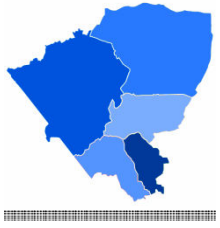


North Central London

Re-commissioning of Diabetic Retinal Screening services in North Central London

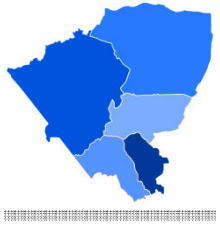
Archna Mathur – Head of Non Acute
Commissioning, NHS North Central London
15 July 2011 – JHOSC

www.ncl.nhs.uk



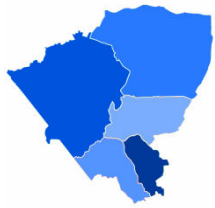
Summary and recommendations

- To update the Joint Health Overview & Scrutiny Committee on current diabetic retinal screening (DRS) services in Barnet, Camden, Enfield, Haringey and Islington and the options being considered for their re-commissioning across the NHS North Central London Cluster
- The Committee is asked to comment on the proposals under consideration and advise on the most appropriate engagement programme



Background

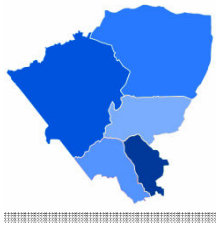
- At least 2% of the UK population has diabetes
- Diabetic retinopathy is a leading cause of blindness in patients of working age in the UK
- Screening for diabetic retinopathy represents good clinical practice and cost-effective healthcare
- However, it also presents a significant workload for the NHS



Current services

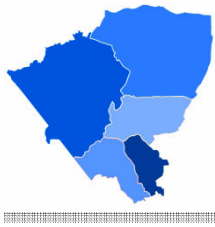
	Barnet	Camden and Islington	Enfield and Haringey
Programme size (patients)	16,500	17,428	27,091
2011/12 Budget	£410,000	£793,605	£684,945
Screening sites	2 – a GP practice & Edgware Community Hospital	6 – 4 GP Practices, and Royal Free Hampstead and Whittington Hospital	10 – 2 health centres, 5 optometrists, Chase Farm, North Middlesex and Whittington Hospitals
Appointments	Fixed - patients are sent an appointment but have opportunity to change if not convenient	Open - invite letters request patients to phone to book an appointment at a convenient time	Open
Uptake	81%	Not known as new service launched in December 2010	70%





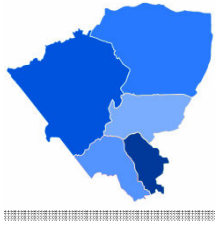
Why change?

- There is a need for NHS North Central London to review the way DRS services are commissioned because:
 - Uptake and access to screening for patients needs to be significantly improved and equal for all eligible patients in North Central London
 - There is an opportunity to commission a single, larger, screening service as recommended by the National Screening Programme (ie larger list of patients)
 - Feedback from EQA (External Quality Assurance) visits has demonstrated a need to make improvements to existing programmes
 - Contracts for all three programmes are coming to an end on 31 March 2012



Impact on patients

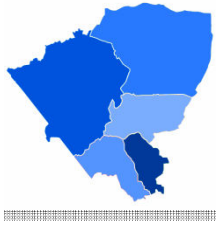
- Patients will be able to continue accessing DRS services in the usual way whilst the re-commissioning process is undertaken
- Currently patients can only access services in the borough where they are registered with their GP, resulting in low access figures
- Our aims are:
 - To ensure that patients can access services from multiple sites across the five boroughs irrespective of where they are registered. We could achieve this by having a single screening list instead of the current three lists
 - To ensure better patient safety through a single programme management office
 - To ensure services can manage fluctuations in demand & ensure continuity
- Changing the way we commission the services could mean a change to the number of sites at which screening is provided



Re-commissioning options

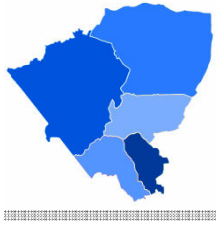
There are three options under consideration:

- 1) Do nothing – i.e. retain the three current programmes but make changes to individual programmes based on EQA recommendations
- 2) Commission a single North Central London Cluster-wide programme with a single screening list and one programme office (This involves undertaking a competitive tender process and is the English National Screening Programme recommendation)
- 3) Commission a joint Camden and Islington and Enfield and Haringey programme with a standalone Barnet programme i.e. two screening lists and programme offices



Preferred option – Option two

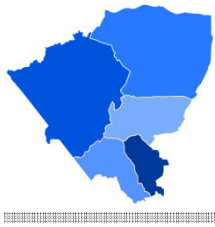
- Delivers improved access as one single list ensures registered patients can access the service from any point across North Central London
- Utilises the benefits of economies of scale through the provision of a unified tariff for a larger patient list, maximising current resources to lever service improvements
- Increases uptake through greater flexibility for the patient and improved IT functionality and programme management
- Delivers improved governance, patient safety and service continuity through centralised protocols and staff training



Who will benefit from a single Cluster-wide programme?

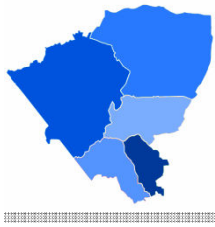
- Patients:
 - One single screening list to capture and maintain details of diabetic patients who require screening
 - Access to improved, high-quality screening service
 - Can access screening from any sites across North Central London and not just where they are registered with a GP
- Staff:
 - Clear management by one central programme office.
 - More opportunities for shared staff training and development, sharing of protocols and good practice to improve quality
- NHS North Central London:
 - Cost savings through better management of resources
 - More control over service improvements





Our proposed engagement

- Patients:
 - Questionnaire to current users on what works well and not so well, and how the service can be improved
 - Website – upload questionnaire to capture wider views
 - LINks and voluntary organisation associations – write a letter and provide an article for inclusions in existing newsletters
 - Diabetes UK – write a letter to ask for their help in disseminating information to their members, ie via their regular newsletters and their meetings and fora
 - Patient representation in the development of the service specification document
- LOC (Local Optometric Committee):
 - Letter to explain the re-commissioning process



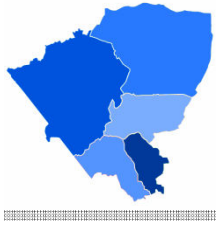
Your views

- The Committee is asked to comment on our proposals under consideration, particularly our preferred option (Option 2)
- We also would like your advice on the most appropriate engagement activities to support the re-commissioning of this service
- We would like to know if you have any concerns that we can address

If residents in your boroughs have any questions about DRS programmes in North Central London or would like further information, they can contact:

Archna Mathur (Head of Non Acute Commissioning)
archna.mathur@nclondon.nhs.uk





Thank you

- Any questions?