Public Health England

NHS

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme
East Sussex Healthcare Trust

29 June 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.

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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 findings in this report relate to the quality assurance (QA) review of the East Sussex diabetic eye screening programme held on 29th June 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:
    - Clinical Observation of screening and grading
    - Observation and discussion of administrative processes.
- information shared with the screening quality assurance service (South East) as part of the visit process.

2. Description of local screening programme

The East Sussex diabetic eye screening programme (the programme) has an eligible population of approximately 20,966. This population is characterised by: an increasing population with an expected net increase of 1-2% over the next three years; the largest increases will be in the 65 years and over and 85 years and over of 9% and 12 % respectively by 2019. Between 8-10% of the population are estimated to belong to ethnic groups other than White British or Northern Irish.

The programme is provided by East Sussex Healthcare NHS Trust. It is commissioned by NHS England sub-regional team.

The programme commenced in 1999 and offers access to screeningacross four fixed sites and two sites supported by a mobile unit within East Sussex. The programme 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.

Screen-positive patients requiring ophthalmic assessment or treatment are referred to one of two referral centres namely, Conquest Hospital and Eastbourne District General Hospital, also part of East Sussex Healthcare NHS Trust. These treatment services are commissioned by local Clinical Commissioning Groups (CCGs).

The programme operates to the Interim Quality Assurance Standards version 1.11 / 22 August 2014. The programme's achievement against these standards and national guidance for the delivery of Diabetic Eye Screening services is described throughout the report.

3. Key findings

The immediate and high priority issues are summarised below as well as areas of shared learning.

3.1. Shared learning

The review team identified several areas of practice that are worth sharing:

- Each ophthalmology department has access to the screening images.
- Clearly defined pathway and protocol for screening pregnant women
- Courtesy calls to patients by screeners to improve uptake
- Dedicated screening clinics with longer appointment times for new patients
- Good range of comprehensive standard operating procedures
- Good range and frequency of staff group specific meetings
- Electronic communication of results from hospital eye services to the programme
- The innovative use of consecutive CQUINs to ensure continuity of progress in addressing known inequities.

3.2. Immediate concerns for improvement

The review team identified no immediate concerns.

3.3. High priority issues

The review team identified five high priority issues, as grouped below.

- Complete capacity and skill mix review of the workforce in order to release capacity for key staff members and staff groups and ensure resilience within the programme. This issue to be placed on Trust Risk Register.
- Resolve Information Technology (IT) issues that are affecting all aspects of the programme's performance.

- Ensure sustainable and resilient grading throughput that supports achievement of national standards. This should include a review of the grading configuration within Digital Surveillance.
- Develop contingency plan in the event of screening and/or grading capacity being severely diminished and ratify with commissioners.
- Screening commissioners to work with commissioners of Hospital Eye Service (HES) to encourage a review of capacity against demand, ensuring that gaps are identified and addressed.

The review team were concerned that, despite the programme achieving a considerable number of quality assurance standards, workforce capacity was overextended. This issue was raised in a previous QA visit in 2011 and presents a risk to sustained delivery of the programme. The screening programme team is to be commended for its efforts in maintaining a quality service with limited staff numbers. A prompt review of workforce capacity and implementation of a contingency plan, particularly within the grading staff group, is required.

4. Next steps

East Sussex Healthcare NHS Trust are responsible for developing an action plan to ensure completion of recommendations contained within this report. NHS England South (South East) will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented. The SQAS (South) team will support this process and the on-going monitoring of progress.

Recommendations

Recommendations are used to advocate actions which should be taken to improve working practice and help the service in its role of meeting the aims of the diabetic eye screening programme.

Each P/CA has provided information and made a number of recommendations based upon data submitted in advance of the QA visit and their observations on the day.

All the QA recommendations made in the body of the report are presented in a table at the end and have been prioritised in terms of immediate, high, medium and low priority. In making this assessment of priority, the QA team have exercised a judgement based upon the input from the expert QA advisers and the wider experience across the NHS DESP.

Priority & timescale	Rationale
Immediate – (7 days)	A recommendation has been prioritised as 'immediate concern' when if not addressed it could lead to significant risk of harm to an individual or the population eligible for screening.
High – (3 months)	A recommendation has been prioritised as 'high' where due to an absence of data or evidence the quality of the service cannot be assessed because the QA process cannot be conducted satisfactorily. We acknowledge that there are occasions when a recommendation may be allocated a high risk grading even though the probability that an adverse event will occur is small. This is because even though the occurrence may be rare, the event would have a significant impact on an individual or the population eligible for screening.
Medium – (6 months)	A recommendation has been prioritised 'medium' when a process or practice does not meet the expected standard or recommended practice, but does not lead to direct clinical risk to individuals screened, or the population.
Low – (12 months)	A recommendation has been prioritised as 'low' when it carries no risk to the people seen by the service but which, if implemented could enhance the performance of the Unit and/or the experience of the people screened.

