



Public Health  
England

# Quality Assurance Report

## East & North Hertfordshire Diabetic Eye Screening Programme

Observations and recommendations from  
visit to East & North Hertfordshire  
Diabetic Eye Screening Programme  
22 March 2016

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

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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 findings in this report relate to the quality assurance (QA) review of the East & North Hertfordshire Diabetic eye screening programme held on 22 March 2016.

## 1. Purpose and approach to quality assurance (QA)

The aim of quality assurance in NHS screening programmes is to maintain minimum standards and promote continuous improvement in diabetic eye screening. This is to ensure that 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 is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information collected during pre-review visits: administration and failsafe review and observation of screening and grading
- information shared with the Midlands and East Regional quality assurance service as part of the visit process

## 2. Description of local screening programme

The East & North Hertfordshire screening programme (the programme) has an eligible population of approximately 27,075 and invites patients from 59 GP practices. There is an overall population of nearly 580,000 within East and North Hertfordshire area. This population is characterised by a population which is younger than average, is considered an affluent county and deprivation is lower than the national average although there are pockets of deprivation in Stevenage, Lower Lea Valley, Welwyn Hatfield and North Herts. The population is forecast to rise by 26% by 2035.

The programme is provided by East & North Hertfordshire NHS Trust (ENHT). It is commissioned by NHS England Midlands and East (Central Midlands). The programme screens patients from GP practices in the areas covered by East and North Hertfordshire clinical commissioning groups (CCG) and further screens patients from three practices within Peterborough

and Cambridgeshire CCG. The programme is within the Hertfordshire County Council local authority area.

The programme commenced in 2001. The programme is based at Hertford County Hospital and provides clinical leadership, programme management, failsafe, admin, screening, digital surveillance and grading services.

Screening is performed by screening/grading technicians at eight fixed sites. Screened patients who require treatment are referred to ENHT's hospital eye service (HES).

### 3. Key findings

The high priority issues and areas of good practice that we would like to share are summarised below

The clinical lead is due to retire during 2016. At the time of the visit there was no formal transition plan or contractual arrangements that would provide assurance of service continuity. Clinical leads for Diabetic Eye Screening programmes should be formally appointed with an agreed job plan which includes protected sessional time for the screening programme. In addition a timetabled transition plan should be devised and implemented to ensure handover is comprehensive and complete enabling the continued safe delivery of the service.

There is a risk that images are not available promptly enough for grading due to either screening sites not being networked or to laptops not being brought back to the programme base to be synchronised for over a week. This could delay the referral of screen positive patients to HES and/or cause the programme to not meet national quality standard objectives. The programme recently declared a screening safety incident due to laptop failure and screening data being lost. It is recommended that the programme works with ENHT IT department to plan and achieve network connectivity to all screening sites. In the interim it is recommended that the programme ensures laptops are synchronised daily.

#### 3.1 Shared learning

The review team identified the following areas of practice that are worth sharing:

- uptake of screening exceeds 90%
- a cohesive, engaged and patient focussed team
- telephone contact made for new referrals as part of initial invitation

- initiatives to improve access to screening for patients with learning disabilities
- access to Continuing professional development for all screening staff

### 3.2 Immediate concerns for improvement

The review team identified no immediate concerns.

### 3.3 High priority issues

The review team identified three high priority issues, as grouped below:

- no agreement in place for replacement of clinical lead following retirement expected during 2016. Concern that to enable service continuity there needs to be a managed transition for incoming clinical lead
- five screening sites are not networked which presents a risk, eg grading delays, loss of unsynchronised data, clinic lists are out of date. This would be resolved by enabling all screening sites to be networked. This would need the support of IT.

## 4. Key recommendations

A number of recommendations were made related to the Immediate and High Level issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation
High	Workforce and IT	Formally appoint a permanent clinical lead with an agreed job plan which includes protected sessional time for the screening programme. In addition a timetabled transition plan should be devised and implemented.
High	Workforce and IT	Work with ENHT IT department to plan and achieve network connectivity to all screening sites. In the interim it is recommended that the programme ensures laptops are synchronised daily.
High	Workforce and IT	Ensure that the interim solution to increase server capacity is fully implemented and further ensure a new server is procured to provide sufficient capacity to sustain service in the longer term.

## 5. Next steps

ENHT are responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England Midlands and East (Central Midlands) will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The regional screening QA service will support this process and the ongoing monitoring of progress.