



Public Health
England



BARS Conference 2019

Failsafe Forum

Why is failsafe important?

“The value of a screening programme will be diminished if appropriate action is not always taken to ensure that the right people are invited for screening or if the right action is not taken to follow-up those with abnormal test results”



Failsafe: NHS Diabetic Eye Screening Programme guidance

What is failsafe?



“...a system or plan that comes into operation in the event of something going wrong or that is in place to prevent such an occurrence”

*an occurrence,
place to prevent such*

Key aspects of failsafe

- It is a backup mechanism to ensure that any errors in the screening pathway are identified and corrected before harm occurs
- Errors often arise from a systems/process failure, anywhere along the screening pathway, as opposed to individual error
- Requires clear lines of accountability, responsibility and oversight
- Good quality standard operating procedures (SOPs)



Many DES providers
& many HES services

Why is failsafe so difficult in DES?



Fragmented
commissioning of
pathway



Different software systems
and lack of IT connection



Complicated HES &
GP Interface



Letter generation



Guidance not clear

HES Interface

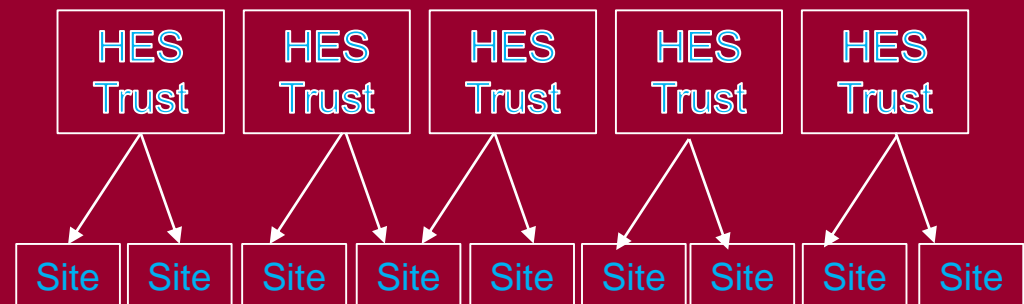
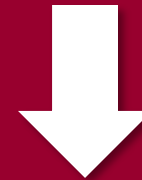
DESP



x1 HES Trust

Even better if the
DESP & HES are the
same Trust (in theory)

DESP



...some prefer fax, others email, others letters etc.

Commissioning

NHS England –
Regional
Commissioners



DESP

Clinical
Commissioning
Groups



HES



...QA visit reports cannot make
recommendations to address quality
issues within HES

So what's the problem with HES Failsafe?

Many programmes report issues with HES feedback, including:

- No feedback whatsoever
- Difficulty in determining if DR assessed within feedback
- Partial RxMx grade notation
- Delays in receiving clinic letters (sometimes months)

Impact

- Many individuals with diabetes are returned to screening unnecessarily – they don't need more screening!
- DESPs cannot be assured that they are in HES care
- People with diabetes are subsequently re-referred
- Referrals are rejected, as HES eventually informs DESP that they are already in HES care
- Confusion caused for both the DESP and the individual with diabetes

What does the new HES Guidance do?

- Provides guidance on the failsafe of people who:
 - Require a new referral into HES
 - Are already under HES care
 - Are discharged from HES
 - Remain in HES but have no appointment
 - The DESP have received no feedback

So...

Group work #1

- What works well with the guidance?
- What doesn't work well?
- What improvements are required?
- What work-arounds have you had to implement?

