NHS
Screening Programmes
Diabetic Eye

Quality Assurance Visit Report
Executive Summary

Northamptonshire

Diabetic Eye Screening Programme

QA Visit Observations and Recommendations from Visit on 16 September 2015

About the NHS Diabetic Eye Screening Programme

The NHS Diabetic Eye Screening (DES) Programme aims to reduce the risk of sight loss for people with diabetes through the early detection, appropriate monitoring and treatment of diabetic retinopathy, which is one of the biggest causes of blindness among people of working age.

Public Health England (PHE) is responsible for the NHS Screening Programmes. PHE is an executive agency of the Department of Health and works to protect and improve the nation's health and wellbeing, and reduce health inequalities.

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Executive Summary

The findings in this report relate to the quality assurance (QA) review of the Northamptonshire Diabetic Eye Screening Programme held on 16 September 2015.

1. Purpose and approach to Quality Assurance (QA)

The aim of quality assurance in NHS Screening Programmes is to maintain minimum standards and promote continuous improvement in diabetic eye screening. This is to ensure that 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 is derived from the following sources

- routine monitoring data collected by the NHS Screening Programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information collected during pre-review visits: 1 clinical observation review and 1 administration observation review
- information shared with the QA Team as part of the visit process

2. Description of Local Screening Programme

The Northamptonshire Diabetic Eye Screening Programme (DESP) has an eligible population of approximately 36890, providing screening to patients for 76 GP practices. The population is characterised by: mixed urban and rural geography and approximately 85% of the population are white English. Deprivation is lower than average. The prevalence of people with diabetes in Northamptonshire is 6.4%

The programme is provided by Northamptonshire Health Foundation trust (NHFT). It is commissioned by NHS England – Midlands & East (Central Midlands). The programme covers two Clinical Commissioning Groups (CCGs) Nene CCG and Corby CCG. There are two prisons and one mental health hospital within its catchment area.

In January 2009 Northampton and Kettering DESPs merged. The programme is now based at Isebrook Hospital in Wellingborough where clinical leadership, programme management, failsafe, admin, and grading are provided. The Clinical Lead is a medical retina specialist employed by NHFT for the clinical lead duties including Referral Outcome Grading (ROG), Slit Lamp Biomicroscopy (SLB) clinics and screener/grader oversight. Screening is delivered by screeners accompanied by Health Care Assistants (HCAs) at 9 fixed sites across Northamptonshire. There are currently 2 SLB clinics based near the referral centres at Northampton General Hospital (NGH) and Kettering General Hospital (KGH).

3. Key Findings

The Immediate and High Priority issues are summarised below as well as areas of good practice.

The peer review team have used the evidence, observations and their expert knowledge in determining whether the programme has met the diabetic eye screening programme standards.

The screening programme demonstrated an awareness of its challenges and acknowledged areas where improvements should be made within their service.

The 2014/15 Key Performance Indicators show that the programme meets all of the nationally set KPIs (with the exception of one) which are regularly reported and discussed at the programme management board.

The table below indicates whether the Northamptonshire DESP was able to demonstrate that it is currently meeting or exceeding minimum standards for the following national pathway standards. The programme is meeting or exceeding 11 out of 19:

Pathway standard definition	**Level of achievement**
1.To ensure database is accurate	Part
2. To invite all eligible persons with known diabetes to attend for the DR screening test	Part
3. To maximise the number of invited persons for screening	Yes
4. To ensure photographs are of adequate quality	Yes
5. To ensure grading is accurate	Yes
6. To ensure GP and patient are informed of all test results	Part (however meeting KPI DE2)
7. To ensure timely referral of patients with urgent referable disease identified at screening results	Yes
8. To ensure timely consultation for all screen-positive patients	Cannot assess
9. To follow up screen-positive patients (those with referable retinopathy)	Part
10. To ensure timely biomicroscopy assessment of patients recorded as ungradeable	Cannot assess
11. To ensure timely treatment of those listed by ophthalmology	Not met
12. To minimise overall delay between screening event and first laser treatment	Not met
13. To ensure regular collection of data indicating levels of new blindness due to diabetic retinopathy	Yes
14. To ensure that screening and grading of retinal images are provided by a trained and competent workforce	Yes

15 To ensure optimum workload for all graders in order to maintain expertise	Yes
16. To optimise programme efficiency and ensure ability to assure quality of service	Yes
17. To ensure that the screening interval is annual	Yes
18. To ensure the public and health care professionals are informed of performance of the screening programme at regular intervals	Yes
19. To ensure the service participates in quality assurance Participation in quality assurance	Yes

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544585/Interim_QA_Standards_v1_11_final_issue.pdf

3.1 Shared Learning

The review team identified several areas of practice that are worth sharing.

