



Public Health
England



Screening Quality Assurance visit report **NHS Diabetic Eye Screening Programme** **Dorset**

27 September 2018

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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 Dorset 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-clinical review visits to Poole Hospital and Shelley Manor Medical Centre on 31 July 2018 and pre-administration reviews at Peartree Business Park, Wimborne
- information shared with the SQAS (south) as part of the visit process

Local screening service

The Dorset diabetic eye screening service (DDESS) provides retinal screening for a registered population of c. 43,500 on the screening database as of March 2018.

The service is provided by Health Intelligence Limited (HI) and is commissioned by NHS England (NHSE) Wessex although the embedded Public Health Commissioning Team (PHCT) from the NHSE South West region provide public health oversight as part of modified commissioning boundaries.

People with diabetes access screening via a combination of high-street optometry practices and fixed-site locations in the community, including hospital sites, and General Practitioner (GP) practices.

Screen-positive people with diabetes requiring ophthalmological assessment or treatment are referred to 5 referral centres: Royal Bournemouth Hospital (Royal Bournemouth and Christchurch NHS Foundation Trust), Poole Hospital (Poole Hospital NHS Foundation Trust), Dorset County Hospital (Dorset County NHS Foundation Trust), Yeovil Hospital (Yeovil Hospital Healthcare NHS Foundation Trust), and Salisbury Hospital (Salisbury Hospital NHS Foundation Trust).

Findings

The service was benchmarked against version 1.10 (March 2018) of the NHS Diabetic Eye Screening Programme Pathway standards. The pathway standards for diabetic eye screening were revised in April 2017, providing 13 national standards. This report does not contain recommendations based on withdrawn standards. Four of the current standards have yet to be assigned thresholds, however comments may be made on trend data. Of the 9 standards with thresholds, DDESS have met or partially met the acceptable threshold for 7/9; 2 have met the achievable threshold.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 1 high priority finding(s) as summarised below:

- confirm the accountability for timely consultation for screening referrals occurring at Poole Hospital

Shared learning

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

- embedded failsafe officers within each hospital eye service
- administration team 'workbook' to ensure consistent administrative practice
- learning disability champions and initiatives to engage with hard-to-reach groups of people
- triage process for referred people with diabetes to ensure that clinical management for both ophthalmic and diabetes control are maximised
- observation of triage process, of referred people with diabetes, for screener/graders as part of continued professional development

- contribution by the local senior screener/grader to the development of an international on-line course to gain practical knowledge to reduce risk of vision loss from diabetic eye disease

Recommendations

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

Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|----------------|-----------|-----------|----------|-------------------|
| | None | | | | |

Infrastructure

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|----------------|-----------|-----------|----------|-------------------|
| | None | | | | |

Identification of cohort

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|----------------|-----------|-----------|----------|-------------------|
| | None | | | | |

Invitation, access and uptake

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|----------------|-----------|-----------|----------|-------------------|
| | None | | | | |

The screening test – accuracy and quality

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|--------------|-----------|----------|--|
| 1 | Develop terms-of-reference (TOR) for all internal quality assurance (IQA) and performance review meetings, including standing agenda, and align content accordingly. | Service spec | 3 months | Standard | Terms-of-reference for all internal quality assurance and performance review meetings submitted for review at programme board. |
| 2 | Develop action plan for the implementation of arbitration of non-referable screening outcomes in readiness for extended screening intervals. | Service spec | 6 months | Standard | Action plan for the implementation of arbitration on non-referable screening outcomes submitted for review at programme board. |

Referral

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|----------------|-----------|-----------|----------|-------------------|
| | None | | | | |

Intervention and outcome

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-------------------|-----------|----------|--|
| 3 | Separate screening-to-treatment-timeline (STTT) data, for referrals made to the Royal Bournemouth Hospital and Poole Hospital, when reviewing performance data at programme board. | Service spec | 3 months | Standard | Performance against pathway standards for timeliness of consultation at HES to be separated into all associated HES hospitals and reviewed at programme board. |
| 4 | Ensure that pathway standard outcomes, related to timely consultation in hospital eye services, measure date of attendance at clinic with the exception of virtual clinics. | Pathway Standards | 3 months | Standard | Summary outcomes of revised calculations submitted to programme board. |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--------------|-----------|----------|--|
| 5 | Confirm the accountability for timely consultation for screening service referrals occurring at Poole Hospital and implement/change service level agreements between provider and the hospital eye service interface accordingly. | Service Spec | 3 months | High | <p>Identify NHS Trust accountability for timely consultation for screening service referrals to Poole Hospital.</p> <p>Implement or change service level agreements or memorandum of understanding accordingly, to ensure a coordinated and seamless pathway between screening provider and treatment service at Poole Hospital.</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 final report is submitted. 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.