



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Central Mersey

7 November 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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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 Central Mersey diabetic eye screening service held on 7 November 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 consistently 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
 - administration review on 19 September 2019
 - clinical observation review on 24 September 2019
- information shared with SQAS (North) as part of the visit process

Local screening service

The Central Mersey diabetic eye screening service (the service) provides diabetic eye screening for around 45,000 people with diabetes. The service is provided by Northgate Public Services (NPS). NPS became the sole provider of the service in April 2018. NHS England and NHS Improvement North West (Cheshire and Merseyside) (NHSE&I C&M) is the commissioner.

The service is a mixed model provider, offering screening from 23 optometrist sites, 10 community clinics and 2 prisons (Risley and Thorn Cross). Inpatients at a secure mental health unit (the Scott clinic) are invited for a screening at a local screening site.

The service refers people into 4 treatment and assessment hospitals:

- St Helens and Knowsley Teaching Hospitals NHS Trust (STHK)
- Warrington and Halton Hospitals NHS Foundation Trust (WHH)
- Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT)
- Aintree University Hospital NHS Foundation Trust (AUH)

As of 1 October 2019, the RLBUHT and AUH have merged to form Liverpool University Hospitals NHS Foundation Trust (LHT).

The service screens individuals from 122 GP practices and 4 clinical commissioning groups (CCGs); Halton, St Helens, Knowsley and Warrington.

The population covered by the service is resident within 4 local authority areas; St Helen's Metropolitan Borough Council, Knowsley Council, Warrington Borough Council, Halton Borough Council. The area is characterised by very high levels of deprivation (the population of Knowsley is ranked the 3rd most deprived out of 316 in the 2019 index of multiple deprivation) with very small numbers from ethnic minority communities.

Findings

Immediate concerns

The QA visit team identified 2 immediate concerns. A letter was sent to the chief executive on 8 November 2019, asking that the following items were addressed within 7 days:

- Feedback regarding patient status in hospital eye services (HES) has not been received by the service for more than 14 months
- The service was unable to confirm disaster recovery arrangements and adequate server space for the programme

A response was received within 7 days which assured the QA visit team the identified risk has been mitigated and no longer poses an immediate concern.

High priority

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

- the oversight and assurance of optometrist screeners is inadequate.
- an agreed pregnancy referral process is not in place. The service do not meet pathway standard 6 (proportion of pregnant women with diabetes seen within 6 weeks of notification of their pregnancy to the screening provider)
- the training, supervision and oversight of graders does not reflect national guidance
- the clinical lead's roles and responsibilities are not clear

Shared learning

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

- the screening and immunisation team sent a newsletter to GP practices to raise awareness of the importance of correctly coding of people with diabetes
- an increase in the number of newly diagnosed patients being offered a screening appointment within 3 months following the introduction of fixed appointments
- promoting and offering screening to people who are homeless or vulnerably housed
- the introduction of well-structured and regular MDT meetings
- links to external organisations such as Diabetes UK and the Teardrops charity

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Review optometry contracts and put in place appropriate management and governance processes. Include; image quality, risk assessment, and training and education	Service specification 2018 to 2019	6 months	High	Reviewed optometry contracts to be submitted to an appropriate governance board
2	Complete audits in the locally agreed audit schedule	Diabetic eye screening audit schedule Diabetic eye screening: commission and provide	12 months	Standard	Summary of each audit and findings with associated action plan, to be reviewed by an appropriate governance board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Make sure there is adequate IT support in place which covers day to day support, server space on both servers, and disaster recovery	Service specification 2018 to 2019	7 Days 3 months	Immediate	Written assurance to be provided within 7 days regarding disaster recovery plans. Written assurance to be provided within 3 months

No.	Recommendation	Reference	Timescale	Priority	Evidence required
					that an appropriate IT contract is in place and server space is adequate on both servers

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Produce a written agreement for patients screened out of area	Service specification 2018 to 2019 Diabetic eye screening: commission and provide	6 months	Standard	Agreement to be submitted to an appropriate governance forum and documented in the minutes

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
N/A	N/A	N/A	N/A	Choose a priority	N/A

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Agree a process for assuring grading quality and for making sure the training, accreditation and supervision of all graders is in-line with national guidance	Service specification 2018 to 2019 Diabetic eye screening: commission and provide Assuring the quality of grading	3 months	High	Documented process in place, signed-off by the clinical lead and agreed at an appropriate governance forum
6	Map the role of the clinical lead to make sure that all essential elements are being delivered	Diabetic eye screening: roles of clinical leads	3 months	High	Document to be presented and agreed at an appropriate governance forum

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Put in place formal agreements with each linked hospital eye service to specify activities, data flows, roles, responsibilities and governance	<p>Diabetic eye screening: commission and provide</p> <p>Royal College of Ophthalmologists guidelines 2012</p> <p>Service specification 2018 to 2019</p>	6 months	Immediate	<p>A screening incident assessment form was received within 7 days</p> <p>Summary outcomes of failsafe activity to be reported at the programme board.</p> <p>Service level agreements or memoranda of understanding</p> <p>Amended clinical lead job description</p> <p>Job description for the optometry lead</p>
8	Create a protocol for surveillance pathways	<p>Service specification 2018 to 2019</p> <p>Diabetic eye screening: commission and provide</p>	12 months	Standard	<p>Protocol to be presented at an appropriate governance board</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Agree a pregnancy pathway protocol with associated providers	Service specification 2018 to 2019 Diabetic eye screening: commission and provide	3 months	High	Protocol to be presented at an appropriate governance board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
N/A	N/A	N/A	N/A	Choose a priority	N/A

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations of 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. Following this, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline further actions, if needed.