

**Minutes of: JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
FOR PENNINE ACUTE NHS TRUST**

Date of Meeting: 28 July 2015

Present: Councillor (in the Chair)
Councillors Kerrison, S Smith and R Walker

**Also in
attendance:**

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence:Councillor and Councillor

1 DECLARATIONS OF INTEREST

No declarations of interest were made

**2 NORTH EAST MANCHESTER DIABETIC EYE SCREENING REVIEW AND
ENGAGEMENT PROCESS**

The following officers attended the meeting to provide members of the committee with a verbal presentation in respect to the proposed changes to the north east sector diabetic eye screening programme and provide details of the communications and engagement plan:

Dr Graham Wardman: Consultant in Screening and Immunisation; Audrey Howarth: Screening and Immunisation Manager; Jane Pilkington: Head of Public Health Commissioning NHS England; Mr T Hashmi: Clinical Lead Diabetic Eye Screening Programme; Tanveer Kausser: Programme manager – Diabetic Eye Screening Programme; Amanda Stocks: Communications Hub Team Manager; Hilda Yarker Strategic Consultant for Patient and Public Engagement NHS England.

The presentation contained the following information:

The aim of the National Diabetic Eye Screening Programme (DESP) is to reduce the risk of sight loss amongst people with diabetes by the prompt identification and effective treatment if necessary of sight threatening diabetic retinopathy, at the appropriate stage during the disease process.

Since 2008 this has been delivered using a community based mobile service, operating by the movement of digital cameras from 16-17 clinic sites across the Boroughs of Bury, Oldham and Rochdale.

Following an External Quality Assurance visit in 2012, several recommendations made reference to the quality and safety of the way the service was being delivered; in particular the review highlighted

- the unsafe nature of transfer of data by USB sticks
- concerns regarding the frequent movement/transportation of digital camera's.
- Identification of availability of sites had to be negotiated annually, prime site occupancy for certain sites was affected by short term booking.

- The quality and safety of the programme was being compromised by the lack of an N3 connection. The N3 network is designed to ensure confidentiality and a safe way to transfer digital photographs and other information by NHS users.
- The operational model of camera transfer between sites had set up implications for both the digital cameras and staff; digital camera downtime was significant – up to one day lost in the transit, staff time was lost due to the necessity to use two staff for the transfer.

Following a Serious Incident in the North east sector in February 2014, Diabetic eye screening sites were reduced from 16-17 to 6 as an interim measure to ensure the safety of the screening programme. It was intended to perform a full review of the screening sites for the programme within 6 months of the implementation of the 6 interim static sites. Work began on this review at the beginning of 2015 and a Communication and Engagement sub-group was established in April to support this process.

A Communication and Engagement plan has been produced by this group to ensure that a comprehensive and meaningful engagement exercise can take place to influence the outcomes of the review, alongside the other clinical, equality impact work being undertaken by the programme. The engagement will be undertaken by the Commissioner, NHS England and Provider, Pennine Acute NHS Trust.

Those present were given the opportunity to ask questions and make comments and the following points were raised:

In response to a Member's question Dr.Wardman reported that the proposed changes are not as a result of having to make financial savings, the resources will remain the same. Included as part of the change, is a proposal to expand the hours and accessibility of the service, as well as an aim to improve the uptake of the service. The current uptake of the service is 76%, the highest percentage of non-attendees is from the working age population and it is hoped by reconfiguring the service the uptake will increase.

Dr. Wardman reported that the following the serious untoward incident and the necessity to introduce interim measures, NHS England acknowledge that they did not communicate with service users as well as they would have liked; lessons have been learnt and this learning has informed the subsequent pre-engagement and engagement phase.

The Clinical Lead Diabetic Eye Screening Programme reported that the proposed changes to the service will result in the image being transferred immediately via a safe secure N3 connection this will prevent as has happened in the past, a backlog of images waiting to be processed.

In response to a Member's question, the Programme manager – Diabetic Eye Screening Programme reported that there had been a historical lack of forward planning when booking clinic sites. The criteria for screening sites now included planned bookings, accessibility and provision of a safe N3 connection.

Members sought clarification in relation to the serious untoward incident. The Clinical Lead reported that data sticks were previously used to hold images, the data sticks were corrupted, this resulted in a delay in the images being reviewed. The Clinical Lead reported that no one was harmed as a result of the delay, all images were reviewed. There was however a slight delay in some of the images being reviewed as a result of which there was a requirement to record the incident as a serious untoward incident and patients informed

In response to a Member's question in relation to how the decision was made to select the sites in the period following the incident; the Programme Manager reported that the service reviewed who were in immediate need of the service, where had recently been screened, the easy availability of an N3 connection. The Programme Manager reported that the service could have communicated better with residents of Heywood in respect of the changes to the location of the screening facility.

