Quality Assurance Visit Report Executive Summary

Norfolk & Norwich

Diabetic Eye Screening Programme

QA Visit Observations and Recommendations from Visit on 11 November 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.

About this publication

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Review / Approval

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V1.0	6 January 2016	Release approval	Jane Woodland, Regional Head of Quality Assurance (RHoQA), Midlands and East, Screening Quality Assurance Service.

Executive Summary

The findings in this report relate to the quality assurance (QA) review of the Norfolk & Norwich Diabetic Eye Screening Programme held on 11 November 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: <list type applicable to programme>;
- information shared with the QA Team as part of the visit process.

2. Description of Local Screening Programme

The Norfolk & Norwich Diabetic Eye Screening Programme (the programme) has an eligible population of 29288 (as at June 1 2015). This population is characterised by a   rural area which is a popular retirement destination with a main centre of population being the city of Norwich. The area is predominantly white British (90%) and deprivation is lower than the average for England. Prevalence of diabetes for Norfolk is 6.4% which is higher than the average for England.

The programme is provided by Norfolk & Norwich University Hospital Trust (NNUHT). It is commissioned by NHS England Midlands and East (East) Team. The programme covers three Clinical Commissioning Groups (CCGs) Norwich City, North Norfolk and South Norfolk. There are three prisons within its catchment area.

The programme was introduced in January 1990 by NNUHT using a mobile screening van which visited GP practices in the area. The programme is based at NNUHT and provides clinical leadership, programme management, failsafe, admin, screening, digital surveillance and grading services. The clinical lead is a consultant ophthalmologist at NNUHT; duties include referral outcome grading (ROG), oversight of the screening/grading team and clinical governance for the programme. Screening is performed by screening/grading technicians who visit GP surgeries throughout the catchment area. The NNUHT is the sole referral centre.

3. Key Findings
The immediate and high priority issues are summarised below as well as areas of good practice.

3.1 Shared Learning

The review team identified several areas of practice that are worth sharing.
- Effective engagement with primary care to enable management of the single collated list.(SCL)
- Effective management of patients who do not attend (DNA) screening appointments
- Provision of a one-stop clinic for screen positive prison patients. A system is in place whereby treatment is given at the initial Hospital Eye Services (HES) consultation hence reducing the number of HES visits
- Senior graders participate in the teaching of ophthalmologists about diabetic eye screening thus improving the quality of HES feedback to the programme.

3.2 Immediate Concerns for improvement

The review team identified no immediate concerns.

3.3 High Priority Issues

The review team identified 2 high priority issues, as grouped below.

- Not all the required functions of the clinical lead are undertaken. Formalised face to face feedback to graders should be put in place and Test and Training (TaT) imagesets should be completed according to the national diabetic eye screening programme (NDESP) guidance. A review of the current clinical lead job plan is required to ensure it reflects NDESP 'Roles and responsibilities of clinical leads' policy.
- The programme should report suspected and confirmed screening safety incidents to NHS England and SQAS. Evidence provided showed internal reporting only. This is despite a recommendation from the QA report of July 2009 and does not meet national guidance.

4. Key Recommendations

A number of recommendations were made related to the high priority issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation
High	Identification of cohort	Undertake an audit of NPL patients and present findings to the programme board and ensure that only patients with NPL are recorded in this category.
High	The Screening test	Monitor ungradable rates to ensure the screening outcome is accurate according to NDESP grading definitions.
High	The Screening test	Ensure all graders who perform grading on behalf of the programme are registered on the system complete TaT in line with NDESP standards
High	The Screening test	Ensure that all graders meet with the clinical lead at least quarterly to review TaT and intergrader agreement reports
High	Minimising Harm	Provide an assurance the workaround utilised for SLB patients does not present a patient safety risk
High	Workforce and IT	Ensure that the job plan for the clinical lead is reviewed to

High	Workforce and IT	allow sufficient time to fulfil all duties including individual grader feedback.
High	Workforce and IT	Ensure that the non-qualified screener is supervised until C&G accreditation has been achieved.
High	Commissioning and Governance	Review reporting screening safety incidents processes to include all appropriate organisations and present all incidents to the programme board
High	Commissioning and Governance	Ensure the 'Managing Safety Incidents in NHS screening programmes' guidance (October 28 2015) is followed in the event of a screening safety incident.

5. Next Steps

NNUHT are responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England Midlands and East (East) Team 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.