



Public Health
England

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Service North East London Diabetic Eye Screening Programme

10 May 2017

Public Health England leads the NHS Screening Programmes

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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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Published: October 2017
PHE publications
gateway number: 2017519

PHE supports the UN
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Executive summary

The NHS Diabetic Eye Screening Programme (DESP) 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 North East London Diabetic Eye Screening Programme (NELDESP) held on 10 May 2017.

Purpose and approach to quality assurance

QA aims to maintain national 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 comes from the following sources:

- routine monitoring of data collected by the NHS screening programmes
- data and reports from external organisations (linked hospital eye services contribute to the service data reports)
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during the observation visit (administration) at: Homerton Eye Screening Centre on 20 April 2017
- information collected during the observation visit (screening) at: Homerton Eye Screening Centre, Sir Ludwig Guttmann Health and Wellbeing Centre, The Centre Manor Park and the Redbridge Eye Screening Centre on 22 March 2017
- information collected during observation visit (grading) at: Homerton Eye Screening Centre on 22 March 2017
- information shared with the London regional SQAS, including as part of the visit process

Description of local screening service

The NELDESP is provided by the Homerton University Hospital NHS Foundation Trust (Homerton Hospital). NHS England (London) commissions the service. The service has a single collated list of eligible people and uses dedicated software to manage the screening care pathway.

The North East London Diabetic Eye Screening Programme (NELDESP) serves a total eligible population of approximately 125,000 people with diabetes, aged 12 and over.

The health of the population in North East London is varied, with higher than average deprivation and lower than average life expectancy. The population is diverse, with a wide variation in ethnic make-up between some boroughs. The populations of Barking and Dagenham, Havering, and the City of London are predominantly white, with large Caribbean and African populations in Hackney and Newham, and large Asian populations in Newham, Redbridge and Tower Hamlets.

Homerton Hospital is responsible for providing clinical leadership, programme management, identification of the cohort, call/recall, screening, grading, referral, failsafe, and all associated functions to deliver the full screening pathway. The service operates from an office base at the Homerton Hospital.

The service operates with a mixed model. The majority of the eligible population access screening which is undertaken by a technician workforce at 7 community venues spread across the geography (excluding Havering). The Havering population access screening which is provided by local optometrists (at 11 high street practices). Grading is mainly undertaken at the Homerton Hospital office in dedicated facilities.

The service refers screen detected cases to 5 nominated hospital eye services at:

- Moorfields Eye Hospital, City Road
- Newham General Hospital (Barts Health NHS Trust)
- Whipps Cross Hospital (Barts Health NHS Trust)
- Royal London Hospital (Barts Health NHS Trust)
- Barking, Havering, Redbridge University Hospitals Trust

Homerton Hospital subcontracts/employs the following resources:

- 11 optometry practices provide routine screening in Havering (and 5 practices provide grading)
- 5 of these optometry practices provide slit lamp biomicroscopy surveillance screening in Havering
- mailing functions are outsourced to Xerox (private sector provider)

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority issues

The QA visit team identified no high priority issues.

The key themes of the recommendations made were:

- improve the documentation which supports the running of the service
- ensure that all staff are qualified
- review non-standard practices and confirm compliance with national guidance

Shared learning

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

- strong leadership, effective organisational structure and a clear distribution of responsibilities
- strong data management capabilities. For example, production of a health equity audit
- effective and innovative processes for ensuring an accurate register of the eligible cohort
- innovative screening clinic model which virtually eliminates clinic cancellations
- maximising the one-stop-shop approach by enabling same day slit lamp biomicroscopy examinations where feasible
- collaborative working with other services along the diabetes pathway to maximise opportunistic screening
- good communication with and engagement from the hospital eye service lead clinicians
- excellent use of local data, information and resources to maximise access to screening, improve uptake for local populations and reduce health inequalities in diabetic eye screening

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Ensure that there is sufficiently detailed documentation in place about the operation of the call centre, screening of cohorts in institutions, identification of the pregnant cohort and the communication flows to those staff regularly working away from the office base	National service specification and national guidance	12 months	Standard	Suite of listed documents in place
2	Ensure the timely notification of risks and incidents to external stakeholders and the timely closure of incidents	Managing safety incidents in screening programmes	3 months	Standard	Protocol in place for timely notification of incidents

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3	Ensure that those staff who are not yet qualified complete their qualification in line with national standards and guidance	National service specification and national guidance	12 months	Standard	Completed training

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Document in full the protocol for managing exclusions, including roles and responsibilities	National service specification and national guidance	3 months	Standard	Protocol in place
5	Document the governance arrangements and protocol for managing cross-border clients and for screening populations resident in institutions	National service specification and national guidance	3 months	Standard	Protocols in place

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Specify the failsafes in the digital surveillance pathway	National service specification and national guidance	1 month	Standard	Digital surveillance pathway fully documented
7	Agree with the screening and CCG commissioners a way forward for screening clients to access patient transport equitably	National service specification and national guidance	12 months	Standard	Documented agreement
8	Engage proactively with non-attenders	National service specification	12 months	Standard	Action plan in place

No.	Recommendation	Reference and national guidance	Timescale	Priority *	Evidence required

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
9	Review in consultation with wider stakeholders the practice of measuring blood pressure at screening, to be assured about how it is commissioned and that it is acceptable to the national screening programme and fits with local commissioning priorities	National service specification and national guidance	6 months	Standard	Outcome of the review ratified by the programme board
10	Review in consultation with wider stakeholders the current provision of OCT, to be assured about how it is commissioned and provided	National service specification and national guidance	6 months	Standard	Outcome of the review ratified by the programme board
11	Agree a pregnancy coverage protocol which maximises a first screen early in the first trimester	National service specification and national guidance	6 months	Standard	Protocol in place and periodically reviewed for effectiveness
12	Review the results letter pathway (involve all relevant stakeholders) and ensure that it is compliant with national guidance	National service specification and national guidance	6 months	Standard	Outcome of the review ratified by the programme board

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Agree with any relevant partners (such as HES) an action plan for achieving the QA standards	National service specification and national quality standards	12 months	Standard	Action plan in place
14	Map and document the failsafe function (including at HES) and agree mitigation for any weaknesses identified	National service specification and national guidance	12 months	Standard	Detailed agreements, policies and protocols in place

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Agree an MoU with each HES trust which sets out the roles, responsibilities and the specification for joint working	National service specification and national guidance	12 months	Standard	Signed agreement in place with all HES trusts, ratified by the commissioners

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.