Public Health England

NHS

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Gloucestershire

6 June 2018

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

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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Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
Prepared by: Screening QA Service (South).
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

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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 Gloucestershire Diabetic Eye Screening Service (GDESS) held on 6 June 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 the Orchard Centre, Gloucester Royal Hospital and Cheltenham Hospital on 12 April 2018 and 17 April 2018 respectively
- information shared with the SQAS (south) as part of the visit process

Local screening service

GDESS provides retinal screening for a registered population of 35,500 on the screening database as of January 2018.

The service is provided by Gloucestershire Hospitals NHS Foundation Trust (GHFT) and is commissioned by NHS England South (South West). GDESS uses a mixed model for screening utilising both mobile screening at GP practices and fixed-site locations in the community and hospital sites.

Screen-positive patients requiring ophthalmological assessment or treatment are referred to predominantly (c. 95% referrals) 2 referral centres: Cheltenham Hospital and Gloucester Royal Hospital, both operated by GHFT. Two further sites, namely Cirencester Hospital and Stroud Hospital, also receive referrals. These sites are operated by Gloucestershire Care Services NHS Trust but all clinics are managed by GHFT.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 1 high priority finding:

- inaccurate slit-lamp biomicroscopy surveillance activity data and key performance indicator (KPI-DE2) reporting

Shared learning

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

- improving access and uptake through the introduction of drop in clinics, evening and weekend appointments
- initiatives to engage with community leaders of ethnic minority groups
- the introduction of on-line booking
- strong clinical leadership for research which helps to inform national policy
- low threshold rate for cataract surgery approved by clinical commissioning group (CCG) and subsequently reduces poor unassessable rate in screening
- development of referral pathway for patients with learning disabilities
- screening governance board within provider trust
- diabetic community nurse on programme board

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Put in place formal agreements with each linked hospital eye service unit which specify activities, data flows, roles, responsibilities and governance	Service specification	6 months	Standard	Contracts/Service Level Agreements are in place and reflect national timelines for referral and treatment
2	Put in place formal agreements for Slit-Lamp Biomicroscopy (SLB) provision which specify activities, data flows, roles, responsibilities and governance	Service specification	6 months	Standard	Contracts/Service Level Agreements are in place and reflect national timelines for referral and treatment
3	Ensure that controlled documents are updated within the timescales stated by the provider	Service specification	6 months	Standard	Agreed list of policy documents and guidance presented to programme board
4	Agree an equipment maintenance and replacement plan	Service specification	6 months	Standard	Maintenance and replacement plans in place

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Ensure that the screening locations meet the requirement of the provider Trust's health and safety requirements for outreach working	Service specification	6 months	Standard	Summary report of outcomes and action plan submitted to programme board
6	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	6 months	Standard	Business continuity plan developed and reviewed at programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Undertake analysis of the Did Not Attend (DNA) audit and identify areas of potential service improvement	Service specification	6 months	Standard	Results of review/audit shared at the programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Develop failsafe standard operating procedure (SOP), following printing of invitations and results, to prevent more than 1 letter being placed in each envelope	National guidance	6 months	Standard	Standard operating procedure (SOP) developed SOP added to central SOP list with review date SOP reviewed at programme board
9	Address accuracy of slit-lamp biomicroscopy (SLB) surveillance activity data and reporting against key performance indicators (KPI)	Pathway standards	3 months	High	National quality assurance standards reports to present accurate SLB activity data Quality assurance reports and KPI outcomes to be reviewed for accuracy at programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Agree the agenda and terms of reference (ToR) of the multidisciplinary team (MDT), in-line with national guidance	National guidance	6 months	Standard	Example of standard agenda submitted to programme board
11	Develop grading protocol	Service specification	6 months	Standard	Grading protocol developed and reviewed at programme board
12	Revise digital surveillance (DS) policy to prevent patients who fail to attend being returned to routine digital screening (RDS)	National guidance	6 months	Standard	Revised digital surveillance policy reviewed at programme board
13	Revise slit-lamp biomicroscopy surveillance (SLB) policy to prevent patients who fail to attend being passed to digital surveillance(DS)	National guidance	6 months	Standard	Revised slit-lamp biomicroscopy surveillance policy reviewed at programme board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

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.