



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Diabetic Eye Screening Programme**

### **Leeds & Mid Yorkshire**

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

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Published January 2019

PHE publications

gateway number: GW-75

PHE supports the UN

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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 Leeds & Mid Yorkshire diabetic eye screening service held on 27 September 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 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
  - administration review on 18 July 2018
  - clinical observation review on 1 August 2018
- information shared with SQAS (North) as part of the visit process

### Local screening service

The Leeds and Mid Yorkshire diabetic eye screening service (the service) provides retinal screening for 77,800 patients with diabetes. The service screens patients from 165 GP practices and 3 clinical commissioning groups (CCGs). The service is provided by Mid Yorkshire Hospitals NHS Trust (MYHT). NHS England North (Yorkshire and the Humber) (NHSE Y&H) is the 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 patients. The service delivers screening across 14 community clinics, 4 prisons and 2 secure institutions.

The service refers patients to 2 treatment and assessment hospitals; Pinderfields General Hospital, Mid Yorkshire Hospitals NHS Trust (MYHT) and St. James's University Hospital, Leeds Teaching Hospital NHS Trust (LTHT).

The service was recommissioned during 2016 and merged the former 2 eye screening programmes of Leeds and Wakefield & Kirklees to become the new Leeds and Mid Yorkshire programme from April 2017.

Leeds is the 3rd largest city in the UK and has more than 140 ethnic groups plus an aging population. The increasing ageing population is in line with national trends. Within the last decade the black and minority ethnic (BME) population in the city has increased from 11% to 19%.

Wakefield and North Kirklees have high levels of deprivation; over 20% of residents in Wakefield live in the most deprived parts of England.

## Findings

The service was benchmarked against the NHS diabetic eye screening pathway standards (updated August 2017) and the national key performance indicators for this visit using data from quarter 4 2017 to 2018 and quarter 1 2018 to 2019. National funnel plot data for quarter 4 2017/2018 were also used.

The service has achieved 1 of the 3 KPIs (percentage offered screening >75%).

There are a total of 13 pathway standards of which 8 (with a defined threshold) are not being met (Appendix A).

The standards not being met are the recall of patients occurring within 6 weeks of their due date, ungradeable images and the number of slit lamp biomicroscopy (SLB) attendances, results issued within 3 weeks of the screening event and the timely referral of urgent and routine referrals into hospital eye services.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 3 high priority findings as summarised below:

- the service has an unacceptable high rate of unassessable images which are referred for SLB examinations. National funnel plot data for quarter 4 2017 to

2018 shows the service to be at 9.1% (highest in the country); the acceptable threshold is between 2% and 4%

- there is inadequate failsafe of patients discharged from hospital eye services (HES) back in to diabetic eye screening
- there are no formal contracts or memoranda of understanding (MOU) between the provider organisation and the 2 hospital providers

## Shared learning

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

- regular monitoring of inequalities in access to services
- extensive service user feedback and results used to improve patient services
- initiatives to improve access during Ramadan
- bespoke monitoring and tracking tools developed to support clinic planning and management
- well-designed website with patient information in different languages
- screening clinics held 6 days per week

## Recommendations

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

### Governance and leadership

| No. | Recommendation   | Reference                      | Timescale | Priority | Evidence required   |
|-----|--|--------------------------------|-----------|----------|---|
| 1   | Contracts or memoranda of understanding (MOUs) between the provider and the 2 hospital eye services are to be agreed and implemented | National Service Specification | 9 months  | High     | Commissioners to facilitate the revised contract arrangements with an update regarding the formal agreement minuted at the Programme Board<br><br>Scope of service to meet the needs of the service and fulfil the requirements of the national service specification |

| No. | Recommendation  | Reference   | Timescale | Priority | Evidence required  |
|-----|---|---|-----------|----------|--|
| 2   | Review governance arrangements for the service including updating the terms of reference for the joint programme board meeting, the re-introduction of local operational group meetings and the re-design of the programme board report template to include review of all pathway standards | National Service Specification  | 6 months  | Standard | Revised terms of reference<br><br>Presentation of agreed documents at Programme Board                    |
| 3   | Produce and agree a regular audit schedule for DES and HES audits   | National Service Specification<br><br>NDESP Roles and responsibilities of clinical leads of diabetic eye screening programmes | 12 months | Standard | Annual audit schedule<br><br>Audit results presented to the Programme Board as part of routine reporting |

