



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme  
Northamptonshire Healthcare Foundation  
Trust

13 June 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 Northamptonshire screening service held on 13 June 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:

- 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 on 17 April 2019 and 22 May 2019
- information shared with the Midlands and East regional SQAS as part of the visit process

### Local screening service

The Northamptonshire diabetic eye screening service provides retinal screening for a registered diabetic population of 43,718 (screening database 31 December 2018).

The service screens people with diabetes from a total of 76 GP practices. 5 GP practices are covered by NHS Corby Clinical Commissioning Group and 71 GP practices are covered by NHS Nene Clinical Commissioning Group.

The service is provided by Northamptonshire Healthcare Foundation NHS Trust and is commissioned by NHS England and NHS Improvement, Midlands (formally NHS England Midlands and East (Central Midlands) until 1 April 2019). The screening service office is located at Isebrook Hospital, Wellingborough.

The service provides all elements of the diabetic eye screening pathway (including programme management, clinical leadership, administration, failsafe, screening,

grading, slit lamp biomicroscopy and IT support). The service uses screener/grader technicians to provide screening at 9 locations including Northamptonshire Healthcare Foundation Trust community sites and GP practices. The service also provide screening within 2 prisons and a secure mental health unit. Screen positive patients requiring ophthalmic assessment or treatment are referred to either the hospital eye service at Northampton General Hospital NHS Trust (Northampton General Hospital) or Kettering General Hospital NHS Trust (Kettering General Hospital).

Estimates of diabetes prevalence in the population is 8.5%. This is in line with the England average of 8.6%. The percentage of Black, Asian and minority ethnic populations varies across the service geography and is correlated with areas of deprivation.

## Findings

The service was benchmarked against the NHS Diabetic Eye Screening Programme pathway standards (updated August 2017) for this visit, using annual data up to 31 December 2018. There are a total of 13 standards of which 9 are currently measured. The service is achieving 4 of these standards, 1 standard is partly met. The 4 standards not met relate to timely offer of routine digital screening for both new and existing patients, low ungradable rates and access to appointments for new patients referred to slit lamp biomicroscopy.

The service has achieved the 3 published key performance indicators for the quarter ending 31 December 2018.

The service uptake rate is 77.9% which is above the acceptable threshold of 75% for pathway standard 7.

99.5% of results are issued to those screened within 3 weeks.

86.5% of individuals requiring an urgent referral to hospital eye services are seen within 6 weeks of their screening appointment.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 6 high priority findings, summarised as:

- the unusually wide scope of responsibilities carried out by the current clinical lead could present a challenge when considering succession planning
- it is not clear if all screening safety incidents are being reported, as local policies do not make any reference to national guidance
- local infection control policies were not followed consistently
- data shows a downward trend of ungradable images which is below expected thresholds
- capacity issues in hospital eye services within Northampton General Hospital are preventing the timely consultation of routine referrals
- standards associated with slit lamp biomicroscopy are not met and there is currently insufficient capacity to meet demand

## Shared learning

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

- widespread access to patient images and screening data across multi-disciplinary teams
- effective management of pregnant women within the screening pathway
- dedicated time for assessors to support training of screener/ graders
- online booking and SMS messaging to improve communications
- initiatives to increase awareness of screening for newly diagnosed patients
- comprehensive pre-screening process supporting wider diabetes care
- pro-active approach to supporting screener/ graders such as screening and grading handbook, new buddying scheme, access to clinical lead
- face-to-face meetings with staff at care homes to ensure they have an understanding of the screening programme and can support their residents in making an informed decision to attend for screening
- a screening inequalities group currently meets monthly
- development of promotional resources to increase uptake and address inequalities

