The ‘Big Picture’
Current issues in screening

Patrick Rankin, Training and Education Manager
NHS Diabetic Eye Screening Programme

Public Health England is responsible for the NHS Screening Programmes
Agenda

• Reconfigurations
• Screening Intervals
• GP2DRS
• Standards, SOP and Service Spec
• Communications
• Grading and grading management update
  • Shelley Widdowson
• Education and training update
  • Patrick Rankin
• Data management update
  • Jo Jacomelli
• Questions – and answers (some!)
Reconfigurations

• NHS Screening Programmes
• DES Programmes
• Pathways – old and new
NHS Screening Programmes

- NHS Screening Programmes (11 programmes)
  - YPA Screening Programmes (5)
    - AAA
    - Diabetic Eye
    - Bowel
    - Breast
    - Cervical
  - IEPP (11)
    - Education
    - Patient Info
    - Professional Info
    - Websites
    - Blog
  - SQAS (11)
    - National
    - 4 Regions

JAM

ISF
DES Programmes

• NHSE
  • Commissioning
  • Local decisions
• NDESP involvement
  • Not within remit
• London
  • 17 down to 5
• Other areas
  • Continual process
Pathways – old and new

• Map of Medicine
  • Have been updated
  • Take a look

• Grading
  • Discussed shortly…

• Pregnancy
  • New guidance
Grading

• Management of Grading
• TAT and reports
• GAA – extracts
• Grading College
Screening Intervals

• UK NSC review evidence
• Consultation – four nations
• NDESP Reshape (PHE Objective)
• Work with NHSE to future proof
• Why change?
  • Evidence
  • Do no harm
  • Numbers
People with diabetes

- 2.8 million people diagnosed with diabetes in England (6% prevalence)
- 5% increase per annum

<table>
<thead>
<tr>
<th>City</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloucester</td>
<td>136,000</td>
</tr>
<tr>
<td>Nottingham</td>
<td>316,000</td>
</tr>
<tr>
<td>Sheffield</td>
<td>518,000</td>
</tr>
</tbody>
</table>

Hastings       +140,000
Blackpool      +148,000
Slough         +155,000
Huddersfield   +163,000
Extended screening intervals implementation

• Project Board
• When will this happen?
• How will this happen?
• Communication
  • Key to role out
  • Potential impact on diabetic care
  • GPs. commissioners, patients
• Lots of questions, not many answers yet
GP2DRS

• Ongoing
• GPES/HSCIC
• Pilots
  • Number of sites currently piloting/about to pilot
• Future plans
Standards, Service Spec and SOP

Standards

• Pathway standards
• Standards out to consultation
• Reduce standards from 19 to 12
• Ensuring more condensed and fit for purpose
• New standards, some standards removed as belong in service spec
• Finalised by March 2016 for implementation in April 2017
• Reflected in Service Spec for 2017/18
• Jo to discuss further….
Standard operating procedure

• Previous known as the ‘Workbook’
• Last published 2009
• Updated several times in 2011 and 2012!
• Reintroduced to a standardised format across all screening programmes
• Hopefully within next 12 months
Data and inequalities

- New quarterly reporting system
- KPIs published
- Programme responsibility to share with stakeholders
- Annual reporting – guidance issued
Inequalities

- Addressing inequalities
- Key PHE objective
  - Prisons
  - National diabetes audit links
  - Uptake hard to reach groups
  - Traveller/gypsy communities
  - Black and minority ethnic groups
Communications

• Blog and emails
  • Primary method of communication

• Helpdesk
  • Send all queries
  • Log queries

• Websites
  • Gov.uk, NHS choices, CPD
  • Extranet
Websites

- GOV.uk
  - All professional related information
  - Policy, procedures, standards
  - All screening programmes and QA

- NHS choices
  - All patient centred information
  - Easy to read and understand
  - Accessible

- CPD website
  - All education, training and elearning
  - Updates regarding the new qualification
  - Generic eLearning modules/QA/induction

- Extranet
  - Legacy site
  - Has all old content, not updated
Contact Details for NDESP

Screening Helpdesk phe.screeninghelpdesk@nhs.net

Professional information on gov.uk

Patient information on NHS Choices:

CPD: http://cpd.screening.nhs.uk/

Blog: https://phescreening.blog.gov.uk/

Twitter: @PHE_Screening

Extranet archive: http://diabeticeye.screening.nhs.uk
Save the date………..

