



Public Health  
England



# Screening Quality Assurance visit report

## NHS Diabetic Eye Screening Programme Essex

21 March 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 4 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 Essex screening service held on 21 March 2017.

### 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
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to Sandbach on 1 February 2017 and screening clinics in Essex on 31 January 2017
- information shared with the Midlands and East regional SQAS as part of the visit process

### Description of local screening service

The Essex DES service (the service) commenced on April 1 2016 and has an eligible population of approximately 98,109 (as at 31 December 2016). The health of people in Essex is generally better than the England average with lower than average deprivation and higher than average life expectancy<sup>1,2</sup>. The population is mainly white (84.6%) with 12.4% from a non-white ethnic background<sup>3</sup>.

The service is provided by Health Intelligence Ltd (HI). It is commissioned by NHS England, Midlands and East (East) locality team.

Health Intelligence provides all components of the screening pathway (screening, grading, programme management, administration, call/recall and clinical leadership). The clinical lead is a consultant ophthalmologist at Southend Hospital. The slit lamp

biomicroscopy element of service provision is sub-contracted to Enhanced Optometry Services Ltd.

The service uses technician screeners to provide screening at 23 fixed sites and 20 mobile sites. Grading takes place at 5 of these sites and 2 grading centres. There are 7 hospital eye services that provide referral and/or treatment services for screen-detected cases at:

- Broomfield Hospital
- Southend University Hospital NHS Trust
- Orsett Hospital
- Princess Alexandra Hospital NHS Trust
- Essex County Hospital
- Addenbrooke's Hospital
- Whipps Cross University Hospital

## Findings

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

The QA visit team identified 3 high priority findings as summarised below:

- there is a need to audit the slit lamp biomicroscopy pathway with a focus on uptake and outcomes to ensure the safe management and equitable access of patients with advanced retinopathy
- there is a need to audit clinically urgent referrals (R3A), referrals rejected by hospital eye services and referrals discharged by hospital eye services at first visit to evaluate the effectiveness of the referral process
- ensure appropriate governance is in place for the training and monitoring of graders (including referral outcome graders) and the assigning of appropriate patients within digital surveillance

### Shared learning

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

- the engagement manager role promotes and strengthens links between the service and patients, healthcare professionals and local organisations
- electronic maintenance of the single collated list

- extended opening hours of the call centre
- implementation of the clinical assessment team (CAT) meeting
- achievement of information security standard (ISO 27001) that is published by the International Organization for Standardization (ISO)

# Table of consolidated recommendations

## Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Update programme board terms of reference to reflect changes within the screening and immunisation team and individual names removed	Service specification	6 months	Standard	Updated terms of reference
2	Include population forecast and workforce capacity as a regular item on the programme board agenda	Service specification	3 months	Standard	Updated agenda
3	Provide evidence of an annual screening interval in accordance with the new pathway standards	Service specification	3 months	High	Achievement of standard
4	Complete a health equity audit to ensure service provision is appropriate to meet the needs of the Essex cohort	Service specification	12 months	Standard	Audit to be presented at programme board
5	Ensure potential incidents are reported in a timely manner and managed in accordance with national guidance	National guidance	3 months	Standard	SOP referencing national guidance and review of screening incidents at programme board
6	Review screening locations to ensure equity of access for those residing within the Essex catchment	Service specification	9 months	Standard	Audit to be presented at programme board
7	Produce an annual schedule of audits to be presented at programme board	Service specification	6 months	Standard	Schedule of audit to be presented at programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Document lines of accountability, responsibility and whole time equivalents within organisational charts	Service specification	6 months	Standard	Organisation charts presented at programme board
9	Review job descriptions within the service to ensure they accurately reflect the required roles and responsibilities	Service specification	9 months	Standard	Results of review presented at programme board
10	Provide documentation to evidence that appropriate governance processes are in place for embedded failsafe officers employed by Trusts	Service specification	6 months	Standard	Documentation presented at programme board
11	Produce a standard operating procedure (SOP) to document and support the processes involved in performance reporting	National guidance	3 months	Standard	SOP presented at programme board
12	Provide evidence of compliance with City & Guilds accreditation for screeners that work within optometry practices	National guidance	2 months	High	Achievement of standard presented to programme board
13	Ensure all grading teams have consistent internal QA processes for grading, training and monitoring of performance, that conform with national guidance	National guidance	6 months	High	Documentation presented at programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Develop a SOP for the secure transportation and storage of laptops away from screening sites	Information governance	6 months	Standard	SOP presented at programme board
15	Ensure older cameras no longer considered suitable for screening conform to national guidance on their continued use	Guidance on camera approval	9 months	Standard	Results presented at programme board

### Identification of cohort

No recommendations.

### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Clarify the purpose of the 'Patients not participating' report and how the patients within it are counted in the programme performance report	National guidance	3 months	Standard	Report to programme board
17	Ensure patients who fail to attend appointments are managed in line with national guidance	National guidance	3 months	High	Present SOP to programme board

### The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
18	Ensure SOPs are current and have an appropriate review date	National guidance	9 months	Standard	SOPs presented at programme board



No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Produce SOPs for the screening of pregnant women and prisoners in line with national guidance	National guidance	6 months	Standard	SOPs to be presented at programme board
20	Audit patients in the digital surveillance pathway and transfer those patients with other eye conditions to appropriate pathways	National guidance	6 months	Standard	Results of audit presented at programme board
21	Review referral outcome grading capacity within the service and produce an action plan to address shortfalls	Service specification	6 months	Standard	Results of review to be presented at programme board
22	Ensure that accurate training and performance information is held for all graders	National guidance	6 months	Standard	Test and training, grading volume and accreditation logs to be presented at programme board
23	Develop a standard operating procedure (SOP) for the clinical oversight of the Sandbach grading team	National guidance	6 months	Standard	SOP to be presented at programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
24	Audit R3 referrals to ensure appropriateness of referral	National guidance	9 months	High	Outcome of audit to be presented at programme board

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
25	Audit referrals that are rejected by Hospital Eye Services (HES) to ensure these patients are not lost to follow-up and are in the appropriate screening pathway	National guidance	9 months	High	Outcome of audit to be presented to programme board
26	Audit referrals that are discharged at first visit to HES	National guidance	9 months	High	Outcome of audit to be presented to programme board
27	Implement a process to review all national quality standard 8.1 breaches to ensure no patients have come to harm	National guidance	3 months	High	Quarterly report to programme board
28	Undertake a comprehensive audit of the whole slit lamp pathway and produce an action plan	National guidance	9 months	High	Outcome of audit and associated action plan to be presented to programme board
29	Use the existing service improvement plan to monitor the slit lamp pathway action plan at programme board	Service specification	9 months	Standard	Updated service improvement plan

## Intervention and outcome

No recommendations.

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.