



Public Health
England

**Screening Quality Assurance visit
report**
NHS Diabetic Eye Screening Service
North Central London Diabetic Eye
Screening Programme

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.

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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 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 four 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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Scope of this report

	Functions covered by this report	Further information on functions not covered in this report
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	Yes	
Invitation and information	Yes	
Testing	Yes	
Results and referral	Yes	
Diagnosis	Yes	
Intervention/treatment	Yes	

Executive summary

The NHS Diabetic Eye Screening Programme (DESP) 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 North Central London Diabetic Eye Screening Programme (NCLDESP) held on 6 June 2018.

Purpose and approach to quality assurance (QA)

Quality assurance aims to maintain national standards and promote continuous improvement in diabetic eye screening. This is to ensure that 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 (linked hospital eye services contribute to the service data reports)
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during the observation visit (administration) at: North Middlesex University Hospital on 26 April 2018
- information collected during the observation visit (screening) at North Middlesex University Hospital, Torrington Park Health Centre, and Chase Farm Hospital on 11 April 2018
- information collected during observation visit (grading) at North Middlesex University Hospital and Torrington Park Health Centre on 11 April 2018
- information shared with SQAS (London) routinely and as part of the visit process

Description of local screening service

The North Central London Diabetic Eye Screening Programme (NCLDESP) serves a total eligible population of approximately 82,000 people with diabetes, aged 12 and over. The population in North Central London (NCL) is diverse and growing. There is widespread health inequality and large populations live in deprivation.

In the geographical area covered by NCLDESP, there is a younger, more deprived population in the east and south and an older, more affluent population in the west and north. A significant proportion of people belong to the Black and Minority Ethnic

(BAME) groups with differing health needs and health risks. High rates of mental illness exist amongst both adults and children. 30% of children live in poorer households and around a quarter of the population do not have English as their first language [1].

The diabetic eye screening programme is delivered by the North Middlesex University Hospital NHS Trust (NMUH). NHS England (London) commissions the service. NMUH is responsible for providing clinical leadership, programme management, identification of the cohort, call/recall, screening, grading, referral, failsafe and all associated functions to deliver the full screening pathway. The service operates from an office base at North Middlesex University Hospital.

The service has a database of eligible people and uses dedicated software to manage the screening care pathway. The service is commissioned to provide screening to the eligible populations in HMP Pentonville and at Chase Farm Camlet Forensic unit. Quality Medical Solutions Ltd (QMS) provides data extraction from GP practice software to identify the cohort. Xerox provides an outsourced printing and mailing service for all patient correspondence.

The service uses technician screeners to provide screening at 6 community sites and 8 hospital sites. In addition, NCLDESP has procured a purpose built Mobile Screening Unit (MSU). Grading is completed using dedicated grading facilities spread across 4 sites.

The service refers screen-detected cases to 6 hospital eye service (HES) sites:

- North Middlesex University Hospital
- Barnet General Hospital
- Edgware Community Hospital
- The Royal Free Hospital
- Whittington Hospital
- St Pancras Eye Centre (SPEC)

Patients are also referred to Moorfields Eye Hospital for other eye diseases.

Findings

In April 2017, the interim quality assurance standards NHS Diabetic Eye Screening were replaced by NHS Diabetic Eye Screening Programme Pathway Standards. Performance data reviewed for the visit covers the period 1 January 2017 to 31 December 2017. This spans both the old and new standards. Performance has been reviewed against the new pathway standards with the consideration that a full 12 month data-set against the new standards was retrospectively not fully available.

This is the second visit to the service. All but one recommendation from the last QA visit that took place on 23 January 2014 have been met.

NCLDESP is a well led service with strong clinical leadership and operational management. This has facilitated programme development to a high standard. The service is patient centred and delivered by a team which is motivated and works well across all disciplines. In the period January 2017 to December 2017, the uptake rate for the service was 84%, close to the achievable national key performance indicator (KPI) for uptake (DE1) of 85%. The national KPI for timeliness of results (DE2) and timeliness of urgent hospital consultations (DE3) was also met. Since the recommissioning of London diabetic eye screening services in 2015, the team has worked well to consolidate existing strengths and deliver high performance in all areas of the screening pathway.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority issues

The QA visit team identified no high priority issues.