• NDESP Networking day 21\textsuperscript{st} January 2016
  • Clinical leads and programme managers
  • Birmingham City football club
Now for Shelley.........
New Developments in monitoring grading in DES

Shelley Widdowson
National Grading Lead DESP

Public Health England is responsible for the NHS Screening Programmes
"Every time I open my mouth an idiot speaks"

“Please be quiet and listen to what I have to say, because it’s important.”
# Grading management reports

## DESP Grading Management Report - Somewhere Programme - Rolling 12 months

*Report date to end March 2015*

<table>
<thead>
<tr>
<th>Grader ID</th>
<th>Programme</th>
<th>Status</th>
<th>Completed</th>
<th>End March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sensitivity %</td>
</tr>
<tr>
<td>1234</td>
<td>Somewhere</td>
<td>Grader</td>
<td>11</td>
<td>96%</td>
</tr>
<tr>
<td>1235</td>
<td>Somewhere</td>
<td>Grader</td>
<td>12</td>
<td>85%</td>
</tr>
<tr>
<td>1236</td>
<td>Somewhere</td>
<td>Grader</td>
<td>11</td>
<td>92%</td>
</tr>
<tr>
<td>1237</td>
<td>Somewhere</td>
<td>Grader</td>
<td>10</td>
<td>86%</td>
</tr>
<tr>
<td>1238</td>
<td>Somewhere</td>
<td>Grader</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>1239</td>
<td>Somewhere</td>
<td>Trainee</td>
<td>8</td>
<td>96%</td>
</tr>
<tr>
<td>1240</td>
<td>Somewhere</td>
<td>Grader</td>
<td>9</td>
<td>96%</td>
</tr>
<tr>
<td>1241</td>
<td>Somewhere</td>
<td>Grader</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>1242</td>
<td>Somewhere</td>
<td>Grader</td>
<td>11</td>
<td>85%</td>
</tr>
<tr>
<td>1243</td>
<td>Somewhere</td>
<td>Grader</td>
<td>8</td>
<td>87%</td>
</tr>
<tr>
<td>1244</td>
<td>Somewhere</td>
<td>Grader</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>1245</td>
<td>Somewhere</td>
<td>Trainee</td>
<td>7</td>
<td>83%</td>
</tr>
<tr>
<td>1246</td>
<td>Somewhere</td>
<td>Grader</td>
<td>7</td>
<td>69%</td>
</tr>
<tr>
<td>1247</td>
<td>Somewhere</td>
<td>Grader</td>
<td>11</td>
<td>86%</td>
</tr>
<tr>
<td>1248</td>
<td>Somewhere</td>
<td>Grader</td>
<td>0</td>
<td>null</td>
</tr>
<tr>
<td>1249</td>
<td>Somewhere</td>
<td>Grader</td>
<td>0</td>
<td>null</td>
</tr>
<tr>
<td>1250</td>
<td>Somewhere</td>
<td>Grader</td>
<td>0</td>
<td>null</td>
</tr>
<tr>
<td>1251</td>
<td>Somewhere</td>
<td>Grader</td>
<td>0</td>
<td>null</td>
</tr>
<tr>
<td>1252</td>
<td>Somewhere</td>
<td>Grader</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>1253</td>
<td>Somewhere</td>
<td>Grader</td>
<td>8</td>
<td>98%</td>
</tr>
</tbody>
</table>

*All test results by programme*
Participation Flag

> 10 sets in last 12 months

< 10 sets in last 12 months
Sensitivity Flag

- > 85% sensitivity to STDR
- ≤ 85% sensitivity to STDR
- ≤ 80% sensitivity to STDR
Specificity flag

> 80% specificity to STDR

≤ 80% specificity to STDR
White Flag

Sensitivity / specificity calculation not valid. Grader not participating enough.
Grader outliers
What does this mean?

