



Public Health
England



Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Sheffield

13 December 2018

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

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For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net



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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 Sheffield screening service held on 13 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 pre-review visits:
 - administration review on 16 October 2018
 - clinical observation on 12 October 2018
- information shared with the SQAS (North) as part of the visit process

Local screening service

Sheffield Teaching Hospitals NHS Foundation Trust (STH) provide the screening service. NHS England North (Yorkshire and the Humber) commissions the service.

The screening service operates an open booking model. 22 community-based and 2 hospital screening sites are used. The service refers patients into STH.

The service screens people from 80 GP practices. The GP practices are covered by Sheffield clinical commissioning group.

There are 4 secure mental health units covered by the service. Residents are escorted to their screening appointment. There are no prisons within the service boundaries.

The eligible population covered by the service is approximately 32,000.

Sheffield is ethnically diverse. 19% of the population are from black and minority ethnic groups. The largest group is Pakistani and there are large communities of:

- Caribbean
- Indian
- Bangladeshi
- Somali
- Yemeni
- Chinese

Sheffield ranks 26th most deprived out of 326 local authorities in the Index of Multiple Deprivation 2015.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified no high priority findings.

Standard recommendations have been made regarding:

- adding mandatory audits to the audit schedule
- using the appropriate mechanisms to report screening safety incidents
- oversight of screening and grading management

Shared learning

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

- long term non-attenders
- GP coding
- care home access
- geographical access
- learning disability access

On-call process for screener/graders.

Engagement with service users including:

- young people
- people with a learning disability
- working aged men

Evening and weekend appointments.

Monthly grading meetings.

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Manage all screening patient safety incidents and serious incidents in accordance with Managing Safety Incidents in NHS Screening Programmes	Managing Safety Incidents in NHS Screening Programmes	3 months	Standard	All staff trained in incident reporting Incident reports presented to programme board
2	Add grading and ophthalmology outcomes and 10% QA sample audits to the audit schedule	Diabetic Eye Screening: Audit Schedule	6 months	Standard	Revised audit schedule to be presented at programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Ensure there is a current job plan for the clinical lead which has allocated session(s) to undertake the full range of duties for the role	Service Specification 2018 – 2019 Roles and responsibilities of clinical leads of diabetic eye screening programmes	3 months	Standard	Job plan to be presented at programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Clinical lead to review and sign off clinical SOPs	Roles and responsibilities of clinical leads of diabetic eye screening programmes	6 months	Standard	Reviewed and signed SOPs to be presented at Programme Board
5	Review information governance procedures in relation to screening clinic lists	Service specification 2018 - 2019	3 months	Standard	Standard operating procedure to be revised
6	Provide assurance to commissioners and SQAS regarding the impact of the external research study on the screening service	Service specification 2018 - 2019	3 months	Standard	Produce and share a document with commissioners and SQAS, which describes the research project and its impact on the national screening programme
7	Ensure clinical lead or nominated senior grader provide feedback on grading quality to all grading staff quarterly	Roles and responsibilities of clinical leads of diabetic eye screening programmes	6 months	Standard	Documented process in place, signed-off by the clinical lead and agreed by the programme board
8	Agree the agenda and terms of reference (ToR) of the multidisciplinary team (MDT)	Service specification 2018 - 2019	3 months	Standard	ToR in place

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

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.