



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Cheshire

24 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](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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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 Cheshire screening service held on 24 October 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:
 - clinical observation, 5 August 2018
 - administration review, 6 August 2018
- information shared with SQAS (North) as part of the visit process

Local screening service

The East Cheshire NHS Trust (ECNT) provides the screening service. NHS England and NHS Improvement (North West) commissions the service.

The eligible population covered by the service is approximately 43,700.

If sight-threatening disease is detected, the service refers to the following hospital eye services:

- Macclesfield Hospital
- Leighton Hospital
- Countess of Chester

The service was commissioned to provide a national screening programme in June 2007. The Central and Eastern Cheshire Primary Care Trust (PCT) provided the

service from 2007 to 2013. ECNT became the provider in 2013. The screening service is in Alsager Health Centre (AHC).

Optometrists provide most of the screening in the community. Technicians screen at 2 fixed sites. All grading takes place at AHC. Technicians do the grading.

The service provides screening for 83 GP practices. The following clinical commissioning groups (CCGs) are covered in full by the service:

- Eastern Cheshire
- South Cheshire
- West Cheshire
- Vale Royal

Cheshire has a lower proportion of people from minority ethnic groups compared to the average for England. There is also a higher proportion of people aged 75 years compared to the average for England. The largest proportion of the screening service cohort are aged 70 to 79 years. The West Cheshire and Vale Royal CCGs have more deprivation than the rest of Cheshire.

The service provides screening in Styal prison. Individuals from the following mental health institutions are invited for screening:

- David Lewis Centre
- Alderley Unit
- Soss Moss
- Saddlebridge Recovery Centre

The service also provides screening for people with diabetes from the local military barracks.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 3 high priority findings, summarised as:

1. Gaps in governance and clinical oversight.
2. Insufficient contract management processes.
3. Inadequate return of data from hospital eye services.

Shared learning

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

- extensive work to improve information for GPs and people with diabetes
- wide-ranging health inequalities, access and uptake work
- extra failsafe and audit processes to supplement standard measures
- detailed and reflective root cause analysis for incidents

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Make sure there are appropriate levels of governance for programme board, operational and oversight meetings	Service specification 2018 to 2019 Diabetic eye screening: KPI and standards data submission 2019 to 2020 Diabetic eye screening: commission and provide	6 months	High	Terms of reference Minutes
2	Commissioner to document the local governance and contract monitoring process (including sub-contractor oversight and assurance of compliance against the service specification).	NHS standard contract service conditions Diabetic eye screening: commission and provide	12 months	High	Confirmation of processes shared with programme board (including methods for ensuring SIT and QA involvement in escalating concerns to contract teams)
3	Make sure governance and oversight provision is adequate (including resource for clinical leadership, failsafe and oversight of all clinical functions)	Diabetic eye screening: commission and provide Service specification 2018 to 2019	6 months	High	Review of clinical lead job plan to be submitted to an appropriate governance group (programme board or operational group)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
					Minutes Evidence of failsafe oversight and feedback processes between provider and optometrists
4	Update audit schedule in agreement with the commissioner	Diabetic eye screening audit schedule Diabetic eye screening: commission and provide	3 months	Standard	Copy of audit schedule Summary of each audit and findings with associated action plan.

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Develop a business continuity plan and associated standard operating procedures (SOP) to include staffing arrangements	Service specification 2018 to 2019	12 months	Standard	Business continuity plan presented to an appropriate governance group (programme board or operational group)
6	Make sure screening is accessible to all people who need to be screened	Service specification 2018 to 2019 Guidance for NHS Commissioners on equality and health inequality duties 2015	12 months	Standard	Suitable charts in each screening venue Updated audit schedule Action plan and evidence submitted to an appropriate governance group (programme board or operational group)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Confirm screening processes are information governance compliant (GDPR)	GDPR 2018 Data protection act 1998	6 months	Standard	Confirmation of compliance from Caldicott guardian
8	Make sure screening equipment, hardware and software is accessible and functions adequately	Service specification 2018 to 2019 Royal College of Ophthalmologists guidelines Diabetic eye screening: commission and provide	12 months	Standard	Assurance from screening software provider Maintenance and replacement agreements Risk assessments Action plan developed for the installation of the screening programme management software in linked hospital eye services
9	Implement a process for the development, control, approval and revision of standard operating procedures (SOPs). Include monitoring of adherence	Data Protection Act 1998 Diabetic eye screening: commission and provide Service specification 2018 to 2019	6 months	Standard	Agreed list of policy documents and guidance presented to an appropriate governance group (programme board or operational group)

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
N/A	N/A	N/A	N/A	N/A	N/A

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Commissioners to agree a GP engagement strategy with the service	Service specification 2018 to 2019	12 months	Standard	Action plan developed and presented to programme board or operational group

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Review surveillance pathways, assessing their impact on HES	Service specification 2018 to 2019 Diabetic eye screening: commission and provide	12 months	Standard	Action plan developed and presented to an appropriate governance group (programme board or operational group) SOPs updated
12	All staff to meet minimum training requirements including continuing professional development and ongoing competency	Service specification 2018 to 2019 Diabetic eye screening: commission and provide	6 months	Standard	Formal agreements (part of sub contracts) Training policy and process developed. To be submitted to an appropriate governance group (programme board or operational group)

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Put in place formal agreements with each linked hospital eye service which specify activities, data flows, roles, responsibilities and governance	Diabetic eye screening: commission and provide Royal College of Ophthalmologists guidelines 2012 Service specification 2018 to 2019	12 months	High	Summary outcomes of failsafe activity to be reported at programme board. Service level agreements or memorandum of understanding

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
N/A	N/A	N/A	N/A	N/A	N/A

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.