



Public Health
England

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme North Yorkshire

February 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 North Yorkshire screening service held on 23 February 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:
 - administration review, 8 December 2016
 - clinical observation, 4 January 2017
- information shared with SQAS (North) as part of the visit process

Description of local screening service

York Teaching Hospitals NHS Foundation Trust provide the screening service.

The service began screening in 2008. It replaced four smaller services and provides screening in the community. Screening cameras are transported to GP practices, hospitals and health centres.

The eligible population covered by the service is approximately 42,500.

The service provides screening for 127 GP practices. Three clinical commissioning groups (CCGs) are covered in full by the service. These are:

- Vale of York
- Scarborough and Ryedale

- Harrogate and Rural District

The service partially covers:

- Airedale, Wharfedale and Craven
- Leeds North
- East Riding of York
- Hambleton, Richmond and Whitby
- South Lakeland

Airedale, Wharfedale and Craven CCG will not be part of the screening service from April 2017.

The majority of the population covered by the service is white. Deprivation levels are generally low. There are some pockets of deprivation in coastal areas.

The service provides screening at three prisons. Full Sutton, Whealston and Armley prisons are within the service area. The latter two will not be part of the service area from April 2017.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- incidents - internal incident log maintained but not shared at programme board
- audit - audit schedule does not include review of quality standard exceptions and exclusions
- staff training - not all staff attend multidisciplinary team meetings. Test and training sets not completed often enough by some staff
- referral from GP practice - National Institute for Health and Care Excellence (NICE) guidelines not always followed. Patients not referred to screening immediately after diagnosis of diabetes

Shared learning

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

- collaboration with a broad range of healthcare professionals
- the service routinely reflects on practice and completes audit
- contract meetings set up between lead stakeholders
- extensive work to improve attendance for screening and first review in hospital
- staff observed had a helpful and supportive approach with patients. Information was collected and shared sensitively
- strong working relationships between clinical staff across hospital referral sites
- the service takes part in a national software pilot to improve list validation

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update programme board terms of reference. Ensure suitable representation and attendance to agree decisions	Service specification 16/17	3 months	S	Revised programme board terms of reference
2	All provider incidents, recorded on local incident system, to be presented as standing agenda item at programme board	Service specification 16/17	1 month	H	All incidents presented at programme board as a standing agenda item. Standard operating procedure to reflect process
3	Update audit schedule to include review of quality standard exceptions and exclusions	Service specification 16/17	3 months	H	Updated audit schedule. Summary of audit outcomes reported to programme board with exceptions. Action plan to address gaps

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Ensure clinical lead has adequate sessions to perform all aspects of the role, including mandated training	Roles and responsibilities of clinical leads Participation in the grading test and training system guidance Service specification 16/17	6 months	H	Review of clinical lead job plan to be submitted to programme board. Evidence of participation in training and accreditation to be provided for programme board with exceptions. Action plan to address gaps

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Undertake capacity planning review to ensure service is future proofed	Service specification 16/17	12 months	S	Workforce review completed with action plan to address gaps. Submit to programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Compare screening database with the Care Quality Reporting Service (CQRS) outcomes	Consent and Cohort Management guidance	6 months	S	Summary report of comparison submitted to programme board annually
7	All protocols and processes should be up to date, information governance compliant and signed off formally	Data Protection Act 1998 NICE Guidance Service specification 16/17	9 months	S	Schedule for updating standard operating procedures (SOPs). Formal sign off of SOPs by clinical lead, with input from provider governance lead. To include: <ul style="list-style-type: none"> • deceased validation • laser book data collection Report to programme board to evidence completion

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Complete an annual patient satisfaction survey and uptake action plan in collaboration with commissioners	Service specification 16/17 Immunisation and Screening National Delivery Framework and Local Operating Model	12 months	S	Patient survey and formal uptake strategy produced. Action plans created and results/follow up reported to programme board
9	Ensure access to annual screening is available in prisons	Service specification 16/17	6 months	S	Formal agreement with prisons. Amended standard operating procedure

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Ensure surveillance pathways are used in line with national guidance. Formal capacity planning and monitoring to be in place for surveillance	NICE Guidance Service specification 16/17 Surveillance pathways guidance	9 months	S	Action plan to ensure compliance and ongoing capacity. Summary report of outcomes submitted to programme board. Standard operating procedures updated and signed off by the clinical lead
11	Multidisciplinary team meetings to include review of patients discharged at first visit. Discussion should include focused detection, ungradable and referral rates. Lead clinicians should attend to support service improvement	Service specification 16/17	9 months	S	Revised standing MDT agenda submitted to programme board with associated minutes

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Establish dedicated clinics with direct network links for all referral hospitals	Royal College of Ophthalmologists guidelines 2012	12 months	S	Action plan submitted to programme board. Arrangements documented as part of formal agreements
13	Ensure failsafe processes are efficient and use the most effective tools. Failsafe to be in line with national guidance and supported by service level agreements	<p>Referrals from diabetic eye screening to hospital eye services and associated failsafe guidance</p> <p>Diabetic Eye Screening Exclusions, Suspensions and Management of Ungradable Images guidance</p> <p>Failsafe NHS Diabetic Eye Screening Programme guidance</p> <p>Service specification 16/17</p>	12 months	S	<p>Revised standard operating procedures and review of tools used.</p> <p>Summary outcomes of failsafe activity to be reported at programme board</p> <p>Service level agreements</p>

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
N/A	N/A	N/A	N/A	N/A	N/A

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.