Public Health England

NHS

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Surrey

9 October 2018

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.
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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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 Surrey Diabetic Eye Screening Programme held on 09 October 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), commissioner and external organisations
- information collected during pre-review clinical visits to Fairland medical Practice, Camberley Health Centre and the grading centre at Farnham Community Hospital on 3 August 2018, and an administration review at Farnham Community Hospital on 31 August 2018
- information shared with the SQAS (south) as part of the visit process

Local screening programme

The Surrey NHS Diabetic Eye Screening Programme (Surrey DESP) provides retinal screening for a registered population of 55,648 on the screening database as of October 2018.

The Surrey DESP has been provided by EMIS Care Limited since April 2017, and is commissioned by NHS England South (South East). Surrey DESP provides routine digital screening to people with diabetes registered to all 128 Surrey GP practices. The screening model is a combination of 6 static sites and 8 rotational sites including GP practices and local community facilities.

The Surrey DESP covers 5 prisons. Screening is carried out at High Down and Down View every 3 months, with the other prisons being visited on a 6 monthly basis and receives referrals from the various Surrey military centres.

The screening programme aims to invite all people with diabetes aged 12 years and older to attend annual screens.
Digital surveillance is carried out in all screening sites and slit lamp biomicroscopy (SLB) is undertaken by 1 in-house optometrist and 3 optometrists in the community.

Surrey DESP provides all component functions of the eye screening pathway (including programme management, call / recall, image capture and grading) up to the point of referral for any screen-positive people with diabetes.

Screen positive cases requiring ophthalmic assessment and / or treatment are referred to 1 of 5 referral and treatment centres namely: Epsom and St. Helier University Hospitals NHS Trust, Royal Surrey County Hospital NHS Foundation Trust, Frimley Park Hospital at Frimley Health NHS Foundation Trust, Ashford St. Peters Hospitals NHS Foundation Trust, and East Surrey Hospital at Surrey and Sussex Healthcare NHS Trust.

Findings

Immediate concerns

The QA visit team identified 1 immediate concern as summarised below:

- slit lamp biomicroscopy (SLB) results from optometrists in the community are being emailed or posted to the screening programme and entered onto the screening software by screener graders under their own log ins and not that of the optometrists

High priority

The QA visit team identified 5 high priority findings as summarised below:

- lack of formal contractual arrangements for slit lamp biomicroscopy (SLB) provision
- concerns regarding the slit lamp biomicroscopy (SLB) pathway, particularly uptake, access and information transfer, as well as clinical governance of SLB examiners
- lack of adequate mandatory training for all staff
- non engagement of 1 GP practice with the screening programme
- the ability of the screening programme to operate a 12 month screening interval

Shared learning

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

- a comprehensive health equity audit (HEA) undertaken as part of the screening programme's Commissioning for Quality Innovation (CQUIN) for 2017 - 2019
- active engagement with Diabetes UK and other organisations
- the clinical lead participating in the monthly test and training (TAT) sets as a guest grader to assist in his principle role of teaching and grader feedback
- the screening programme's management of the prison populations
- memorandums of understanding in place between the screening programme and all 5 acute hospital eye services

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Cease the inputting of community slit lamp biomicroscopy (SLB) results under graders' names	Service specification	2 weeks	Immediate	Written confirmation that this practice has ceased
2	Put in place formal agreements for SLB provision which specify activities, data flows, roles, responsibilities, governance and length of service provision	Service specification	3 months	High	Contracts/Service Level Agreements are in place and reflect national timelines for referral and treatment. This should include ongoing oversight and regular internal quality assurance reporting
3	Ensure the recommendations in the health equity audit (HEA) are addressed to ensure service improvement	Service specification	6 months	Standard	Agreed action plan and prioritisation process presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Ensure the generic standard operating procedures (SOPs) include enough detail to inform local processes in the screening programme	Service specification	6 months	Standard	Revised SOPs presented to programme board.
5	Ensure that audits completed by the screening programme are supported by conclusions, actions and associated service improvement	Service specification	6 months	Standard	Conclusions, actions and associated service improvement plans developed from audits and presented to programme board.
6	Resolve the technical issues accessing the online user feedback	Service specification	3 months	High	Resolution confirmed at programme board
7	Complete a patient satisfaction questionnaire (PSQ) and action plan based on findings	Service specification	6 months	Standard	Completed PSQ and action plan presented to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Develop senior clinical roles further to include more formal teaching and training, as well as strategic planning for the screening programme	Roles and responsibilities of the clinical lead	6 months	Standard	Development of senior clinical roles confirmed at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Establish adequate mandatory training for all staff to include safety of both staff and users in screening clinics	Service specification	3 months	High	Staff training plan developed and presented at programme board
10	Establish N3 links at 2 remaining screening sites	Service specification	6 months	Standard	N3 links established at 2 remaining screening sites
11	Install IT screening software at 2 remaining HES departments	RCOPH	6 months	Standard	IT screening software installed at 2 remaining HES sites
12	Test the disaster recovery plan and document the result	Service specification	6 months	Standard	Disaster recovery plan tested and result reported to programme board
13	Localise the business continuity plan into an easy to access document that can be readily used by any member of staff in the event of a business continuity issue	Service specification	6 months	Standard	Business continuity plan revised and reviewed at programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Escalate GP practices not engaging with GP2DRS to commissioners	Service specification	3 months	High	Remaining practices signed up to GP2DRS reported to programme board
15	Develop formal process with maternity services to identify pregnant women in a timely manner	Service specification	6 months	Standard	Formal processes developed and SOP for identification of pregnant women in a timely manner presented to programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Undertake a capacity planning exercise across all screening sites to ensure that the screening programme is operating at a 12 month screening interval	Pathway standards	3 months	High	Results of capacity planning exercise shared at the programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Undertake regular Did Not Attend (DNA) audits to include analysis and identify areas of potential service improvement	Service specification	6 months	Standard	DNA audit to be added to audit schedule and Results of audit shared at the programme board Standard

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Update fit for purpose assessments for each clinic location	Service specification	6 months	Standard	Updated assessment submitted to programme board
19	Undertake an assessment of camera image quality	National guidance	6 months	Standard	Assessment of camera image quality submitted to programme board
20	Review the digital surveillance (DS) pathway to maximise the benefit of surveillance for R2, M1 and discharges from the HES and develop an associated SOP	Service specification	6 months	Standard	SOP for DS developed and revised DS pathway implemented. .

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Urgently review the slit lamp biomicroscopy (SLB) pathway to address uptake, access and information transfer, as well as clinical governance of SLB examiners	Service specification	3 months	High	Revised SLB pathway documentation to be presented to programme board. Action plan to address clinical governance of SLB examiners to be presented to programme board.
22	Develop an implementation plan to incorporate slit lamp biomicroscopy services (SLB) into the screening programme	Service specification	9 months	Standard	Agreed implementation plan presented to programme board
23	Review grading protocol to reflect actions required at ROG grading	National guidance	6 months	Standard	Revised protocol to be presented at 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 final report is submitted. 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.