

North East Diabetic Eye Screening Programme Screening site review

Purpose:

To provide the OSC with information regarding North East Manchester's Diabetic Eye Screening Programme (NEDESP) review of screening sites; to share the engagement and communications work undertaken and planned with patients and the public; to seek comments and suggestions for improvement.

Summary:

Following a Serious Incident in the NE DESP (covering Bury, Oldham and Heywood Middleton and Rochdale) in February 2014, 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 6 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. This group includes several public/patient representatives, plus representation from Healthwatch. 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.

1) Background

NHS England Lancashire and Greater Manchester Area Team is responsible for commissioning the North East Diabetic Eye Screening Programme (NE DESP) covering Bury, Heywood Middleton and Rochdale (HMR) and Oldham (as from 1 April 2013). This is by providing screening, diagnosis and referral for treatment for patients with diabetes as part of the screening pathway to the eligible populations.

What is Diabetic Retinopathy?

- Diabetic retinopathy is a complication of diabetes and is one of the leading causes of blindness in the working population in the developed world. Diabetic retinopathy, if left untreated, can lead to sight loss which can have a devastating effect on individuals and their families. By promptly identifying and treating the disease, these effects can be reduced or avoided completely
- Diabetic retinopathy may not cause symptoms until it is quite advanced which is why screening is important
- All people with diabetes are at risk of getting diabetic retinopathy

The Diabetic Eye Screening programme

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 the introduction of the national screening programme, diabetic retinopathy is no longer the leading cause of blindness in the working population. The NEDESP uptake of screening is currently at 76.3% which is above the acceptable level.

- Individuals are identified by their GP and referred into the DESP.
- Annual screening appointments are offered to all people aged 12 and over with diabetes (type 1 and 2)

The Programme comprises of a number of elements:

- identifying and inviting all eligible people for screening at regular intervals (i.e. call/recall)
- taking digital images of service user's eyes
- grading the digital images of service user's eyes
- providing surveillance clinics with slit lamp bio-microscopy assessments
- providing surveillance clinics using virtual photographic clinics
- ensuring service users with referable eye disease are referred to appropriate Hospital Eye Services/Treatment Services
- undertaking internal Quality Assurance (QA)
- providing clinical oversight and governance for the Programme

2) Why are we undertaking an engagement process?

- Following a serious incident in the NE DESP programme which was the result of networking problems and the safe transfer of data, action needed to be taken to ensure that screening in the programme was safe, of the highest quality and adhering to the National Standards. It was critical that IT issues were addressed as soon as possible to maintain screening. The previous service provision of 16-17 mobile sites was reduced in the interim to 6 static community based sites with N3 wireless data transfer connection. This made the programme safe from an IT perspective. All of the static sites met the requirements of the Equality Act 2010

- Following the need to implement interim measures, it was the intention of Pennine Acute Hospital Trust to carry out a full review of the clinical sites and patient engagement is a key part of this.

NHS England has produced a number of documents ¹ in relation to good practice around planning and delivering service changes. These documents state that:

“Patients, the public and staff should be engaged throughout the development of proposals from their very early initiation through to implementation. Engagement should seek to build and on-going dialogue with the public, where they have an opportunity to shape and contribute to proposals”. (We should) ‘engage with patients, carers and the public when redesigning or reconfiguring healthcare services, demonstrating how this has informed decisions.’

It is essential to ensure that equality is at the heart of engagement and that all participation activity reaches communities and groups who experience poor health outcomes ²

3) Rationale for the selection of the 6 interim sites

The NE DESP had 6 cameras at the time of the serious incident, which is why 6 sites were selected based on the highest number of eligible patients. The rationale for the decisions at the time were based on; room availability, the venues available for the longest periods of time, the number of eligible patients being screened. Other screening site options were explored but were unavailable or not suitable.

4) Who is undertaking this process?

It is both a Commissioner and a Provider Role to undertake the engagement task.

- NHS England is considering changes that will have an impact on services that are being delivered to individuals. Therefore NHS England has an obligation to make arrangements to involve such individuals in the decision making process.
- Pennine Acute Hospital Trust is the provider, and as an NHS trust, has its own engagement obligations under s.242 of the 2006 Act. It is the intention for NHS England to undertake a joint engagement to avoid any duplication or confusion.

¹ (Planning and Delivering Service Changes for Patients, NHSE 2013)

‘Transforming Participation in Health Care’

² (Transforming Participation in Health Care, NHS England, 2013)

Why Undertake the Review?

Following the UK National Screening Committee's decision to commission to deliver a population based systematic National Diabetic Eye Screening Programme.