• Programmes will be able to react quickly to grading performance issues and take action to raise standards in their service

• QA teams will be able to offer support to programmes who are struggling with grader performance

• Commissioners will be better informed of programme performance with respect to grading
How are the reports accessed?

• The reports are updated every quarter and the most current report will always be available to the programme.

• Every quarter the regional QA teams will receive the anonymised reports from the TAT system listing all registered graders and their flag status.

• QA will forward these reports to the commissioners and should be discussed at regular programme board meetings.

• The reports won’t be made available to QA and commissioners until next year which will give programmes the opportunity to ensure the reports are correct.


Accuracy of the report

- Accurate recording of graders who should be participating
  - Move trainees to full disease grader status as soon as qualified
  - Use ‘guest grader’ status for voluntary participation
  - Remove graders from your register who have left the service
- Take time to do the tests
- Review monthly test results
- Immediately report any inaccuracies
Queries

Technical queries should go to Netsima – you will find their email address on the TAT website.

helpdesk@netsima.co.uk

Any queries related to interpreting the data should come through the screening help desk.

phe.screeninghelpdesk@nhs.net
Future developments

• Recovery test sets for graders who have a red flag
• 5 extra test sets
• Help graders return to a green flag within a reasonable timescale
  • Results included in the grading management reports
• Only to be used in addition to targeted in-house training
• 5 sets per grader and only during one episode of recovery
Management of grading quality

- New grading management guidance
- Performance standards
- TAT report interpretation guidance
- Support guidance

Summary

• The TAT grading management reports are live
• All graders have a flag status
• This is a performance monitoring report / tool which is available to programmes now and will soon be available to QA and commissioners
• Programmes must take appropriate action if graders are not on a green flag
• Guidance can be found in the management of grading guidance document
• Recovery test sets are in development
Back to Paddy ..........
Diabetic Eye Screening Programme Education and Training Update

Patrick Rankin, National Education and Training Manager

Public Health England is responsible for the NHS Screening Programmes
Agenda

• New qualification
• CPD framework
• Online learning and tools
New Qualification;

- PHE, HEE and Skills for Health are introducing a new screener qualification in April 2016
- Clinical Healthcare Support Diploma in Healthcare Screening (diabetic eye screening)
- Level 3 on QCF
- Provides the non-professionally regulated staff within screening a nationally recognised qualification
- Will enable staff to have a huge number of opportunities and career progression
  - Other screening programmes
  - Maternity support workers, healthcare support workers
  - Nursing, paramedics, emergency medical technicians
  - Foundation and undergraduate degrees
- Very similar structure to the current qualification
Structure

- Core modules that cover competencies for underpinning of basic healthcare
  - Communication skills
  - Consent
  - Infection control
  - Health and safety in healthcare settings/safeguarding etc.

- Generic screening module
  - To provide all staff in screening programmes a basic understanding of screening and its importance in a healthcare setting

- Screening programme specific modules
  - Different modules for different roles
  - Screener, grader, admin etc.
  - Certain staff groups will have exemption for prior learning
Assessment

- Similar in structure to the current qualification
  - Local assessors/internal and external quality assessors
- Will take between 9-12 months to complete
- Clinical ‘sign off’ to enable supervised screening and grading
- Work based assessment of competence
- Core modules competencies are demonstrated utilising their roles within their departments
  - Portfolio of experience (including minimum screens and grades)
  - Clinical assessments
  - E-learning
  - On-line tests
  - Assignments
  - Test and training system
  - Case-studies/reflective practice
  - Short notes
  - Professional discussions
Awarding Organisations

