



Public Health  
England



# Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme  
West Hertfordshire provided by  
Hertfordshire Community NHS Trust

19 March 2019

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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 visit of the West Hertfordshire DES service held on 19 March 2019.

### Quality assurance purpose and approach

Quality assurance (QA) 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 administration/failsafe pre-review visit on 29 January 2019
- information collected during screening/grading pre-review visit on 30 January 2019
- information shared with the Midlands and East regional SQAS as part of the visit process

### Local screening service

The West Hertfordshire DES service provides retinal screening for a registered diabetic population of 30,367 (screening database 31 December 2018).

The service screens patients from 62 GP practices which are all within NHS Herts Valleys clinical commissioning group.

The service is provided by Hertfordshire Community NHS Trust and is commissioned by NHS England and NHS Improvement, East of England (formally NHS England Midlands and East (Central Midlands) until 1 April 2019). The screening service office is located at Gossom's End, Berkhamsted.

The service provides all elements of the diabetic eye screening pathway (including programme management, clinical leadership, administration, failsafe, screening, grading, slit lamp biomicroscopy and IT support). Clinical leadership is shared between an ophthalmologist from Buckinghamshire Healthcare NHS Trust and a GP. The service uses screener/grader technicians to provide screening across 14 sites including health centres, hospital sites and other Hertfordshire Community Trust properties. The service also provide screening within 1 prison. Screen positive patients requiring ophthalmic assessment or treatment are referred to the hospital eye service at West Hertfordshire Hospitals Trust (Watford General Hospital), Buckinghamshire Health Care NHS Trust (Stoke Mandeville Hospital), Royal Free London NHS Foundation Trust (Barnet Hospital) and Luton and Dunstable University Hospital NHS Foundation Trust (Luton and Dunstable Hospital).

The population has a mixed and diverse demographic profile comprising areas of deprivation as well as affluence.

## Findings

The service was benchmarked against the NHS Diabetic Eye Screening Programme pathway standards (updated August 2017) for this visit, using annual data up to 31 December 2018. There are a total of 13 standards of which 9 are currently measured. The service is achieving 4 of these standards, 1 standard is partly met. The 4 standards not being met relate to timely offer of both routine digital screening and slit lamp biomicroscopy screening, and timely consultation for routine referrals to hospital eye services.

The service has achieved 2 of the 3 published key performance indicators for the quarter ending 31 December 2018.

The service uptake rate is 83.4% which exceeds the acceptable threshold for pathway standard 7.

94.8% of results are issued to those screened within 3 weeks. Whilst this level of achievement meets the acceptable standard it should be noted that this is a drop in performance when compared with the period from 1 July 2017 to 30 September 2017, where 99.4% of results were issued with 3 weeks.

57.9% of individuals requiring an urgent referral to hospital eye services are seen within 6 weeks of their screening appointment. This does not meet pathway standard 12.1 threshold of 80% within 6 weeks of their screening appointment.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 7 high-priority findings, as summarised below.

1. Reduced screening and grading capacity is preventing the service from achieving 5 pathway standards.
2. Reduced screening and grading capacity is not recorded on the trust risk register.
3. People with diabetes screened in prison are not managed in line with national guidance.
4. People with diabetes who have failed to attend previous appointments are not offered their next screening appointment in the same manner as those who regularly attend.
5. Single-use eye drops are sometimes used on more than 1 patient, which contravenes instructions for use.
6. People with diabetes are not given the appropriate driving advice before drops are instilled.
7. Patients discharged from hospital eye services are not consistently followed up in line with national guidance.

