Public Health
England

NHS

Competencies for staff undertaking administrative roles within the NHS Diabetic Eye Screening Programme

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation’s health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.
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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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Introduction

The administrative function within the NHS Diabetic Eye Screening Programme (NDESP) is an essential element to the provision of the local diabetic eye screening (DES) services. Provision can vary between programmes according to local requirements.

Following the introduction of the level 3 Diploma for Health Screeners qualification, administrative staff are no longer required to obtain a bespoke qualification in diabetic eye screening administration. This will be reflected in the service specification and pathway standards in due course.
This guidance has been produced to assist local DES services in developing a local framework for the training and development of administrative staff. It includes a list of competencies, assessment criteria, indicative content and links to appropriate documents.

This list of competencies is not exhaustive or mandatory and local programmes can adjust as necessary. However, programmes are advised to implement these and any additional competencies relevant to their local DES service to assure commissioners the administrative function is carried out effectively and appropriately within their service.

Learning Outcome The learner will:	Assessment Criteria The learner Can:	Indicative content
1. Understand the policies, procedures and principles of diabetic eye screening and the wider field of health screening	1.1 understand the following terms related to health screening: - prevalence - sensitivity - specificity - false positives - false negatives - screen positive - cohort - eligible/ineligible - uptake/coverage	The screening pages of Gov.UK contain definitions for all terms related to screening along with an explanation of when they may be used and what they mean in practical terms to an individual https://www.gov.uk/topic/population-screening-programmes scroll down to 'videos' on this page for more detail: https://www.gov.uk/guidance/nhs-population-screening-explained
	1.2 Describe what is meant by a screening pathway with reference to diabetic eye screening	In the NHS screening programmes screening is not just a 'test' it is a **pathway** whereby the individual offered screening is looked after appropriately from the invitation to be screened right through to the point of referral for treatment if he/she is found to have the condition being screened for. The pathway has to include all the steps needed, eg giving the right information to help the individual decide if they wish to accept the offer of screening, having trained professionals, making the service accessible, making sure the test and follow up treatment is of high quality, safe and accessible and making sure there is support available for the individual along the whole pathway.

		An NHS screening programme will only be put in place if all areas of the pathway can be covered safely. All areas of the pathway are subject to Quality Assurance also.
	1.3 Outline appropriate health screening policies and procedures within own area of work	Local screening programmes should have standard operating procedures for staff outlining local policies and guidance. This guidance will reflect the national service specifications which are available to see in detail under the ‘commissioning’ tab of each of the 11 screening programmes: https://www.gov.uk/guidance/evidence-and-recommendations-nhs-population-screening#screening-programmes
	1.3 Understand the difference between screening and diagnosis within diabetic eye screening	Screening is the process of identifying healthy people who may be at increased risk of a particular disease or condition.Screening is not diagnosis. Screening comprises a test, offered to an individual, to assess the risk of them being affected by the condition being screened for. If the screening test suggests the individual is at increased risk then they will be offered a diagnostic test to determine if they have the condition. There is a useful animation to explain this here: https://www.gov.uk/guidance/nhs-population-screening-explained#illustration-of-the-screening-process The NHS Choices pages also cover ‘what screening is and is not’ from a user perspective at: http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx

	1.4 Understand the benefits and limitations of NHS screening programmes	https://www.gov.uk/guidance/nhs-population-screening-explained Screening is the process of identifying healthy people who may be at increased risk of a disease or condition. The individual can then be offered information, further tests and/or treatment to reduce associated risks or complications and to improve outcome. Limitations: Screening cannot detect all conditions Some individuals who are affected by the condition being screened for may be missed (false negatives) Some individuals will be picked up as at high risk when in fact they do not have the condition being screened for (false positives) This can cause anxiety and stress. This animation explains the possible outcomes of screening (scroll down to the video section) Because screening is not 100% sensitive or specific and can cause anxiety, it is important that individuals have access to up-to-date and accurate information in a format they can understand in order to reach a decision as to whether or not to accept the offer of screening.
2. Be able to follow the requirements	2.1 Summarise the legal requirements regarding:	Everyone involved in screening will be exposed to data so it is very important that the correct procedures are

