Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Berkshire

17 October 2019

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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 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 Berkshire diabetic eye screening service.

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-clinical review visits to Wokingham Community Hospital, Reading Walk-in Centre and Upton Hospital Oak House on 14 August 2019 and pre-administration reviews at the Berkshire diabetic eye screening service offices on 29 August 2019
- information shared with the south regional SQAS as part of the visit process

Local screening service

The Berkshire diabetic eye screening service (BDESS) provides retinal screening for a registered population of c.49,000 on the screening database as of April 2019.

The service is currently provided by InHealth Intelligence Limited (IHI) and is commissioned by NHS England South East (Thames Valley). The service was previously provided by Berkshire Healthcare Foundation NHS Trust. IHI won the contract after competitive tendering and took over in April 2018.

People with diabetes access screening and fixed-site locations in the community, including hospital sites, and General Practitioner (GP) practices

Screen-positive people with diabetes requiring ophthalmological assessment or treatment are referred to 4 referral centres:

1. King Edward VII Hospital (Prince Charles Eye Unit, Royal Berkshire NHS Foundation Trust).
2. Royal Berkshire Hospital (Royal Berkshire NHS Foundation Trust).
3. Great Western Hospital (Great Western Hospitals NHS Foundation Trust).
4. Frimley Park Hospital (Frimley Health Foundation Trust).

Findings

The service was benchmarked against the April 2019 version of the NHS Diabetic Eye Screening Programme Pathway standards. The pathway standards for diabetic eye screening were revised in April 2017, providing 13 national standards. This report does not contain recommendations based on withdrawn standards. Four standards were not initially assigned thresholds until further data had been collected.

From April 2019, revisions were made to some existing thresholds along with the introduction of some outstanding thresholds. Performance against the new thresholds will be measured against data collected from April 2019 and reported in Q1 2019/20 performance reports.

Of the 11 standards with thresholds, BDESS have met or partially met the acceptable threshold for 5/11; 2 have met the achievable threshold.

At the time of the QA visit, a review of the performance outcome calculations for each of the national pathway standards for diabetic eye screening, reported by IHI, was being reviewed by the National Diabetic Eye Screening Programme (NDESP) and was nearing completion. Inaccuracies had previously been identified and outcomes were revised with support from IHI. At the time of this report, the performance outcomes against the pathway standards had been verified by IHI and are now considered reliable.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 4 high-priority findings, summarised as:

1. Lack of progress with new screener/grader accreditations.
2. High un-assessables rate.
3. Backlog of patients requiring slit-lamp biomicroscopy pathways.
4. Management of patients with incidental findings.

Shared learning

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

- embedded fail-safe officers within each hospital eye service
- administration team ‘workbook’ to ensure consistent administrative practice
- comprehensive market research report (Breaking Blue) showing patient satisfaction, GP knowledge of referral process and availability of promotional material
- extensive range of advocacy services
- access to booking portal for transport services
- quarterly summary report to Health Protection Committee
- NHS England’s escalation and monitoring framework for screening programmes

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner and provider should work together to undertake a health equity audit	Service specification Guidance for NHS Commissioners on equality and health inequality duties 2015 NHS Accessible Information standard and specification	12 months	Standard	A) summary of the audit and findings B) the audit results and action plan
2	Consolidate risk-registers in a single register	Service specification	6 months	Standard	Agreement on a single risk-register format and recording, and submitted to programme board
3	Consolidate local audit schedules into a single schedule and align with national guidance	Service specification	6 months	Standard	Agreement on a single audit schedule format and recording, and submitted to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Plan implementation of individual standard operating procedure (SOP) documents for all operational tasks	Service specification	*	*	*
5	Develop a standard operating procedure for the production and format of audit and internal quality assurance (IQA) reports	Service specification	*	*	*

* This recommendation to be completed in accordance with timescales stipulated in previous IHI QA visit report(s) in other areas

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Ensure grading staff complete the Health Screener Diploma in accordance with national timelines	Health Screener Diploma	3 months	High	Action plan developed to support and supervise staff Achievement of accreditation in accordance with national timelines
7	Ensure the screening site at Upton is fit for purpose and complies with the local screening clinic compliance criteria	NHS Standard Contract Local screening clinic compliance protocol	6 months	Standard	Report from review of Upton site and submitted to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Ensure all staff are competent to undertake review of the suitability of screening sites in accordance with the local screening clinic compliance criteria	Health Screener Diploma Local screening clinic compliance protocol	6 months	Standard	Report from review of daily compliance checks for screening sites and action plan to address compliancy with local protocol

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Ensure the management process for excluded and suspended patients complies with national guidance.	Cohort management guidance	6 months	Standard	Report from review of management processes for excluded and suspended patients submitted to programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Audit patients categorised as ‘suspended’ to determine the increase of patients within this group	Cohort management guidance	6 months	Standard	Summary findings of report submitted to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Develop a screening capacity and demand action plan for the next 12 months	Service specification	6 months	Standard	Action plan, to include, but not limited to: the trajectory of both capacity and demand over the next 12 months, non-attendance recalls and incidence of diabetes.
12	Ensure invitation and results letters conform to national templates	Service specification National guidance	*	*	*

* This recommendation to be completed in accordance with timescales stipulated in previous IHI QA visit report(s) in other areas

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescal	Priority	Evidence required
13	Ensure all screening staff meet the minimum ongoing competency levels	Service specification	12 months	Standard	Develop annual competency checks for screening staff
14	Mydriasis protocol to be enhanced with instructions for the disposal of eye droppers in accordance with non-hazardous pharmaceutical waste guidance	Royal Society of Pharmaceuticals	12 months	Standard	Revised protocol submitted to programme board

No.	Recommendation	Reference	Timescal	Priority	Evidence required
15	Ensure mydriasis policy conforms to national guidance	Service specification National guidance	*	*	*
16	Digital Surveillance (DS) protocol to be enhanced with greater clarity on the process of clinical supervision of the DS pathway	Overview of patient pathway, grading pathway, surveillance pathways and referral pathways guidance	12 months	Standard	Revised protocol submitted to programme board
17	Audit the high un-assessables rate	Pathway standards	3 months	High	Report from the audit of un-assessables to include, but not limited to: • missed un-assessables (identified in the 10% sample of normal audit) • systemic review of the image quality grading criteria applied by Berkshire's graders • the reduction in un-assessables being placed into the SLB pathway • greater than 100% of un-assessables being placed into the SLB pathway in some quarters • review of waiting times given by screeners for mydriasis • review of missing images

No.	Recommendation	Reference	Timescal	Priority	Evidence required
18	Revised slit lamp biomicroscopy capacity and demand action plan	Service specification	3 months	High	Action plan, to include, but not limited to: the trajectory of both capacity and demand over the next 12 months, non-attendance recalls, the audit of the high un-assessables rate, staff capacity requirements, recruitment and training

* This recommendation to be completed in accordance with timescales stipulated in previous IHI QA visit report(s) in other areas

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	None				

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Ensure all references to the management of incidental findings (Non-diabetic retinopathy) within local policies are consistent.	Managing referrals to Hospital eye services guidance Local protocols	12 months	Standard	Revised policies submitted to programme board
20	Audit the management of incidental findings	Managing referrals to Hospital eye services guidance	3 months	High	Report from audit submitted 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.