# Scrutiny Report on the Diabetic Eye Screening Programme (DESP) in Merton

**PURPOSE OF THE REPORT**

The aim of this paper is to provide the Overview and Scrutiny Committee with information on:

- Roles and responsibilities of organisations in managing the Diabetic Eye Screening Programme across London since April 1st 2013
- What is the Diabetic Eye Screening Programme
- The local picture of the NHS Diabetic Eye Screening Programme in Merton
- NHS England's plans to improve the NHS Diabetic Eye Screening Programme across London (including Merton).

**INTRODUCTION**

- Since April 1st 2013, a number of public health functions are the responsibility of NHS England (NHSE) under Section 7a of the Health & Social Care Act 2012. These comprise of screening, immunisations, Health in the Justice System (i.e. prisons, Sexual Assault Centres, places of detention) and military health.

- In London, the NHS England (London) Public Health team is responsible for commissioning screening programmes. This team comprises of a central team who work closely with screening commissioners situated within the three patch teams: North East London, North West London and South London.

- The central team consists of the Head Screening, Dr Kathie Binysh supported by two Public Health England embedded staff – Dr Bonny Rodrigues (lead for the Adult Screening programmes) and Dr. Josephine Ruwende (lead for the cancer screening programmes). The commissioning manager for London Adult Screening programmes is Ms Sarojini Ariyanayagam. These personnel provide accountability and leadership for the commissioning of the programmes and system leadership. The team also have responsibility for the quality assurance and oversight of serious incident and incident investigations involving screening. Diabetic Eye Screening for Merton patients is provided as part of the Sutton and Merton Diabetic Eye Screening Programme which falls under South London patch area, headed by Mr Johan Van Wijgerden and his team of screening and immunisation commissioners.

- The new emphasis on commissioning the adult screening programmes provides new opportunities to improve those programmes which were not previously available in the old world of public health screening co-ordinators in Primary Care Trusts. NHSE plans to utilise these opportunities will be discussed below. The paper will also outline the roles and responsibilities of different organisations in improving the Diabetic Eye Screening Programme (DESP). It can be seen that improving the DESP incorporates partnership work across a number of different bodies.

**WHAT IS THE DIABETIC EYE SCREENING PROGRAMME**

- The Diabetic Eye Screening Programme is a systematic national population-based screening programme that aims to reduce the risk of sight loss among people with diabetes through the early detection and appropriate treatment of diabetic retinopathy.

- Diabetic retinopathy is caused when diabetes affects the small blood vessels in the retina, the part of the eye that acts rather like a film in a camera.

- The screening care pathway begins with referral from the patient's GP to the screening service upon diagnosis with diabetes. Annual screening is offered to all eligible patients using digital retinal photography, with any patient requiring treatment being referred from the screening service to secondary care

- Diabetic retinopathy progresses with time but may not cause symptoms until it is quite advanced and affects a person's sight.

- Diabetic retinopathy is the most common cause of sight loss in people of working age.

- It is estimated that in England every year 4,200 people are at risk of blindness caused by diabetic retinopathy and there are 1,280 new cases of blindness caused by diabetic retinopathy.

- Screening is an effective way of detecting diabetic retinopathy as early as possible

- All eligible people aged 12 and over with diabetes (type 1 and 2) are offered annual screening appointments

- Laser treatment is the most common treatment for diabetic retinopathy and is most effective when the condition is detected early

- Laser treatment can reduce the risk of severe visual loss by 50% or more within a two-year period

**ROLES AND RESPONSIBILITIES OF ORGANISATIONS IN THE DIABETIC EYE SCREENING PROGRAMME ACROSS MERTON SINCE APRIL 1ST 2013**

***NHS England (NHSE)***

- Commissioning screening services from primary care, community providers and other providers which are specified to national standards
- Monitoring providers' performance and supporting providers in delivering improvements in quality and changes in the programme when required
- Accountable for ensuring those local providers of services will deliver against the national service specifications and meet agreed population uptake and coverage levels as specified in Public Health Outcome Indicators and KPIs
- Work with Department of Health and Public Health England in national planning and implementation of screening programmes and in quality assurance

***Public Health England (PHE)***

- Provides access to national expertise on screening
- Professional support to the PHE staff embedded in the NHSE Area Teams including access to continuing professional appraisal and revalidation system
- Provide information to support the monitoring of screening programmes
- Publishes screening programmes key performance indicators
- Host the Quality Assurance (QA) team for the London Region
- Hosts the National Diabetic Eye Screening Programme Office

***Clinical Commissioning Groups (CCGs)***

- Commissioning the treatment part of the screening pathway

***Local Authorities***

- Provide information and advice to relevant bodies within its areas to protect the population's health
- Provide local intelligence information on population health requirements e.g. JSNA
- Independent scrutiny and challenge of the arrangements of NHSE, PHE and providers.