- Uploading of patient related correspondence to append to electronic records
- Ophthalmology attendance from referral sites at programme multi-disciplinary team meeting and engagement between ophthalmology and programme
- Graders exceed the minimum requirements for participation in test and training.
- Verification that paediatrician and/or ophthalmologist remains involved in the patients care prior to including in letter distribution to avoid unnecessary letters being issued.
- A comprehensive template is used collating all grading performance and activity for clinical lead/grader feedback sessions.
- Participation of Local Medical Committee (LMC) at programme boards

3.2 Immediate Concerns for improvement

The review team identified 2 immediate concerns. The Clinical Lead, Programme Manager and Chief Executive were written to on 17 September, asking that the following items were addressed within 7 days:

- There is a risk that patients may not be managed in the correct screening pathway. There are instances where the Referral Outcome Grader (ROG) changes the screening outcome but does not change the final image grade. This happens when images have gone to ROG for grading and the decision then taken to change the outcome from that of prior grading. The screening outcome is amended but as the image grade is not also amended, the pathology and outcome may not match and it is not clear if the patient is being managed in the correct pathway.
  The ROG grader should input the grade that they identify from the images and not rely on the grade entered by previous grader. This is important as it ensures that the letter generated to patient and GP has the correct information on it and enables the patient to be managed in the correct pathway. It further ensures that final grade is correctly recorded for future screening rounds.
- There is a risk that the programme are not ensuring that patients are having their diabetic retinopathy (DR) checked annually while under the care of ophthalmology. Patients are

suspended for the duration they are under care of ophthalmology. Patients suspended should ordinarily have their DR checked by ophthalmology and confirmation of this should be communicated to the screening programme to enable them to record, as a minimum the date the check was undertaken, as best practice the Retinopathy and Maculopathy (RxMx) grade should be recorded. The admin/failsafe Hospital Eye Services (HES) team were advised to make an assumption that patients suspended as under care of HES, notably those within Age Related Macular Degeneration (ARMD), were receiving annual DR checks, and this was being recorded without written evidence. The service was not following National Diabetic Eye Screening Programme (NDESP) failsafe guidance. This practice of making this assumption should cease with immediate effect, as the risk is that patients may not be having their DR checked and possibly therefore go many years without this being confirmed.

A response was received from the Northamptonshire DES Programme on 30 September 2015 and 6 November 2015. Assurance was given that actions have been taken to partially mitigate the immediate risks within the programme.

With regards to the first risk identified the programme has reviewed the images sets graded during the observation session. Four of the six cases reviewed demonstrated that the final grade matches the screening outcome. There are two cases where the screening outcome does not correlate with the final grade Assurance was given that additional failsafe checks are in place to ensure that patients are managed in the correct screening pathway. Additional actions are required as outlined in the high priority recommendations included in this report.

With regards to the second risk identified the programme's local policy does not provide an appropriate assurance that patients suspended under ophthalmology care for ARMD have had their DR checked. The programme is recording the attendance in HES without supporting information to confirm if DR has been checked. Additional urgent actions are required as outlined in the immediate recommendations included in this report.

3.3 High Priority Issues

The review team identified 2 high priority issues, as grouped below. The completeness and accuracy of the single collated list (SCL) cannot be assured. People with diabetes are not being referred by their GP practice at point of diagnosis; some practices are accruing referrals and sending in batches. Not all GP practices are participating in the validation of the SCL resulting in database inaccuracies. People with diabetes should be offered screening as soon as possible following diagnosis. It is difficult to ascertain if patients have come to harm as a result of delays in offering screening caused by GP practices not participating in list validation and delayed referrals. The programme is already taking steps in conjunction with commissioners and CCGs to improve the accuracy of the SCL.

- As at the visit date over 6000 patients are suspended from routine digital screening due to in care ophthalmology. This represents around 18% of the screening population. The national failsafe guidance states that patients who have been previously suspended should

be invited back for screening if an assurance cannot be given that their DR has been checked, this is not being followed. The programme has not previously recorded HES attendance in the correct data entry field and therefore the software is not correctly reporting patients, the programme is now correctly recording the HES attendance.

4. Key Recommendations

A number of recommendations were made related to the Immediate and High Level issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation
Immediate	Minimising Harm	Ensure that the local policy is amended, and subsequently followed, to be in accordance with NDESP failsafe guidance. Written evidence should be provided to confirm that patients with diabetes under care of ophthalmology for age related macular disease (ARMD) are seen and checked for DR
High	Identification of Cohort	Increase the accuracy and improve validation of the single collated list (and thus reduce risk of delayed invitations and potential harm).
High	The Screening Test	Ensure that the screening outcome correctly matches the final grading decision on the software in cases that have been referred for ROG grading and further ensure that failsafe is maintained to validate this.
High	The Screening Test	Undertake and present an audit of the additional failsafe checks to the programme board on a regular basis to demonstrate that the risks identified have been mitigated.
High	Minimising Harm	Undertake a look back to identify and offer screening to patients suspended due to being under HES care for ARMD, who have not had their DR checked in the past 12 months. Ensure that patients invited for screening are tracked through their screening encounter to establish if any have come to harm and present outcomes to commissioners
High	Minimising Harm	Ensure that the SLB pathway is only used for patients who images are unassessable at routine digital screening as per NDESP guidance and appointments are offered no more than annually and utilise the digital surveillance pathway as appropriate
High	Intervention and Treatment	Ensure that benchmark images are available within 3 months of HES discharge and use images in conjunction with HES narrative to enable patients to be managed in the correct screening pathway

High	Workforce and IT	Review the service structure with respect to communication lines, roles and responsibilities and lines of accountability.

5. Next Steps

Northamptonshire Diabetic Eye Screening Programme is responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England – Midlands & East (Central Midlands) will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The regional Screening Quality Assurance Service will support this process and the on-going monitoring of progress.