the screening database as of February 2017.

The service is provided by EMIS Care (Kent & Medway) and is commissioned by NHS England South (South East). The diabetes prevalence in the population is between 5.48% and 7.23% [1] and the Index of Multiple Deprivation (IMD) placed Kent within the least deprived 50% of all counties and unitary authorities in England within the South East.

Kent has an ageing population and the vast majority of its population are white. However, in parts of North Kent ie Chatham, Gillingham and Dartford, the population contains a significant number of ethnic minorities, predominantly Asian.

The level of deprivation in some Kent local authority districts has increased. Thanet continues to rank as the most deprived local authority in Kent, with Ashford and Swale also experiencing a large increase in deprivation. Tunbridge Wells is ranked as the least deprived local authority in Kent [2].

The KMDESP provides all component functions of the eye screening pathway (including programme management, call/recall, image capture and grading) up to the point of referral for any screen positive patients.

The service uses screener/grader technicians to provide screening across ten fixed sites, and ten mobile eye screening units and three cameras across 63 sites operating at acute hospitals, community hospitals, health centres and GP practices.

Screen positive patients requiring ophthalmic assessment or treatment are referred to four treatment centres within four Trusts:

- West Kent Hospital Trusts (Maidstone Hospital, Tunbridge Wells Hospital and Sittingbourne Hospital)
- King's College Hospital Trusts (Queen Mary's Hospital, Queen Elizabeth Hospital, Darent Valley Hospital)
- Kent Community Health NHS Foundation Trust (Sheppey Hospital)
- East Kent Hospital Trusts (William Harvey Hospital, Royal Victoria Hospital (Folkestone), Kent & Canterbury Hospital, Royal Victoria Hospital (Deal), Buckland Hospital, QEQM Hospital)

## Findings

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

The QA visit team identified five high priority findings as summarised below:

- review and develop interface between the programme and hospital eye service (HES)
- develop a long term strategic plan regarding capacity and grading
- Investigate and report the reasons why patients have been added to the other category on the Digital Surveillance pathway
- ensure patients on slit lamp biomicroscopy (SLB) pathway are seen in a timely manner within national quality standards

- ensure security of laptops when in mobile units as this is an information governance risk

## Shared learning

The QA visit team identified several areas of practice for sharing. These include:

- the 'Big Word' is the name for the translator service identified for patients who require this service
- a face to face translator provided approximately once a month and a British sign language interpreter twice a year
- for the working age population, Saturday and evening clinics operate. Older patients are given appointments during the middle of the day. Wheelchair patients are seen in the static clinics (mornings only)
- patients with learning disabilities can be seen at separately set-up clinics
- bariatric patients are seen last at the static clinic to ensure that more time is available

# Table of consolidated recommendations

## Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Develop a clinical lead job description to support effective delivery of the role	Service specification	Six months	Standard	Job description and presented to the programme board
2	Develop a regular schedule of internal quality assurance activity	Service specification	Nine months	Standard	Schedule to be undertaken and relevant results presented at the programme board
3	Secure laptops within the mobiles units as this poses an information governance risk	Service specification	Three months	High	Laptops to be secured within the mobile units

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Revise patient satisfaction questionnaires to identify areas for service improvement	Service specification	Six months	Standard	<p>Summary of patient satisfaction questionnaire review presented to programme board</p> <p>Revisions within patient satisfaction questionnaire agreed between the DESP and commissioners</p> <p>Action plan for revised questionnaire to be implemented, analysed and outcomes reported</p>

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Complete regular audits of excluded/suspended patients to ensure accurate records	National Quality Standard	Six months	Standard	Audit to be presented at Programme Board and resulting findings actioned if identified
6	Complete regular audits of patients presenting with disease in symptomatic services in line with NDESP Standards and guidelines	National Quality Standard	Six months	Standard	Audit to be presented at Programme Board and resulting findings actioned if identified
7	Complete an analysis of non-responding patients and DNAs on a six monthly basis and take appropriate action to address issues of non-attendance	National Quality Standard	Six months	Standard	Audit to be presented at Programme Board and resulting findings actioned if identified



## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Institute a regular unassessable image audit to assure the clinical lead of image quality of cameras that are no longer on the approved list	National guidance	Six months	Standard	Audit to be presented at Programme Board
9	Conduct an audit of the unassessable image data to investigate the possible reasons for the high unassessable rate	National Quality Standard	Six months	Standard	Summary outcomes of audit and action plan presented to programme board
10	Review processes for grader feedback, training and development to ensure clinical oversight of grading quality	National Quality Standard	Six months	Standard	Summary outcomes of review and action plan present to programme board
11	Investigate and audit the reasons why patients have been added to the 'other' category on the Digital Surveillance pathway	Service specification	Three months	High	Summary outcomes of audit and action plan presented to programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Conduct workforce assessment to ensure adequate numbers of appropriately trained staff are in place to provide programme delivery of the screening service in accordance with national guidance and NDESP standards	Service specification	Six months	Standard	<p>Workforce assessment completed</p> <p>Summary report of outcomes submitted to programme board</p> <p>Commissioners assured of programme resilience and adequate numbers of appropriately trained staff</p>

## Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Develop a strategic plan for the implementation of slit-lamp biomicroscopy (SLB) surveillance to ensure operation, clinical governance and timely consultation in accordance with national diabetic eye screening guidance	Service specification  National guidance  National Quality standards	Three months	High	Action plan for SLB implementation to be presented and monitored at the programme board  Timeliness of SLB consultations within national quality standard thresholds  Assurance of clinical governance across entire SLB pathway presented to the programme board

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Revise the interface between the programme and hospital eye services (HES) to ensure safe transition of patients between services, timely treatment and timely data reporting to aid failsafe	Service specification	Three months	High	<p>Summary outcomes of review of interface between the screening programme and hospital eye services presented to programme board</p> <p>Action plan to improve the interface between the screening programme and hospital eye services presented to programme board</p> <p>Feedback to clinical lead</p>
15	Develop an internal QA audit schedule to assure the quality of grading within the programme	Service specification	Six months	Standard	Audit presented to programme board
16	Ensure patients receive treatment within national quality standards timescales	National Quality Standard	Six months	Standard	Breaches reported at programme board for review. Further action/management to be agreed long term

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
17	Develop action plan for the implementation of sustainable grading throughput that ensures timely referral for screen-positive patients	National quality standards	Three months	High	Action plan to be presented to the programme board

I = Immediate  
H= High  
S = Standard

### Next steps

The screening service provider is responsible for developing an action plan to ensure completion of 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. This will follow the issuing of the final report to allow time for at least one response to all recommendations to be made.