***Commissioning Support Units (CSUs)***

- Although not statutory, CSUs have a role to play in supporting CCG member practices in enabling them to carry out their screening work, e.g. IT support to help with transfer of information

***General Practitioners (GPs)***

- Responsible for referring patients to the screening service and for the diabetic care of their registered patients with diabetes.

***Community Service Providers***

- Provide screening from community based locations including the programme administration and management

***Secondary Care Providers***

- Provide the ophthalmology service associated with the screening programme offering assessment and treatment to patients referred from screening

**THE LOCAL PICTURE OF THE DIABETIC EYE SCREENING PROGRAMME IN MERTON**

- The Sutton and Merton DESP was established in 2004 and is part of the National DESP serving patients with diabetes registered to a GP in the London boroughs of Sutton and Merton.

- The service is provided by Sutton and Merton Community Services (delivered by The Royal Marsden NHS Foundation Trust) from four community based locations; two in Merton, two in Sutton. Screening in Merton is offered from Morden Road Clinic, Morden and Birches Close Polyclinic, Mitcham although patients may opt to receive screening at any of the programme locations according to personal preference. Screening venues are co-located with other community diabetes services offering patients the opportunity to receive their diabetes care in one location.

- Patients requiring further examination or treatment for diabetic retinopathy are referred to the ophthalmology service of Epsom and St. Helier NHS Trust which offers assessment at two locations; Morden Road Clinic and Sutton Hospital. Laser treatment is offered at Sutton Hospital with plans for this to be relocated to St. Helier Hospital in the near future. Merton patients may also choose to be referred to another ophthalmology service, for example St. George's Hospital, via their GP.

- The programme is lead by a consultant ophthalmologist clinical lead and dedicated programme manager supported by a twelve strong team. A multidisciplinary programme board chaired by NHS England oversees operation of the programme and compliance against national quality standards. The programme board comprises representation from CCG's, NHS England, provider Trusts, Diabetes UK, service users and the National DESP.

- The programme was suspended in July 2009 until May 2010 following an External Quality Assurance (EQA) from the National DESP. During this period the then Primary Care Trust (PCT) and Epsom and St. Helier NHS Trust worked closely with the National DESP to redesign the screening service and associated ophthalmology provision in line with best practice guidance and national standards.

- Since this time the redesigned programme has received both local and national recognition and continues to work in partnership with NHS England and other stakeholders to continually improve outcomes. Recent work has focused on reducing health inequalities within the population, particularly those that have never received screening. In addition, the programme is currently pioneering a number of initiatives such as using experienced based design to collect patient feedback and providing patients with the option to receive all their correspondence in an electronic format.

**NHS ENGLAND KEY PERFORMANCE INDICATORS (KPI'S) FOR THE SUTTON AND MERTON DIABETIC EYE SCREENING PROGRAMME**

NHS England receives quarterly data returns from each local DESP with the aim of capturing quality and performance across the patient pathway against national standards provided by the National DESP. Given below is the most recent data available from the Sutton and Merton DESP for the quarter ending December 2013. The originating provider is shown next to each objective. Data is provided for Merton patients only, with London regional comparators where available from the National Screening Committee.

A recognised challenge when evaluating data from local DESP's is the current variation in local programme delivery and software in use across the country which can have a significant effect on the ability to draw conclusions. This is currently being addressed through the new national common screening pathway and other measures as described later in this paper.

**Objective 1: Primary Care (GP Practices within Merton)**

| Objective 1 | Criteria | Standard | Merton |
|---|---|---|---|
| Maximise Coverage | The proportion of GP Practices returning full patient lists to the screening programme each quarter | 100% | 96.20% |

**Objective 2: Sutton and Merton DESP (The Royal Marsden NHS Foundation Trust)**

| Objective 2 | Criteria | Standard | Merton |
|---|---|---|---|
| Maximise Invitation | The proportion of patients invited for screening in the previous 12 months | =>100% | 104.40% |

**Commentary:** Objective 1 and 2 combine to give an indication of the screening programme coverage and aim to ensure all patients with diabetes are referred to the screening programme and invited for screening. All eligible patients known to the screening programme were invited for screening in the preceding 12 months. The programme patient register requires regular electronic uploads from each GP practice to comply with national guidance on maintaining database accuracy. One practice within Merton has declined this method of data transfer (preferring to make ad hoc manual referrals). NHS England is currently liaising with this practice to understand any concerns with a view to finding a mutually agreeable method of data transfer that meets national guidance.

