Public Health England

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Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme Lincolnshire/United Lincolnshire Hospitals NHS Trust

29 January 2020

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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 Lincolnshire diabetic eye screening service held on 29 January 2020.

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 clinical and administration pre-review visits on 19 December 2019
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The Lincolnshire diabetic eye screening service delivers screening to an eligible population of approximately 52,500. The service is provided by United Lincolnshire Hospitals Trust and is commissioned by NHS England and NHS Improvement Midlands through the Central Midlands screening and immunisation team.

The service delivers screening for 110 GP practices in Lincolnshire. Its boundaries are largely co-terminus with Lincolnshire County Council and with 4 clinical commissioning groups; West Lincolnshire, East Lincolnshire, South Lincolnshire and South West Lincolnshire.

The Lincolnshire diabetic eye screening service is responsible for most elements of the diabetic eye screening pathway (including clinical leadership, programme management, administration, failsafe, screening and grading) up to the point of referral

for those found to have eye disease. The provision of slit lamp bio-microscopy service is undertaken by the Ophthalmology service within the trust.

Screening is carried out either within clinic rooms at GP practices, acute or community hospitals or on a mobile screening van. Screen positive patients are referred to hospital eye services at Pilgrim Hospital, Boston, or Lincoln Hospital, which are both part of United Lincolnshire Hospitals NHS Trust. Some patients that live in South Lincolnshire may be referred to Peterborough Hospital at their request.

There are 2 prisons and 1 immigration and removal centre, and the service makes specific provision to ensure those eligible are offered screening.

The geography of the area covered by the service is mixed with a number of urban cities and towns. There are large rural areas particularly across the south of the county[i]. Deprivation levels in Lincolnshire are overall lower when compared with England (21.8%)[ii]. The proportion of the population aged 65 and over across Lincolnshire is higher than the England average, except for the city of Lincoln which has a large university. The percentage of ethnic minority populations ranges from 2% to 5% amongst the local authorities within Lincolnshire, which is lower than the England average of 13.6%[iii]. 2011 census data showed that 7.1% of the Lincolnshire population were born outside the UK. Boston is the only district in Lincolnshire where the proportion of the population who are non-UK born (15.1%) is higher than the England rate. The number of non-UK born residents doubled in Lincolnshire in the last 10 years with the biggest increase within the Boston district. This change is mainly due to international in-migration in recent years[iv].

The current estimated prevalence of diabetes in Lincolnshire is 9.4%, which is above the national average of 8.7%[v].

Data from the Office for National Statistics predicts that the number of people 16 years old and above with diabetes living in Lincolnshire will increase by over 25% by 2035, from a baseline year of 2015.

Findings

The service demonstrated a dedicated and enthusiastic workforce, with evidence that all staff are committed to making sure that the screening population are served well.

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 7 of these standards, 3 are not met, and 1 was not measured for this period due to a national software reporting issue.

The service has achieved 2 of the 3 published key performance indicators (KPIs) for the quarter ending 30 September 2019.

The service uptake rate is 88.7% which is above the achievable standard threshold of 85%.

98.5% of results are issued to those screened within 3 weeks, which is above the achievable standard threshold of 95%.

The service achieves 50.6% of those individuals requiring an urgent referral to be seen in hospital eye services within 6 weeks of their screening appointment. The acceptable threshold is 70%, therefore this KPI is not met.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- the current model of programme management does not allow for the full duties and responsibilities to be delivered
- infection control guidance regarding administering eye drops was not consistently followed
- graders do not all receive regular feedback
- there is no evidence of clinical education sessions at multi disciplinary meetings
- the provision of the slit lamp bio microscopy service is not in line with national guidance

Shared learning

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

- taking a mobile unit to care homes
- effective management of the screening cohort to meet population needs such as agricultural workers and people that spend time abroad in winter months
- pre-pregnancy information sessions by maternity and diabetes services
- effective use of resources to maximise out of hours clinics
- sending information leaflets in other languages where it is known that people speak another language
- additional images taken for digital surveillance patients ensuring good retinal coverage

- active management of patients that do not attend their screening appointment
- production of a screening uptake report by the screening and immunisation team issued to all GP practices including evidence based tips for increasing uptake
- evidence of collaborative working with other screening programmes delivered by the trust to raise the profile of screening in Lincolnshire
- an engaged patient representative attends the programme board

