



Public Health
England



Protecting and improving the nation's health

NDESP Update

BARS conference 2018

Public Health England leads the NHS Screening Programmes

Key Priorities 2018/19

- Supporting NHSE - extended screening intervals and associated IT
- Clarify screening intervals implementation route map with tri-directorate
- DES optimisation strategy
 - reduce and streamline processes and documentation
 - work with software providers to reduce workarounds and local variation
- Formalise and strengthen links with stakeholders across diabetes care (DUK/NHS Diabetes programme/National diabetes audit/NHS Digital)
- Ongoing grading improvement work
 - Develop atypicality process for the programme
 - Automation of grading as a one-off tool for atypical programmes
- Support diploma for health screeners within DES
- GP2DRS rollout and transition to SNOMED codes

Key Performance Indicators

	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
DE1 (uptake) Acceptable $\geq 75.0\%$ Achievable $\geq 85.0\%$ (2016/17=82.2)	81.00%	80.80%	82.20%	82.70%
DE2 (results issued) Acceptable $\geq 70.0\%$ Achievable $\geq 95.0\%$ (2016/17=94.6)	91.50%	93.70%	96.40%	95.20%
DE3 (urgent referrals) Acceptable $\geq 80.0\%$ (2016/17=75.4)	75.40%	73.70%	76.00%	78.20%

Pathway Standards

- Revised standards in place for 12 months
- Full implementation in Q3 and Q4
- Validated data to be published
- Standards review
 - Support screening intervals
 - Evaluate effectiveness of new / revised standards

Screening Intervals & IT solutions

NHSE leading on the operational implementation of extended intervals

- Commissioning intentions issued and sent to local commissioners state that extending screening intervals will commence in 2019/20 in a limited number of services that demonstrate that they can meet the quality criteria developed by PHE
- Whilst further discussions take place regarding a national IT system, commissioners should ensure that all contracts (existing and to be procured) reflect within the appropriate contract schedules that providers are expected to:
 - implement and support IT developments;
 - respond to national action/lessons such as change of software, supplier and techniques to an agreed schedule and ensuring robust software testing is in place with set timeframes for software bug resolution

Intervals cont....

NDESP continuing with supporting workstreams

- Grading
- Communication
- Patient behaviour
- Operational implementation support
- Commissioning implementation and quality assurance support

Optimisation

Reduce and streamline processes and documentation

- Fit for purpose review of pathways
- Review and refresh protocols and guidance documents

Work with software providers to reduce workarounds and local variation

- Pain points identified
 - NDESP helpdesk
 - Quality Assurance visits
 - Networking events
 - Discovery phase of single IT

Grading Atypicality

- Assesses grading outcomes across the country at a programme level
- Data already collected nationally
- Statistical analysis (random effects model) measures SD using
 - R1M0 versus R0M0 & R1M0
 - Referral rate
 - R3 versus R2 & R3
 - R3 versus all referred
 - Unassessable
- This data is used to produce an atypicality score for all programmes
 - An atypicality score of 100% is the most extreme outlier
 - The least atypicality score are the most typical
- Plan to share data with programmes and SQAS in Q4 2018/2019.

Automated Grading

Assess grading quality as a one off QA tool

- Objective
- Consistent
- High throughput in short space of time
- Good sensitivity and specificity to disease / no disease grading

Methodology

- Selected programmes (x6) meeting criteria
- 10 000 previously graded images
- Compare R0M0 (human graded) with automated grade
- Indicate grading inconsistency rather than population variation.

Tender to commission automated grading as a one-off quality assurance tool to facilitate screening intervals implementation.

NDESP will contact local programmes soon to help with the exercise.

Diploma for health screeners

Level 3 Diploma for Health Screeners (April 2018)

Pathway	Completed	Time taken	In progress
AAA	9	3–19 months	53
DES	12	3-13 months	291
NBH	9	11-14 months	72
	30	3-19 months	416

Limited funding still available 2018/19 – 2 per programme

<https://www.gov.uk/guidance/nhs-population-screening-diploma-for-health-screeners>

Certificate in Assessing Vocational Achievement

CAVA (April 2018)

Pathway	Completed	In Progress	To start	
AAA	28	20	14	62
DES	34	27	31	92
NBH	34	64	27	125
	96	111	72	279

Limited funding available

Assessor support:

- National Skills Academy for Health package due end of this year
- Focus Group meeting in October
- Diploma workshops in 2019

Other education resources

- RCGP diabetic eye screening e-learning module
 - In development by RCGP
 - Overview of DES and issues related to primary care

- Trainee specialist doctor e-learning
 - DES grading criteria overview

GP2DRS

Service specification (18/19)

- preferred mechanism for cohort extraction (funded by PHE Screening)
- unless there is a suitable alternative electronic extraction

Phased rollout across the programme since 2017

- 49 local programmes will receive cohort data for all their GP's
- 2 programmes still undergoing a phased implementation
- 2 programmes due to start in coming months
- 1 programme on hold
- 8 programmes are not using GP2DRS and have their own extraction system

GP2DRS

Transition to SNOMED

- GP2DRS / NHS Digital ensuring extractions integrity
- SNOMED codes being mapped to NDESP dataset
- Local DESP should not be affected by the transition
- Full completion expected in November 2018

If using an alternative extraction solutions, ensure they transition to SNOMED codes correctly. MIQUEST queries will not be updated with SNOMED

Removal of monthly GP approval for extract – effective October 2018

Optical Coherence Tomography (OCT)

Diabetic Maculopathy in surveillance clinics

- Not currently commissioned in NDESP
- Best practice being developed
 - Group formed (NDESP, Ophthalmology, local DESP, NHSE, QA)
 - Pathway and criteria drafted
 - Local DESP survey / feedback (soon)
- Potential for future inclusion in DES pathway if NSC recommended
 - Awaiting cost effectiveness data

Scanning (laser) ophthalmoscopes (SLO)

Different mechanism for assessing the retina

Numerous requests from manufacturers to assess

Wider field of view

Health technology assessment application published (January 2018)

UK NSC consultation prior to incorporation into programme

Useful links

 <https://www.gov.uk/guidance/diabetic-eye-screening-programme-overview>

 <https://phescreening.blog.gov.uk/>

 @PHE_Screening

KPI data for 2016/17 is available here:

<https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-and-briefings-2016-to-2017>

Diploma for Health Screeners information:

<https://www.gov.uk/guidance/nhs-population-screening-diploma-for-health-screeners>