***Note:*** *It is possible for objective 2 to exceed 100% due to the way this metric is measured (a patient maybe invited during the previous 12 months but then go on to be ineligible therefore including them in the number of patients invited but removing them from the final number of eligible patients).*

**Objective 3: Sutton and Merton DESP (The Royal Marsden NHS Foundation Trust)**

| Objective 3 | Criteria | Standard | Merton |
|---|---|---|---|
| Maximise Uptake | The proportion of invited patients attending for screening in the previous 12 months | Minimum=>70%<br>Achievable=>80% | 84.40% |

**Objective 4: Sutton and Merton DESP (The Royal Marsden NHS Foundation Trust)**

| Objective 4 | Criteria | Standard | Merton |
|---|---|---|---|
| Minimise Exclusion | The proportion of patients excluded from screening on the last day of the quarter | =<15% | 13.30% |

**Commentary:** Uptake of screening in Merton compares favourably with the most recent published London average of 78.8% (Q1 2013/14)[1]. Patients unsuitable for screening maybe excluded in line with guidance from the National DESP. Levels of exclusion are monitored by NHS England and subject to annual audit presented to the programme board.

**Objective 5: Sutton and Merton DESP (The Royal Marsden NHS Foundation Trust)**

| Objective 5 | Criteria | Standard | Merton |
|---|---|---|---|
| Quality of Screening | The proportion of ungradable images during the quarter | Minimum<7%<br>Achievable=>2.5%<7% | 2.30% (quarter)<br>3.3%(12 months) |

**Commentary:** Objective 5 gives the proportion of images captured during screening that were later deemed to be of insufficient quality to permit assessment to national standards. The National DESP has recently recommended any quarterly figure should be considered alongside a rolling 12 month measure to reduce the effect of quarter on quarter fluctuations. This measure may also affected by the local pathway in use.

**Objective 6: Sutton and Merton DESP (The Royal Marsden NHS Foundation Trust)**

| Objective 6 | Criteria | Target | Merton |
|---|---|---|---|
| Timely Results | The proportion of results issued within 3 weeks | Minimum=>70%<br>Achievable=>95% | 98.40% |

**Objective 7: Sutton and Merton DESP (The Royal Marsden NHS Foundation Trust)**

| Objective 7 | Criteria | Target | Merton |
|---|---|---|---|
| Timely Referral | The proportion of urgent patients referred within 2 weeks | Minimum=>95%<br>Achievable=>98% | 100.00% |

**Commentary:** The screening service employs a dedicated fast track pathway within its software to ensure patients at a higher risk of sight loss are prioritised and referred urgently. The most recent available comparative data for objective 6 (Q1, 2013/14)[1] shows a London average of 97.2%.

**Objective 8: Epsom and St. Helier NHS Trust**

| Objective 8 | Criteria | Target | Merton |
|---|---|---|---|
| Timely Consultation | The proportion of urgent patients seen within 4 weeks of referral | Minimum=>80% | 97.50% |

**Objective 9: Epsom and St. Helier NHS Trust**

| Objective 9 | Criteria | Target | Merton |
|---|---|---|---|
| Timely Treatment | The proportion of urgent patients receiving treatment within 6 weeks of referral | Minimum>70%<br>Achievable>95% | 88.90% |

**Commentary:** Objectives 8 and 9 relate to the time taken to assess and treat patients referred urgently to ophthalmology for active disease. These patients are at a higher risk of sight loss and have a dedicated fast track pathway within ophthalmology. The indicators above should be viewed with the knowledge that there is no allowance made for patients who do not receive assessment or treatment for reasons beyond the control of the NHS (e.g. patients who cancel their appointments due to other illness or patients who move out of the area / country). The DESP programme board receives a detailed quarterly report from the programme manager providing further information on why patients did not receive assessment or treatment. The most recent available comparative data for objective 8 (Q1, 2013/14)[1] shows a London average of 76.4%.

## CURRENT CHALLENGES

### *Data quality in the DESP*

Diabetic eye screening programmes are heavily reliant on software information systems, perhaps more so than any other screening programme. There are number of nationally recognised data quality issues affecting diabetic eye screening programmes which have arisen due to the variety of different software packages and local delivery models currently in use. This makes measurement

against some standards and comparison between local programmes problematic. Many of these issues are addressed in the new national common screening pathway due to be rolled out to Merton in April 2014.

