Public Health England

NHS

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme
Greater Nottingham

4 December 2018

About Public Health England

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. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: 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 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.

www.gov.uk/phe/screening Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

Published April 2019
PHE publications
gateway number: GW-342

PHE supports the UN
Sustainable Development Goals

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 Greater Nottingham diabetic eye screening service held on 4 December 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 administration/failsafe pre-review visit on 22 October 2018
- information collected during screening/grading pre-review visit on 16 October 2018
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The Greater Nottingham diabetic eye screening (GNDES) service provides retinal screening for a registered diabetic population of 38,964 (screening database 01June 2018).

The service screens patients from 96 GP practices. Four clinical commissioning groups (CCGs) are covered by the service. These are:

- NHS Nottingham City CCG
- NHS Nottingham West CCG
- NHS Nottingham and North East CCG
- NHS Rushcliffe CCG

The service is provided by Nottingham University Hospitals NHS Trust (NUH) and is commissioned by NHS England, Midlands and East (North Midlands). The screening service office is located at Ropewalk House in Nottingham City centre.

The service provides all elements of the diabetic eye screening pathway (including programme management, clinical leadership, administration, failsafe, screening, grading, slit lamp biomiocroscopy and IT support). The service uses screener/grader technicians who undertake screening at 15 sites including GP locations, hospital sites and a high street pharmacist. The service also provide screening within 3 prisons. Nottingham University Hospitals NHS Trust optometrists provide slit lamp biomicroscopy for the service at either Ropewalk House or Queens Medical Centre (QMC).

Screen positive patients requiring ophthalmic assessment or treatment are referred to the hospital eye service at Queens Medical Centre (NUH).

The population has a mixed and diverse demographic profile comprising areas of significant derivation as well as affluence. There are 2 large universities and 3 prisons, resulting in high population mobility.

Findings

The service has made significant improvements since their last QA visit in July 2014 as follows:

- the relocation of the service from the Queens Medical Centre to Ropewalk House
- improvements to the telephone system to enable calls to be answered in a timely manner
- reduction in the overall ungradable rate
- production and ratification of policies to ensure consistency and provide resilience
- improvements to the GP validation process to improve the accuracy of the single collated list
- improvements in the timely reporting of patient outcomes from the hospital eye service to the screening service

The service has staff capacity and resilience challenges, the result of which is an inability to innovate or progress with service improvement initiatives. Staff have demonstrated that they have good ideas for improving the service, but don’t have the time or resources to allocate to this.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 3 high priority findings as summarised below:

- requirement to undertake a staffing capacity review to ensure adequate delivery of all service elements in accordance with national guidance and to allow time for service improvement

- all staff need to be adequately qualified to complete their role
- a protocol for clinical feedback to all graders should be implemented

Shared learning

The QA visit team identified the following areas of practice for sharing:

- inclusion of a patient representative at the board, along with the support and resources provided and developed by the Screening and Immunisations Team (induction package, role description and person specification)
- implementation of a mystery shopper concept to gain feedback from service users
- reporting of a complaints and compliments log to programme board
- introduction of a commissioning for quality and innovation (CQUIN) scheme to reduce variation in screening uptake and address inequalities
- implementation of an uptake working group to encourage joint working and share knowledge between the screening service, local authorities and Clinical Commissioning Groups
- introduction of IT interfaces (Medisoft, batch trace and hospital eye service appointment booking) to improve accuracy and efficiency within the service
- completed work to reduce the number of un-assessable referrals by completing training on improving photography and camera audits.
- development of a local patient leaflet including bus routes and alternative screening venues

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update the organisational structure diagram for the service to make sure it accurately reflects the current structure and shows clear lines of accountability and responsibility	Service specification (1,2)	6 months	Standard	Organisational structure presented to programme board
2	Review the staff establishment to ensure adequate capacity to deliver all elements of the service in accordance with national guidance and to allow time for service improvement	Service specification (1,2)	6 months	High	Workforce assessment completed for management, administration, failsafe, screener and grader staff. Summary report including staffing gap analysis submitted to programme board. Commissioners assured of programme resilience and adequate numbers of appropriately trained staff.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Develop and implement an annual schedule of audits	Service specification (1,2) Diabetic eye screening audit schedule (3)	6 months	Standard	Audit schedule (with timescales) agreed by commissioners through the programme board Audit schedule to be considered in commissioning contract Summaries and resultant actions from audits presented at programme boards and recorded in minutes
4	Make sure the patient survey, analysis and collation of feedback with resulting actions is progressed in line with defined timescales	Service specification (1,2)	12 months	Standard	Results and implementation of action plan reported to programme board
5	Develop a communications strategy/ plan to include development of an online presence	Service specification (1,2) NHS guidance and framework (13)	12 months	Standard	Local website/social media strategy developed

