Public Health England

NHS

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme
Portsmouth and South East Hampshire

12 October 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.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH
www.gov.uk/topic/population-screening-programmes
Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk

Prepared by: Screening Quality Assurance Service (South East)

For queries relating to this document, including details of who took part in the visit, please contact: [phe.southQA@nhs.net]

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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 Portsmouth and South East Hampshire screening service held on 12 October 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(s), commissioner and external organisations
- information collected during pre-review visits to service management and screening/grading observational visits
- information shared with the SQAS south as part of the visit process

Description of local screening service

The Portsmouth and South East Hampshire Diabetic Eye Screening Programme (PSEHDESP) provides retinal screening for a registered diabetic population of 32,660 on the screening database as of March 2016.

The screening programme is commissioned by NHS England South (Wessex).The service has been provided by Health Intelligence Limited (HI) since January 2016.

The population is predominantly white British with relatively low proportions in black and minority ethnic (BAME) groups, except in Portsmouth (16%). Relative pockets of localised deprivation exist alongside more affluent areas.

The PSEHDESP provides all component functions of the eye screening pathway (including programme management, call/recall, image capture and grading) up to the point of referral for any screening-positive patients.

The service uses technician screener/graders to provide screening across six fixed sites (the majority based at community hospitals) and three sites operated by a mobile unit within GP practices.

Screen-positive patients requiring ophthalmic assessment or treatment are referred to a single referral centre, namely the Queen Alexandria Hospital (Portsmouth Hospitals NHS Trust).

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified no high priority issues.

The recommendations within the report can be summarised as follows:

- local policy and standard operating procedures development
- internal quality assurance
- achievement of7 quality standards in timescales of treatment

Shared learning

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

- comprehensive general practitioner (GP) patient data extraction solution
- online access to patient screening records and images for healthcare professionals
- electronic transmission of results to GPs with proactive receipt monitoring
- uptake initiatives such as mobile phone text reminders
- embedded failsafe officer within treatment centre
- collaborative work between city council and provider engagement team to improve uptake and inequalities

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Plan implementation of individual standard operating procedures for all operational tasks	Service specification [2]	12 months	Standard	Action plan developed and presented to programme board.
2	Revise arrangements for the programme board to strengthen oversight of programme performance	Service specification [2]	6 months	Standard	Results of review presented to programme board
3	Develop a policy for the implementation, dissemination and sign-off of corporate documentation, including standard operating procedures, across all new provider staff	Service specification [2]	12 months	Standard	Policy presented to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Assess the impact of senior grader duties currently undertaken by clinical lead	Service specification [2]	3 months	Standard	Results of review presented to programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Address discrepancies in list size between general practitioner (GP) practices and the diabetic eye screening programme (DESP) following comparison with calculating quality reporting service (CQRS) data and single collated list (SCL)	National quality standards [1]	3 months	Standard	Results / outcomes of the single collated list (SCL) comparison reported to programme board and resulting findings actioned

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Revise the local grading policy to ensure the definition of maculopathy is in line with national grading standards	National guidance [3]	3 months	Standard	Policy presented to programme board

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7	Ensure patients receive slit-lamp biomicroscopy (SLB) assessments within national quality standards timescales	National quality standards [1]	3 months	Standard	Breaches reported at programme board for review and action / management agreed
8	Investigate and identify the reasons for failed attendance at slit-lamp biomicroscopy (SLB) clinics and report summary findings to the programme board	Service specification [2]	12 months	Standard	Results of audit presented at programme board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
9	Ensure patients receive treatment within national quality standards timescales	National quality standards [1]	3 months	Standard	Breaches reported at programme board for review. Further action / management agreed
10	Investigate pathway within the software system for the management of incidental findings and its compliancy with national guidance	National guidance [4]	3 months	Standard	Findings of investigation presented to programme board.

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Revise the policy for the management of incidental findings to ensure compliance with national guidance	National guidance [4]	3 months	Standard	Revised policy to be presented to programme board

*I = Immediate, H= High, S = Standard

Next steps

The screening service provider is responsible for developing an action plan to ensure completion of 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 to allow time for at least one response to all recommendations to be made.