



Public Health
England



Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Sunderland and South Tyneside

Observations and recommendations from
visit to South Tyneside NHS Foundation
Trust on 8 September 2016

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 December 2016
PHE publications gateway number: 2016484



Executive summary

The NHS Diabetic Eye Screening (DES) programme 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 Sunderland and South Tyneside screening service held on 8 September 2016.

Purpose and approach to quality assurance (QA)

Quality assurance 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 data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, commissioner and external organisations
- information collected during pre-review visits:
 - programme administration review visit, 7 June 2016
 - clinical observations, 9 June 2016
- information shared with the north regional SQAS as part of the visit process

Description of local screening service

The Sunderland and South Tyneside Diabetic Eye Screening programme (the programme) has an eligible population of approximately 25,500 patients.

The health of people in South Tyneside is worse than the England average and deprivation is significantly worse than the England average. The health of people in Sunderland is varied, however overall deprivation is still higher than the England average.

The programme is provided by South Tyneside NHS Foundation Trust (STFT). NHS England Cumbria and North East is the commissioner (NHSE CANE).

The programme is a technician based scheme delivering screening and grading from eight clinic locations. Programme management, failsafe and call/recall is managed from the programme base in Washington.

There are two referral hospitals and one treatment hospital within the programme boundary:

Referral hospitals:

- South Tyneside Hospital, South Tyneside NHS Foundation Trust
- Sunderland Eye Infirmary, City Hospitals Sunderland NHS Foundation Trust

Treatment hospital:

- Sunderland Eye Infirmary, City Hospitals Sunderland NHS Foundation Trust

The programme delivers different screening models for the 2 Clinical commissioning groups (CCG) populations. South Tyneside CCG fund the programme to deliver a full one-stop-shop (the nine NICE diabetic checks). Sunderland CCG funds a part one-stop-shop (eye screening, feet and dietetic review). The QA visit was specific to the eye screening component of the programme.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The review team identified 1 high priority issue relating to disaster recovery of the server.

Shared learning

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

- achievement of 17 out of 19 quality assurance standards
- the programme complies with all areas of the national service specification and consistently meets the national KPI targets
- comprehensive award-winning service providing patient centred care including the introduction of the one-stop shop and a longer first appointment for newly diagnosed patients
- clearly defined leadership at all levels of programme delivery
- standardised screening clinics; patients know what to expect at each part of their appointment
- health equity audit published July 2016
- information packs for GP practices

Other good practice is highlighted throughout the report.

Table of consolidated recommendations

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.	Liaise with STFT IT Department for documented assurance that there is disaster recovery in place to restore services from the virtual server. If not, disaster recovery should be tested within three months and confirmation provided to the programme board/operational group meeting. The SOP should be amended to reflect this change	National service specification	3 months	High	<ul style="list-style-type: none"> Confirmation from IT Lead Amended SOP
2.	Implement a process for the Optimize database back-up to be checked at least weekly, with appropriate escalation processes to EMIS Healthcare	NDESP failsafe guidance	6 months	Standard	<ul style="list-style-type: none"> Internal SOP Screen-shots to evidence Optimize database is functioning
3.	The audit results of the new DNR pathway should be brought to a future operational group meeting to provide assurance that appointment waiting times are within expected timescales and any patient concerns/complaints are acted upon	<p>NDESP failsafe guidance</p> <p>QA Standard objective 2.2 & 3.0</p>	12 months	Standard	<ul style="list-style-type: none"> Internal DNR pathway Trend data on waiting times/appointment slots Number of complaints or concerns received specific to DNR

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4.	A laser book should be made available within the hospital treatment rooms to enable appropriate documentation of all laser treated diabetic patients	QA Standard objective 8, 11, 12 RCO Preferred Practice Guidance	6 months	Standard	<ul style="list-style-type: none"> • Commencement of laser audit data • Minutes documenting discussion at operational group meeting
5.	A comprehensive laser book audit for 2016 to 2017 should be commenced, including referral grades, diagnosis data or cases where patients presented unexpectedly with non-detected disease. Quarterly updates should be presented to the operational group to provide assurance that data recorded is of sufficient quality	RCO Preferred Practice Guidance Referrals from DESP to HES associated failsafe	6 months	Standard	<ul style="list-style-type: none"> • Amendment of submitted laser audit data • Minutes documenting discussion at operational group meeting

I = Immediate, H = High, S = Standard

Next steps

South Tyneside NHS Foundation Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

SQAS (North) 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 to allow time for at least one response to all recommendations to be made.