



Public Health
England



Protecting and improving the nation's health

Quality Assurance Report

Birmingham, Black Country and Solihull (BSBC) Diabetic Eye Screening Programme

Observations and recommendations from visit on 8 March 2016

Version: 1.0 / May 2016

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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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 four 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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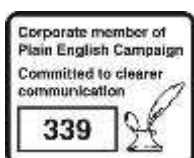
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Published August 2016

PHE publications gateway number: 2016187



Executive summary

The findings in this report relate to the quality assurance (QA) review of the Birmingham, Solihull and Black Country Diabetic Eye Screening Programme held on 8 March 2016.

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 Public Health England (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 shared with the Midlands and East QA service as part of the visit process

2. Description of local screening programme

Heart of England Foundation Trust (HEFT) have provided the Birmingham, Black Country and Solihull (BSBC) Diabetic Eye Screening Programme (DESP) since 2010. In June 2014, the former Wolverhampton DESP was incorporated into the programme.

The BSBC DESP has an eligible population of approximately 172,000 and invites patients from 445 GPs. The programme covers a large, varied and ethnically diverse population residing within the areas of Birmingham, Black Country (Dudley, Walsall, Sandwell and Wolverhampton) and Solihull conurbations. The population served by the programme is varied with pockets of deprivation synonymous with inner city areas. The programme is co-terminus with seven clinical commissioning groups (CCGs). There are six local authorities and all apart from one are co-terminus with the CCGs.

The service is commissioned by NHS England Midlands and East, (West Midlands) to provide all aspects of the screening programme. HEFT provide programme management, clinical leadership, screening, grading, failsafe functions and some of the administration requirements and commission Medical Imaging UK Ltd (MIUK) to provide the majority of administration elements including the call/recall function. MIUK subcontracts some of the printing and postal services to Synertec Ltd.

The programme contracts 92 optometrist practices to provide the majority of screening appointments. Screening by HEFT staff is undertaken at dedicated hospital and community sites. The programme refers patients to nine hospital eye service (HES) assessment and treatment centres.

3. Key findings

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:

- pro-active use of social media to engage with the public and raise diabetic eye screening awareness to patients and other stakeholders
- programme website includes a facility to find a screening location by postcode, facilitating choice and access
- multiple leaflets and videos produced in languages other than English
- innovative promotional literature and posters developed by the programme
- development of an uptake improvement strategy with interventional action plans and the various methods used to maximise screening uptake and reduce inequalities, such as contacting patients who have not attended for over two years
- inclusion of an inequality target in the DESP NHS contract to reduce inequity in screening uptake
- effective working relationships between providers and commissioners with a programme board that facilitates service improvements
- scheduled individual GP practice visits to improve the quality of the single collated list, raise awareness and increase uptake
- dedicated IT support embedded within the programme providing support for programme infrastructure and optometry sites delivering screening
- robust failsafe measures across the programme with daily and weekly failsafe tasks/list undertaken by staff
- graders provided with opportunities to broaden their skill sets, such as involvement in research, education, accreditation to perform slit lamp-biomicroscopy and academic development
- systematic monthly grader performance feedback is given on intergrader agreements and Test and Training with an opportunity for reflective learning and discussion
- dedicated failsafe coordinator based in every hospital eye service (HES) to ensure effective management and failsafe of referred patients
- named clinical lead at each referral site to ensure effective links between HES and the programme
- quarterly performance reporting against national standards sent to clinical leads at each referral centre for review and action where standards are not met

3.2 Immediate concerns for improvement

The review team did not identify any immediate concerns.

3.3 High priority Issues

The review team identified two high priority issues, as grouped below:

- patient to chart distances should be accurately measured in all non-optometric screening rooms to ensure that visual acuity (VAs) are performed at consistent and accurate distances
- the programme should review and ensure screeners accurately record VAs for less frequently used tests

4. Key recommendations

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

Level	Theme	Description of recommendation
High	The Screening Test	Ensure chart viewing distances in non-optometric screening rooms are accurately measured
High	The Screening Test	Ensure screeners accurately record visual acuity (VA) for less frequently used tests

5. Next steps

BSBC DESP is responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England, Midlands & East (West Midlands) team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented. The SQAS team (Midlands and East) will support this process and the ongoing monitoring of progress.