



Public Health  
England

# **Screening Quality Assurance visit report**

**NHS Diabetic Eye Screening  
Programme  
Barnsley and Rotherham**

18 October 2018

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

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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 (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 (QA) visit of the Barnsley and Rotherham screening service held on 18 October 2018.

### Purpose and approach to quality assurance (QA)

Quality assurance 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 of 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, 15 August 2018
  - clinical observation, 17 August 2018
- information shared with SQAS (North) as part of the visit process

### Description of local screening service

The Barnsley Hospital Foundation Trust (BHFT) provides the screening service. NHS England North (Yorkshire and the Humber) commissions the service.

Screening in Barnsley began in 1992. Rotherham became part of the service in 2007. It provides screening in 2 fixed hospital sites and the community. Screening cameras are transported to GP practices.

The service provides screening for 66 GP practices. Barnsley and Rotherham clinical commissioning groups are covered in full by the service.

The eligible population covered by the service is approximately 31,800.

Barnsley 2016 census data showed:

- 97.9% of the population were from a white ethnic background
- 2.1% of the population were from other ethnic backgrounds
- deprivation levels increased significantly between 2010 and 2015
- Barnsley was the most deprived local authority area in South Yorkshire
- Barnsley is ranked 39th most deprived district in the England

Rotherham 2016 census data showed:

- 97.9% of the population were from a white ethnic background
- 2.1% of the population were from other ethnic backgrounds
- deprivation levels have been increasing since 2007
- Rotherham is ranked 52<sup>nd</sup> most deprived district in the England

There is one secure mental health hospital covered by the service. Patients are escorted to screening at Rotherham hospital. There are no prisons within the service boundaries.

## Findings

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

The QA visit team identified 6 high priority findings as summarised below:

- lack of clinical leadership, oversight and accountability
- no business continuity plan to sustain service provision and support growth
- inadequate failsafe and lack of formal agreements to ensure timely return of data
- single collated list validation and audit across pathway are insufficient
- gaps in training, accreditation, feedback and multidisciplinary learning
- protocols do not reflect current guidance, are missing or have no sign off process

### Shared learning

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

- collaboration and sharing with other healthcare professionals
- winning a gold award for their work on improving services for people with learning difficulties in 2016

- work to improve information for GPs and people with diabetes
- access to same day screening for people attending hospital diabetes clinics
- screeners completing test and training sets

## Table of consolidated recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Ensure appropriate levels of governance at programme board and operational meetings	Service specification 2018 to 2019	3 months	Standard	Governance structure, including frequency and membership of meetings, signed off at programme board
2	The commissioners should document the local governance and contract monitoring process	NHS standard contract service conditions	3 months	High	Confirmation of process at programme board
3	Develop an organisational accountability structure for the service including detail of escalation routes for governance and performance issues	Service specification 2018 to 2019  Roles and responsibilities of clinical leads	3 months	High	Copy of the structure and escalation routes  Minutes of operational meetings
4	Identify and record screening programme risks in accordance with trust risk management processes	Service specification 2018 to 2019	3 months	Standard	Updated risk register presented at programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Develop an audit schedule	Service specification 2018 to 2019  Internal quality assurance toolkit  Diabetic eye screening: commission and provide	6 months	High	Copy of audit schedule and supporting standard operating procedure  Summary of each audit and findings with associated action plan presented to programme board as part of routine reporting

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Implement a process for the development, control, approval and revision of standard operating procedures	Service specification 2018 to 2019  Diabetic eye screening: commission and provide	9 months	High	Agreed list of policy documents and guidance presented to an appropriate governance group (programme board or operational group)
7	Develop a business continuity plan to include, but not limited to, capacity planning, equipment replacement plan, disaster recovery, screening database link failures	Service specification 2018 to 2019	9 months	High	Business continuity plan developed and reviewed at programme board  Workforce review completed with action plan to address gaps. Submit to programme board

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Validate single collated list as per guidance	Service specification 2018 to 2019  Diabetic eye screening: commission and provide	6 months	High	Action plan developed to address gaps in validation.  Summary report of outcomes submitted to programme board
9	Identify patients excluded or suspended from screening and ensure cohort are in correct pathways as per national guidance	Service specification 2018 to 2019  Diabetic eye screening: commission and provide	6 months	High	Data presented to the Programme Board and documented within the minutes

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Complete an annual user survey and ensure results are presented in a timely manner	Service specification 2018 to 2019	12 months	Standard	Annual patient satisfaction survey presented to programme board

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Ensure screening is accessible to all eligible patients	Service specification 2018 to 2019  NHS Accessible Information standard and specification	12 months	Standard	Suitable charts in all screening sites
12	Map the failsafe function and ensure compliance with national guidance	Service specification 2018 to 2019  Diabetic eye screening: commission and provide	6 months	High	Report(s) developed that provides outcomes of the failsafe activity. Summary outcomes of failsafe activity to be reported at programme board
13	Agree a process for assuring grading quality and for ensuring the training, accreditation and supervision of all graders, in-line with national guidance	Service specification 2018 to 2019  Diabetic eye screening: commission and provide  Assuring the quality of grading	6 months	High	Documented process in place, signed-off by the clinical lead and agreed by the programme board
14	Agree the agenda and terms of reference (ToR) of the multidisciplinary team (MDT)	Service specification 2018 to 2019	3 months	Standard	ToR in place  Schedule and minutes of team meetings (to include attendance) provided to programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Put in place formal agreements with each linked hospital eye service which specify activities, data flows, roles, responsibilities and governance	Diabetic eye screening: commission and provide  Royal College of Ophthalmologists guidelines 2012  Service specification 2018 to 2019	12 months	High	Revised standard operating procedures and review of tools used.  Summary outcomes of failsafe activity to be reported at programme board.  Service level agreements

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Ensure screening software is accessible in linked hospital eye services	Service specification 2018 to 2019  Royal College of Ophthalmologists commissioning	9 months	Standard	Action plan developed for the installation of the screening programme management software in linked hospital eye services

## 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/progress in response to the recommendations made for a period of 12 months following the issuing of the final report. 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.