



Public Health
England

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Arden, Herefordshire and Worcestershire

7 March 2018

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 (NDESP) 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 Arden, Herefordshire and Worcestershire screening service held on 7 March 2018.

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) and commissioner
- information collected during pre-review visits:
 - administration review 18 January 2018
 - clinical observation 17 January 2018
 - interview with screening and immunisation team 23 January 2018
 - interview with programme manager 29 February 2018
- information shared with the Midlands and East SQAS as part of the visit process

Local screening service

The Arden, Herefordshire and Worcestershire diabetic eye screening (AHWDES) service provides retinal screening for a registered diabetic population of 100,252 (screening database 28 February 2017). The service covers a large geographical area of approximately 430km.

The service screens patients from 222 GP practices. 7 clinical commissioning groups (CCGs) are covered in full by the service. These are:

- NHS Coventry and Rugby CCG
- NHS Herefordshire CCG
- NHS Redditch and Bromsgrove CCG

- NHS South Warwickshire CCG
- NHS South Worcestershire CCG
- NHS Warwickshire North CCG
- NHS Wyre Forest CCG

The service is provided by EMIS Care and is commissioned by NHS England, Midlands and East (West Midlands).

AHWDES service was formed in April 2016 after a reprocurement process. Services were previously provided by Coventry and Warwickshire DES (provided by University Hospitals Coventry and Warwickshire NHS Trust) and Herefordshire and Worcestershire DES (provided by EMIS Care, formerly Medical Imaging UK Ltd).

AHWDES service provides all elements of the eye screening pathway (including programme management, call/recall, failsafe, 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 107 sites including GP locations, community venues, hospital sites and high street optometry stores. The service also provide screening within 2 prisons.

Screen positive patients requiring ophthalmic assessment or treatment are referred to 1 of 8 referral centres. These are:

- George Eliot Hospital NHS Trust
- Hospital of St Cross (University Hospitals Coventry and Warwickshire NHS Trust)
- University Hospital Coventry (University Hospitals Coventry and Warwickshire NHS Trust)
- Kidderminster Hospital (Worcestershire Acute Hospitals NHS Trust)
- Worcestershire Royal hospital (Worcestershire Acute Hospitals NHS Trust)
- The Alexandra Hospital (Worcestershire Acute Hospitals NHS Trust)
- Machen Eye Unit (South Warwickshire NHS Foundation Trust)
- The County Hospital Hereford (Wye Valley NHS Trust)

Life expectancy for both men and women is better than the England average for Herefordshireⁱ, Worcestershireⁱⁱ and Warwickshireⁱⁱⁱ, but worse for Coventry^{iv}. The health of people in Coventry is generally worse than the England average. Coventry is one of the 20% most deprived districts/unitary authorities in England whereas Warwickshire is one of the 20% least deprived.

The population is mainly white within Herefordshire, Worcestershire and Warwickshire. Coventry has the greatest ethnic mix with 26.1% of its population from non-white

groups (15.1% of which are Asian/Asian British). By comparison, Herefordshire has 6.4% from non-white groups, Worcestershire 4.5% and Warwickshire 7.3%^v.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 4 high priority findings as summarised below:

- grading - insufficient capacity and resilience for referral outcome grading (ROG)
- referral - insufficient capacity and resilience for slit lamp bio-microscopy (SLB) clinics
- governance - insufficient information flows between the diabetic eye service and associated hospital eye services
- grading - incorrect definition of 'adequate image quality' used in grading which may result in over-referral to SLB

Shared learning

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

- screening and immunisation team (West Midlands) has established an incident learning management group offering peer learning and continuing professional development in relation to managing screening incidents
- commissioning for quality and innovation (CQUIN) scheme is in place to reduce variation in screening uptake and address inequalities
- strong ethos of learning, feedback and development for all staff members
- all screeners complete test and training (TaT) sets on a regular basis for their personal development
- dual monitors are used for grading
- the monthly multi-disciplinary team meetings cover a broad range of topics, are all-inclusive and provide opportunities for learning and development
- the post of patient engagement officer to improve uptake and identify barriers to non-attendance
- the ability to query software and produce bespoke reports (such as grading trends)
- well-developed non-diabetic eye condition pathway to ensure both GP and patient are aware that further action may be required

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.01	Put in place memorandum of understanding (MOUs or written agreements) that describes the necessary information sharing requirements between hospital eye service (HES) and DES to enable the safe management of patients in line with national timescales and guidance	Service specification (1,2) National pathway standards (3) National guidance (4, 5)	6 months	High	MOU/ agreement established and agreed (signed) with all treatment centres
0.02	Revise programme board Terms of Reference (ToR) to include, an issue and review date, inequalities as a standing agenda item and consider membership of a service user (commissioner to action)	Service specification (1,2)	6 months	Standard	Revised ToR agreed at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.03	Develop and implement a schedule of audits including those designed to identify patients with sight loss not identified through screening (such as sight impairment and severe sight impairment SI/SSI) and present gaps, actions and outcomes to programme board	Service specification (1,2)	6 months	Standard	<p>Audit schedule to be agreed with timescales and presented at programme board</p> <p>Audit schedule to be considered in commissioning contract</p> <p>Summaries and resultant actions from audits presented at programme boards and recorded in minutes</p>

