



Public Health
England



Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme West Sussex

29 June 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 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 visit of the West Sussex diabetic eye screening service held on 29 June 2017.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in diabetic eye screening (DES). 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 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 Worthing Hospital and Bognor War Memorial Hospital on 24 April 2017
- information shared with the SQAS (South) as part of the visit process

Local screening service

The West Sussex diabetic eye screening programme (WSDESP) provides retinal screening for a registered diabetic population of 29,715 on the screening database as of December 2016.

The service is provided by Western Sussex Hospitals NHS Foundation Trust and is commissioned by NHS England South (South East). The ethnic diversity of those patients held within the database were predominately white British at 90% with Asian ethnicity at 2% and the remainder made up of black, white-other or no ethnicity recorded.

The WSDESP provides all elements of the eye screening pathway (including programme management, call/recall, image capture and grading) up to the point of referral for any screen-positive patients.

The service uses screener/grader technicians to provide screening across 10 sites, operating at various community hospitals, health centres and GP practices. They also serve one prison and rehabilitation centre.

Screen-positive patients requiring ophthalmic assessment or treatment are referred to 2 centres at Worthing Hospital and St Richards Hospital, Chichester; both of which are managed by the same NHS Trust as the screening service.

Findings

Immediate concerns

No immediate concerns were identified.

High priority

The QA visit team identified 6 high priority findings as summarised below:

- internal quality assurance oversight and reporting
- long term capacity and demand planning for screening and grading
- review and risk assessment of screening pathway
- implementation planning for new GP data extraction software
- discrepancies with GP practice size data and screening database
- clinical governance process for slit-lamp biomicroscopy (SLB) surveillance pathway

Shared learning

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

- use of Commissioning for Quality and Innovation (CQUIN) plans by commissioners to encourage service improvement
- screener/grader technicians trained as SLB examiners for un-assessable images
- a nursing home assessment form to determine suitability for screening for patients in residential care
- a helpline for patients and healthcare professional to discuss patient results
- quarterly multi-disciplinary team meetings extending to the wider diabetes service health care professionals

Recommendations

The following recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Identify executive level responsibility for the screening programme.	Service spec	6 months	Standard	Document describing internal governance structure of the provider Trust. This should describe escalation processes for issues identified within the screening service to quality governance oversight groups within the provider Trust. Minutes from programme board where document is presented.
2	Develop a mechanism for internal quality assurance oversight and reporting.	Service spec [1] National Guidance [2]	3 months	High	Document describing process for internal quality assurance of data and performance. This should clearly identify actions to be taken by clinical lead and programme manager. It

					<p>should also include a schedule for grading quality reporting to programme board.</p> <p>Minutes from programme board where document is presented.</p>
3	Develop a strategic long term capacity and demand plan for screening and grading.	Service spec [1] Pathway standards [3]	3 months	High	<p>Copy of capacity and demand plan.</p> <p>Minutes of programme board where plan is presented.</p>
4	Revise standard operating procedures (SOPs) to include descriptions of step-by-step procedures.	Service spec [1]	12 months	Standard	<p>Action plan and schedule for the revision of SOPs.</p> <p>Minutes from programme board where schedule is presented.</p> <p>Each revised SOP to be tested with non-screening staff to ensure accurate procedures described.</p> <p>Minutes from programme board where summary outcomes of revision and testing have been reported.</p>
5	Ensure SOPs are applied consistently for all elements of the screening	Service spec [1]	6 months	Standard	Protocol for the development,

	programme.				dissemination and assurance of application for all SOPs. Minutes from programme board where protocol is presented.
6	Identify and record screening programme risks in accordance with Trust risk management processes.	Service spec [1]	3 months	High	Confirmation that senior screening staff have completed risk management training. Confirmation that risks have been reported via internal governance processes such as risk register. Minutes from programme board where action plan to mitigate risks has been presented.
7	Conduct an audit of 10% quality assurance sample for grading outcomes classified with no diabetic retinopathy.	National guidance [2]	12 months	Standard	Minutes from programme board meeting when completed audit and summary outcomes submitted. Confirmation that audit is scheduled annually.
8	Conduct an audit of exclusions.	Service Spec [1] National	12 months	Standard	Minutes from programme board when completed audit and summary

		guidance [3]			outcomes submitted. Confirmation that audit is scheduled annually.
9	Develop a summary outcome report of annual patient satisfaction survey	Service spec [1]	6 months	Standard	Template for summary outcome report. Minutes of programme board meeting where analysis of survey data and report of summary outcomes and service improvements are presented.

