



Public Health
England



Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme
Bath and North East Somerset, Swindon
& Wiltshire

29 January 2019

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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 Bath and North East Somerset Swindon and Wiltshire (BSW) diabetic eye screening service held on 29 January 2019.

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, commissioner and external organisations
- information collected during pre-review visits to clinic venues and admin hub on 3 December 2018 and 4 January 2019
- information shared with the south regional SQAS as part of the visit process

Local screening service

The Bath and North East Somerset, Swindon and Wiltshire diabetic eye screening service (BSW) provides retinal screening for a registered population of c. 50,783 as on the screening database as of January 2019.

The service is provided by EMIS Care and is commissioned by NHS England (NHSE) South West.

People with diabetes access screening via venues based in GP practices and hospital sites.

Screen-positive people with diabetes requiring ophthalmological assessment or treatment are referred to 3 referral centres: Great Western Hospital (Great Western

Hospitals NHS Foundation Trust), Royal United Hospital Bath (Royal United Hospitals NHS Foundation Trust) and Salisbury Hospital (Salisbury Hospital NHS Foundation Trust).

Findings

The service was assessed against version 1.10 (March 2018) of the NHS Diabetic Eye Screening Programme Pathway standards. There are 13 national programme standards. Four of the current standards have yet to be assigned thresholds. Of the 9 national standards with thresholds, BSW have met or partially met the acceptable threshold for 3 of the 9. BSW met 1 of the 3 national key performance.

Immediate concerns

The QA visit team identified an immediate concern: there was lack of local programme management of the service. A letter was sent to the chief executive on 31 January 2019 asking that a plan was developed, within 7 days, setting out how this concern would be addressed.

The NHSE public health commissioning team had served a contract performance notice on EMIS Care which included the lack of local programme management. The head of public health commissioning (NHSESW) invited the screening QA service to work closely with the public health commissioning team to resolve this concern. On 1 February 2019, a recovery plan, including actions to address the lack of local management, was provided to the public health commissioning team.

High priority

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

- lack of capacity and demand planning with associated human resource issues
- staff shortages across management, administration, failsafe, screening, grading and slit lamp biomicroscopy
- the service appears to be delivered by 3 separate teams rather than one service across the entire catchment area
- the lack of clarity around clinical leadership and how that fits with EMIS's corporate structures
- a lack of clarity in the lines of clinical accountability

Shared learning

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

- engagement officers who contact people with diabetes who have not attended their screening, to reduce barriers to attend screening
- a person with diabetes sitting as a service user of the programme board
- five effective documents used for the development of screener competencies

Recommendations

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

Governance and leadership

No	Recommendation	Reference	Timescal	Priority	Evidence required
1	Undertake a gap analysis across the screening pathway against current contract, national screening service specification, standards and programme guidance	Service contract with NHS England South West	12 months	Standard	Gap analysis presented to Programme Board
2	Ensure immediate, full time, experienced programme management is in place and present within the service	Service specification	3 months	Immediate	Staffing plan and evidence of recruitment presented to programme board
3	Undertake a capacity and demand exercise, including staffing, applying the outcome to build resilience into the service	Service specification Essential Elements in Developing a Diabetic Retinopathy Screening Programme -workbook	3 months	Immediate	Plan submitted to programme board
4	Develop a more detailed risk register ensuring current risks are updated, clearly articulated and including mitigations	Failsafe NHS Diabetic Eye Screening Programme Service specification	6 months	High	Present register to the programme board

No	Recommendation	Reference	Timescal	Priority	Evidence required
5	Develop and implement an audit schedule which includes a method of reporting outcomes and actioning service improvements	<p>Service specification</p> <p>Competencies for staff undertaking administrative roles within the NHS Diabetic Eye Screening Programme</p> <p>NHS Diabetic Eye Screening Guidance on monitoring retired, amended and new pathway standards March 2017</p> <p>Failsafe NHS Diabetic Eye Screening Programme</p> <p>Diabetic eye screening audits guidance</p>	6 months	Standard	Present audit schedule, audits outcomes and evidence of changes made to the programme board
6	Establish and undertake a service user feedback process actioning any lessons learnt	Service specification	12 months	Standard	<p>Questionnaire and plan for feedback</p> <p>Results of feedback and service improvements</p>

No	Recommendation	Reference	Timescal	Priority	Evidence required
7	Localise the corporate generic complaints policy and include complaints sent to the central hub in the complaints report at programme board	Service specification Competencies for staff undertaking administrative roles within the NHS Diabetic Eye Screening Programme	12 months	Standard	Amended policy to commissioners

Infrastructure

No	Recommendation	Reference	Timescal	Priority	Evidence required
8	Produce an organisational structure which sets out the lines of clinical accountability and have this agreed by the clinical lead	Service specification	3 months	High	Documents to be presented to the programme board
9	Provide an action plan demonstrating how effective administration cover will be provided centrally	Interview with commissioner	6 months	Standard	Plan to be submitted to the commissioners
10	Develop and implement a schedule of training and continued professional development (CPD)	Competencies for staff undertaking administrative roles within the NHS Diabetic Eye Screening Programme Guidance Diabetic eye screening: education and training	12 months	Standard	Plan to be submitted to the programme board

