Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Leicester, Leicestershire and Rutland

5 June 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 better 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. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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SUSTAINABLE DEVELOPMENT GOALS

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 Leicester, Leicestershire and Rutland screening service held on 5 June 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:

- 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-review visits:
- administration review 11 May 2018
- clinical observations 2 May 2018
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The Leicester, Leicestershire and Rutland diabetic eye screening service provides retinal screening for a registered population of people with diabetes of 70,015 (screening database 1 January 2018).

The service screens individuals from 133 GP practices. 3 clinical commissioning groups (CCGs) are covered by the service. These are:

- NHS West Leicestershire CCG
- NHS East Leicestershire and Rutland CCG
- NHS Leicester City CCG

The service is provided by University Hospitals of Leicester (UHL) and is commissioned by NHS England, Midlands and East (Central Midlands).

The Leicester, Leicestershire and Rutland diabetic eye screening service provides all elements of the eye screening pathway (including programme management, call/recall, failsafe, image capture and grading) up to the point of referral for any screen positive individuals. The service uses screener/grader technicians to provide screening across 95 sites mostly at GP locations. The service also provides screening within 3 prisons and 1 mental health institution.

Screen positive individuals requiring ophthalmic assessment or treatment are mainly referred to Leicester Royal Infirmary, part of University Hospitals of Leicester.

Life expectancy for the people in Leicestershire and Rutland is generally better than the England average, but lower in Leicester. The index of multiple deprivation score in the area is lower than the England average score of 21.8, although this ranges across local authorities between 8.3 (Harborough district council) and 33.1 (Leicester unitary authority)[i]. In Leicester 43.9% of people in live in the 20% most deprived districts/unitary authorities in England, whereas the rest of Leicestershire is in the least deprived areas[ii]. The population of Leicestershire is projected to increase by 15% between 2012 and 2037[iii]. The total population of Leicester is projected to increase by 9.9% between 2014 and 2025[iv].

Almost 50% of the population in Leicester is from a black and minority ethnic group. In Leicestershire and Rutland black and minority groups comprise 8.6% and 2.9% respectively[v].

The estimated prevalence of diabetes is 8.5% in Leicestershire County Council, 8.6% in Rutland County Council and 11% Leicester City Council compared with 8.7% in England[vi].

Findings

The service was benchmarked against the NHS Diabetic Eye Screening Programme pathway standards (updated August 2017) for this visit using quarter 3, 2017 to 2018 data. There are a total of 13 standards of which 8 are currently measured. The service is achieving 3 of these standards. The 5 standards not being met are regarding uptake, timely screening and timely consultation for routine referrals to hospital eye services (HES) and ungradable images to the slit lamp biomicroscopy (SLB) clinics.

The service has achieved 2 of the 3 key performance indicators. The service uptake rate is 73.3%; this is below the acceptable standard of 75%.

Pathway standard 8 demonstrates that over 10% of eligible people with diabetes have not attended for screening in the previous 3 years.

99.8% of results are issued to those screened within 3 weeks, which exceeds the achievable standard. 90% of individuals requiring an urgent referral to hospital eye services are seen within 6 weeks of their screening appointment; this also exceeds the achievable standard.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 6 high priority findings which were:

- uptake is below the acceptable standard
- the IT infrastructure used within the service is no longer supported by Microsoft, so the equipment does not meet national specifications to run the eye-screening software directly, and monitors do not have adequate resolution − this presents a long-term operational risk
- the service has ongoing concerns with screener/grader staff turnover and is currently carrying vacancies
- service improvement and strategic planning is contained both within the programme manager job description and service and systems manager job description, but neither have capacity to lead on service review and improvement
- some women with diabetes who become pregnant are not notified to the service to enable them to have more frequent screening during their pregnancy
- individuals discharged from hospital eye services due to non-attendance are not being managed according to national guidance − they should be discharged to the digital surveillance pathway instead of routine digital screening

Shared learning

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

- grading timeliness is well managed ensuring results are issued promptly
- management of urgent referrals and capturing feedback from hospital eye services enables the service to exceed the achievable national standard
- locally developed leaflets that are given to people during the screening encounter (what to do in the event of a reaction to the dilation drops, and the importance of attending hospital eye services if referred)

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Complete a gap analysis of the current service provision against the requirements of the national 2018-19 service specification no. 22. A service improvement plan should then be agreed with the screening and immunisation team (SIT)	Service specification	6 month	Standard	Continuous service improvement plan (CSIP)
2	The SIT should ensure the programme board terms of reference (TOR) and board activities are fully aligned	Service specification	6 months	Standard	Revised terms of reference
3	Confirm who has the responsibility to carry out service review and improvement, and ensure there is capacity within their job description to fulfil this appropriately	Service specification	3 months	High	Confirmation at programme board/ person detailed within CSIP