for informed choice and **consent** in health screening	• Data Protection • Confidentiality • Freedom of information	followed at all times. Staff will have to undertake mandatory training regarding local and national policy on data protection and confidentiality pertinent to their area of work. The Data Protection Act (DPA) controls how personal information can be used and your rights to ask for information about yourself. You can access the DPA here: https://www.gov.uk/data-protection Everyone responsible for using data has to follow strict rules called 'data protection principles'. They must make sure the information is: • used fairly and lawfully • used for limited, specifically stated purposes • used in a way that is adequate, relevant and not excessive • accurate • kept for no longer than is absolutely necessary • handled according to people's data protection rights • kept safe and secure • not transferred outside the European Economic Area without adequate protection The NHS code of Practice regarding confidentiality can be accessed here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200146/Confidentiality_-_NHS_Code_of_Practice.pdf The above document clearly defines the code of

		confidentiality regarding patient information across the NHS: A duty of confidence arises when one person discloses information to another (eg patient to clinician, person to screener) in circumstances where it is reasonable to expect that the information will be held in confidence. It – a. is a legal obligation that is derived from case law; b. is a requirement established within professional codes of conduct; and c. must be included within NHS employment contracts as a specific requirement linked to disciplinary procedures.
	2.2 Explain what is meant by consent	NHS Choices offers a description of consent in relation to health care at http://www.nhs.uk/conditions/consent-to-treatment/pages/introduction.aspx the following text is taken from the above link: **Consent to treatment is the principle that a person must give their permission before they receive any type of medical treatment or examination. This must be done on the basis of a preliminary explanation by a clinician.** Consent is required from a patient regardless of the intervention – from a physical examination to organ donation. The principle of consent is an important part of medical ethics and the international human rights law. It can be given: • verbally – for example, by saying they are happy to have an X-ray • in writing – for example, by signing a consent

		form for surgery Patients may passively allow treatment to take place – for example, by holding out an arm to show they are happy to have a blood test. However, since the capacity to consent has not been tested, and the benefits and risks have not been explained, this is not the same as consent (see below). "Capacity" means the ability to use and understand information to make a decision, and communicate any decision made. For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision. These terms are explained below: • **voluntary** – the decision to either consent or not to consent to treatment must be made by the person themselves, and must not be influenced by pressure from medical staff, friends or family. • **informed** – the person must be given all of the information in terms of what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments and what will happen if treatment does not go ahead. • **capacity** – the person must be capable of giving consent, which means they understand the information given to them, and they can use it to make an informed decision. If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular

		treatment, their decision must be respected. This still stands even if refusing treatment would result in their death, or the death of their unborn child. If a person does not have the capacity to make a decision about their treatment, the healthcare professionals treating them can go ahead and give treatment if they believe it is in the person’s best interests. However, the clinicians must take reasonable steps to seek advice from the patient’s friends or relatives before making these decisions. Consent should be given to the healthcare professional directly responsible for the person's current treatment, such as the nurse arranging a blood test, the GP prescribing new medication or the surgeon planning an operation. http://www.nhs.uk/conditions/consent-to-treatment/pages/introduction.aspx for more information and the Department of Health (DH) guidance here https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition
	2.3 Explain the legal principles of obtaining consent	• The Department of Health (DH) guide https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition explains the key legal principles of: The process of seeking consent, the importance

		of establishing whether the person has capacity to give consent, what constitutes valid consent, the form that consent might take and the duration of that consent. It highlights the need to ensure that the consent is given voluntarily and that sufficient information has been imparted to allow valid consent to be made.
	2.4 Explain what is meant by informed choice	Informed choice is a difficult concept to explain as it will mean different things to different people. When related to screening it can mean that individuals are able to make their minds up as to whether or not they wish to accept the offer of screening based on unbiased information which is up-to-date, comes at the right time in the decision making process and is in a format they can understand.
	2.5 Explain how informed choice is facilitated in diabetic eye screening	Screening is a choice so making sure individuals understand that choice is very important and that is why the NHS screening programmes put a lot of effort and resource into providing information for people offered screening. This information needs to be supported by trained professionals who are knowledgeable about the whole screening pathway and can discuss areas with individuals in more detail. The NHS screening programmes provide detailed written information for all 11 screening programmes (these can

