Public Health England

NHS

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Derby Teaching Hospitals NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust

May 2017

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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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 Derbyshire diabetic eye screening service held on 3 May 2017.

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 of 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 Chesterfield Royal Hospital (5 April 2017), Ilkeston Community Hospital (6 April 2017) and London Road Community Hospital (6 April 2017 and 11 April 2017)
- information shared with the Midlands and East regional SQAS as part of the visit process

Description of local screening service

The Derbyshire diabetic eye screening service has an eligible population of approximately 62,000 (as at 31 December 2016). The population is located within the boundaries of Derbyshire County Council (encompassing borough and district councils) and Derby City Council, which is a unitary authority. Life expectancy for both men and women is similar to the England average whereas the health of people in Derby is generally worse than the England average. Derby is one of the 20% most deprived districts/unitary authorities in England. Life expectancy for both men and women in Derby is lower than the England average. The Derbyshire population is mainly white (95.6%) with 4.4% from a non-white ethnic background. Derby has the greatest ethnic mix with 19.6% of its population from non-white groups (12.5% Asian/Asian British).

The service is jointly provided by Derby Teaching Hospitals NHS Foundation Trust (DTHFT) and Chesterfield Royal Hospitals NHS Foundation Trust (CRHFT) and is commissioned by NHS England, North Midlands.

Both trusts provide clinical leadership, a screening/grading team and hospital eye service failsafe. DTHFT also provides programme management, call recall services and validation of the single collated list for the whole of the programme.

Screening clinics take place across Derbyshire at 13 different sites at regular intervals throughout the year dependant on demand within that area. DTHFT and CRHFT both have a grading centre and refer those with screen-detected eye disease into their own hospital eye service (HES).

Both teams also provide slit lamp bio-microscopy (SLB) and digital surveillance pathways according to national guidance, which also includes an M1 pathway, which utilises optical coherence tomography (OCT). In addition, DTHFT have agreed with CCG commissioners to provide virtual wide field photography clinics to manage R2 patients not yet requiring treatment.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified nine high priority findings. The key theme is governance and leadership within the service.

Shared learning

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

- the service provides additional performance reports that are over and above the national pathway standard requirements
- the effective use of the screening software allowing patient choice of referral centre
- deliver teaching sessions at ophthalmology CPD events
- direct booking of R3a into a ‘one stop shop’
- comprehensive programme website with a translation web feature
- online booking and SMS text messaging service
- demand and capacity management for digital surveillance clinics

- innovative OCT service and R2 referral refinement pathway to ensure an efficient and effective HES referral process
- the comprehensive use of multiuse optimise licences at Derby to facilitate a multi-disciplinary approach to managing people with diabetes

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Establish contractual arrangements between the two provider trusts to ensure effective delivery and governance of shared programme services including programme management	Service Specification	6 months	H	A service level agreement in place between the two provider trusts for shared services
2	Ensure annual contracts are in place for the provision of servers/networks and software	Service Specification	6 months	H	Confirmation presented at programme board
3	Ensure that Slit lamp bio-microscopy services in Buxton are included in the NHS contract with CRHFT	Service Specification	6 months	H	Confirmation presented at programme board
4	Further develop the existing health equity audit and produce an action plan to address findings	Service Specification	12 months	S	Presentation of HEA and inequalities action plan to programme board
5	Improve the collection of ethnicity data to inform the screening inequalities action plan	Service Specification	12 months	S	Presentation of HEA and inequalities action plan to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Ensure all staff within the programme have up to date job descriptions which include essential training requirements (Health diploma and test and training sets)	Service Specification	6 months	S	Revised job descriptions
7	Complete and maintain a comprehensive suite of SOPs to cover all pathways and failsafe tasks (grader training, digital surveillance, HES failsafe)	Failsafe guidance	6 months	S	Confirmation at programme board that these have been completed
8	Ensure all staff groups, including HCAs, have commenced the relevant qualification for their role	cpdscreening.phe.org.uk/getdata.php?id=15023	3 months	H	Assurance at programme board that these staff groups have enrolled
9	Formally validate the optometric involvement with SLB clinics in accordance with national guidance	cpdscreening.phe.org.uk/cms.php?folder=56796	3 months	S	Assurance at programme board that the optometrists have been accredited in line with guidance

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Ensure that the assessment and suitability of screening venues is consistent across the service and considers both the needs of patients and staff	Pg 9 government/uploads/system/uploads/attachment_data/file/416856/Internal_Quality_Assurance_Guidance_and_Best_Practice_Toolkit_vers_1_2_23_Jan_20121__1_.pdf	6 months	S	Assurance provided at programme board
11	Ensure each user has an individual log on to access the screening software	Trust Information Governance policy	3 months	H	Assurance provided at programme board
12	Ensure local trust IG policies are followed when laptops and PCs are left unattended	Trust Information Governance policy	3 months	H	Assurance provided at programme board
13	Update the CRHFT induction process for screener/graders and implement this across both teams	Best practice	12 months	S	Assurance provided at programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Ensure the six monthly joint multi-disciplinary team meetings are actively used to support shared learning across both teams.	Best practice	6 months	S	Terms of reference and meeting schedule presented at programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Ensure all parties using the new patient referral form follow local patient information data sharing protocols	Cohort management guidance	3 months	H	Advice from relevant Caldicott guardians to be shared with programme board
16	Put in place information sharing arrangements with neighbouring maternity providers ie Nottingham, Burton, Manchester and Sheffield	Service Specification	3 months	H	Assurance provided at programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
17	Promote the online booking service and website	Best practice	12 months	S	Inform programme board of communications strategy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
18	Review the digital surveillance pathway to ensure patients are managed appropriately, including failsafe	Failsafe guidance	6 months	H	Updated SOPs provided
19	Utilise the GP uptake data to share good practice between high and low performing practices	Best practice	12 months	S	Present findings to the programme board and publish in GP screening newsletter
20	Establish a plan to address the requirements of the accessible information standard	Accessible information standard	12 months	S	Agree actions at the programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
21	Review and update the pre-screening (consent, measuring visual acuity and dilation) SOPs and ensure that these are adopted at all screening venues	Service Specification	6 months	S	Updated SOPs provided
22	Ensure those who do not speak English are able to give informed consent by using available translation services and printed resources when required	Trust translation policies	6 months	S	Updated SOP provided

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	Ensure all images graded follow the national grading criteria	Grading guidance	6 months	S	Assurance from Clinical Leads at programme board
24	Identify opportunities to promote consistent grading across the service	Grading guidance	6 months	S	Integrated grading policy presented to programme board
25	Develop a sign off procedure for graders who are delegated ROG grading. Ensure others who are not delegated to complete this task do not have permissions within the software	Best practice	6 months	S	Assurance provided at programme board
26	Ensure structured regular feedback to all graders covering all aspects of grader performance monitoring	Grading guidance	6 months	S	Assurance provided at programme board

Referral – no recommendations

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
27	Audit referrals that are discharged at first visit to HES	National guidance	9 months	S	Outcome of audit 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 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.