



Public Health
England

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme South West London Diabetic Eye Screening Programme

8 December 2016

Public Health England leads the NHS Screening Programmes

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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 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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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 to the south west London diabetic eye screening programme (the 'service') on 8 December 2016.

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 observational visits (screening) at: Junction Health Centre, Morden Road Clinic, Trevelyan House Surgery and the grading centre at CI Towers on 11 October 2016
- information collected during observational visits (administration) at: EMIS Care (Worcester) on 18 November 2016
- information shared with the London SQAS as part of the visit process

Description of local screening service

The south west London diabetic eye-screening programme has an eligible population of approximately 74,000 patients.

The service is provided by EMIS Care (a private sector provider). NHS England (London) is the screening commissioner.

The service is technician-based and provides screening from 17 community sites.

Programme management, grading and failsafe functions are provided from a local office in New Malden. Call/recall, administration (and some failsafe activity) is provided by a central administration centre in Worcester.

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

- Moorfields Eye Centre at St George's Hospital
- Moorfields Eye Centre at Croydon University Hospital
- Kingston Hospital
- Epsom and St Helier University Hospital
- Moorfields Eye Hospital (City Road Campus)

The service has a single collated list of eligible patients and uses dedicated software to manage the screening care pathway.

The screening provider subcontracts the following (functions):

- clinical leadership; provided by Moorfields Hospitals NHS Trust
- cohort identification; primary care extraction protocol provided by Quality Medical Solutions (private sector provider; part-year, 2016/17)
- mailing service; provided by Synertec (private sector provider)
- slit lamp biomicroscopy and screening (specific locations): Specsavers Opticians (private sector providers)

Findings

Immediate concerns

- governance arrangements across the service and across organisational boundaries require urgent review

High priority

The QA visit team identified 17 high priority recommendations as summarised below:

- review the clinical, managerial and leadership structures, systems and processes to ensure that they are effective
- specify governance, oversight and supervision arrangements across the teams
- clarify sub-contracting and contract management arrangements
- improve incident and risk management
- analyse demand and build capacity and resilience across the system
- develop recruitment and retention policies that are fit for purpose
- improve the IT infrastructure to meet the needs of the service

- ensure that exclusions and suspensions from screening are accurate
- improve the interface between the screening service and the hospital eye services (HES) and the associated failsafe

Shared learning

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

- the dedication and commitment shown by staff during periods of major change and system stress
- commissioning initiatives and intentions to improve screening
- introduction of social media to encourage engagement
- access to advocacy services and introduction of text reminders and reminder calls

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Put in place a detailed integrated governance structure which meets the needs of the service and national guidance, and which addresses organisational boundaries and barriers (include incident and risk management)	National service specification and national guidance	1 month	I	Integrated governance structure and workflows
2	Ensure that each clinical lead (and all other posts) have job descriptions and job plans which details individual responsibility and activity	National service specification and national guidance	3 months	H	Job descriptions and job plans for the clinical lead and each of the deputies
3	Put in place detailed arrangements for clinical governance, oversight and clinical supervision, across the screening pathway	National service specification and national guidance	3 months	H	Evidence of governance and process mapping and detailed supporting documentation
4	Map and sufficiently detail the roles, responsibilities and operational activities of the clinical lead function and how this fits with the service as a whole, including across organisational and team boundaries	National service specification and national guidance	3 months	H	Detailed map of roles and responsibilities in place
5	Clarify all sub-contracting and contract management arrangements between EMIS and its subcontractors, backed by signed agreements.	National service specification and national guidance	6 months	H	Contracts and assurance process reviewed and sanctioned by screening commissioners

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Map and sufficiently detail the roles, responsibilities and operational activities of the various management functions and how this fits with the service as a whole, including across organisational and team boundaries	National service specification and national guidance	3 months	H	Job descriptions and reporting structures
7	Revise the incident management policy and ensure that staff are appropriately trained in investigation and reporting	National service specification and national guidance	3 months	H	Policy in place and completed training log
8	Agree a risk assessment and management policy and ensure that all staff are trained	National service specification and national guidance	3 months	H	Policy in place and completed training log
9	Agree the audit 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	6 months	S	Documented schedule, processes, timescales and action plan monitoring
10	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
11	Undertake a demand and capacity analysis across the service and ensure that all resource needs are consistently met	National service specification and national guidance	3 months	H	Detailed map of workforce, functions and resource in place
12	Put in place a recruitment and retention plan which includes resilience and business continuity planning	National service specification and national guidance	3 months	H	Detailed plan in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Ensure that all staff are suitably qualified with training plans and records of competency assessment in place	National service specification and national guidance	3 months	H	Qualification and training log in place and monitored
14	Review screening site facilities and confirm that they meet the needs of users	National service specification and national guidance	12 months	S	Completed action plans
15	Risk assess the IT infrastructure and operational protocols and agree an action plan and timescales for resolving all identified issues	National service specification and national guidance	6 months	H	Completed action plan
16	Agree an equipment maintenance and replacement plan	National service specification and national guidance	6 months	S	Maintenance and replacement plans in place

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Revise the exclusions policy and agree roles and responsibilities for the staff involved	National service specification and national guidance	1 month	H	Revised policy and protocols in place

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Agree a strategy for maximising access to the service (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

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Agree an uptake improvement strategy (and escalation processes) and an action plan	National service specification and national guidance	12 months	S	Detailed strategy in place and action plan monitoring

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Finalise the SLB recovery strategy and complete the action plan	National service specification and national guidance	3 months	H	Strategy in place and completed action plan
21	Review the digital surveillance clinical protocol and also specify the clinical supervision and governance arrangements	National service specification and national guidance	1 month	H	Updated policy and protocol/s in place
22	Agree a pregnancy coverage protocol which maximises a first screen early in the first trimester	National service specification and national guidance	3 months	H	Agreed protocol in place
23	Risk-assess the grading facilities and ensure that these are fit-for-purpose	National service specification and national guidance	6 months	S	Completed action plan

Referral, intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Formally agree how the screening provider and each HES provider will collaborate to meet the requirements of the national screening programme and the Royal College of Ophthalmologists guidance on managing screen-detected cases (with documented processes, standard dataset, timescales and an escalation process)	National service specification, national guidance (including Royal College of Ophthalmologists)	6 months	H	Completed action plan and agreements in place
25	Map the screening service's failsafe function and document all policies and protocols	National service specification and national guidance	3 months	H	Detailed policies and protocols in place

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. At the time of the visit, there were active discussions between the provider and screening commissioners in regards to performance. Many of the issues highlighted during the visit were already known to all parties. The timescales for completing the recommendations in this report need to be considered within that context.

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 needed.