		be downloaded from the individual programme pages at https://www.gov.uk/topic/population-screening-programmes), some programmes have additional resources such as videos and decision making aids (these can be found on the NHS Choices pages here: http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx . Easy read version and translations are also available to ensure equity of access.
	2.6 Explain the issues surrounding individual consent prior to screening	The issues regarding individual capacity and consent are covered in the above sections. In relation to screening specifically, the individual needs to be aware that screening is not diagnosis and that it will not offer 100% accuracy. The individual should be aware what will happen if they are identified as either 'at increased risk' or 'not at risk' of the condition screener for. All eventualities should be explained prior to obtaining consent for screening so the individual has the full picture of what may happen as a result of accepting the screening test.
	2.7 Explain the role of the administrative team in facilitating informed choice and gaining consent	Staff need to be knowledgeable about the whole screening pathway so they can offer up-to-date and accurate information to help people make their decisions re screening and to ensure they have all the information they need prior to consent. Staff should be able to determine if the individual needs information in alternative formats (eg translations) or further support in facilitating informed choice (eg an interpreter or further

		written information/decision making aids). Staff need to make sure they are familiar with the screening programmes written information for the public and any other resources that may be available (eg decision making aids). They should ensure the person offered screening has received and had the opportunity to process this information. The information given needs to be unbiased and factual. Administrative staff must be aware of the limitations of their role and when to refer a clinical query to the appropriate member of staff.
	2.8 Explain the individual's right to exercise choice in screening	If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected. Administrative staff should understand the risks associated with diabetic eye screening and the risks associated with opting out of the screening programme. They should be able to convey these risks to patients. Screening is a choice and all individuals can choose to accept or decline the offer of screening. Their decision to accept or decline needs to be documented.
	2.9 Describe the reasons why individuals may withdraw their consent	Individuals may withdraw their consent to data sharing/storage for many reasons including: • issues of confidentiality

		• privacy • previous experiences. Whatever their reasons they are to be respected and actioned. Consent can be withdrawn at any time.
3. Understand the impact screening may have on individuals	3.1 Describe the impact screening may have on individuals and their families	Many issues surrounding this area can be found on the NHS Choices pages here: http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx the pages include patient stories This e-Learning resource also discusses the possible outcomes of screening in personal terms, using screening for breast cancer as an example http://www.healthknowledge.org.uk/interactive-learning/screening/chapter2 Screening always aims to do more good than harm but there are occasions where cases will be missed or people may be offered interventions which they don't need. Such instances can cause harm, anxiety and distress. There is also the possibility that screening may give false reassurance and individuals may ignore symptoms in the future. This is why well trained and knowledgeable staff and high quality information are so vital to the NHS screening programmes. Administrative staff should be aware of the potential risk of screening and the importance and requirement to

		report potential safety incidents. Further guidance is covered within the Managing Safety Incidents in NHS Screening Programmes Guidance
	3.2 Describe the factors that could lead to individuals declining the offer of screening	The above example will help administrative staff to appreciate what factors may affect individual choice. Other factors could include: • culture • religion • past experiences • personal values and beliefs • friend/relative experience • fears and phobias. • Geographical • Travel • Employment commitments
	3.3 Describe the responsibilities of health care staff in ensuring individuals are looked after along the whole screening pathway	Administrative staff should be aware of the Managing safety incident in NHS Screening Programmes guidance They should be aware of how to raise any concerns locally
4. Understand the importance of quality assurance, standards, reporting and	4.1 Describe the internal and external quality assurance policies and procedures for own screening programme	National Quality Assurance (QA) processes are documented and explained here: https://www.gov.uk/topic/population-screening-programmes/screening-quality-assurance