The Screening and Immunisation Manager reported that the work is ongoing to raise the profile of the screening programme, members of her team work with GPs, support groups and practice nurses to encourage patients to attend their screening appointments.

The Head of Public Health Commissioning NHS England reported that this screening programme is very effective and delivering real health outcomes. Studies now show that since the commencement of Diabetic Eye screening in 2007, and for the first time in 50 years Diabetic Retinopathy is no longer the leading cause of blindness in adults. This is even more impressive given the significant increase over the past decade in diabetes. She reiterated that the proposed changes are not a result of a need to reduce budgets but rather a set of proposals to see how current investment can deliver the best health outcomes and will result in a more equitable and fair service.

The Chair reported that he would take questions from members of the public present at the meeting.

Members of the Committee were given a further opportunity to ask questions of the officers present at the meeting and the following issues were raised:

In response to concerns raised by the Chair; Dr.Wardman reported that they would ensure that the proposals did not disadvantage service users in any of the three Boroughs and will pay particular attention to any potential transport issues.

In respect of the site in Saddleworth, there were problems with the previous venue a different venue is to be considered as part of the review process.

Dr Wardman reported that NHS England is in contact with Arriva/TfGM in respect of the proposed changes.

The inclusion of potential sites in Croft Shifa is to allow ease of access to residents living in the area surrounding Littleborough.

In response to concerns raised with regards to the proposal to hold the engagement events in August, the Strategic Consultant for Patient and Public Engagement reported that a large amount of work has been undertaken in the pre-engagement stage. Further work will be undertaken at the commencement of the engagement, this will include three public events in Middleton, Oldham and Bury; an anonymised staff questionnaire, information in appointment letters and engaging with those attending clinic during the engagement period.

It was agreed:

1. Members of the Joint Committee were agreed that patients, the public and staff were engaged throughout the development of the proposals.
2. An additional public event will be held in Rochdale during the four week engagement period.
3. The Joint Committee are satisfied with the proposals and agree to the start of a 4 week period of formal public engagement from Monday, 3 August to Sunday, 30 August 2015.
4. Following the conclusion of the engagement a reporting detailing the findings will be circulated to members of the Joint Health Overview and Scrutiny Committee.

3 PUBLIC QUESTIONS

There were five members of the public in attendance at the meeting. There were three questions tabled in advance of the meeting; they were as follows:

1. Is the committee aware of the increase in the number of DNAs (Did Not Attend) for the Diabetic Retinopathy Screening since the removal of the service from the Phoenix Centre in Heywood? For just their own surgeries in Heywood, Dr. Chris Duffy & Dr. Bob Wood reported, at the CCG Meeting on 19th June 2015, that the increase in DNA's from 2013/14 to 2014/15 was Argyle Street Surgery 36 and Heady Hill Surgery 32.
2. Is the Committee aware that a 1000+ signature petition calling for the reinstatement of the DRS Service at the Phoenix Centre Heywood was presented to NHS England at a meeting facilitated by Healthwatch Rochdale in February 2015 at Heywood Civic Hall?
3. Is the Committee aware that a new screening camera, which cost £19,070 has been sitting idle in a storeroom since early March 2015?

Dr. Wardman reported that with regards to the increase in the numbers of those that did not attend their appointments, the data from NHS England does not indicate there has been an increase, nevertheless the team would continue to work with those requiring the service to increase take up.

With regards to the petition the Screening and Immunisation Manager reported that this will form part of the engagement process.

Dr. Wardman reported that the purchase of the new camera coincided with the reporting of the serious incident and engagement phase. Once the engagement has been completed and the sites agreed, the camera will become fully operational.

In response to concerns raised by Pete Malcolm, in relation to the Quality Assurance process identifying potential problems in 2012 and resulting action only being taken in 2014; the Screening and Immunisation Manager reported that the problems were highlighted just prior to a change over in commissioning responsibility. This was a period of substantial change in the NHS and in particular in NHS England. The first priority was to recruit to the position of Programme Manager, NHS England were working through the issues when the incident occurred.

The Programme Manager reported that the camera will still be transported around the Boroughs but less frequently, the camera will be transported in a purpose built, safe and secure container. All identified sites in the proposals have access to a safe and secure N3 connection.

Members of the public raised concerns, in relation to transport issues and access to the proposed sites. Members of the public provided examples of patients who have travelled for two hours plus to attend their appointment.

4 URGENT BUSINESS

There was no urgent business to report.

COUNCILLOR Chair

(Note: The meeting started at Time Not Specified and ended at Time Not Specified)