Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

Diabetic eye screening programme Milton Keynes University Hospital NHS Foundation Trust

7 November 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 Buckinghamshire 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 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 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 administration/failsafe pre-review visit on 16 October 2019
- information collected during screening/grading pre-review visit on 15 October 2019
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The Buckinghamshire diabetic eye screening (DES) service provides retinal screening for a registered diabetic population of 47,568 (screening database 30 June 2019).

The service screens people with diabetes from a total of 83 GP practices. 27 GP practices are covered by NHS Milton Keynes Clinical Commissioning Group (CCG), 50 GP practices in NHS Buckinghamshire CCG, 1 GP practice in Herts Valley CCG, 4 GP practices in NHS Bedfordshire CCG and 1 GP practice in NHS Oxfordshire CCG.

The service is provided by Milton Keynes University Hospital NHS Foundation Trust and is commissioned by NHS England and NHS Improvement, East of England.

There is a service level agreement in place between Milton Keynes University Hospital NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust to provide the screening programme for the defined population. The programme uses technician screeners to provide screening at five fixed sites and grading takes place at four of these sites.

Screen positive patients are referred to hospital eye services at Milton Keynes University Hospital NHS Foundation Trust or to Stoke Mandeville or Wycombe hospital eye services, which are both part of Buckinghamshire Healthcare NHS Trust.

The health of people in Buckinghamshire is generally better than the England average with lower than average levels of deprivation. The health of the population in Milton Keynes is varied but overall deprivation levels are lower than the England average. The prevalence of diabetes in Milton Keynes is 10.3% which is higher than the national average of 8.6%. The proportion of the population aged 65 and over is lower than average across Buckinghamshire and Milton Keynes. The percentage of ethnic minority populations varies across the service geography with lower than average representation in Buckinghamshire and higher than average in Milton Keynes.

Findings

The service demonstrated strong clinical leadership and a dedicated and motivated workforce. There are no reported capacity issues regarding the operational delivery of the service.

The service was benchmarked against the NHS Diabetic Eye Screening Programme pathway standards (updated August 2017) for this QA visit, using annual data up to 30 June 2019. There are 13 standards of which 11 have measured thresholds for this period. The service is achieving 9 of these standards, 1 standard is partly met. One standard not met relates the percentage of images that are ungradable, although it is noted that this is outside the threshold by 0.2%.

The service has achieved the 3 published key performance indicators (KPIs) for the quarter ending 30 June 2019.

The service uptake rate is 85.4% which is above the achievable standard threshold of 85%.

99.5% of results are issued to those screened within 3 weeks, which is above the achievable standard threshold of 95%.

89.2% 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 as summarised below:

- a gap analysis between the service model delivered and the service specification has not been carried out in recent years
- it is not clear if there is sufficient time allocated to fulfil the requirements of the programme management role
- there is a potential information governance breach as individuals are not always offered privacy during verification of personal and clinical information
- it is not known if individuals that reside in long term mental health settings are offered screening
- it is not clear if all pregnant women are identified for screening across the service
- the local protocol followed regarding people that drive to their screening appointment is not in line with national guidance

Shared learning

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

- creation of an engagement and involvement officer post to identify initiatives to improve access and uptake
- camera functionality to continue screening in the event of information technology (IT) issues
- primary grading on day of screening enabling prompt identification of sight threatening disease
- good grading techniques following local and national guidance
- flexible approach to service delivery for example, immediate availability of clinicians to review cases
- detailed grader feedback underpinned by effective multi-disciplinary teams (MDTs)
- opportunistic screening for pregnant women
- effective management of R3A referrals, with immediate contact with patients, electronic referral system in place, and timely consultation

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioners and service should jointly undertake a gap analysis of the service specification and develop an action plan to address the findings	Service specification	3 months	High	Action plan presented to programme board
2	Review the current model of programme management and make sure that the roles and responsibilities are fulfilled as set out in the service specification	Service specification	6 months	High	Summary of review presented to programme board
3	Review and update the business continuity plan and issue as a final document	Service specification	6 months	Standard	Final business continuity plan present to programme board
4	Make sure that all staff are aware of, and follow, the national managing safety incidents in NHS screening programmes guidance	Managing safety incidents in NHS Screening programmes	3 months	Standard	Guidance referenced in standard operating procedures (SOPs), induction packs for all staff and disseminated at team meetings to all current staff

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Develop an action plan to demonstrate initiatives being introduced to reduce the number of persistent non - attenders	Audit schedule	6 months	Standard	Action plan presented to programme board
6	Commissioners and service should complete a health equity audit and develop an inequalities action plan	Service specification	6 months	Standard	Audit and inequalities action plan presented to programme board
7	Extend the user satisfaction survey to be more representative of the whole pathway	Service specification	6 months	Standard	Summary of survey findings presented to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Update the organisational chart to clearly describe the lines of accountability across the service	Service specification	6 months	Standard	Updated organisational chart presented to programme board
9	Monitor for issues regarding privacy at clinic sites and make sure requests by individuals for privacy can be met	Data security and protection toolkit	6 months	High	Confirmation to programme board
10	Confirm when the camera replacement plan has been fully implemented	Approved cameras and settings	12 months	Standard	Confirmation to programme board

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Develop a standard operating procedure to reflect the current practices to manage, validate and data cleanse the single collated list	Service specification	6 months	Standard	Standard operating procedure presented to programme board
12	Make sure there is an agreed systematic process with prisons to identify, validate, screen and report results	Cohort Management	6 months	Standard	Updated standard operating procedure presented to programme board
13	Work with commissioners to agree a service delivery model to offer screening for those residing in long term mental health settings	Service specification Cohort Management	3 months	High	Service delivery model presented to programme board
14	Make sure there is an agreed systematic process for the notification of eligible pregnant women with all maternity services	Service specification	3 months	High	Updated standard operating procedure presented to programme board
15	Review and update the exclusions policy in line with national guidance	Cohort Management	6 months	Standard	Updated standard operating procedure presented to programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Develop a standard operating procedure that describes how individuals that do not attend for screening are managed	Service specification	6 months	Standard	Standard operating procedure presented to programme board
17	Develop and implement a plan to address the requirements of the Accessible Information Standard	NHS Accessible Information Standard	6 months	Standard	Action plan presented to programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Review and update the local driving protocol to be in line with national guidance	Patients who drive to appointments	3 months	High	Updated protocol presented to programme board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Develop a standard operating procedure that provides detailed instructions for the failsafe tasks	Service specification	6 months	Standard	Standard operating procedure presented to programme board

Intervention and outcome

None

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.