It should be noted that recommendations and statements made throughout this report will overlap several of the 'screening themes' and this report should be read and digested as a complete document rather than individual sections.

Table of consolidated recommendations

Number	Recommendation	Lead responsibility	Priority	Evidence required to demonstrate completion
1	Develop action plan for sustainable and resilient grading throughput that supports achievement of national standards. This should include a review of the grading configuration within Digital Surveillance.	Provider	High	Action plan developed. Summary report of outcomes submitted to programme board
2	Screening commissioners to work with commissioners of Hospital Eye Service (HES) to encourage a review of capacity against demand, ensuring that gaps are identified and addressed.	Commissioners	High	Objectives 7 and 8 meet minimum standards for three consecutive months and commissioners are assured that this level of performance is sustainable.
3	Complete capacity and skill mix review of the workforce in order to release capacity for key staff members and staff groups and ensure resilience within the programme. This issue to be placed on Trust Risk Register.	Provider	High	Capacity and skill mix review completed. Summary report of outcomes submitted to programme board. Commissioners assured of programme resilience.
4	Develop contingency plan in the event of screening and/or grading capacity being severely diminished and ratify with	Provider	High	Contingency plan developed and ratified by commissioners

	commissioners.			Summary report of outcomes submitted to programme board
5	Resolve Information Technology (IT) issues that are affecting all aspects of the programme's performance.	Provider	High	Action plan developed. Summary report of outcomes submitted to programme board
6	Develop Standard Operating Procedure (SOP) for General practitioner (GP) practices to generate patient lists for submission to the DESP. This should ensure that data extraction processes within each GP practice are consistent and well defined.	Provider	Medium	Standard Operating Procedure developed and signed-off by the clinical lead.
7	Investigate and address discrepancies in list size between General Practitioner (GP) practices and the Diabetic Eye Screening Programme (DESP), with reporting at GP practice level, on an annual basis and provide summary outcomes at programme board.	Provider	Medium	Action plan developed. Summary report of outcomes submitted to programme board
8	Commissioner and provider to assess risk, develop action plan to address risks if required, and outline governance route to oversee implementation of action plan that will assure the full eligible cohort has been identified and referred for screening.	Commissioner and Provider	Medium	Risk assessment and associated action plan with defined governance framework for implementation of action plan

9	Cease practice of obtaining two additional sets of images per eye at every screening encounter in order to release capacity within both screening and grading.	Provider	Medium	Standard Operating Procedure revised and signed-off by the clinical lead.
10	Register all regular graders with the Test and Training (TAT) external quality assurance image grading scheme in accordance with national guidance on participation.	Provider	Medium	TAT report submitted to programme board and participation compliance assured.
11	Ensure standing agenda items for Multi-Disciplinary Team (MDT) meetings conform to national guidance.	Provider	Medium	Revised standing MDT agenda submitted to programme board with associated minutes.
12	Conduct regular laser treatment register ('Laser book') audit to determine any gaps in the identification of the screening cohort and report summary findings to the programme board.	Provider	Medium	Laser treatment register audit completed. Summary report of outcomes submitted to programme board
13	Develop standard operating procedure (SOP) for the management of incidental findings (non-diabetic retinopathy pathology) within the screening programme and ratify with commissioners.	Provider and Commissioner	Medium	Standard Operating Procedure revised, signed-off by the clinical lead and ratified by commissioners.
14	Commissioners to continue to seek assurance from the provider that the capacity and skill mix of the Diabetic	Commissioners	Medium	Workforce review completed. Front-line work

	Eye Screening (DES) programme is appropriate to enable a safe, resilient, sustainable, consistent, quality service to be delivered.			released from Programme Manager and Clinical Lead. Grading capacity increased Grading queues within satisfactory limits. Forward capacity plan for changes to population completed. All above reported to programme board. Commissioners confirm that they are assured.
15	Audit the management of ungradable imagesets and include, but not limited to, a review of definitions and consistency of application within the local team, assessment of trends in ungradable rates and the review of dosage of eye-drops used for mydriasis.	Provider	Low	Ungradables audit completed. Summary report of outcomes submitted to programme board
16	Develop action plan to address recommendations within Health Equity Audit to understand the multiple factors preventing certain patients from taking up offer of screening and implement appropriate measures to increase uptake further.	Provider	Low	Action plan developed. Summary report of outcomes submitted to programme board
17	Conduct test of database backup retrieval.	Provider	Low	Report of database backup retrieval

				testing. Summary report of outcomes submitted to programme board
18	Conduct audit of incident visual acuities of 6/60 or worse which is predominantly due to diabetic retinopathy.	Provider	Low	Audit completed, documented and summary report of outcomes submitted to programme board.
19	Ensure all screening staff who have exceeded national timelines for completion of City and Guilds units appropriate to their role, are supported and supervised appropriately on their return to work.	Provider	Low	Action plan developed. Summary report of outcomes submitted to programme board