



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme  
Bedford Hospital NHS Trust

25 September 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 Bedfordshire diabetic eye screening service held on 25 September 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 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 14 August 2019
- information collected during screening/grading pre-review visit on 19 August 2019
- information shared with the Midlands and East regional SQAS as part of the visit process

### Local screening service

The Bedfordshire diabetic eye screening service provides retinal screening for a registered diabetic population of 39,687 (screening database 31 March 2019).

The service screens people with diabetes from a total of 72 GP practices. 27 GP practices are covered by NHS Luton Clinical Commissioning Group (CCG) and 45 GP practices are covered by NHS Bedfordshire CCG. 4 GP practices within NHS Bedfordshire CCG have screening provided by Buckinghamshire diabetic eye screening programme.

The service is provided by Bedford Hospital NHS Trust (BHT) and is commissioned by NHS England and NHS Improvement, East of England. The screening service office is located at Bedford Hospital.

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 provided by an ophthalmologist from Moorfields Eye Hospital NHS Foundation Trust located in Bedford. A signed service level agreement (SLA) is in place between Bedford and Moorfield hospitals that describes this arrangement. The service uses screener/grader technicians to provide screening across 4 fixed sites and 25 mobile sites including health centres, community venues and on a mobile screening van. The service also provide screening to 1 prison and 1 immigration removal centre.

Screen positive patients requiring ophthalmic assessment or treatment are referred to the hospital eye service at Moorfields Eye Centre within Bedford Hospital Trust or Luton and Dunstable University Hospital NHS Foundation Trust (L&D). A signed memorandum of understanding is in place between Bedford Hospital and Moorfields Eye Hospital and the Luton and Dunstable Hospital.

The population has a mixed and diverse demographic profile comprising areas of deprivation as well as affluence. Luton area is ranked 59th most deprived area from a total of 326 local authorities, Bedford borough is ranked 148th, while Central Bedfordshire is ranked 269. Over 40% of the population of Luton, 18% in Bedford borough and 8% in Central Bedfordshire belong to black or minority ethnic group. The prevalence of diabetes in Luton and Bedford is 10.4% and 8.2% respectively.

## Findings

The service demonstrated strong clinical and programme leadership and a willingness to continue development and improvement initiatives. It was evidenced to the visit team that the screening team are dedicated and motivated to provide a high-quality service.

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 March 2019. There are 13 standards of which 9 have measured thresholds for this period. The service is achieving 6 of these standards, 1 standard is partly met. The 2 standards not met relate to timely offer of routine digital screening for existing patients, and access to appointments for new patients referred to slit lamp biomicroscopy. Performance has improved following changes to the thresholds and calculations of the national pathway standards implemented on 1 April 2019. For the period 1 April 2019 to 30 June 2019 the service achieves 8 of the 9 standards that can be measured accurately, 1 standard is partly met.

The service has achieved the 3 published key performance indicators for the quarter ending 31 March 2019.

The service uptake rate is 81.9% which is above the acceptable threshold of 75% for pathway standard 7.

99.5% of results are issued to those screened within 3 weeks.

89.7% of individuals requiring an urgent referral to hospital eye services are seen within 6 weeks of their screening appointment.

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

The QA visit team identified 1 high priority recommendation associated with providing driving advice and completing ID checks prior to commencing screening.

Key themes for standard recommendations were identified as; improving identification and management of incidents, and describing relevant processes in standard operating procedures.

### Shared learning

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

- recommendations from a health equity audit action plan have been embedded into everyday work
- an innovative approach to maximising capacity by offering a mix of 10 and 15-minute appointments
- proactive approach to encourage non-attenders to attend appointments
- a developmental and reflective approach to learning for all staff is in place
- an additional clinician note added to GP result letters giving extra information that may help support the patient's wider diabetes care
- targeted health equity initiatives to specific population groups
- patient centred integration with community diabetes team including primary care
- checklist giving detailed appointment information for patients attending screening from care homes

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	Make sure the trust incident reporting and management policies include all the screening programmes provided	Managing Safety Incidents in NHS Screening Programmes guidance	6 months	Standard	Updated policy presented to programme board
02	Make sure all staff are aware of the process for identifying and reporting incidents	Managing Safety Incidents in NHS Screening Programmes guidance	6 months	Standard	Assurance from clinical lead provided to programme board
03	Complete Sight Impairment/Severe Sight Impairment audits for the whole service	Diabetic eye screening: audit schedule	6 months	Standard	Completed audit presented to programme board
04	Demonstrate that the 10% ROM0 audit is completed every quarter	Diabetic eye screening: audit schedule	6 months	Standard	Audit summary presented to programme board

### Infrastructure

No recommendations

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
05	Provide a standard operating procedure that documents the process for identifying and screening eligible people in prisons and other secure settings	Service specification	6 months	Standard	Standard operating procedure to be presented to programme board
06	Liaise with GPs and maternity services to agree a systematic process for the notification of pregnant women to the service.	Service specification	6 months	Standard	Updated protocol presented to programme board

## Invitation, access and uptake

No recommendations

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
07	Make sure that identification verification checks and driving advice is completed before the screening procedure commences	Patients who drive to appointments	3 months	High	Confirmation to programme board
08	Make sure screener observations are recorded in writing	Service specification	6 months	Standard	Confirmation to programme board
09	Develop written guidance to support clinical grading referral decisions to digital surveillance or hospital eye services	Service specification	6 months	Standard	Standard operating procedure presented to programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Enable the slit lamp biomicroscopy training to be completed by the senior grader to create more capacity in this element of the pathway	Slit lamp biomicroscopy examiner training and accreditation framework	12 months	Standard	Confirmation to programme board
11	Review the slit lamp pathway to enable referral back to routine screening if clinically appropriate	Overview of patient pathway, grading pathway, surveillance pathways and referral pathways	6 months	Standard	Confirmation to programme board

## Intervention and outcome

No recommendations



## 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.