managing incidents and key performance indicators in health screening		Administrative staff should familiarise themselves with local programme policy and procedures during their induction.
	4.2 Explain the importance of quality assurance and standards in health screening	QA in relation to screening is detailed here: https://www.gov.uk/topic/population-screening-programmes/screening-quality-assurance Programme standards can be accessed here: https://www.gov.uk/government/collections/nhs-population-screening-programme-standards
	4.3 Explain the importance of own programme's key performance indicators and pathway standards	Key performance indicators (KPIs) for the NHS screening programmes measure how the screening programmes are performing. Each screening programme has KPIs attached to it which are collected locally and fed into a national reporting system every quarter. The KPIs will have been selected as areas where performance can be specifically monitored and improvements made. Administrative staff can find out the KPIs related to their screening programme via their supervisors. Definitions and KPI reports can be accessed here: https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting Pathway standards for diabetic eye screening are available here; https://www.gov.uk/government/publications/diabetic-

		eye-screening-pathways-patient-grading-referral-surveillance
	4.4 Summarise the importance of failsafe systems within health screening	Failsafe processes minimise the risks of anything going wrong in the screening pathways used by the NHS population screening programmes. Further details and programme specific failsafe pathways can be accessed here: https://www.gov.uk/government/collections/nhs-population-screening-failsafe-procedures
	4.5 Explain the importance of maintaining accurate records of the diabetic eye screening cohort	Accurate and appropriate record keeping is essential in the NHS as detailed in the data and confidentiality section. In screening specifically it is important that the records are accurate so that individuals can be matched to their results and cohorts can be tracked. In the case of a screening incident arising it may be necessary to track a whole cohort of individuals who may have been affected by a particular test.
5. Understand diabetes and its relevance to diabetic eye screening	5.1 Understand the difference between type 1 and type 2 diabetes	Outline the differences between type 1 and type 2 diabetes Describe the treatment options for type 1 and type 2 diabetes
	5.2 Understand the long-term complications of diabetes	Describe the macrovascular and microvascular complications of diabetes in the following:

		• heart disease • stroke • peripheral vascular disease • nephropathy • neuropathy • retinopathy
	5.3 Understand the relevance of risk factors in development of diabetic retinopathy	Explain modifiable and non-modifiable risk factors in the development of retinopathy Explain the importance of monitoring individuals regularly for risk factors in the development of retinopathy Describe own role in signposting individuals to appropriate information about diabetes
6. Administration and patient management systems in diabetic eye screening programmes	6.1 Understand how to obtain information on who has diabetes in the area covered by the screening programme	Explain how a diabetes register is compiled for diabetic retinopathy screening. Assess the gaps in the records and give the reasons for these gaps.
	6.2 Understand how the electronic information system works	Describe the operations that can be performed by the database software. Identify faults in the operations of the system and either rectify the fault or contact professional expertise when necessary.
	6.3 Understand why it is important to keep the database up to date and	Explain why it is important to keep the database up to date within a local DES service.

	how to input information	Explain the importance of accurate data input eg NHS numbers, complex surnames Potential issues associated with using identifying numbers other than NHS numbers, this can include duplication, double registrations and incorrect identification. Understand when information and how it should be used when registering patients Explain how to obtain accurate information eg from GPs, The Spine and secondary care systems
	6.4 Understand the patient management system for making and changing appointments	Describe the appointments system (this may include a variety of centres) and the system for changing appointments.
	6.5 Provide information to patients and colleagues	Handle enquiries from patients and colleagues in an efficient and helpful manner. Explain to patients the importance of attending for retinopathy screening and the associated risks of not attending. Explain to patients what exactly happens and what to expect during the retinopathy screening appointment, this may include information on mydriasis and associated advice on driving.
	6.6 Know the procedure for	Describe and understand the procedure for dealing with

	dealing with patient complaints, including formal and informal complaints	patient complaints.
	6.7 Input data from screening centres	Identify and audit non-attendance at screening appointment. Explain importance of checking patient identity. This includes asking patients to positively identify themselves during telephone conversations. Input data accurately. Save data appropriately. Generate letters and reports for GPs and referrals to ophthalmology.
	6.8 Generate audit reports for internal and external audit	Explain the national and local quality assurance systems. Explain how to generate audit reports.
	6.9 Understand the necessity to maintain the integrity of the information system	Describe the procedures for ensuring the security and confidentiality of data. Explain the procedures for checking data validity.

		Manage software problems within their own area of competency and authority. Explain the course of action if software problems arise outside their own area of competency and authority. Describe how the local DES service databases are backed up and any disaster recovery plans that exist.