## Shared learning

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

- effective clinical commissioning group engagement at programme boards
- new patients referred via GP2DRS are checked with the GP practice to confirm diagnosis
- people with diabetes who are pregnant are contacted by the operational clinical lead if they do not attend or cancel their appointments to encourage their attendance

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Make sure that the validated quarterly pathway standards reports are sent to the national team	Service specification  KPI and standards data submission	3 months	Standard	Confirmation at programme board
2	Introduce structured management meetings and use available performance and trend data to inform service improvement	Service specification	6 months	Standard	Template agenda and terms of reference presented to programme board
3	Undertake a systematic review of procedures to reduce duplication and manual processes	Service specification	6 months	Standard	Confirmation of actions taken at programme board
4	Agree a policy/standard operating procedure for the systematic review of controlled documents, including dissemination, change control and ratification	Service specification	12 months	Standard	Agreed list of policy documents and guidance presented to programme board
5	Record an entry on the risk register associated with screening and grading capacity. Keep the entry until the service is offering all people with diabetes timely screening	Service specification	3 months	High	Confirmation at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Make sure that all staff are aware of, and follow, the national managing safety incidence in NHS screening programme guidance	Managing safety incidents in NHS Screening programmes	3 months	Standard	Guidance referenced in standard operating procedures (SOPs), induction packs for all staff and disseminated at team meetings to all current staff
7	Review and update the business continuity plan	Best practice	6 months	Standard	Updated plan presented to programme board
8	Agree with commissioners a schedule of audits in line national guidelines including quarterly 10% ROMO	National audit schedule	6 months	Standard	Updated audit schedule presented to programme board
9	Commissioners should jointly present the findings from the evidence based inequalities interventions to the programme board	Service specification	12 months	Standard	Evidence-based health inequalities findings and agreed action plan reported to programme board
10	Present outcomes of user satisfaction surveys and friends and family test to the programme board and demonstrate service improvements introduced as a result	Service specification	6 months	Standard	User satisfaction results and actions presented to programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Develop and implement a recovery plan to address reduced staffing capacity and ensure pathway standards are met	Pathway standards	6 months	High	Plan approved by the trust to be presented to programme board
12	Submit completed training plans to demonstrate competency of the workforce	Service specification	3 months	Standard	Training plans and logs to be presented to programme board
13	Develop a standard operating procedure for assessing the suitability of screening venues	Service specification	6 months	Standard	Approved standard operating procedure to be presented to programme board

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Confirm that prison working arrangements complies with the trust lone working policy	Trust policy	3 months	Standard	Confirmation presented to programme board.
15	Confirm whether national guidance is followed in obtaining patient data from prisons	NHS Information Governance	6 months	Standard	Confirmation presented to programme board.
16	Stop moving individuals screened in prison to an 'out of area' state on the software following screening	Service specification	3 months	High	Updated standard operating procedure to be presented to programme board
17	Develop a standard operating procedure for the notification of pregnant women to the service	Service specification	6 months	Standard	Approved standard operating procedure to be presented to programme board



## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Clarify the current invitation strategy and introduce a standardised invitation model	Service specification	3 months	High	Confirmation of invitation model presented to programme board
19	Provide exception reports for pathway standards as indicated in national pathway standards report	Pathway standards	3 months	Standard	Exception reports completed for programme board performance reports
20	Use did not attend (DNA) audit data to inform service improvements	Service specification	12 months	Standard	Action plan presented at programme board

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Make sure drops are instilled after driving advice has been given	Patients who drive to appointments	3 months	High	Approved amended standard operating procedure to be presented at programme board
22	Stop using single drop units for multiple patients or make sure that there is trust clinical governance approval in place for the current policy.	Manufacturers drug information sheet	3 months	High	Amended standard operating procedure to be presented to programme board.
23	Undertake a risk assessment of home grading environment to ensure compliance with national guidelines	General data protection regulation (GPDR) guidance	6 months	Standard	Risk assessment presented to programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Make sure that appointments for digital surveillance and slit lamp biomicroscopy are offered in a timely manner	Pathway standards	6 months	High	Pathway standards consistently met

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Liaise with hospital eye services and make sure that the discharge information given to patients is in line with national guidance	Failsafe procedures	3 months	High	Confirmation to programme board

## 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.