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	Develop a continuous service improvement plan (CSIP) that details measures to be implemented to enable the service to be delivered in line with national guidance and service specification	Service specification	6 months	Standard	CSIP presented to programme board
02	Describe the internal governance arrangements, including roles and responsibilities, and lines of accountability for the service within the trust	Service specification	3 months	Standard	Governance structure submitted to programme board
03	Make sure that validated pathway standards data are sent to the national team, enabling accurate data to be published	Pathway standards KPIs and data submission	3 months	Standard	Confirmation to programme board
04	Review the current model of programme management to ensure that the roles and responsibilities as set out in the service specification are fulfilled	Service specification	6 months	High	Confirmation of new structure to programme board.
05	Review, update and develop new standard operating procedures	Service specification	12 months	Standard	Updated standard operating procedures presented to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
06	Make sure that screening safety incidents are reported and recorded in line with national guidance	Managing safety incidents in NHS Screening programmes	6 months	Standard	Confirmation to programme board
07	Revise the risk register to include all key risks impacting on service delivery	Service specification	6 months	Standard	Updated risk register presented to programme board
08	Review and update the business continuity plan	Best practice	6 months	Standard	Updated plan presented to programme board
09	Present the findings of scheduled audits described in national guidelines to the programme board	Audit schedule	6 months	Standard	Audit findings presented to programme board
10	The commissioners and service should undertake a health equity audit and identify initiatives to improve access and uptake among under served population groups.	Service specification	12 months	Standard	Findings included in health promotion plan within CSIP presented to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Make sure that the job descriptions and organisational structure accurately describes the management and lines of accountability	Service specification	6 months	Standard	Revised organisational structure presented to programme board along with confirmation it has been inserted into all current job descriptions
12	Improve attendance at multidisciplinary team meetings	The management	6 months	Standard	Minutes including attendance presented to

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		of grading			programme board
13	Demonstrate joint working between programme management and the clinical lead to provide strategic oversight and clinical accountability	Service specification	6 months	Standard	Agendas and minutes of management meeting presented to programme board
14	Monitor for issues regarding privacy on mobile screening vans and make sure requests by individuals for privacy can be met	Data security and protection toolkit	6 months	Standard	Confirmation to programme board
15	Complete regular risk assessments for the screening vans	Service specification	6 months	Standard	Risk assessments findings presented to programme board

Identification of cohort

None

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Review and update the equality assessment tool and share the findings with the screening and immunisations team to demonstrate compliance with the NHS Accessible Information Standard	NHS Accessible information standard	6 months	Standard	Findings shared with programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	The clinical lead should review and provide assurance that the methods used to achieve accurate visual acuity is appropriate	Best practice	6 months	Standard	Confirmation at board that the methods for recording visual acuity has been reviewed and any findings actioned
18	Make sure all patients are made aware of the contraindications to the dilation drops administered and who to contact in an emergency	Tropicamide drops leaflet	3 months	Standard	Confirmation that leaflets are given to all patients
19	Make sure all screeners administer drops in line with the infection control policy	NHS Standard Infection control policy	3 months	High	Evidence of training for instillation of drops within MDT minutes
20	Make sure screeners can change light sensitivity and small pupil settings on the cameras	Approved cameras and settings guidance	6 months	Standard	Evidence of training on cameras within MDT minutes
21	Complete an annual audit of ungradable images while the service is outside of the national thresholds	Service specification	6 months	Standard	Audit presented to programme board
22	Complete a quarterly audit between R0 and R1 grades or introduce arbitration of these grades	Service specification Programmes that do not arbitrate on R1/R0 guidance	6 months	Standard	Audit presented to programme board
23	Make sure that quarterly feedback is given to all grading staff. Record the process in the grading standard	The management of grading	6 months	High	Confirmation to programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	operating procedure				
24	Provide evidence that multi disciplinary meetings include clinical education sessions	The management of grading	6 months	High	Next multi disciplinary meeting agenda and minutes presented to programme board

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Make service changes to the slit lamp biomicroscopy pathway to deliver in line with national guidance and enable the pathway standards to be met	Service specification	6 months	High	Service changes confirmed, and pathway standards achieved
26	In conjunction with commissioners, complete an options appraisal for the operational delivery of slit lamp bio-microscopy within the screening service	Service specification	6 months	Standard	Options appraisal presented to programme board

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	In conjunction with ophthalmology management, review processes with the 'choice and access' system so that diabetic eye screening referrals can be seen in line with national guidelines	Service specification	6 months	Standard	Confirmation to programme board Achievement of pathway standards
28	Make sure that all diabetic eye screening referrals are seen within dedicated medical retina clinics	Royal college guidelines	6 months	Standard	Confirmation 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.