***Capacity within secondary care***

The current screening care pathway results in many patients not requiring treatment being referred to ophthalmology services when this may not be required to monitor these patients safely. The resultant demand on ophthalmology services currently exceeds capacity. Although not captured in the above indicators for urgent patients, ophthalmology waiting times for routine patients are presently exceeding clinically recommended intervals and have recently been escalated to NHS England to be managed under the incident framework. The programme board recently endorsed a proposal where patients who do not require treatment could be monitored within the community screening service in line with national guidance. This has the potential to relieve capacity demands on the ophthalmology service and reduce waiting times. Implementation of the proposed pathway is outside of NHS England or provider control but has been presented to Merton CCG for consideration.

***Screening during pregnancy***

Diabetic retinopathy may progress more quickly during pregnancy. National guidance recommends screening should be offered to patients within the first three months of the pregnancy and more frequently thereafter until the patient gives birth. In common with other London areas, the Sutton and Merton DESP has noted difficulty meeting this requirement as the screening programme is often not notified of the pregnancy in time. Patients may choose to receive ante natal care outside of the area and may not notify their GP of the pregnancy resulting in a complex referral pathway particularly if the patient chooses to receive care outside London. NHS England is currently working with the DESP and providers of ante natal care to establish robust systems promptly notify the screening service of any pregnancy. The local service is shortly about to undertake a mailing campaign to raise awareness in women of child baring age of the need to receive screening more frequently during pregnancy.

**NHS ENGLAND'S DIABETIC EYE SCREENING PROGRAMME PLAN FOR LONDON**

- For 2013/14, NHSE's central team are working to:
  - Introduce an Diabetic Eye Screening Programme five year strategy for London including interventions to improve borough level outcomes
  - Develop and implement an Diabetic Eye Screening Programme action plan for London 2013 – 2015 with a focus on:
    - Rolling out the new national common screening pathway which addresses many of the variations in local delivery and associated difficulties in comparing performance between local programmes that currently exist
    - Improving data quality and management
    - Targeting specific communities with known health inequalities to improve access to DESP services

- Implementing a common approach across south London for the referral of patients to diabetic eye screening employing a robust electronic method of data transfer from primary care to improve coverage and reduce data transcription errors

- Improvement of Diabetic Eye Screening Programmes is driven through the following mechanisms:

London Screening Programme Board

- Responsible for the strategic direction for all screening programmes in London including Diabetic Eye Screening Programme strategies
- The board is accountable to the Director of Operations and Delivery at NHS England (London) and to the National Public Health Oversight Group
- The board provides quarterly reports to the London's Health Board, directors of public health and Health and Well-Being Boards

London Adult Screening Meeting (Sub-group of the London Screening Programme Board)

- Consists of PHE and NHSE central and patch teams
- Leads the operational component of the Adult Screening Programme Board - i.e. put strategies into action and work to improve the Diabetic Eye Screening Programmes across London

Programme Specific Diabetic Eye Screening Boards

- Each patch (i.e. North West London, North East London and South London) will have a number of programme specific DESP Boards
- Each group is responsible for quality assuring and monitoring of performance of the DESP programmes in the respective patches
- Each group will derive and drive the patch's annual screening action plans from the London Screening Programme Board's strategies
- Membership consists of representatives from directors of public health and CCGs, patch commissioners and are chaired by NHS England's population health leads

## CONCLUSIONS

- NHS England is now responsible for the commissioning of all national screening programmes and has set about improving Diabetic Eye Screening Programmes in London through its governance framework of the London Screening Programme Board and patch level programme boards. This includes partnership work with CCGs to improve quality and local authorities to promote diabetes health in boroughs. Work by the groups will be guided by NHS England's five year strategy and two year action plan for screening programmes in London.

- Following the programme redesign in 2009/10, Merton is now served by a well-developed and administered Diabetic Eye Screening Programme which is highly regarded as one of the leading programmes for adherence to national quality standards. This position of strength should be commended and seen as a solid foundation for future development.

- The national common diabetic eye screening pathway due to be implemented in Merton by the end of April 2014 provides a number of opportunities to improve data collection and standardise care delivery across London

**Authors**
*Mr Johan Van Wijgerden, Population Health Practitioner Lead for South London, NHS England*
*Mr Bonny Rodrigues, Lead for Adult Screening Programmes, NHS England*
*Mr Alain du Chemin, Programme Manager, Diabetic Eye Screening Programme, Sutton and Merton Community Services*

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1. 2013/14 Quarter 1 Diabetic Eye Screening KPI's available from http://www.screening.nhs.uk/kpi/reports/2013-14/q1 Accessed March 2014

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