The key themes of the recommendations made were:

- improve the documentation which supports the running of the service, including screening in secure facilities, procedures with the ante-natal units and handling of IT failure/service disruption
- ensure that image quality of older cameras complies with national guidance
- review non-standard administration practices to promote more efficient use of resources

Shared learning

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

- effective organisational structure and a clear distribution of responsibilities
- innovative use of a mobile screening unit, particularly in the targeting of low uptake GP practices
- targeted approach to screening, such as a dedicated British Sign Language (enhanced) clinic
- innovative approaches in the call/recall processes such as telephoning new patients for appointments, evening administrative activity to reach out to persistent non-

attenders and use of bi-directional text messaging allowing patients to reschedule appointments by texting

- call management system allowing quality assurance of patient contact with the administration team
- cultural mix of the admin team reflecting the ethnicity of the population served and resulting in a wide range of languages spoken to boost uptake
- education of the hospital failsafe team on the use of screening software reporting to manage the patient cohort in ophthalmology
- collaborative working to offer eye screening with other services along the diabetes pathway
- involvement with the Haringey diabetic provider group organised by the Haringey Clinical Commissioning Group and Public health
- supporting Camden CCG for collection of Patient Reported Outcome Measures (PROM)
- participation at the North Central London diabetic pathway group
- regular and well attended bi-monthly Multi-Disciplinary Team (MDT) meetings led by the clinical lead with presence of ophthalmologists at 2 sites, NMUH and Royal Free Hospital
- good communication with and engagement from the hospital eye service lead clinicians
- improved feedback by direct entry of data by some ophthalmologists at the NMUH with regular training provided on the screening software

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.	Develop a process which complies with Trust policy for the systematic approval, review and revision of controlled documents including dissemination, change control and ratification	NHS public health functions agreement 2017-18 Service specification number 22 NHS Diabetic Eye Screening Programme	6 months	S	Protocol developed and presented to programme board
2.	The Trust to include reference to managing screening incidents in accordance with “Managing Safety Incidents in NHS Screening Programmes” in the Trust’s incident policy	NHS public health functions agreement 2016-17 Service specification number 22 and guidance on managing safety Incidents in NHS Screening Programmes (updated 9 January 2018)	3 months	S	Updated policy

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.	Review Torrington Park Health Centre facilities to ensure appropriate room set-up which allows screening to be delivered in a suitable environment	NHS public health functions agreement 2017-18 Service specification number 22 NHS Diabetic Eye Screening Programme	6 months	S	Completed action plan
4.	Ensure service level agreements (including business continuity during IT failure) are in place with all providers of IT networks	NHS public health functions agreement 2017-18 Service specification number 22 NHS Diabetic Eye Screening Programme	12 months	S	SLA in place
5.	Put in place a business continuity plan and associated standard operating procedures (SOP) which includes, but not limited to, screening database link failures at any or all screening sites, regular database backup and disaster recovery	NHS public health functions agreement 2017-18 Service specification number 22 NHS Diabetic Eye Screening Programme	12 months	S	Business continuity plan developed and reviewed at programme board
6.	Computers used for screening and grading should meet the specification required by the	NHS public health functions agreement	6 months	S	Confirm senior level IT support to oversee upgrades/changes and

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	programme's screening software	2017-18 Service specification number 22 NHS Diabetic Eye Screening Programme			report to programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7.	Conduct an annual review of exclusions by GP Practice, and an investigation where Practice(s) are reporting unusual levels of exclusions	Guidance title: Diabetic eye screening exclusions and suspensions, and managing ungradable images (Version 1.0, 1 November 2012)	12 months	S	Outcomes presented to the Programme Board
8.	Evaluate the current methodology used for updating the single collated list to remove duplication and maximize efficiency for all providers		12 months	S	Report presented to the programme board
9.	Ensure that signed agreements and workflows for screening in secure facilities are documented and incorporated into the screening SOP	NHS public health functions agreement 2017-18 Service specification number 22 NHS Diabetic Eye Screening	6 months	S	Protocols in place

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
		Programme			
10.	Document joint operating procedures with the antenatal services to ensure complete identification of pregnancy at an early stage	NHS public health functions agreement 2017-18 Service specification number 22 NHS Diabetic Eye Screening Programme	6 months	S	Protocol in place

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
11.	Audit the image quality for older cameras and for cameras no longer on the approved list to ensure image quality remains acceptable	Guidance title: Diabetic eye screening: guidance on camera approval (3 January 2018)	6 months	S	Report on image quality signed off by the clinical lead and presented to the programme board
12.	Develop an equipment replacement plan for all cameras in use	Guidance title: Diabetic eye screening: approved cameras and settings	12 months	S	Replacement plan/schedule in place

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
		(3 January 2018)			
13.	Update the grading protocol to reflect recommended levels of inter-grader agreement rates, and actions taken if graders fall below this	Guidance title: The management of grading quality Good practice in the quality assurance of grading (Version 1.2, 22 March 2016)	6 months	S	Updated protocol in place

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14.	Ensure overall compliance with Pathway Standard DES- PS-10 (relevant health professionals are informed of all test results)	NHS public health functions agreement 2017-18 Service specification number 22 NHS Diabetic Eye Screening Programme and NHS Diabetic Eye Screening Programme Pathway standards (Updated March 2018)	3 months	S	Protocol in place

Failsafe

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15.	Document the failsafe function at each point in the pathway including but not limited to roles and responsibilities, cover arrangements, governance and escalation	Guidance title: Diabetic eye screening: commission and provide (Dated 10 April 2017)	12 months	S	Detailed document in place and presented at the programme board

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 in 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.