



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

## NHS Diabetic Eye Screening Programme Hampshire and Isle of Wight

4 July 2019

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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 Hampshire and Isle of Wight diabetic eye screening service held on 4 July 2019.

### 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-clinical review visits to Oak Park Community Clinic and Chessel Practice on 09 May 2019 and pre-administration reviews at Chandlers Ford on 15 May 2019
- information shared with the south regional SQAS as part of the visit process

### Local screening service

The Hampshire and Isle of Wight diabetic eye screening service (HIOWDESS) provides retinal screening for a registered population of c. 109,000 on the screening database as of December 2018.

The service is provided by Health Intelligence Limited (HI) and is commissioned by NHS England (NHSE) Wessex.

People with diabetes access screening 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 the following 8 referral centres:

- Southampton General Hospital (Southampton University Hospitals NHS Trust)
- Queen Alexandra Hospital (Portsmouth Hospitals NHS Trust)
- St Mary's Hospital (Isle of Wight NHS Trust)
- Basingstoke and North Hampshire Hospital (The North Hampshire Hospitals Foundation Trust)
- The Royal Hampshire County Hospital (The North Hampshire Hospitals Foundation Trust)
- Frimley Park Hospital (Frimley Health Foundation Trust)
- Salisbury District Hospital (Salisbury NHS Foundation Trust)
- Royal Bournemouth Hospital (Royal Bournemouth and Christchurch NHS Foundation Trust)

## Findings

The service was benchmarked against the April 2019 version 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 standards were not initially assigned thresholds until further data had been collected.

From April 2019, revisions were made to some existing thresholds along with the introduction of some outstanding thresholds. Performance against the new thresholds will be measured against data collected from April 2019 and reported in Q1 2019 and 2020 performance reports.

Of the 9 standards with thresholds, HLOWDDESS have met or partially met the acceptable threshold for 6/9 – 3 have met the achievable threshold.

The performance outcome calculations for each of the national pathway standards for diabetic eye screening, reported by HI, is currently being reviewed by the National Diabetic Eye Screening Programme (NDESP). Inaccuracies have been identified and outcomes revised with support from HI, therefore the performance outcomes against the pathway standards within this report are considered unreliable.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 4 high priority findings, summarised as:

- inaccurate reporting against pathway standards
- invitation and results letters do not conform to national templates
- low performance and uptake within the slit-lamp biomicroscopy pathway
- inequalities within the management of people who do not attend appointments

## 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
- development of service user forum
- numerous initiatives to improve uptake, including use of social media
- links with local service user groups and initiatives to engage with hard-to-reach groups
- newsletter to clinicians across treatment centres
- comprehensive health equity audit
- NHS England's escalation and monitoring framework for screening programmes

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioners to work collaboratively with Screening Quality Assurance Service (SQAS), National Diabetic Eye Screening Programme (NDESP) and Health Intelligence (HI), to agree and implement any actions following the republication of the pathway standards outcomes after NDESP's review	Pathway standards	3 months from notification from NDESP	High	Agreement of actions between SQAS, NDESP and HI following republication of pathway standards outcomes.
2	Plan implementation of individual standard operating procedure (SOP) documents for all operational tasks	Service specification	12 months	Standard	Action plan with deadlines for completion of each SOP to be submitted to programme board
3	Review all expired standard operating procedures (SOP) and revise accordingly	Service specification	12 months	Standard	Summary report of each SOP reviewed – to include changes made and date of next review applied to each individual SOP
4	Develop a standard operating procedure for the production and format of audit and internal quality assurance (IQA) reports	Service specification	12 months	Standard	SOP submitted to programme board for review

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Commissioners to explore gap analysis of screening provision for people with severe mental illness	National guidance	12 months	Standard	Report of gap analysis of submitted to programme board

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Complete the audit of screen-positives discharged from the Hospital Eye Services (HES) at first consultation	Service specification	12 months	Standard	Report from audit submitted to programme board
7	Ensure invitation and result letters conform to national templates	Service specification National guidance	3 months	High	Submission of all letters to programme board for review
8	Revise standard operating procedures for obtaining consent	National guidance	12 months	Standard	SOP submitted to programme board for review

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Develop an individual standard operating procedure (SOP) document for the management of people who do not attend appointments.	Service specification National screening inequalities strategy	6 months	High	SOP submitted to programme board for review  SOP should include any rationale for prioritisation and align with the national screening inequalities strategy

### The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Ensure all screening staff meet the minimum ongoing competency levels	Service specification	12 months	Standard	Develop annual competency checks for screening staff
11	Ensure mydriasis policy conforms to national guidance	Service specification National guidance	6 months	Standard	Review and revise the policy for mydriasis and submit to programme board
12	Consistently use the standing agenda items for the clinical aspects of multi-disciplinary team (MDT) meetings in accordance with the local terms of reference	National guidance	12 months	Standard	Copies of 2 MDT meeting minutes submitted to programme board



No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Audit the slit lamp biomicroscopy pathway	Service specification	3 months	High	Report from audit of SLB surveillance pathway to include, but not limited to, governance, capacity management, achievement of SLB standards, analysis of uptake, accessibility and Slit-Lamp examiner performance management. Action plan, including timescales of implementation of changes in provision and/or service improvement to be submitted to programme board
14	Ensure graders receive regular feedback on their performance	Service specification Managing grading quality guidance	12 months	Standard	Log of feedback to be presented at programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Review accuracy of reporting of pathway standards for timely consultation in HES	Pathway standards	6 months	Standard	Report from review, to include, but not limited to, summary of additional imaging processes and virtual clinic operations within all referral centres, clarification of time-points used to report against pathway standards and actions to ensure compliancy with national reporting standards
16	Produce analysis of a sample cohort of people who not did not receive timely appointments for digital surveillance	Service specification	6 months	Standard	Report from review of sampled cohort, to include, but not limited to, reasons for appointments not being issued within standard and actions to improve performance

## 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.