



Public Health
England



Screening Quality Assurance desktop review visit report

NHS Diabetic Eye Screening Programme Staffordshire

05 February 2019

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About PHE screening

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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 a desktop review of the Staffordshire diabetic eye screening service.

On the 12 November 2018 NHS England (North Midlands) issued the Staffordshire diabetic eye screening service with a twelve months' contract termination notice as part of a planned regional re-procurement exercise. In light of this notice a decision to cancel the day of the quality assurance visit (22 January 2019) was agreed by the screening quality assurance service, service provider and service commissioner. As all pre-visit evidence had already been collated by the provider, and screening and grading observations undertaken by professional clinical advisors, the screening quality assurance service undertook a desktop review.

Evidence was submitted by the service for review on 27 November 2018. Observation of the programme management and administration functions took place on 13 November 2018. Observation of screening and grading took place on 21 November 2018.

Reports were received from the programme manager and screener/grader professional clinical advisors to outline their findings. Normal practice at a quality assurance visit is for professional clinical advisors to explore observations and triangulate evidence during interview(s). However, as this is a desk top review the interviews did not take place and this report is based on evidence submitted by the service and observations undertaken.

A future quality assurance visit to include interviews with provider(s) and commissioner(s) will be scheduled once results of procurement are confirmed.

Quality assurance purpose and approach

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.

Quality assurance visits are carried out by Public Health England screening quality assurance service.

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 and external organisations
- information collected during observations on 13 and 21 November 2018
- information shared with the Midlands and East regional screening quality assurance service as part of the visit process

Local screening service

The Staffordshire diabetic eye service provides diabetic eye screening for a registered population of approximately 72,500. The service covers the whole of Staffordshire including, Stoke and Trent and the districts of Cannock Chase, Stafford, East Staffordshire, Lichfield, Tamworth, South Staffordshire, Staffordshire Moorlands and Newcastle-under-Lyme. A population of around 848,500 in Staffordshire and 249,008 Stoke on Trent is covered by the diabetic eye service.

The service screens patients from 163 general practices. Six clinical commissioning groups are covered in full by the service. These are:

- Stoke on Trent clinical commissioning group
- North Staffordshire clinical commissioning group
- Cannock Chase clinical commissioning group
- Stafford and Surrounds clinical commissioning group
- East Staffordshire clinical commissioning group
- South East Staffordshire and Seisdon Peninsular clinical commissioning group

The service is provided by Midlands Partnership NHS Foundation Trust and is commissioned by NHS England, Midlands and East (North Midlands).

The Staffordshire diabetic eye service was established in 2005 as an optometry based model. During 2018 the service implemented changes to become a technician based delivery model.

The Staffordshire diabetic eye 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 patients. The service uses screener/grader technicians to provide screening across 32 sites including GP locations, hospital sites and community venues, such as fire stations and libraries. The service also provide screening within 8 prisons and 1 mental health facility.

Screen positive patients requiring ophthalmic assessment or treatment are referred to 1 of 6 referral centres. These are:

- University Hospital North Midlands NHS Trust, Royal Stoke hospital
- Royal Wolverhampton NHS Trust, New Cross hospital
- Cannock Chase hospital, who are part of Royal Wolverhampton NHS Trust (assessment)
- University Hospitals Derby and Burton NHS Foundation Trust, Queens Hospital, Burton
- Sir Robert Peel hospital, Tamworth - part of University Hospitals Derby and Burton NHS Foundation Trust (assessment)
- Samuel Johnson, Lichfield - part of University Hospitals Derby and Burton NHS Foundation Trust (assessment)

Deprivation levels in Stoke on Trent are higher than the national average and it is one of the 20% most deprived districts/unitary authorities in Englandⁱⁱ. Staffordshire is relatively affluent although it has pockets of deprivation in some urban areas with 9% of its population living in the most deprived (bottom fifth) areasⁱⁱⁱ.

The population of Staffordshire as a whole is mainly white British (95-98%). In East Staffordshire 6.5% of the population are from minority ethnic groups. Stoke on Trent has the greatest ethnic mix with 10.4% of the population from minority ethnic groups^{iv}.

The prevalence of diabetes is 7.8% which is slightly higher than the national average of 7.4%ⁱ.

Findings

Immediate concerns

There were no immediate concerns identified during this desktop review exercise.

High priority

The quality assurance visit team identified 2 high priority findings.

The screening service are not fully compliant with national guidance on the use of mydriasis for all patients and need to review and amend their current policy. The screening service must also make sure that eye drops are used for single patient use only.

Shared learning

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

- commitment to reducing health inequalities and barriers to screening, including:
 - introduction of an online booking system
 - a well organised screening process for prisons
 - screeners are proficient in basic sign language skills
 - screeners utilise any spare time in clinics to contact patients who do not attend and offer an alternative appointment issuing monthly surveys and including links to an electronic survey in all result letters to encourage feedback
- production of clinical location booklets for each screening venue containing useful information on the local venue

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Agree any future service changes with commissioners prior to implementation	Service specification (1,2)	12 months	Standard	Acknowledgment that future service changes will be consulted with key stakeholders prior to implementation and recorded at programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	Make sure annual venue risk assessments are carried out at all venues and the associated documentation is fully completed	Service specification (1,2) Internal Quality Assurance Guidance and Best Practice Toolkit (3)	3 months	Standard	Assurance provided at programme board that annual cycle is completed and gaps in documentation have been addressed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Develop a log detailing the venue risk assessments undertaken and the review dates for monitoring purposes	Internal Quality Assurance Guidance and Best Practice Toolkit (3)	6 months	Standard	Production of log

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Develop local policy on safeguarding vulnerable adults and children	Service specification (1,2)	6 months	Standard	Production of policy, considering safeguarding champion for service
5	Put in place an inequalities action plan	Guidance for NHS commissioners on equality and health inequalities (4)	6 months	Standard	Health inequalities action plan submitted to programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Make sure that eye drops are used for single patient use and documented in the standard operating procedure and that all screeners are aware of changes	Service specification (1,2) National Guidance (5)	1 month	High	Amendment of standard operating procedure and confirmation in team minutes that screeners are aware of changes
7	Make sure current practice on mydriasis use for all patients is compliant with national screening guidance and that all screeners are aware of changes	Service specification (1,2) National Guidance (5)	1 month	High	Amendment of standard operating procedure and confirmation in team minutes that screeners are aware of changes
8	Make sure local process for staff to determine pregnancy status is adhered to	Service specification (1,2)	3 months	Standard	Confirmation in team minutes that screeners are aware and will adhere to process
9	Review and update the referral outcome grader (ROG) grading protocol and make sure it reflects current practice	Service specification (1,2) National guidance (6)	3 months	Standard	Amendment of standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Update the local grading policy so that it includes grading at home and provide assurance that the equipment and environment is monitored appropriately	Service specification (1,2) National guidance (6)	3 months	Standard	Amendment of standard operating procedure

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Explore options of how to obtain and agree access to the laser book data at sites where the service does not currently have access for consistency of audit purposes	Service specification (1,2) Diabetic eye screening audit schedule (7)	12 months	Standard	Updates on progress reported to programme board
12	Make sure images are available at all associated hospital eye service sites	Service specification (1,2) National guidance (8,9)	12 months	Standard	Assurance that all HES have access to images and that clinicians have been trained to access images provided to programme board

Next steps

Where full visits have taken place, SQAS will work with commissioners to monitor activity and progress 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 needed. As this is a desktop review report, SQAS will expect the screening service to collaborate with their commissioners to address the recommendations contained within this report. No summary letter will be issued after 12 months.