



Public Health
England

Screening Quality Assurance visit report

NHS Diabetic Eye Screening Programme North of Tyne & Gateshead

14 September 2017

Public Health England leads the NHS Screening Programmes

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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 four 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 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 North of Tyne & Gateshead diabetic eye screening service held on 14 September 2017.

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, commissioner and external organisations
- information collected during pre-review visits:
 - administration review, 28 and 29 June 2017
 - clinical observation review, 5 June 2017
- information shared with SQAS (North) as part of the visit process

Local screening service

The North of Tyne & Gateshead diabetic eye screening programme (the service) has an eligible population of 61,500 patients. The service was established following re-procurement in January 2013 of 2 separate diabetic eye screening programmes covering the same geographical footprint.

The service covers a very large region (2,066 square miles) and has 3 clinical commissioning groups (CCGs) within its boundary; North Tyneside, Northumberland, Newcastle and Gateshead. The 2016 health profile from each of the 4 unitary authorities (Newcastle upon Tyne, Gateshead, Northumberland and North Tyneside) shows the health of people living in Newcastle upon Tyne and Gateshead to be worse than the England average. For all 4 authority areas, life expectancy for men and women is lower than the England least deprived areas.

The service is provided by EMIS Care (EMIS). NHS England Cumbria and North East is the commissioner (NHSE CANE).

The service operates a mixed model of screening due to its varied geography; technicians undertake screening from fixed and mobile clinic sites, and optometrists are in use across Gateshead and parts of North Tyneside. There are a total of 15 fixed clinic sites, 12 optometry practices and 64 mobile venues accessed through the use of 6 adapted vehicles.

Programme management, clinical failsafe and grading is delivered from Ridley House, Gosforth. Administration failsafe, call/recall and appointment booking is based within the EMIS headquarters at Worcester.

The service mainly refers into the Newcastle Eye Centre within Newcastle Royal Infirmary (RVI). However, the service has referral links with 5 other hospitals across the North East and Cumbria:

- Sunderland Eye Infirmary, City Hospitals Sunderland NHS Foundation Trust
- Cumberland Infirmary, North Cumbria University Hospitals NHS Trust
- University Hospital of North Tees, North Tees and Hartlepool NHS Foundation Trust
- James Cook University Hospital, South Tees Hospitals NHS Foundation Trust
- Darlington Memorial Hospital, County Durham and Darlington NHS Foundation Trust

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified one high priority finding.

The visit team identified that 2 senior graders each have 2 logins for the Optimize software. This is a risk to the programme as graders could use one login to grade image sets and then another login to arbitrate/ROG grade the same image set.

Shared learning

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

- the programme complies with the national service specification and consistently meets the national KPI targets
- clearly defined leadership throughout the service
- extensive service user feedback
- health equity audit published in July 2016
- targeted CQUIN work to improve uptake

Other good practice is documented throughout the report.

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Cease domiciliary screening, providing patient transport if needed	National Service Specification	6 months	Standard	Confirmation of contract discussion with commissioners Arrangement of alternative service provision
2	Review and update the Programme Board terms of reference	National Service Specification	6 months	Standard	Revised terms of reference Presentation of agreed documents at Programme Board and Operational Group meetings

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Ensure all staff complete the organisation's mandatory training and participate in annual appraisal	National Service Specification	12 months	Standard	Confirmation of completed mandatory training for all staff Confirmation of the appraisal schedule

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Implement a risk assessment process for screening locations including optometry practices	National service specification	12 months	Standard	<p>Risk assessment completed for each screening venue</p> <p>Action plan developed to address gaps in accessibility, health and safety or quality of venues</p> <p>Summary report of outcomes and action plan submitted to Operational Group meeting</p>
5	Review the cameras used within optometry practices to ensure compliance with national guidance, including image quality and regular maintenance checks	<p>Camera management, settings and approved models:</p> <p>www.gov.uk/government/publications/diabetic-eye-screening-approved-cameras-and-settings/diabetic-eye-screening-guidance-on-camera-approval#approved-models</p>	12 months	Standard	List of digital cameras used and owned by the optometrist sites, including evidence of maintenance checks and known replacement plans

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Allocate all graders a single individual login to the software system to ensure safe grading of images	National Service Specification	6 months	High	Confirmation that the number of graders within the programme performance report (PPR) correlates to the number of grading staff Change control notice (CCN) with EMIS Health
7	Review internal processes of mydriasis to ensure the use of dilation complies with national guidance when patients are driving	www.gov.uk/government/uploads/system/uploads/attachment_data/file/450522/NDES_P_driving_and_mydriasis_v1.0.pdf	12 months	Standard	Summary of outcome and local SOP submitted to Operational Group meeting

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Redesign the slit lamp biomicroscopy pathway to ensure compliance with national guidance; producing clearly defined procedures for the timely management of new and surveillance patients	QA Standard Objective 10 National Service Specification NDESP SLB training and accreditation guidance document	6 month	Standard	SLB examiners contract revision Achievement of QA Standard Objective 10 (Pathway Standard 13 from October 2017) Capacity and demand plans for new SLB and SLB surveillance appointments

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.