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.04	Update training documentation in line with delivering the new diploma in health screening and make sure the policy is in line with national guidance, in particular the rules of combination document for trainees	Diploma for health screeners (6) Health screener diploma: guidance for assessors (7) Diabetic eye screening rules of combination (8)	3 months	Standard	Training policy updated and presented to programme board
0.05	Develop and implement a plan to make sure the service has adequate Certificate in Assessing Vocational Achievement (CAVA) resources for assessments within the new diploma, to allow staff to be qualified in required timescales	Diploma for health screeners (6) Health screener diploma: guidance for assessors (7)	6 months	Standard	Plan presented to programme board to provide assurance staff can be qualified within timescales

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.06	Implement general practice to diabetic retinopathy screening service (GP2DRS) with all GP practices in the service's catchment boundary	Service specification (1,2)	6 months	Standard	Assurance of full implementation presented to programme board
0.07	Produce a standard operating procedure (SOP) for the use and reconciliation process of GP2DRS	Best Practice	3 months	Standard	SOP presented to programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.08	Make sure that the service can provide annual screening intervals	Service specification (1,2) National pathway standards (3)	12 months	Standard	Demand/capacity plan for next 2 years presented to programme board Service adherence to national pathway standard thresholds
0.09	Review and formalise the screening in prisons policy	Service specification (1,2)	3 months	Standard	Policy presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.10	Produce a detailed uptake/inequality action plan	Service specification (1,2) Guidance for NHS commissioners on equality and health inequalities (9) NHS Accessible Information standard and specification (10)	12 months	Standard	Plan presented to programme board Findings from health equity audit presented to programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.11	Review the 'screening and photography process' protocol and 'pre-screening photography crib sheet' and make sure these are accessible in screening clinics for reference	Service specification (1,2)	3 months	Standard	<p>Policies reviewed and presented to programme board</p> <p>Assurance to programme board that policies are accessible in clinics</p>
0.12	Review the mydriasis SOP and feedback to screening staff to ensure the service has a consistent process in all clinics in line with national guidance and that information provided to those intending to drive is consistent	National Guidance (11)	3 months	Standard	<p>Policy reviewed and presented to programme board</p> <p>Confirmation that all staff have read and understood changes to policy</p> <p>Evidence of clinic checks to provide assurance of adherence to policy</p>
0.13	Review DES grading protocol to include the management and referral of patients into digital surveillance (DS)	Service specification (1,2)	6 months	Standard	Policy presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.14	Develop and implement a plan to make sure there is sufficient resourced capacity in referral outcome grading to meet national waiting time standards for results and referrals	Service specification (1,2) National pathway standards (3)	6 months	High	Workforce assessment/ capacity and demand plan completed Commissioners assured of programme resilience and adequate numbers of appropriately trained staff Service adherence to national pathway standard thresholds
0.15	Conduct an audit to understand the range of variation in disease detection rate at primary level	Service specification (1,2)	6 months	Standard	Audit and resulting actions presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.16	Develop and implement a plan to provide an equitable sustainable slit lamp bio-microscopy (SLB) service with sufficient capacity and resilience to meet the national standard	Service specification (1,2) National pathway standards (3)	6 months	High	<p>SLB capacity/demand plan completed.</p> <p>Assurance of clinical governance across entire SLB pathway presented to the programme board</p> <p>Commissioners assured of programme resilience and adequate numbers of appropriately trained staff</p> <p>Service adherence to national pathway standard thresholds</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.17	Make sure the correct definition of 'adequate image quality' is understood by all graders and documented in a relevant policy	National guidance (12)	1 month	High	<p>Policy revised and signed-off by clinical lead and presented to programme board</p> <p>Assurance that all staff have read and understood changes to policy</p> <p>MDT minutes to reflect discussion around policy changes</p>
0.18	Make sure test and training (TaT) status correctly reflects the status of graders (eg definition of trainee)	<p>Management of Grading Quality (13)</p> <p>Diabetic eye screening rules of combination (8)</p> <p>Participation in the grading test and training system (14)</p>	1 month	Standard	TaT status of all staff employed in service presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.19	Review frequency of individual grader communication to provide quarterly feedback	Service specification (1,2) Management of Grading Quality (13) Guidance note on programmes that do not arbitrate on R1/R0 (15)	3 months	Standard	Revised feedback policy presented to programme board Confirmation of quarterly feedback to graders presented to programme board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.20	Work with those HES where paper referrals are currently required, to move towards electronic information sharing to improve efficiency, minimise risk and support meeting national standards	NHS guidance and framework (16)	12 months	Standard	<p>Generic e-mail addresses identified for all HES</p> <p>Agreement from all HES to accept electronic referrals</p> <p>Update referral policies and associated failsafe policies and present to programme board</p>

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
0.21	Enable all HES clinicians to access the images of those referred to them from diabetic eye screening	<p>Service specification (1,2)</p> <p>National guidance (4, 5)</p>	12 months	Standard	Assurance that all HES have access to images and that clinicians have been trained to access images provided to programme board

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.