No	Recommendation	Reference	Timescal	Priority	Evidence required
11	Carry out a review of all screening venues to establish suitability and accessibility addressing any venues that do not meet the needs of the service users	Service specification	12 months	Standard	Summary of review and details of any changes to venues to be presented to the programme board
12	Complete the service's camera list recording all pertinent data for all cameras	Diabetic eye screening: audit schedule	6 months	Standard	List to be presented to the commissioner
13	Produce plans for camera replacement or documented evidence from the clinical lead that the image quality is of the standard required for DES	Diabetic eye screening: audit schedule	6 months	Standard	Plans or written evidence to be presented to the commissioner

Identification of cohort

No	Recommendation	Reference	Timescal	Priority	Evidence required
14	Provide a biweekly update to screening and immunisation team on the progress of the open incident related to validation of the cohort	Managing Safety Incidents in NHS Screening Programmes	3 months	High	Updates to be submitted to screening and immunisation team/QA

No	Recommendation	Reference	Timescal	Priority	Evidence required
15	Undertake a health equity audit to increase access to screening and reduce inequalities	<p>The NHS long term plan 2019</p> <p>Service Specification</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	Outcome of HEA and inequalities action plan submission to programme board
16	Simplify and standardise the current set of failsafe processes to ensure effective and efficient failsafe	<p>Failsafe NHS Diabetic Eye Screening Programme</p> <p>Service specification</p> <p>Competencies for staff undertaking administrative roles within the NHS Diabetic Eye Screening Programme</p>	12 months	High	Documents to be submitted to the programme board over the course of the 12 months

Invitation, access and uptake

No.	Recommendation	Reference	Timescal	Priority	Evidence required
17	Quantify and address capacity issues relating to the issuing of results within 3 weeks of screening	Service specification Essential Elements in Developing a Diabetic Retinopathy Screening Programme - workbook	6 months	High	Action plan and report to evidence actions carried out to be submitted to commissioner

The screening test: accuracy and quality

No.	Recommendation	Reference	Timescal	Priority	Evidence required
18	Update guidance documents (correctly divide into policies and guidance), ensuring they reflect current practice and correct equipment and audit	Failsafe NHS Diabetic Eye Screening Programme	12 months	Standard	Presentation of updated documents to be provided to commissioner
19	Re-establish regular Multi Disciplinary Team (MDT) meetings, with terms of reference, set agenda and recorded notes	Service specification	3 months	Standard	Sample agenda, noted and schedule to be submitted to the commissioner
20	Develop and implement a pregnancy failsafe process to support pathways standards	Failsafe NHS Diabetic Eye Screening Programme	3 months	Standard	Pathway to be submitted as part of the incident to commissioner and QA

No.	Recommendation	Reference	Timescal	Priority	Evidence required
21	Develop a process or system that records all training (mandatory and screening specific) for all staff associated with the service	Guidance Diabetic eye screening: education and training	12 months	Standard	Presentation of the document to be presented to the programme board
22	Implement an effective feedback and management process for performance for screener/graders/Slit Lamp examiners using Test A and Training and other relevant reports.	Guidance Diabetic eye screening: education and training	3 months	Standard	Evidence of process to be presented to the programme board
23	Review current demand and capacity for Slit Lamp Biomicroscopy provision (SLB) and based on the findings implement an equitable and sustainable SLB service	Service specification no.22 NHS Diabetic Eye Screening Programme Slit Lamp Biomicroscopy (SLB) examiner training and accreditation framework Failsafe NHS Diabetic Eye Screening Programme	3 months	Immediate	Plan submitted to Programme Board
24	Develop a short term plan to address shortfall in Slit Lamp Biomicroscopy capacity while carrying out a full demand and capacity review	Service specification	3 months	Immediate	Plan to be submitted to the commissioner
25	Develop a process so that when grading queues hit an agreed level, help from the central hub is immediately initiated	Service specification Failsafe NHS Diabetic Eye Screening Programme	3 months	Standard	A written process and evidence of timely hub intervention

Referral

No	Recommendation	Reference	Timescale	Priority	Evidence required
26	Produce a written process for the escalation of issues within the Hospital Eye Service	The Royal College of Ophthalmologists relating to failsafe in Hospital Eye Services (HES) Failsafe NHS Diabetic Eye Screening Programme	6 months	Standard	Process submitted to the programme board
27	Develop a standard operating procedure that shows how other professionals, who have a clinical reason for needing to know screening outcomes, are informed of results	The Health and Social Care (Safety and Quality) Act 2015	6 months	Standard	Process submitted to the programme board
28	Standardise Did Not Attend processes across all 3 Hospital Eye Services	Royal college guidance	12 months	Standard	New process to be presented to the programme board
29	Develop trackers for all referrals so that outcomes for each person are known and recorded	Failsafe NHS Diabetic Eye Screening Programme	6 months	Standard	Trackers to be shared with screening and immunisation team and presented to the programme board
30	Present key performance indicator reports to the commissioner ahead of programme boards	Service specification	3 months	Standard	Exceptions to be submitted to commissioner to be included in programme board papers

Intervention and outcome

No.	Recommendation	Reference	Timescal	Priority	Evidence required
31	Produce an incidental finding process including how urgent referrals are made	Diabetic eye screening: cohort management	6 months	Standard	Process to be presented to the programme board
32	Produce separate pathways for age related Macular Degeneration and diabetes referrals	Incidental finding guidance	12 months	Standard	Pathways to be presented to the programme board
33	Develop clear processes for standardised referrals across all HES and ensure feedback to screening is timely and via a secure method	Diabetic eye screening: managing referrals to hospital eye services Health and Social Care Secretary's tech vision (fax)	12 months	Standard	Written processes to be presented to the 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.