



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Diabetic Eye Screening Programme Humber**

17 January 2018

**Public Health England leads the NHS Screening Programmes**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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 better 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. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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## Executive summary

The NHS Diabetic Eye Screening (DES) 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 (QA) visit of the Humber screening service held on 9 November 2017.

### Quality assurance purpose and approach

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 of 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: administration review, 19 September 2017 and clinical observation, 20 September 2017
- information shared with SQAS (North) as part of the visit process

### Local screening service

Hull and East Yorkshire Hospitals Trust (HEY) provides the screening service. The eligible population is approximately 53,000.

HEY started screening patients from Hull and East Yorkshire in 1991. North East Lincolnshire and North Lincolnshire began screening in 2008. The services merged to become a single programme in 2009.

Screening takes place in mobile vans, hospitals and health centres.

The service screens patients from 137 GP practices. 3 clinical commissioning groups (CCGs) are covered in full by the service. These are:

- Hull
- North Lincolnshire

- North East Lincolnshire

The service partially covers East Riding CCG. 8 GP practices are part of the North Yorkshire DESP.

The service provides screening for 2 prisons. One military base and 12 mental health institutions are within the service boundaries.

Most of the population covered by the service is white British.

Kingston upon Hull is one of the most deprived areas in England. Deprivation levels are lower in North East Lincolnshire. Deprivation levels increased in both areas between 2010 and 2015.

## Findings

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority issues

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

- grading - high numbers in primary grading due to increase in screening not matching staff resource
- failsafe and referral – hospital eye service pressures impacting on screening service resource
- surveillance – use of surveillance not in line with national guidance

### Shared learning

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

- staff observed had a professional and supportive approach with patients
- a positive culture of incident reporting, failsafe and audit
- regular contract, governance and operational meetings between lead stakeholders
- all clinical staff complete test and training sets on a regular basis
- cross working with other health professionals to improve patient care
- strong ethos of learning, feedback and development
- comprehensive referral pathway for non diabetic eye conditions

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Provide timely, comparable performance data	Service specification 17/18	6 months	Standard	Regular suite of reports agreed with commissioners and programme board
2	Discuss all suspected safety incidents with SQAS and screening and immunisation teams	Service specification 17/18 Managing safety incidents in NHS screening programmes	1 month	Standard	All incidents presented at programme board as a standing agenda item. Standard operating procedure to reflect process
3	Provide action plans following patient surveys	Service specification 17/18	12 months	Standard	Action plans created and results/follow up reported to programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Undertake a programme staffing capacity review to ensure adequate resource for job roles	Service specification 17/18	9 months	High	Workforce assessment completed. Summary report of outcomes submitted to programme board. Commissioners assured of programme resilience
5	Ensure screening hardware and software is accessible and functions adequately	Service specification 17/18	9 months	Standard	Identify senior corporate level IT support to oversee upgrades/changes and report to programme board. Action plan developed for the installation of the screening programme management software

## 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
N/A	N/A	N/A	N/A	N/A	N/A

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Ensure screening is accessible to all eligible patients	Service specification 17/18 Guidance for NHS Commissioners on equality and health inequality duties 2015 NHS Accessible Information standard and specification	12 months	Standard	Action plan developed to address gaps in accessibility Summary report of outcomes and action plan submitted to programme board
7	Implement a process for the development, control, approval and revision of standard operating procedures for: cross border patients, GP referrals, IG compliance, slit lamp tracker, prisons and mydriasis	Service specification 17/18 Data Protection Act 1998	6 months	Standard	Agreed list of policy documents and guidance presented to an appropriate governance group (programme board or operational group)
8	Ensure surveillance pathways are used in line with national guidance. Assess their impact on HES	Service specification 17/18 Surveillance pathways guidance	9 months	High	Action plan to ensure compliance and ongoing capacity. Summary report of outcomes submitted to programme board
9	Undertake capacity planning review to ensure service is future proofed for population growth	Service specification 17/18	12 months	High	Report provided to the programme board

## Referral

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

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Multidisciplinary team meetings to be minuted and include review of patients discharged at first visit	Service specification 17/18	3 months	Standard	Minutes produced. Summary of audit outcomes submitted to programme board and considered in action plan if appropriate



## 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/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.