Roles and responsibilities of clinical leads of diabetic eye screening programmes

Policy

Version 1.0  02 May 2013
About the NHS Diabetic Eye Screening Programme

The NHS Diabetic Eye Screening Programme aims to reduce the risk of sight loss among people with diabetes by the early detection and treatment, if needed, of diabetic retinopathy (DR). Screening using digital photography is offered every year to all eligible people with diabetes aged 12 and over.

The UK National Screening Committee and NHS Screening Programmes are part of Public Health England (PHE), an executive agency of the Department of Health. PHE was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.

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About this publication

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Amendment history

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Executive summary

The roles and responsibilities of the clinical leads of local diabetic eye screening programmes have been included, in part, in documents issued by the NHS Diabetic Eye Screening Programme (NDESP) and in those issued by the Royal College of Ophthalmologists. However, there has been no definitive document describing the role of clinical leads from the national programme.

There are particular areas of clinical lead responsibility relating to the new common pathway which need to be described and which are included in the national service specification.

The roles and responsibilities below are informed by input from:

- NDESP Programme Advisory Committee
- Clinical leads, programme managers and senior graders who attended the essential workshops in 2012
- Members of the NDESP Training Education and Workforce Committee
- Individual clinical leads (ophthalmologists and non-ophthalmologists)
- Members of the NDESP management and QA teams
- NHS Service Specification for Diabetic Eye Screening issued by the Department of Health in November 2012
- The Royal College of Ophthalmologists’ Professional Standards Committee
Roles and responsibilities of clinical leads of diabetic eye screening programmes

1 DEFINITIONS

1.1 Clinical Lead for Diabetic Eye Screening Programme (CLDESP): A clinician who has overall clinical responsibility and accountability for the screening programme. The CLDESP will be a consultant (or senior specialty doctor) ophthalmologist with medical retina experience or a consultant diabetologist. In many programmes, the CLDESP is also the ophthalmology lead for DR at one of the hospital eye services (HES) treatment centres but this is not a requirement. If the CLDESP is a consultant diabetologist then a consultant or senior specialty doctor grade ophthalmologist with medical retina experience should be appointed to provide dedicated support to the programme.

1.2 Programme Manager for Diabetic Eye Screening Programme (PMDESP): A manager with overall responsibility for the operational running of all aspects of the DESP.

1.3 Ophthalmology Lead for diabetic retinopathy services at HES/other providers (OphLDR): A medical retina specialist who has clinical responsibility for patients being managed/treated for DR in secondary care and who is responsible for ensuring feedback data is provided to screening programmes.

2 REMIT

2.1 The provider of the screening programme is responsible for providing clinical leadership. The appointed clinical lead will be clinically responsible and have accountability for the programme and for clinical support for their programme manager, particularly in matters involving patient care. They will also be responsible for making clinical decisions related to screening subjects up to the point where a referral has been made.

2.2 The role of the clinical lead is to ensure the successful running of the programme and that a high quality service is maintained.

2.3 The key components of the role as laid out in the national service specification are to:

i. Be professionally accountable for their local diabetic eye screening programme
ii. Be responsible for the overall running of the local programme
iii. Provide strategic leadership for the programme
iv. Provide clinical support for their programme manager
v. Ensure all grading is undertaken according to NDESP grading criteria
vi. Provide clinical supervision for screening and grading staff
vii. Provide clinical supervision for staff operating surveillance clinics
viii. Be responsible for maintaining the quality of grading through regular monitoring of grading staff performance and the provision of ongoing education and training.
ix. Lead a regular multi-disciplinary team (MDT) meeting to review cases and provide continuing professional development (CPD) for staff
x. Be responsible for making clinical decisions related to screening subjects up to the point where a referral has been made into HES

3 BACKGROUND AND TRAINING

3.1 The CLDESP will be a consultant (or senior specialty doctor) ophthalmologist with medical retina experience or a consultant diabetologist.

3.2 If the CLDESP is a consultant diabetologist then a consultant or senior specialty doctor ophthalmologist should be appointed to provide dedicated support to the programme.

3.3 The CLDESP should have a job description that states their overall clinical responsibility and accountability for the screening programme and their place within the clinical governance framework of their organisation.

3.4 The CLDESP should have links with other key clinicians involved in providing care for people with diabetes. These will include: diabetologist (if the CLDESP is an ophthalmologist), GP/primary care, public health, optometrists.

3.5 The CLDESP needs a baseline knowledge of the following areas and training should be included within the induction plan as required: leadership, management, screening terminology, the screening pathway, public health, commissioning, diabetes, statistics, IT, ophthalmology treatments.

3.6 Appraisal of the CLDESP should include seeking input from other clinicians involved in the screening programme.

3.7 The CLDESP should have protected sessional time based on programme size.
3.8 The CLDESP should have specific CPD time allocated for diabetic eye screening updates which should be documented in their personal development plan (PDP).

4 ROLES AND RESPONSIBILITIES

4.1 The CLDESP has overall clinical responsibility and accountability for the diabetic eye screening programme and should lead on the clinical aspects of the programme.

4.2 The CLDESP should:

i. Ensure the clinical responsibility and accountability for all aspects of the screening pathway is clearly defined across the programme and participating trusts, including the surveillance service for digital photography and slit lamp biomicroscopy (SLB)

ii. Ensure that the clinical operations of the programme are safe, secure and monitored and delivered by a qualified workforce, supervised by a dedicated programme manager

iii. Ensure that all clinical aspects of the screening pathway are covered by appropriate clinical protocols that reflect national guidance. This includes the surveillance pathway for digital photography and SLB and the interface with HES

iv. Advise on clinical matters concerning the programme at the request of the screening staff

v. Take overall clinical responsibility and accountability for the management, quality assurance and clinical governance of all aspects of the local screening programme

vi. Work closely with the programme manager on a regular basis to ensure efficiency and safety of the programme including adherence to national standards and local protocols

vii. Receive, read, disseminate and act upon regular and other reports supplied by the national programme centre

viii. Be accountable for the timely and complete return of screening service data to the national programme centre and work closely with HES for the return of secondary care data

ix. Influence strategy and local service development by working with commissioners and trusts

x. Ensure that all screeners and graders have received appropriate education and training that meet national standards, including regular feedback on grading performance using test and training set and arbitration grade reports. Ensure that assessment of staff’s grading is captured in staff members’ PDP.

xi. Ensure accreditation of slit lamp providers

xii. Ensure input from other specialty areas – for example diabetology – in order to provide education for screeners and improve services to patients
xiii. Ensure evaluation and audit of the programme is carried out to inform and improve programme performance and to ensure the programme meets national standards. This should include reviewing rates of visual impairment and blindness.

xiv. Attend programme board meetings.

xv. Undertake image review as the referral outcome grader or provide support and training in order to ensure appropriate delegation of this role.

xvi. Ensure failsafe procedures are in place for all stages of the screening pathway.

xvii. Manage the interface between screening and treatment including ensuring the development of pathways for feedback from ophthalmology on visual acuity and retinopathy levels.

xviii. Manage the assessment of patients’ suitability for screening, including arbitration on individual patient exclusion from screening.

xix. Ensure provision of up to date clinical protocols for all aspects of the screening pathway.

xx. Participate in external quality assurance visits.

xxi. Ensure register of incidents is maintained. Ensure all incidents are reviewed and appropriate action is taken to mitigate a future occurrence.