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Formalise agreements with third party provider of cameras (GP practices)	Service spec [1]	6 months	Standard	Minutes of programme board meeting confirming that formal agreements have been developed, signed and submitted to programme board for information purposes.
11	Implement maintenance contracts for cameras	Service spec [1]	6 months	Standard	Confirmation that maintenance contracts

					<p>have been purchased for all cameras in operation within screening service.</p> <p>Minutes of programme board meeting where contracts have been submitted for information purposes.</p>
12	Review the clinical lead job plan and ensure allocated time to provide strategic and clinical governance leadership for the programme	Service spec [1] National guidance [4]	6 months	Standard	Minutes of programme board meeting where revised job plan is presented.
13	Undertake a staffing capacity review of the administration workforce to ensure adequate delivery of service.	Service spec [1]	9 months	Standard	<p>Completed admin capacity review.</p> <p>Minutes from programme board where summary report of outcomes submitted and programme resilience confirmed.</p>

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Develop an implementation plan for the introduction of GP2DRS.	Service spec [1]	3 months	High	Copy of implementation plan. Minutes from programme board where implementation plan submitted.
15	Investigate discrepancies of more than 5% in GP practice sizes compared with the screening management database.	Service spec [1] National guidance [5]	3 months	High	Revisit CQRS comparison and produce accurate comparison outcomes. Develop action plan to address discrepancies. Minutes of programme board where summary outcomes report submitted.

16	Ensure failsafe triggers for patients identified as unsuitable for screening via the nursing home assessment form are activated.	Service spec [1]	6 months	Standard	<p>Complete test procedures for patients fulfilling this criteria.</p> <p>If failsafe triggers not activated then conduct audit of all previously referred patients to ensure transition has occurred into relevant pathways and escalate issues if necessary.</p>
					Minutes from programme board where summary outcomes of review submitted.
17	Revise nursing home assessment form SOP to ensure that appropriate clinical oversight is incorporated	Service spec [1]	6 months	Standard	<p>Copy of Standard Operating Procedure modified to ensure patient information obtained from person with clinical responsibility within the care home.</p> <p>Confirmation of oversight of the process by the clinical lead.</p>

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
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The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Develop or revise competency reviews to ensure patient identification checks comply with local and national policy.	Service spec [1]	9 months	Standard	<p>Confirmation that all staff have read and understood both national and local policy for consent.</p> <p>Confirmation that competency reviews have been developed or revised to ensure that the patient ID checks component of the screening test is assessed.</p> <p>Minutes from programme board meeting where</p>

					summary outcomes of competency reviews submitted.
19	Develop or revise competency reviews to ensure consent is obtained in accordance with local and national policy.	National guidance [6]	9 months	Standard	Confirmation that all staff have read and understood both national and local policy for consent. Confirmation that competency reviews have been developed or revised to ensure consent component of the screening test is assessed. Minutes from programme board meeting where summary outcomes of competency reviews submitted.
20	Conduct an audit of SLB surveillance pathway to determine the number of patients still within the responsibility of the hospital eye service (HES) for SLB management.	Service spec [1]	6 months	Standard	Minutes from programme board meeting where completed audit and summary outcomes reported. Copy of action plan for the management and transfer of SLB patients in HES back into the

					screening service.
21	Develop a documented clinical governance process for SLB surveillance pathway	Service spec [1]	3 months	High	Minutes from programme board meeting where clinical governance process documentation submitted.
22	Reconfigure screening management software to prevent a grader grading at multiple levels for a single patient	National guidance [2]	9 months	Standard	Evidence of reconfiguration request made to software provider. Confirmation from software provider that reconfiguration completed. Evidence from testing, using test patients, that reconfiguration has been successful.

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Ensure patients receive SLB assessments within national quality standards timescales	National quality standards [2] [3]	6 months	Standard	Breaches reported at programme board for review and action/management agreed.
24	Conduct a workload impact assessment of the HES patient appointment booking and failsafe provision delivered by the screening service.	Service spec [1]	9 months	Standard	Minutes from programme board meeting where workload impact assessment submitted for review. Confirmation that local service specification amendments made. Alternatively formalised agreement developed for the enhanced service provision if function deemed sustainable.
25	Conduct an audit of patients categorised as 'Other' within the digital surveillance pathway	Service specification [1]	6 months	Standard	Minutes from programme board meeting where summary outcomes of audit and action plan presented.

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
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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 after the report is published. 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.