



Public Health  
England



# **Kent & Medway Diabetic Eye Screening Programme (DESP) Procurement**

## **Engagement Report**

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<b>Prepared by:</b>	Linda Gregory, Senior Communications and Engagement Manager, NHS England Georgina Sear, Public Health Programmes Contract Manager, NHS England
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## 1 Background

The current contract for the provision of the national NHS Diabetic Eye Screening Programme (DESP) in Kent and Medway is due to expire on 9th October 2019.

NHS England South East will be recommissioning the Kent and Medway Diabetic Eye Screening service. The service will then be mobilised from April 2019, with the new contract due to begin from 10th October 2019.

The current annual contract value is £2.3 million (as at May 2018) and there is an approximate population of 100,729 people in Kent and Medway who are eligible to receive diabetic eye screening.

The population to be served will cover the Kent and Medway STP area.

As the new DESP service will be procured in line with the national service specification, there is not anticipated to be any significant change to the existing service model/care pathway.

## 2 The National NHS Diabetic Eye Screening Programme

Diabetic retinopathy is the most common cause of sight loss in people of working age. It is caused when diabetes affects the small blood vessels in the retina, the part of the eye that acts rather like a film in a camera. Diabetic retinopathy progresses with time but may not cause symptoms until it is quite advanced and close to affecting a person's sight.

All people with diabetes are at risk of getting diabetic retinopathy, but those most at risk are those who have had diabetes for a long time, have poorly controlled diabetes or high blood pressure.

Early detection of diabetic retinopathy and appropriate treatment can prevent severe vision loss and blindness and the aim of the NHS 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 of the disease's progression.

The screening process uses digital photography to detect sight-threatening retinopathy early. It also gives patients and their GPs information about very early changes in their eyes so they can take action to improve their diabetes control and slow the development and progression of retinal damage.

The NHS Diabetic Eye Screening programme currently requires that routine annual screening is offered to all individuals over the age of 12, with a diagnosis of either type 1 or type 2 diabetes. Eligible patients should receive a letter direct from their local diabetic eye screening service inviting them to attend a screening appointment. At each routine screening appointment, a mydriatic agent is applied to dilate the pupils and digital photographs are taken of both retinas. The photographs are graded and the results sent to the patient and their GP. Depending on the results, patients are recalled for annual screening, invited back for more frequent surveillance or referred to hospital eye services. Further information about diabetic eye screening is available on the [NHS website](#)

### **3 Current delivery of the Diabetic Eye Screening Programme in Kent and Medway**

The Kent and Medway Diabetic Eye Screening Programme (DESP) is currently provided through a mix of static and mobile sites across the Kent and Medway STP area. The DESP offers a range of appointment times during weekdays, evenings and weekends according to need.

Under the existing service, some mobile screening vans are also in use in Kent and Medway and mean that the screening service can go out to offer screening appointments at additional sites within the community.

As the new DESP service will be procured in line with the national service specification and quality standards, it is not anticipated that there will be any significant change to the existing service model/care pathway. The provider of the service from October 2019 will be expected to offer screening services in venues that are appropriate for people with diabetes and geographically accessible across Kent and Medway, by public transport, car and on foot.

### **4 Engagement Objective**

To ensure that that patients and other key local stakeholders and clinicians were able to provide feedback which would be considered before finalising details of the procurement to ensure the service best meets patient needs whilst being in line with the national service specification.

### **5 Stakeholders**

We gathered feedback from the following stakeholders, including patients and those able to respond on behalf of patients, across Kent and Medway:

- CCGs, GPs and Local Medical Committee
- Directors of Public Health
- Diabetes UK
- Paula Carr Trust
- Kent & Medway Eye Health Network
- Health & Wellbeing Boards
- HealthWatch organisations
- Kent & Medway MPs
- Kent and Medway Diabetes Oversight Group
- Patient feedback (gathered by existing DESP provider)

## 6 Summary of feedback

There was some positive feedback on the current service as well as some suggestions for improvements. The key suggestions were:

- A request to keep GP practices informed about the outcome of the procurement
- A request to provide services in the community with a specific mention of having DESP services at Buckland Hospital
- Queries around the service not being provided at home for housebound patients
- Comments on how improvements could be made to reduce the number of people not attending/declining appointments

More detailed feedback is available at Appendix A.

## 7 Actions taken as a result of feedback

NHS England has made local GP practices aware of the procurement and will update them on the outcome when known.

NHS England is committed to ensuring high quality local services are in place. Each bidder will be required to confirm how they will ensure the local screening service will be readily accessible to eligible patients in accordance with the national service specification.

