The Case for change: North East Manchester Diabetic Eye Screening Programme Screening Site Reconfiguration

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Purpose of the paper is to:

- Present background information regarding the Diabetic Eye Screening Programme
- Provide an outline of why the interim screening site change was introduced
- Outlines Case for Change for screening site reconfiguration proposals, taking into account the distribution of the Diabetic Population, quality standards of the programme. In addition to the information gleaned from the pre-engagement process, including patient choices and taking into account of the clinical evidence base
- Summarises the next steps in the Engagement and Communication Process which strengthens public and patient engagement to develop the proposals

1. Background

NHS England 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 delivered by the Pennine Acute Hospital Trust. The NE DESP is commissioned to provide screening, diagnosis and referral for treatment of patients with diabetes as part of the screening pathway to the eligible populations. It is commissioned in line with the National Diabetic Eye Screening Programme service specification.

2. What is Diabetic Eye Screening?

- 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.
- 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
- Diabetic patients are referred into the NE DESP by their GP Practice
- All people aged 12 and over with diabetes (type 1 and 2) are offered annual screening appointments.

3. The NE DESP comprises 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

4. 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 and other quality assurance issues were addressed as soon as possible to maintain screening. The previous service provision of 16-17 mobile sites were reduced in the interim to 6 static community based sites with N3 connection. This made the programme safe from an IT perspective and provided vital stability and time to the Programme so that all other remaining quality and safety issues could be addressed. All of the static sites met the requirements of the Equality Act 2010.

It was the intention of Pennine Acute Hospital Trust/ NE DESP to undertake a review following the interim reconfiguration of the clinic sites. General Practice colleagues were contacted during the initial interim measures to explain the rationale for change and asked (where required) on the choice of site to invite their patients to.

The NE DESP had 6 cameras at the time of the 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 used for the longest periods of time, the number of eligible patients being screened at each site to reduce the impact on the greatest number of patients, areas of deprivation. Other options were explored but were not feasible or possible in the timescales to manage the urgent quality and safety issues. This arrangement was benchmarked against service provision by other Programmes operating a similar model. Whilst the interim measures have had an impact for a number of patients, the engagement process concludes there are a significant number of the diabetic patients who will have seen no change to their screening venue offer from previous years. It is estimated that of the 38000 of the diabetic patients being screened approximately 8000 patients will see an impact due to the change in the availability of a more local screening site.

The current engagement process aims to formally engage with patients to review existing sites, look at options to begin offering more choice to patients based on patient feedback and needs both in terms of additional venues and hours of operation to support an increase in screening uptake. This will be achieved whilst maintaining the quality and safety of the service. Due to action taken by the NE DESP programme, IT systems and the service model for all aspects of the screening pathway are quality assured and in-line with evidence of best practice.

NHS England suggests that it is good practice, when planning and delivering service changes 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". (Planning and Delivering Service Changes for Patients, NHSE 2013)

In addition NHS England have produced a document called 'Transforming Participation in Health Care' which states that 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. (Transforming Participation in Health Care, NHS England, 2013).

5. Who is undertaking this process?

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

- **NHS England** are 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 patient and public involvement obligations under s.242 of the 2006 Act. It is the intention for **NHS England** to undertake a joint engagement exercise to avoid any duplication or confusion.

6. 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 moving 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 (EQA) 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 the cameras but due to persistent movement from site to site.
- Preferred sites were often difficult to secure as venues favoured services which could guarantee longer term bookings. However patient numbers in certain locations couldn't support this and only short term bookings were appropriate.
- 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 resulted in the frequent occurrence of sync failures which caused the service considerable disruption. This prevented the NE DESP 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.

The aim of review is to be able to offer eligible patients an acceptable level of choice of venues and opening hours as evidenced through the patient engagement process and the transport and eligible patient mapping process, whilst maintaining a screening programme that is extremely safe and of the highest quality. This should help improve uptake, reduce DNA's and reduce health inequalities.

7. Population Coverage

NHS England and the NE DESP as the service providers are working together to optimise coverage and uptake across the catchment area. There are currently over 38000 diabetic patients known to the NE DESP across HMR, Oldham and Bury and as described above the changes made by the interim measures has meant a change in screening site for approximately 8000 diabetic patients.

8. What are the main considerations in delivering the screening offer across the three CCGs?

- On average there is an annual 5% increase in the diabetic population
- The programme when set up as part of the national DESP was set up as a community clinic based service, which has grown considerably since established in 2008. This now stands at more than 38,000 patients and has to be balanced with the increase in demand for services against access for communities to take part in the screening offer.
- The number of clinic sites that are fit for purpose. This includes clinic sites that have the facilities required by the NEDESP, are available to be booked and can be booked for short periods of time each year. It is imperative that an N3 connection is available to safeguard the safe transfer of images/data, to prevent a further Serious Incident.
- That the digital camera is not moved frequently to ensure that the maximum life is achieved from the camera, whilst minimising harm to the patients. That the camera is placed in the right location to reduce DNA rate and optimise take up rate of the offer of screening.

9. Criteria for proposed clinic sites:-

1. **Suitability**
   A digital camera should not be moved frequently. This will ensure that the working life is maximized and will minimise harm. The cameras are designed to be static and can be easily damaged during transfer. The clinic room needs to be able to accommodate a camera for a minimum of 3 months (this is to ensure the patient has time to rebook if the initial screening invite appointment is not suitable), with space for the patient and screener. The room needs to be fit for purpose e.g. meeting the minimum standards to enable digital photographs to be undertaken. The cost of room hire is affordable within the parameters of the services budget.

