# Diabetic eye screening: quality assurance process

| Pathway element: Identification of cohort | SQAS activities | Frequency |
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| Cohort identified through General Practice to Diabetic Retinopathy Screening (GP2DRS) monthly reports and included in the diabetic eye screening programme (DESP) software | Check on the process for receiving new patient notifications from general practitioner (GP) practices. | QA visits Quarterly/Programme boards |
| Validation of the single collated list (SCL) against GP lists/GP2DRS monthly reports (including death notifications, moved out of area, demographic changes) | Check whether GP practices are responding to validation requests. Queries should be escalated to programme board. May trigger incidents | QA visits Quarterly/Programme boards |
| People registered in prisons, mental health or other secure settings included in the DESP SCL | Review evidence of inclusion in the SCL. Review frequency of screening/locations used and that uptake is included in data validation reports. Review available audits. | QA visits Programme boards |
| Exclusions and suspensions | Check processes for people excluded or suspended incorrectly. Are there high levels of exclusions and opt-outs. Review annual audit data and quarterly standard report information. May trigger incidents. | QA visits Programme boards |

| Pathway element: Invitation, access and uptake | SQAS Activities | Frequency |
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| Letters to patients and GP practices | Check national template letters are used. Check national leaflets are used/available to download, easy read and alternative language versions are in use | QA visits |
| Uptake | Monitor standard reports and key performance indicator (KPI) data provided to PHE; discussed at programme boards | QA visits Quarterly/Programme boards |
| Results | Check national template letters are used. Monitor standard reports and KPI data provided to PHE; discussed at programme boards | QA visits Quarterly/Programme boards |

| Pathway element: The screening test | SQAS Activities | Frequency |
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| Checking identification (ID)/consent | Check processes for requesting correct patient ID and consent is accurate and recorded in the software. Incorrect processes may trigger incidents | QA visits |
| Grading practice | Check if feature-based grading tools are routinely used during grading. Check if the service undertakes R0R1 arbitration grading and national guidance is followed | QA visits |
| Participation in Test and Training (TaT) | Check if TAT participation is in line with national requirements. Review if graders who do not complete the monthly TAT or have a red flag are discussed during the programme board meeting. Check if summary reports are produced and shared at programme board | QA visits Quarterly/Programme boards |

| Internal QA and assurance of grading quality | Check if there are regular scheduled multidisciplinary team (MDT) meetings and 1 to 1 feedback to graders. Review the use of atypicality outcome reports. Review the use of intergrader agreement reports and their inclusion in 1 to 1 feedback to graders. | QA visits |
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| Pathway element: Referral | SQAS Activities | Frequency |
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| Timely referral (hospital eye services (HES)/surveillance) | Check referral rates through KPIs and standards report. Review referral breach data | QA visits Quarterly/Programme boards |
| Screening to treatment timeline tracker (STTT) | Review the use of any service specific STTT or alternative internal QA software monitoring reports | QA visits |
| Failsafe of referrals into HES | Check there is a written agreement with each referral centre for referral/discharge information. Review existing failsafe processes to check these meet national guidance. May trigger incidents. | QA visits |
| Surveillance (digital surveillance, Slit lamp biomicroscopy (SLB), pregnancy) | Check surveillance processes are in line with national guidance, appointment times are meeting standards and appropriate agreements are in place with any external provider, such as optometric practices | QA visits |
| **Pathway element: Public health system leadership and commissioning function: Governance** | **SQAS Activities** | **Frequency** |

| Information governance – storage of patient identifying data (PID) and equipment | Check the service has robust systems for the safe storage/transfer of PID.<br>Check the service have systems for transporting equipment between site locations.<br>Review if screening staff have completed the provider organisation information governance (IG) training.<br>May trigger incidents | QA visits |
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| Risk assessment and management | Check plans are in place and form regular discussions with commissioners during contract review meetings | QA visits<br>Commissioner meetings |
| Business continuity and succession plans | Check plans are in place and form regular discussions with commissioners during contract review meetings | QA visits<br>Commissioner meetings |
| Clinical governance, escalation processes and integration | Check plans are in place and form regular discussions with commissioners during contract review meetings | QA visits<br>Commissioner meetings |
| Management of Serious Incidents/safety screening incidents | Check there is appropriate incident management processes which follow national guidance | QA visits<br>Ad hoc during incident review<br>Programme boards |
| Complaints/compliments and results of patient satisfaction surveys/user surveys | Check the service are assessing user feedback<br>Check the number of compliments/complaints/concerns are being actioned where necessary and reported to the provider | QA visits |
| **Pathway element: Infrastructure** | **SQAS Activities** | **Frequency** |
| Software version in use | Check if the most recent version of the software is being used. Check if any forthcoming software change is planned, such as an alternative provider | QA visits |
| Disaster recovery | Check if there are scheduled back-up processes for the server and database, if there is a tested disaster recovery plan and if there is sufficient server capacity. | At QA visits |

| Security of images, data reconciliation and data transfer | Check there are failsafe processes for the safe transfer of patient data/images to the server if screening at a non-networked location.<br>Check there are appropriate audits/failsafe checks complete on data reconciliation numbers. | QA visits |
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| QA of image quality | Check processes for checking camera settings, image quality and identifying artefacts, including equipment maintenance and replacement plans.<br>Review of annual audit information | QA visits<br>Programme boards |
| Staff training and accreditation | Check staff have completed the Healthcare Diploma (or former C&G qualification) | QA visits |
| Facilities<br>(Administration and programme management, screening, grading) | Check premises are fit for purpose and do not a pose risk to staff or service users | QA visits |
| Workforce | Check the service has adequate staffing numbers to ensure effective screening of the population.<br>Check lead roles are filled and meet national guidance, such as programme manager and clinical lead | QA visits |
| Organisation chart | Check if there is an organisation chart which shows all staff groups, line management arrangements and accountability to the provider organisation | QA visits |