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	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	6 months	Standard	Guidance referenced in standard operating procedures (SOPs), induction packs for all staff and disseminated at team meetings to all current staff
5	Undertake agreed audits in line with agreed national audit schedule (once published)	Service specification	12 months	Standard	Audit schedule produced. Audit results presented to programme board as part of routine reporting
6	Establish an action plan, which is informed by available data, to address the issue of low uptake	Service specification	6 months	High	Action plan to address low uptake included in the CSIP
7	Redesign the user satisfaction survey to gather feedback on those parts of the pathway where standards are not currently being met	Service specification	12 months	Standard	Updated user satisfaction results presented to the board
8	Collate informal feedback offered by service users at all points of access to inform service improvement	Best practice	12 months	Standard	Summary and actions included within clinical governance report presented to board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Develop a local framework to train and develop administrative staff	Administrative staff competencies	6 month	Standard	Training framework presented to board
10	Develop an evaluation and competencies document for new graders in line with national guidance	The management of grading	6 months	Standard	Document presented to the board
11	Inform the board of the number of grades completed per year per screener	The management of grading	6 months	Standard	Inclusion of number of grades completed in staff/training report to PB
12	Formalise the process for the monitoring and management of grader performance	The management of grading	6 months	Standard	SOP presented to the board
13	Take action to investigate and improve staff retention	Service specification	12 months	High	Staff retention plan presented to programme board
14	Review all delegated programme management responsibilities to ensure they are appropriate to the assigned roles	Service specification	6 months	Standard	Assurance that review has taken place is shared with the board
15	Ensure staff can access appropriate external continuing professional development (CPD) opportunities	The management of grading	12 months	Standard	Inclusion of CPD in staff/training report to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure all staff undertaking slit lamp biomicroscopy (SLB) assessments are accredited and participate in regular quality assurance of the accuracy of SLB surveillance, overseen by the clinical lead	Slit lamp biomicroscopy examiner framework	6 months	Standard	Scheduled annual summary of staff involved with SLB assessments and dates of completed accreditation submitted to programme board Test and Training (TAT) reports to programme board
17	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
18	Investigate the introduction of voice mail facilities to enable service users to leave messages out of hours and at busy times	Best practice	12 months	Standard	Confirmation to programme board
19	Review activity reports to monitor missed and out of hours calls to inform service improvement	Best practice	12 months	Standard	Summary and actions presented to the board
20	Administer daily 'datastorm' checks as part of routine failsafe schedule	Failsafe guidance	6 months	Standard	Confirmation to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Review and upgrade IT infrastructure to ensure safe provision of the service (including monitor resolution, and use of the virtual desktop)	Service specification	6 months	High	IT risk assessment and upgrade plan

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure list validation for all GP practices using GP2DRS to capture demographic changes is completed at least quarterly	Service specification	6 months	Standard	Confirmation provided to programme board
23	Clarify notification responsibilities, of people with diabetes who require screening, with primary care and the service. Validate any self-referrals with the relevant GP practice to confirm eligibility and accurate demographic data is recorded	Best practice	6 months	Standard	Updated SOP
24	Agree a notification process for individuals with diabetes in prison and also for individuals receiving long term care in mental health establishments, to ensure timely notification to the service	Service specification	6 months	Standard	Updated SOP

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Review access for those diagnosed with diabetes within in prisons and long term care in mental health establishments, to ensure screening can be offered in line with national guidance	Service specification	6 months	Standard	Updated SOP
26	Review the current notification process with maternity services at University Hospitals of Leicester and put in place processes with other local maternity providers	Service specification	3 months	High	Confirmation to programme board and updated SOP
27	Review the pregnancy pathway to ensure women with diabetes who become pregnant are offered appointments in line with national guidance.	Screening pathway overviews	6 months	Standard	Confirmation to programme board and updated SOP
28	Make sure that medical exclusions are managed and audited in line with national guidance.	Exclusions and Suspensions guidance	6 months	Standard	Updated SOP

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Update invitation letters to ensure they are in line with national guidelines and the trust translation policy.	Service specification	3 months	Standard	Confirmation provided to programme board
30	Review the efficiency of the current service delivery model and the possible impact on screening uptake	Service specification	6 months	Standard	Outcome of options appraisal included in CSIP

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Ensure paper records that contain patient information are transported and stored securely	NHS Information Governance guidelines	6 months	Standard	Updated SOP presented to board
32	Audit a sample of M1 referrals to understand the high referral rates to hospital eye services and a possible relationship with current visual acuity charts	Grading definitions for referable disease	6 months	Standard	Audit outcomes reported to programme board
33	Develop and implement a referral outcome grading (ROG) standard operating procedure (SOP) which includes the pathways for digital surveillance and other lesion referrals	The management of grading	6 months	Standard	SOP provided to board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Make sure that individuals discharged from hospital eye services due to non-attendance are managed within the digital surveillance pathway	National failsafe guidance	3 months	High	Confirmation to programme board
35	Review the application of the trust access policy (including correspondence) with the trust for routine hospital eye service referrals from the screening programme, to increase participation and attendance	National failsafe guidance	6 months	Standard	Confirmation to programme board
36	Validate service performance data against national funnel plots and local grading and referral policies	National funnel plots	6 months	Standard	Confirmation to programme board
37	Review the use of the digital surveillance pathway to include discharges from hospital eye services and stable treated retinopathy	Screening pathway overviews	3 months	Standard	Confirmation to programme board
38	Review the slit lamp biomicroscopy clinic locations to enable increased uptake	Screening pathway overviews Service specification	6 months	Standard	SLB review outcomes presented to programme board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
39	Inform the screening and immunisation team (SIT) of patients that have presented with diabetic retinopathy symptomatically where it is found that the primary care had not referred patient for screening	Consent and cohort management in the NHS Diabetic Eye Screening Programme	6 months	Standard	Inclusion within the clinical governance report presented to board

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.