



Public Health
England



Protecting and improving the nation's health

Quality assurance report

Liverpool Diabetic Eye Screening Programme

**Observations and recommendations from
visit to Royal Liverpool and Broadgreen
University Hospitals NHS Trust, March
2016**

Public Health England leads the NHS Screening Programmes

About Public Health England 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 (SQAS) ensures programmes are safe and effective by checking that national standards are met.

Public Health England (PHE) leads the NHS Screening Programmes and hosts the UK NSC secretariat. PHE is an executive agency of the Department of Health and exists to protect and improve the nation's health and wellbeing, and reduce health inequalities.

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Executive summary

The findings in this report relate to the quality assurance (QA) review of the Liverpool Diabetic Eye Screening Programme held on 17 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 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 collected during pre-review visits: familiarisation visit, programme management/administration visit and clinical observations
- information shared with the Regional Quality Assurance Service as part of the visit process

2. Description of screening programme

The Liverpool DESP Screening Programme (the programme) has an eligible population of approximately 26,000 patients. Liverpool has a population of approximately 500,000 people. This population is characterised by high levels of deprivation (currently ranked the fourth most deprived local authority area, IMD 2015), and a relatively small but long established ethnic minority population.

The programme is provided by the Royal Liverpool and Broadgreen University Hospitals NHS Trust. It is commissioned by NHS England North Cheshire and Merseyside and covers one clinical commissioning group (CCG) with 93 GP practices, and one local authority area.

The programme started as the Liverpool Diabetes Eye Study in 1991 using mobile screening sites. The programme developed over time and in 2009, seven fixed sites were introduced. The fixed screening sites are located in health centres across the city with one located within the Royal Liverpool Hospital. The programme is delivered by technicians and the images are transferred to the grading suite via N3 connection.

Patients are referred to one assessment and treatment centre, which is St Paul's Eye Unit, located in the Royal Liverpool Hospital.

The programme is currently involved in a large, five-year funded research study 'Introducing personalised risk based intervals in screening for diabetic retinopathy: development, implementation and assessment of safety, cost effectiveness and patient experience' (ISDR Trial).

3. Key findings

The 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:

- “did not attend” (DNA) audit and subsequent actions which have seen a reduction in DNAs
- the programme actively engages with the homeless population in Liverpool. It works with a designated GP practice to identify and invite homeless people to screening
- the programme provides regular ‘spot checks’ at screening sites
- additional and ongoing education of patients regarding their diabetic control and linking it to their retinopathy
- effective links with the Hospital Eye Services (HES) failsafe officer
- the programme has direct access to the HES patient information system
- there is a comprehensive training package in place for new screener/ graders

3.2 Immediate concerns for improvement

The review team identified no immediate concerns.

3.3 High priority issues

The review team identified high priority issues, as grouped below. Please see section 4 for related recommendations.

- DESP slit lamp biomicroscopy (SLB) patients can not currently be separated from HES SLB patients for the purposes of tracking and reporting
- diabetic retinopathy (DR) patients are not all seen in dedicated clinics within HES
- there is no formal audit schedule and audits are not routinely reported to programme board
- the level of support provided to the senior graders by the clinical lead is unclear
- there are gaps in the reporting of incidents to the Screening and Immunisation Team
- national guidance should be followed in relation to patients who are suspended from screening

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	Minimising Harm	Produce an action plan to identify patients suspended from screening and ensure cohort are in the correct pathways as per national guidance.
High	Minimising Harm	Review of the SLB pathway, to ensure compliance with national common pathway and clear local policies and procedures for timely management and assurance of patient safety. Assurance of appropriate training and accreditation should be provided for all clinicians reviewing this cohort.
High	Minimising Harm	Produce action plan to ensure all DR patients are seen within dedicated clinics by retinal specialist clinicians; for all follow up as well as 'new' patient appointments as per Royal College of Ophthalmologists guidance.
High	Outcome	Clinical lead to formalise a regular audit schedule for DES and HES audits, and agree with the Programme Board a timetable of audit presentations. Audits should include SI/SSI, laser book, 10% QA sample, 6/60 visual acuity.
High	Workforce and IT	Assurance of appropriate training and feedback to screeners/graders which should include formal oversight of the screener/grader manager by the clinical lead.
High	Commissioning and Governance	Risks, incidents and other governance matters should be escalated to commissioners and QA in a timely manner so that mitigation measures can be put in place appropriately.

5. Next steps

Royal Liverpool and Broadgreen University Hospitals NHS Trust are responsible for developing an action plan to ensure completion of the recommendations contained within this report.

NHS England Cheshire and Merseyside will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The Screening QA Service (North) will support this process and the ongoing monitoring of progress.