This will allow for services to be provided in local community locations as is current practice. However the national service specification does not require diabetic eye screening services to be provided in patients' homes, largely because the screening and treatment equipment cannot be used in individual residences. In line with national guidance the provision of home based services will not be a part of the new contract.

To ensure accessibility within local communities NHS England will ask providers to include their proposed model of care when putting forward a tender to deliver services. This will need to identify service locations and hours of operation which will be considered when bids are evaluated.

Suggestions for reducing the number of patients failing to attend appointments have been put forward to the current provider so that they are able to consider this as part of their current service delivery. We will not specify what any new provider should do on this but have included a section in the invitation to tender for bidders to describe how they would communicate with patients, this will form part of the bid evaluation.

Each bid will be evaluated against set criteria which put patient care and quality of service at the centre. We plan to invite subject matter experts, including patient representatives, to sit on the evaluation panel for diabetic eye screening to assist in the evaluation of bids received.

## Appendix A – Feedback

Theme	Summary of Feedback	NHSE Response	Actions
Procurement	<p>Surprise that DESP up for procurement again.</p> <p>Comment - very happy with the current provider and they have been keen to work closely with the LMC acting on behalf of GP Practices”</p>	<p>DESP services in K&amp;M last procured in 2014, contract awarded for 3 years and extended for a further maximum 2 years (till October 2019). NHSE are unable to extend the contract any further under European Contract Law</p>	<p>None</p> <p>Positive feedback shared with current provider</p>
GP Communication	<p>Concern around communication with Practices, asked that NHSE notify practices about procurement and supply information at the earliest opportunity, especially if there is a change in provider.</p>	<p>NHSE has communicated with all GP practices in Kent and Medway so that they are aware of the procurement.</p>	<p>GP practices to be kept informed if change of provider – this will be actioned as part of the contract mobilisation</p>
Location of services: hospital based services	<p>Hospital based services: feedback on location of services and request for services to be more community based. Specific feedback asking if service can be provided from Buckland Hospital which will also help relieve pressure on parking at William Harvey.</p>	<p>In procurement we will be trying to improve further on these aspects of local provision as well as local working between screening and services for eye disease and diabetes in particular.</p> <p>Bidders will be asked to provide information on where they will locate services and this will be considered as part of the bid evaluation.</p>	<p>The Invitation to Tender will include questions around the providers proposed model of care which should include service locations and hours of operation. This will form part of the evaluation of bids.</p>

Location of services: housebound patients	<p>Screening Services for House bound Patients:  Feedback around housebound patients being excluded from screening. View this is unsafe and potentially discriminatory. Would like housebound patients to be seen at home or transport arranged for them to be screened. Issue also around GPs being asked to confirm that these patients are being exempted from treatment as they have failed to respond to the invitation.</p>	<p>The national programme does not require treatment to be offered to patients at home. This is mainly because the screening and treatment equipment cannot be used in individual residences. Attempts are made, where possible, to facilitate access to screening for individuals who are housebound.</p> <p>The decision not to provide patients with screening is made once they are known to be unable to access care outside of the house. In a lot of cases relatives or carers contact the service to alert to patients being unable to attend due to being housebound and the GP is contacted to confirm this information.</p>	<p>The service specification does not make provision for home treatment. As this is informed by national guidance this will not be included in this procurement.</p>
Service improvements: Appointment attendance	<p>Positive feedback on current service.  Poor attendance record by young people (e.g. at university medical centre) – suggest sending text reminders if this is possible. Suggestion to provide list of appointments a week in advance to enable reminder calls to reduce non-attendance</p>	<p>NHSE has asked the current provider to look into this.</p> <p>The current provider has confirmed that lists are available one week in advance to relevant surgeries</p>	<p>The Invitation to Tender includes a question about how providers will communicate with patients. Answers to this will form part of the bid evaluation.</p>
Service feedback	<p>A number of people responded with positive comments about the existing service – a summary of comments is below:</p> <p>Service is invaluable and so good that it is easy to come to the surgery; good service and works well</p>		<p>Not relevant to procurement, but noted in case of new provider</p>

<p>Service improvements: reducing admin tasks for GP practices</p>	<p>GP practices are asked to confirm patients with vision issues and where patients have declined screening appointments to confirm with patients this decision. Very time consuming and view that this should be done by the screening provider and not GP practice.</p> <p>However, do think it is essential GPs are informed then they can make a decision on whether they need to write to patients or if they have other knowledge of health issues that stop them going. This is the same process for "failed to attend letters" from any department/hospital."</p>	<p>Suggestion has been shared with the current service provider and has been noted for the new contract.</p>	<p>This has been noted for consideration under the new contract.</p>