- 4 awarding organisations will be able to provide the qualification across England
  - Pearson Qualifications
  - Lifetime Awarding
  - Future Quals
  - National Open College Network

- Local programmes will need to determine which of these AO is best suited to provide the qualification this will usually depend on where the awarding centres are based

- Allows more local decision making/oversight into the qualification
Awarding Centres

- Awarding centres are the local offices of the AO and they will administrate the qualification
- Most NHS trusts will be an awarding centre for one of the AO’s
- Private providers/NHS trusts can register to become an awarding centre and offer the qualification
- Requires a appropriate administrative set up to run the qualification
- External assessors
- Awarding organisations will have different requirements to become an awarding centre
- Liaise directly with AO’s
- NDESP can help facilitate the process
Costs

• Costs are determined by the individual awarding organisations
  • Local centres will determine the costs based on the administration and quality assurance requirements
• NDESP can no longer subsidise the qualification
  • £1000-2000/ registrant
• Funding may be available from the local education and training board within Health Education England
• Local programmes need to contact wider workforce development team within their LETB
• Dependent on local budgets and circumstances
• PHE are in discussion with senior management from HEE to obtain further clarification regarding funding from a National perspective
Next steps

• NDESP to;
  • Produce website providing local programmes with updates
  • Provide contact details of AO
  • Facilitate programmes with administration process
  • Produce new e-learning and assessment packages
  • Produce full guidance and portfolio of experience for programmes

• Local programmes to;
  • Contact and negotiate with LETB’s regarding funding
  • Contact awarding organisations to determine locality of awarding centres
  • Determine which AO is best suited to provide the qualification
  • Register as awarding centre if required
  • Liaise with awarding centre to determine process for registering learners
  • Register internal assessors with awarding organisation
Continuing professional development

- Quality and improving the quality of screening and grading is embedded within NDESP
  - Test and Training
  - Inter-grader agreement
  - 10% ‘normal’
  - One:one feedback with CL and PM
  - MDT
  - Team meetings
  - Local events and training
• This model of CPD should be followed in other screening programmes
• Plan to encompass all CPD/IQA activities in an online portfolio that can be updated regularly
• Introduce reflective practice
• Common in other healthcare professions
• No additional costs to programmes
Online learning and tools

• Elearning tools to compliment the new qualification
  • Hosted on CPD website
  • Initial stages of development

• Producing online educational tools/videos
  • PHE media
  • Grading management
  • R3S/A
And finally Jo........
Diabetic Eye Screening
National Reporting

World Sight Day, 8 October 2015

Public Health England is responsible for the NHS Screening Programmes
Progress during 2014/15

- Improvement in data quality
- All programmes bar one on Common Pathway
- 2014/15 data a mix of pre-CP and CP
- Publication of KPI data
- Standards review
Standards review

Information review
- Literature review; consultation on current standards; programme data; QA feedback

Plans
- Review standards with DAQA

Stakeholder engagement
- Consult on draft standards with programmes; advisory groups; IEPP; QA; SILs; Area Teams

Submission tool

Sign off
Eligible population, England

<table>
<thead>
<tr>
<th>Year</th>
<th>Eligible Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>2,200,000</td>
</tr>
<tr>
<td>2011/12</td>
<td>2,300,000</td>
</tr>
<tr>
<td>2012/13</td>
<td>2,400,000</td>
</tr>
<tr>
<td>2013/14</td>
<td>2,500,000</td>
</tr>
<tr>
<td>2014/15</td>
<td>2,700,000</td>
</tr>
</tbody>
</table>
Eligible population by programme, 2014/15
Percentage of eligible that are new registrations
Uptake by region and quarter 2012 to 2015
Uptake by programme, 2014/15
Percentage of unassessable images, 2012/13
Percentage of ungradable images, 2014/15

Number screened vs. Percentage ungradable.
Rate of R3 per 100,000 screened 2012/13
Rate of R3A per 100,000 screened 2014/15
But what does it all mean?
Questions