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Work with the screening and immunisation team to complete a gap analysis of the current service provision against the requirements of the service specification.	Service specification	6 months	Standard	Service improvement plan presented to board and actions implemented (SIP)
2	Complete a review of the current service model and identify actions to improve efficiency for inclusion in the service improvement plan	Service specification	6 months	Standard	Service improvement plan presented to board and actions implemented
3	Provide exception reports in line with the final validated pathways standards	Service specification	6 months	Standard	Exception reports presented to programme board
4	Confirm who has the responsibility to carry out service review and improvement, and ensure there is capacity to fulfill this appropriately	Service specification	3 months	Standard	Confirmation at programme board
5	The trust should develop a succession plan for the clinical lead that includes the full duties of their role and document arrangements for absence	Service specification	12 months	High	Succession plan presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Work with the trust to develop a structured disaster recovery plan and a business continuity plan that mitigates service disruption risks	Service specification	6 months	Standard	Business continuity and disaster recovery plans presented to programme board
7	Follow national guidance for managing screening safety incidents and reference this in local policies and standard operating procedures	Managing incidents	3 months	High	Updated policies and screening related datix reports presented to programme board
8	Present current and active risks to the programme board regularly	Service specification	6 months	Standard	Current risks presented to programme board
9	Confirm whether the current arrangements for transporting and storage of printed clinic lists is in line with trust IG policy	Information governance guidelines	6 months	Standard	Assurance provided to programme board
10	Use recommendations from the health equity audit to inform inequalities action plan	Service specification	6 months	Standard	Health equity audit and inequalities action plan presented to board
11	Agree a timetable for presenting audit outcomes to the programme board in line with published guidance	Diabetic eye screening audit schedule  Service specification	6 months	Standard	Audits findings presented to programme board in line with agreed schedule
12	Undertake a service specific user survey and use the findings to support service improvements	Service specification	6 months	Standard	Findings presented to board within service improvement plan

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Share outcomes of the performance feedback with the programme manager for use within screeners and graders annual appraisal	Service specification	6 months	Standard	Confirmation to programme board
14	Update the organisational chart and job descriptions to accurately reflect roles, responsibilities and lines of accountability	Service specification	6 months	Standard	Updated organisational chart and job descriptions presented to programme board
15	Ensure the 'Competent workforce' section of the national pathway standards report is updated regularly	Diabetic eye screening pathway standards	3 months	Standard	Presented to programme board
16	Change the camera settings to be in line with national guidance	Approved cameras and settings	3 months	Standard	Confirmation to programme board

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Document the procedure and communication pathway for the identification and screening of people in long term mental health care settings	Cohort management overview	6 months	Standard	New standard operating procedure presented to programme board



## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Update the Screening Inequalities Group's terms of reference to reflect the latest membership and role of the group	Accessible Information standard	6 months	Standard	Updated terms of reference presented to programme board
19	Address the findings of a did not attend/did not respond (DNA/DNR) audit in the service improvement plan	Service specification	6 months	Standard	Service improvement plan presented to board and actions implemented

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Make sure that all staff follow local infection control policies regarding cleaning of equipment	NHS Infection control guidelines	3 months	High	Confirmation to be given at programme board
21	Describe the process to be followed when patients are unable to consent to screening	Consent and cohort management	6 months	Standard	Amended standard operating procedure to be presented at programme board
22	Maximise the use of grading tools available within the software	The Management of Grading	6 months	Standard	Screening and grading standard operating procedure updated
23	Make sure the number of graders is recorded accurately within the software, test and training system and organisational structure	The Management of Grading  Service specification	6 months	Standard	Confirmation to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Extract and use the quarterly grading management reports from the test and training software system and the intergrader agreement reports within the programme performance reports to monitor overall performance	The Management of Grading	6 months	Standard	Confirmation to programme board
25	Audit Q2 and Q3 2018-19 data to investigate reasons for the downward trend of standard 9 (image quality)	Service specification	6 months	High	Audit findings and action plan presented to programme board
26	Promote learning in clinical multi-disciplinary team (MDT) meetings by reviewing images graded as ungradable at priming/secondary screening that are then graded as 'adequate'	Service specification	6 months	Standard	MDT agenda template presented to programme board

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Undertake an audit of the 'Other' category in the digital surveillance pathway.	Diabetic eye screening: surveillance pathways	3 months	Standard	Outcome and action plan presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Explore options to introduce digital surveillance, and identify other opportunities within hospital eye services to reduce waiting times for routine referrals	Diabetic eye screening pathway standards  Diabetic eye screening: surveillance pathways	3 months	High	Options appraisal presented to programme board
29	Provide assurance that the senior graders will complete their slit lamp biomicroscopy training in the timeframe given by the clinical lead	Diabetic eye screening pathway standards	3 months	High	Confirmation to programme board
30	Review provision and management of slit lamp biomicroscopy clinics to improve capacity	Diabetic eye screening pathway standards	3 months	High	Revised standard operating procedure presented to programme board Achievement of associated pathway standards
31	Make sure all result letters conform to national templates	Service specification	6 months	Standard	Amended letters presented to programme board
32	Make sure processes are in place for regular feedback from hospital eye services	Diabetic eye screening: managing referrals to hospital eye services	6 months	Standard	Achievement of pathway standard 12.2

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Update the terms of reference for the governance meeting with hospital eye services to describe escalation processes when risks are identified	Diabetic eye screening pathway standards	3 months	Standard	Terms of reference presented 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.