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Put in place a local framework to train and develop administrative staff	Diabetic eye screening: competencies for administrative staff (4)	6 months	Standard	Training framework presented to programme board
7	Provide confirmation that all screening and graders have completed the relevant health diploma units	Diploma for health screeners (5) Health screener diploma: guidance for assessors (6) Diabetic eye screening rules of combination (7)	3 months	High	Confirmation provided to programme board that staff are enrolled or have completed relevant modules and compliant with the rules of the combination document.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Make sure appropriate governance and monitoring processes are in place for the ongoing accreditation of slit lamp biomicroscopy examiners in line with guidance	Service specification (1,2) Screening slit lamp biomicroscopy training (8)	3 months	Standard	SOP and assurance provided to programme board
9	Put in place a formal agreement between the screening service and hospital eye services for the provision of slit lamp biomicroscopy /other lesion referrals	Service specification (1,2)	12 months	Standard	Confirmation provided to commissioners through the programme board
10	Schedule operational/multidisciplinary team meetings to enable attendance from all screening staff members	Management of Grading Quality (15)	6 months	Standard	Assurance provided to programme board of all team members attending meetings
11	Include case reviews and ophthalmology reviews of test and training images as a standing agenda item at multidisciplinary team meetings	Management of Grading Quality (15)	3 months	Standard	Assurance provided to programme board
12	Complete a review of failsafe standard operating procedures to identify gaps or duplication and where processes seem complex and time consuming, investigate best practice in other services	Service specification (1,2)	12 months	Standard	Inventory of operating procedures produced with actions identified Assurance provided at programme board that all have been reviewed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Make sure annual venue risk assessments consider the needs of both patients and staff	Service specification (1,2) Internal Quality Assurance Guidance and Best Practice Toolkit (9)	6 months	Standard	Assurance provided at programme board that annual cycle is completed Revised risk assessment template shared with programme board
14	Source a more secure and efficient process to envelope letters	Best practice NHS guidance and framework (13)	6 months	Standard	Envelope process implemented, and assurance of quality assurance of process reported to programme board Any subsequent incident outcomes reported to programme board
15	Review camera requirements and agree a replacement plan with trust	Service specification (1,2)	6 months	Standard	Plan provided to programme board to deliver an accessible resilient service
16	Make sure the equipment used to measure visual acuities enables an accurate result	Best practice Service specification (1,2)	6 months	Standard	Use of backlit charts in screening clinics

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	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
18	Review standard operating procedures and frequency of audits for cohort validation	Service specification (1,2) Diabetic eye screening audit schedule (3) Diabetic Eye Screening Cohort Management (10)	6 months	Standard	Standard operating procedures presented to programme board to include: excluded, ineligible, confirmation of no perception of light and off register states. Audits incorporated into audit schedule (as per recommendation 0.03)

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Progress actions from the 2016 health equity audit and uptake working group	Guidance for NHS commissioners on equality and health inequalities (11) NHS Accessible Information standard and specification (12)	12 months	Standard	Summary position report presented to programme board and next steps agreed
20	Review location of slit lamp biomicroscopy clinics to provide equitable access	Service specification (1,2) Guidance for NHS commissioners on equality and health inequalities (11)	12 months	Standard	Report on review of access to slit lamp biomicroscopy appointments presented to programme board and results actioned where appropriate

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Make sure annual clinic competency assessments are completed to provide assurance that processes are consistently followed in relation to patient identification and saving details against the correct record in software	Service specification (1,2)	12 months	Standard	Assurance that all assessments have taken place Resulting actions presented to programme board
22	Minimise the use of paper records that contain patient identifiable information	NHS guidance and framework (13)	6 months	Standard	Review and report on whether paper records with patient identifiable information are necessary Standard operating procedure in place to provide assurance that transportation is compliant with Trust information governance policy presented to board
23	Implement earlier training for trainees to enable them to recognise and triage obvious urgent referable disease or no signs of eye disease to free up the amber triage queue	Best practice National pathway standards (14)	6 months	Standard	Updated induction schedule in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Put in place a documented process for clinical feedback to all screeners and graders	Service specification (1,2) Management of Grading Quality (15)	3 months	High	Revised feedback policy and schedule presented to programme board Confirmation of quarterly feedback to graders presented to programme board
25	Make sure all graders (including ROG) have access to Test and Training test sets, are enrolled within the correct category (e.g. correct definition of trainee), and complete the required number of sets	Management of Grading Quality (15) Diabetic eye screening rules of combination (7) Participation in the grading test and training system (16)	3 months	Standard	Test and Training status of all staff employed in service presented to programme board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Develop and implement a failsafe schedule with timescales and responsibilities for completion	Service specification (1,2)	6 months	Standard	Failsafe schedule to be agreed and presented at programme board
27	Investigate factors that cause delays to achieve key performance indicator DE3	National pathway standards (14)	6 months	Standard	Present outcomes of investigations to the programme board
28	Utilise the digital surveillance pathway for low risk patients and make sure only those with referable disease (with exception of pregnant patients) are placed in this pathway	Service specification (1,2)	6 months	Standard	Retrospective audit of those with non-referable grades within the digital surveillance pathway conducted Standard operating procedure for digital surveillance pathway 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 and 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.