



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Diabetic Eye Screening Programme West Riding and Craven**

**Public Health England leads the NHS Screening Programmes**

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG  
Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk) Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

### 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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Prepared by: Screening QA Service (North).

For queries relating to this document, please contact: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)



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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 West Riding and Craven screening service held on 19 April 2018.

### Quality assurance purpose and approach

Quality assurance 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, 15 February 2018 and clinical observation, 14 February 2018
- information shared with SQAS (North) as part of the visit process

### Local screening service

EMIS Care provides the West Riding and Craven (WRC) screening service. The service formed one year ago after all 4 of the West Yorkshire services were recommissioned. WRC was formed from the following:

- Bradford and Airedale screening service
- Calderdale and South Kirklees screening service
- 5 CravenGP practices previously part of the North Yorkshire screening service

The service has a diabetic population of approximately 65,700.

The service uses a mixed screening model. Optometrists and technicians provide screening in a variety of community venues and hospitals.

The service refers patients who need review or treatment to 4 hospital eye services.

The service provides screening for 136 GP practices. 5 clinical commissioning groups (CCGs) are covered in full by the service, these are:

- Bradford City
- Bradford District
- Airedale, Wharfedale and Craven
- Greater Huddersfield
- Calderdale

There are no prisons or other secure facilities within the programme boundaries.

Ethnic populations covered by the service are mixed. Bradford and Kirklees have ethnic populations of approximately 20%. Calderdale and Craven have ethnic populations of fewer than 6%.

Bradford is one of the most deprived areas in England and has a confirmed diabetes prevalence of 8%. This is higher than the rest of the service area which is around 6%.

## 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:

- business continuity – gaps in future proofing the service
- governance – lack of clarity around roles, responsibilities and reporting structure
- training, accreditation and development – gaps in feedback, performance review and attendance at MDT

### Shared learning

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

- professional and welcoming staff during clinics observed
- regular contract, governance and oversight meetings involving commissioners
- liaison between EMIS Care services to discuss policy, development and best practice

- steps to improve attendance, such as phoning patients and the introduction of 'engagement agents'
- cross working with other health professionals to identify pregnant patients and improve attendance
- access to screening in the community for homeless patients and work to improve user experience for vulnerable groups
- use of bespoke data and demographic failsafe reports for various sections of the screening pathway
- completion of test and training sets on a regular basis by all grading staff (as well as the clinical lead and slit lamp examiners)

## Recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	The commissioner to update membership in the programme board terms of reference	Service specification 17/18	6 months	Standard	Revised terms of reference
2	Provider to develop a schedule of audits to be agreed with the commissioner	Service specification 17/18	12 months	Standard	<p>Copy of audit schedule</p> <p>Summary of each audit and findings with associated action plan.</p> <p>Including audit of:</p> <ul style="list-style-type: none"> <li>• slit lamp outcomes</li> <li>• false positives</li> <li>• arbitration</li> </ul>
3	Commissioner to develop a health inequalities strategy. This should be informed by relevant data from health equity audit and other appropriate analyses, and outline how public health advice/oversight is provided for actions to address screening inequalities.	<p>Service specification 17/18</p> <p>Guidance for NHS Commissioners on equality and health inequality duties 2015</p> <p>NHS Accessible Information standard and specification</p>	12 months	Standard	Copy of the strategy

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4	Ensure all staff meet minimum training requirements including continuing professional development and ongoing competency	Service specification 17/18  The management of grading quality	6 months	High	Training policy and protocols developed and submitted to the programme board
5	Roles, responsibilities and reporting structures to be clearly defined in contracts and job descriptions	Service specification 17/18	9 months	High	Revised job descriptions and contracts.
6	Develop a business continuity plan and associated standard operating procedures (SOPs) to include, but not limited to, capacity planning, IT failures, disaster recovery	Service specification 17/18	12 months	High	Business continuity plan developed and reviewed at programme board
7	Implement a process for the development, control, approval and revision of standard operating procedures (SOPs). Ensure safeguarding, incidental findings processes are included and SOPs are accessible	Service specification 17/18  Data Protection Act 1998	6 months	Standard	Agreed list of policy documents and guidance presented to an appropriate governance group (programme board or operational group)

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Compare screening database with the Care Quality Reporting Service (CQRS) outcomes	Consent and Cohort Management guidance	12 months	Standard	Summary report of comparison submitted to programme board annually  Standard Operating Procedure (SOP) presented to the programme board
9	Audit patients with no perception of light	Diabetic Eye Screening Exclusions, Suspensions and Management of Ungradable Images guidance	6 months	Standard	Summary of findings provided to programme board

## Invitation, access and uptake

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



## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Ensure screening and associated information is accessible to all eligible patients	<p>Service specification 17/18</p> <p>Guidance for NHS Commissioners on equality and health inequality duties 2015</p> <p>NHS Accessible Information standard and specification</p>	6 months	Standard	<p>Action plan developed to address gaps in accessibility</p> <p>Summary report of outcomes and action plan submitted to programme board</p>
11	Ensure surveillance pathways are used in line with national guidance	<p>Service specification 17/18</p> <p>Surveillance pathways guidance</p>	9 months	Standard	<p>Action plan to ensure compliance and ongoing capacity. Summary report of outcomes submitted to programme board</p> <p>Standard Operating Procedure (SOP) presented to the programme board</p>

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Implement a risk assessment process for graders working from home	Service specification 17/18	3 months	Standard	Risk assessment completed for each home grading venue.  Action plan developed to address health safety/information governance risks.

## Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
13	Ensure failsafe and management of patients in hospital eye services is in line with guidance.	Service specification 17/18  Royal College of Ophthalmologists guidelines 2012  Referrals from diabetic eye screening to hospital eye services and associated failsafe guidance  Diabetic Eye Screening Exclusions, Suspensions and Management of Ungradable Images guidance	9 months	Standard	Standard Operating Procedure (SOP) presented to the programme board  Exception reports to programme board

## Intervention and outcome

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

## 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.