2. **Acceptability for the population**
   The clinic locality needs to be acceptable to the local population. This could include geographical area, lighting, feeling safe, reception for assistance and ability to book room/clinic and retain (for more than one year). The patient engagement process will help to inform this.

3. **Safe IT system**
   The quality assurance standards require programmes to ensure that information gathered from the digital photograph is transferred back to the programme office within a specific time frame by a safe method and to reduce any elements that are at risk to fail. The current advice is that this is undertaken by what is known as a N3 connection. Any proposed clinic site requires N3 connectivity or the ability to install N3 connectivity for the secure transfer of the retinal photographs back to the programme.

4. **Accessibility for all to improve uptake and reduce DNA's**
   The service needs to ensure good accessibility for all people with diabetes. It needs to be accessed by public transport links, NHS funded transport and voluntary assisted schemes; in addition to have sufficient parking and disabled spaces and needs to comply with the Disability Discrimination Act. There needs to be the option to offer appointments outside the normal working hours for the working population and the offer to be screened close to a work site. Improving patient choice to attend any screening site more appropriate for the patient may have a positive impact on screening uptake.

5. **Location**
   This is important to ensure equity of access across the three Clinical Commissioning Group's (CCG's) boundaries to ensure that no population group is adversely challenged. Easy access close to where patients live and work, with the opportunity to change an appointment where appropriate.

6. **Staffed reception**
   This is important to ensure that patients are greeted and supported during their visit. Reception staff are able to signpost patients when necessary.

10. Case for change next steps

I. NHS England and Pennine Acute Trust have established an engagement and communication sub- group**.** This has been convened by a partner agency called the North West Commissioning Support Unit (NWCSU), this sub-group includes representation from the provider, the commissioner, communication leads from three CCGs, patient representation from each of the three CCGs/LA areas.

II. The pre-engagement process agreed through this group, concluded on the 26th June 2015. This included obtaining feedback from a sample of patients from across the 3 CCG/LA areas on existing locations, access to transport and preference for additional opening hours. Additionally NE DESP staff feedback was sought on the impact of the interim changes. A good response was received from the patient pre-engagement survey both on-line and through the post. Surveys were sent to 2000 patients of which nearly 650 were returned in the post. Response to these surveys is attached.

III. Options which the group would like to discuss with patients as part of the formal engagement process now include:

IV. Options for the reconfiguration

a) Option to have 10 screening sites across the three CCGs to include existing 6 sites, with 4 additional sites based on initial patient and staff feedback, transport mapping and location of eligible diabetic population. Sites to be considered: 1 additional site in Heywood for the Heywood and Middleton diabetic population, 1 additional site in Prestwich for the Prestwich Diabetic population, 1 additional site in Failsworth for the Diabetic population of Failsworth and 1 additional site in the Saddleworth area for the Diabetic population of Saddleworth

b) Option to have up 12 screening sites across the three CCGs to include existing 6 sites the sites to be considered are 1 additional site in Heywood for the Heywood population and 1 site in Middleton for the Middleton diabetic population, 1 additional site in Prestwich for the Prestwich Diabetic population, 1 additional site in Failsworth for the Diabetic population of Failsworth and 1 additional site in the Saddleworth area for the Diabetic population of Saddleworth. 1 additional site in Oldham central as additional capacity for the central Oldham population**.**

V. Full engagement with patient, public and key stakeholders across three CCG boundaries over a 4-6 week period to engage on the increased service offer. Beginning 01.08.15. During this period 3 events will be held as well as a number of other channels and groups utilised to gain as high as possible feedback on the options. A shorter formal engagement process has been requested as we have already had considerable feedback on the need for change through the pre-engagement process and would like to ensure that an increased offer of locations to patients can be offered as soon possible.

VI. NWCSU will analyse the findings from the formal engagement process with a final service model decision to be made by NHS England and Pennine Acute Trust by the end of September 2015. This will be presented to the OSC complete with an equality impact assessment.

VII. Communication of the final decision to all stakeholders and screening site review plans to be progressed by the NE DESP

11. Patient and Public Engagement in respect of the NHS constitution

NHS England is committed to ensuring that patients are at the centre of every decision that NHS England makes. Putting patients first needs to be a shared principle in all that we do. NHS England, through the geographical teams will ensure that this is demonstrated in the way care is provided and monitored through our formal contracting process with providers.

We expect all providers to demonstrate real and effective patient participation, both in terms of an individual's treatment and care, and on a more collective level through patient groups/forums; particularly in areas such as service improvement and redesign. It is essential that all providers of public health s.7A services demonstrate the principles of transparency and participation and offer their patients the right information at the right time to support informed decision making about their treatment and care.

Appendix A
Patient Pathway – see below

http://healthguides.mapofmedicine.com/choices/map/diabetic_eye_screening1.html

Number	Attachment	Type	Status	Lead
1	Diabetes prevalence by CCG	Map jpg	Completed/attached	NHS England
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	NHS England

Additional information to follow

- NHS England transport tool to**:** map suggested clinic site travel time for patient travel to access offer of screening.
- Analysis of patient and staff pre-engagement responses