Public Health England

NHS

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme
North West London

8 February 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. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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 4 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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Executive summary

The NHS diabetic eye screening programme (NDESP) 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 to the North West London diabetic eye screening programme (NWLDESP) on 8 February 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 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 service data reports)
- evidence submitted by the provider(s) and commissioners
- information collected during observation visits (administration) at: Health Intelligence offices (Perivale) on 12 January 2017
- information collected during observation visits at: Alexandra Avenue Health and Social Care Centre (screening), Wembley Centre for Health and Care (screening), Acton Town Medical Centre (screening), and Health Intelligence offices, Perivale (grading), on 11 January 2017
- information shared with the London SQAS as part of the visit process

Description of local screening service

The North West London diabetic eye screening programme (the service) has an eligible population of approximately 136,000 people.

The service is provided by Health Intelligence Ltd (a private sector provider). NHS England (London) is the screening commissioner. The service has a single collated list of eligible people and uses proprietary software to manage the screening care pathway.

The service is technician-based and provides screening from 37 community sites. Programme management, grading, call/recall, administration, and failsafe functions are provided from a local office in Perivale. Letter processing (and some failsafe and grading) is provided by a central office in Sandbach, Cheshire.

Screen-detected cases are referred to 9 hospital eye services:

- Chelsea and Westminster Hospital
- Hillingdon Hospital
- Western Eye Hospital
- Moorfields Eye Centre at City Road
- Moorfields Eye Centre at Ealing Hospital
- Moorfields Eye Centre at Northwick Park Hospital
- Ashford Hospital
- Charing Cross Hospital
- Central Middlesex Hospital

The screening provider subcontracts the following (functions):

- clinical leadership: Consultant Ophthalmologist (individual – private contract)
- slit lamp biomicroscopy: Enhanced Optometry Services Ltd (private sector provider)
- screening: 10 local optometry practices (private sector providers)
- referral outcome grading: Moorfields Eye Hospital NHS Foundation Trust
- other grading: 6 individuals (private sector providers)

Findings

Immediate concerns

The visiting team identified no immediate concerns.

High priority

The visiting team identified 1 high priority recommendation:

- review the exclusions management process and ensure that the governance arrangements are explicit

Shared learning

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

- the enthusiasm and commitment of all parties during a period of major change which led to the successful mobilisation of a new service
- recognition of strengths and weaknesses by the service provider and co-working with the commissioners to develop and improve the service
- effective organisational structure with a clear local identity
- innovative approaches such as the failsafe model
- good engagement from the hospital eye service leads

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Review the clinical governance structure and model, and ensure that all functions are fully-mapped, including across organisational boundaries	National service specification and national guidance	3 months	S	Evidence of governance and process mapping and detailed supporting documentation
2	Agree action plan(s) following: (a) gap analysis of the 2015 procurement bid and (b) a needs assessment	National service specification and national guidance	12 months	S	Action plan(s) in place
3	Revise the terms of reference (ToR) of the MDM, ensuring the involvement of all groups (include: objectives, membership, quoracy, frequency, circulation, etc)	National service specification and national guidance	1 month	S	Revised ToR in place
4	Agree a risk assessment strategy with supporting documentation and training	National service specification and national guidance	3 months	S	Policy and documentation in place

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Agree a service-wide audit plan, schedule, methodologies and objectives, completed annually in full, with all findings, learning and action plans reported to the programme board and shared with the wider team	National service specification and national guidance	12 months	S	Documented schedule, processes, timescales and action plan monitoring, and minutes of meeting(s) where it has been discussed
6	Agree a user satisfaction strategy and a strategy for engaging with non-attenders	National service specification and national guidance	12 months	S	Strategy in place and action plan monitoring

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7	Agree a workforce strategy and plan, in particular to maximise the resilience of the failsafe function	National service specification and national guidance	3 months	S	Risk assessment completed and detailed plan in place
8	Clarify the specification for the SLB function and include governance, training, quality assurance and performance monitoring	National service specification and national guidance	3 months	S	Completed action plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
9	Specify the arrangements for clinical governance, oversight and clinical supervision, across the pathway, especially for grading and SLB	National service specification and national guidance	3 months	S	Evidence of governance and process mapping and detailed supporting documentation

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Agree a strategy for maximising access to the service and to improve uptake (include screening locations, opening hours and how to assure and maximise screening in the prison setting) and an action plan	National service specification and national guidance	12 months	S	Detailed access strategy in place and action plan monitoring
11	Revise the exclusions protocol and ensure that the criteria applied locally and the governance over the process complies with national guidance – audit the full list of excluded and NPL cases	National service specification and national guidance	3 months	H	Revised protocol in place and all cases audited with evidence recorded

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Document the operational protocols for identifying and screening populations resident in institutions	National service specification and national guidance	3 months	S	Protocols in place

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Agree a detailed pregnancy coverage protocol which maximises a first screen early in the first trimester	National service specification and national guidance	6 months	S	Protocol in place
14	Confirm that the agreed protocol for managing non-diabetes retinal pathology is applied across the service	National service specification and national guidance	1 month	S	Detailed protocol in place and completed training logs
15	Risk-assess the grading facilities and ensure that they are fit-for-purpose	National service specification and national guidance	6 months	S	Completed action plan

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Risk-assess the DESP-HES referral pathway and feedback loop, and agree an action plan	National service specification and national guidance	3 months	S	Completed risk assessment and action plan
17	Risk-assess and map the failsafe function and agree an action plan to address any gaps and/or risks	National service specification and national guidance	3 months	S	Risk assessment, failsafe mapping and resultant action plan completed

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	(No recommendations identified in this section of the QA visit)				

I = Immediate.
H= High.
S = Standard.

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.