Pennine Acute Hospital Trust undertook to set up the NE DESP to deliver to the diabetic population of the three CCGs Heywood, Middleton and Rochdale, Oldham and Bury.

The NE DESP as part of the National Screening programme undertook to ensure consistency, testing, quality and standards. To follow strict protocols and criteria regarding training and testing and monitoring of all elements of the programme.

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 three LA Boroughs.

As part of the Quality and Assurance process for this screening service, regular visits are undertaken by the External Quality Assurance Team for Diabetic Eye Screening. Following the EQA visit in 2012, several recommendations set out in the EQA Action Plan, made reference to the quality and safety of the way the service was being delivered.

These particularly highlighted the unsafe nature of transfer of data by USB sticks and the concerns regarding the frequent movement/transportation of digital camera's – particularly around the camera life and quality of images being reduced when equipment is moved around.

The programme had experienced some camera failures, not because of the age of camera's but due to movement which resulted in settings being altered in transit, resulting in poor quality images.

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. This lack of connection resulted in the frequent occurrence of sync failures which caused the service considerable disruption. This prevented them from being able to focus on the quality aspects essential for the service to improve.

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. This impacted on staff time, in addition to patients having to be re-arranged at short notice and re-appointed when delays in the process impacted on the delivery of the service.

5) What is the review including?

Clear criteria for assessing potential clinic sites:

- Suitability
- Acceptability for the population density
- A safe IT system
- Reduction in barriers to access screening to improve uptake and reduce DNA's
- Location
- Staffed reception

An Equality Impact Assessment

'The current review of Diabetic Eye Screening Programme will be conducted in line with our requirements under the Equality Act 2010. To ensure the Public Sector Equality Duty is considered throughout the process a Pre Equality Assessment has been undertaken that will examine the:- rational for change, perceived impact it will have of particular individuals across protected characteristics, identify and support the engagement and communications processes.

Once the engagement exercise has been undertaken and the evidence has been analysed a final Equality Assessment report will be completed. This report will aid the development of the review work plans including the specification development and will incorporate user views, highlight any equality related risks, make recommendations to mitigate any adverse impact and ensure decision makers and commissioners make a their decisions in light of the findings of the full EA report'.

Information to inform and support the commissioner, provider and the patient/public documents are outlined in the table in this document below and are attachments as part of this document.

Engagement

A Communications and Engagement subgroup was established (which comprises of representation from Healthwatch, CCG, DESP Provider, NHS England Commissioner, patient and public representatives, NWCSU), and associated plan (attached) is steering the engagement.

Pre engagement questionnaires have been designed and distributed via a number of routes including

Online survey

Provision has been ensured for those without access to the internet. Those without access to the internet have been provided with telephone support to complete the survey.

The survey has been publicised via various routes. 2000 patients have received a postal survey with a freepost envelope to return the survey. The 2000 patients are equally divided between Bury, Oldham and HMR.

Paper copies have been distributed via patient representatives.

Pre engagement questionnaires will be validated and analysed.

Staff survey

All staff within the NEDESP have received an anonymised questionnaire to gather their views.

A series of options along with all of the evidence, including the mapping exercises will be shared and displayed at 3 public events. The 3 events are being planned to be as accessible as possible. The events will be drop-in events and will take place in the 3 localities

4th August – Middleton Masonic Hall

5th August – Oldham Elizabeth Hall

6th August – Bury Masonic Lodge

They will take place between the hours of 2-7pm, in each of the localities and will be well publicised locally, including through local Asian radio.

In addition The NEDESP will:

- Include information in the appointment letters which will go out during the engagement period (approx. 1,000 per week).
- Support patients to complete the survey when attending clinic during the engagement period.

The full Engagement and Communication Plan is attached.

6) Next Steps

The results from the engagement process and full analysis of the data will inform the final decision which will be made by NHS England and Pennine Acute Trust by the end of September. Joint OSC and patients and stakeholders will then be advised of this decision.

OSC is asked to:

- Comment on this process
- Identify any areas for improvement
- Receive a report on the outcome of this process

Number	Attachment	Type	Status	Lead
1	Diabetes prevalence by CCG	Map jpg	Completed/attached	NHSE
2	Demographic map of diabetic population	Map jpg	Completed/attached	PHE KIT
3	Stakeholder engagement activity plan	PDF	Completed/attached	CSU
4	Transport map of current venues	Map	Completed/attached	TfGM
5	Equality Impact Assessment pre-engagement	PDF	Completed/attached	CSU
6	Engagement and Communication Plan	PDF	Completed/attached	CSU
7	Case for Change Reconfiguration	PDF	Completed/attached	NHSE

Additional information to follow:

Additional Transport map with suggested sites identifying potential travel time

Analysis of patient and staff pre-engagement responses