### Infrastructure

| No. | Recommendation  | Reference   | Timescale | Priority | Evidence required  |
|-----|---|---|-----------|----------|--|
| 4   | Implement a formal agreement between MYHT, LTHT and the CCGs on how the Trusts should work together to achieve key deliverables and fulfill clinical roles & responsibilities | National Service Specification<br><br>NDESP Roles and responsibilities of clinical leads of diabetic eye screening programmes | 6 months  | High     | Confirmation of acceptance from consultant ophthalmologists, provider organisation and hospital trusts |

| No. | Recommendation  | Reference   | Timescale | Priority | Evidence required  |
|-----|---|---|-----------|----------|--|
| 5   | The clinical leads to have responsibility of grader performance and address any concerns through scheduled 1:1 review meetings. Feedback should include TAT results, 10% QA sample, unassessable rates and under/over grading | NDESP The management of grading quality                                     | 6 months  | High     | SOP presented to the Programme Board<br><br>Schedule of 1:1 sessions for all grading staff   |
| 6   | Provide assurance of appropriate training and accreditation for all SLB examiners,  | NDESP Slit lamp biomicroscopy examiner training and accreditation framework | 6 months  | Standard | Demonstration of SLB accreditation for all slit lamp examiners<br><br>SLB accreditation process SOP presented to the Programme Board<br><br>TAT reports presented to the Programme Board |

### Identification of cohort

| No. | Recommendation   | Reference  | Timescale | Priority | Evidence required                               |
|-----|--|--|-----------|----------|---|
| 7   | Validate the single collated list for GP practices with no electronic validation until GP2DRS is fully implemented | NDESP Cohort management<br><br>NDESP Consent and Cohort Management | 3 months  | High     | Summary report presented to the Programme Board |



## The screening test – accuracy and quality

| No. | Recommendation  | Reference   | Timescale | Priority | Evidence required  |
|-----|---|---|-----------|----------|--|
| 8   | Clinical Leads to review the grading leading to ungradeable images and implement any training requirements for the clinical staff | NDESP Pathway Standards March 2018<br><br>NDESP The management of grading quality | 6 months  | High     | Summary report presented to the Programme Board<br><br>Audits of any overdue patients screened, graded and referred to be presented to the Programme Board |

## Referral

| No. | Recommendation   | Reference   | Timescale | Priority | Evidence required   |
|-----|--|---|-----------|----------|---|
| 9   | Consultants should review the urgent and routine referral pathways at all treatment centres to ensure timely appointments  | NDESP Referrals from diabetic eye screening to hospital eye services and associated failsafe    | 6 months  | High     | Formal exception reports and breach summary data presented quarterly to the Programme Board |
| 10  | Review the digital surveillance (DS) pathway to prevent inaccuracies with pathway standards data, ensuring patients graded from ROG and those discharged from hospital eye services are included within DS | NDESP Overview of patient pathway, grading pathway, surveillance pathways and referral pathways | 6 months  | High     | Confirmation of revised pathway documents   |

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required  |
|-----|---|--|-----------|----------|--|
| 11  | Commission an external review of the ungradeable referral rate, how images are graded and training requirements of clinical staff                                 | NDESP Pathway standards March 2018<br><br>NDESP The management of grading quality            | 6 months  | High     | Confirmation from the Clinical Lead of the agreed external review<br><br>Amended local grading processes<br><br>Minutes documenting MDT discussions for ungradeable images |
| 12  | LTHT, commissioners and the CCG to put in place a formal agreement for patient outcome data to be returned to the screening service                               | NDESP Referrals from diabetic eye screening to hospital eye services and associated failsafe | 6 months  | High     | Commissioners to provide an update regarding the formal agreement at the Programme Board   |
| 13  | Patients discharged from hospital eye services due to non-attendance or a lack of outcome data for 12 months, are managed within the digital surveillance pathway | NDESP Referrals from diabetic eye screening to hospital eye services and associated failsafe | 3 months  | High     | Confirmation of established links between hospital trusts<br><br>Formal exception reports and breach summary data presented quarterly to the Programme Board               |

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required  |
|-----|---|--|-----------|----------|--|
| 14  | LTHT to provide (at least) weekly outcomes of patients managed in HES back to the service   | NDESP Referrals from diabetic eye screening to hospital eye services and associated failsafe | 3 months  | High     | <p>Formal exception reports and breach summary data presented quarterly to the Programme Board</p> <p>MDT meeting minutes documenting discussion of HES outcomes</p>                                       |
| 15  | LTHT hospital eye service to send a copy of all GP DNA letters to the screening service until the Medisoft connector or other direct IT link is available | NDESP Referrals from diabetic eye screening to hospital eye services and associated failsafe | 3 months  | High     | <p>Confirmation of the implementation of the Medisoft Connector (or network links) from the IT Lead</p> <p>Formal exception reports and breach summary data presented quarterly to the Programme Board</p> |

## Intervention and outcome

| No. | Recommendation  | Reference  | Timescale | Priority | Evidence required   |
|-----|---|--|-----------|----------|---|
| 16  | Review the 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 Referrals from diabetic eye screening to hospital eye services and associated failsafe</p> | 3 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 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.