Options Analysis

Diabetic Eye Screening in Bath and North East Somerset, Swindon, Wiltshire and Dorset

Document management

Revision history

Version	Date	Summary of changes
1.0	23/11/20	Initial Draft

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility	Date	Version
Matthew Dominey	Screening and Immunisation Lead	23/11/20	1.0
Lynn Combes	Public Health Commissioning Manager	24/11/20	1.1
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This document must be approved by the following people:

Name	Signature	Title	Date	Version
Kirsty Edlin		Public Health Senior Commissioning Manager	08/12/20	1.2

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Contents

1 Background

The NHS Diabetic Eye Screening Programme (DESP) aims to reduce the risk of sight loss among people with diabetes by the early detection and treatment, if needed, of sight-threatening retinopathy. Screening is delivered locally in line with national quality standards and protocols. Each local programme co-ordinates screening for its population and organises invitation letters, screening clinics, result letters and referrals to hospital eye services. Local screening programmes inform GPs when people are invited for screening and of their patients' screening results.

There are more than 2.5 million people with diabetes identified by GP practices in England. Using figures from a study in Scotland, it is estimated that in England every year 4,200 people are at risk of blindness caused by diabetic retinopathy and there are 1,280 new cases of blindness caused by diabetic retinopathy. It is estimated that screening could save more than 400 people per year from sight loss in England.

In England in 2019/20:

- 2,824,000 individuals were offered screening for diabetic retinopathy and
- 2,302,000 individuals received screening, an uptake of 82%

These numbers are increasing each year with estimates suggesting that the number of people with diabetes will increase to 3.7 million by 2020 and 4.2 million by 2030.

2 Overview of current provision

Locally there are 7 programmes which cover the South West region of which 2 are in scope for this procurement these are as follows:

- Bath and North East Somerset, Swindon and Wiltshire (BSW) Diabetic Eye Screening Programme
- Dorset Diabetic Eye Screening Programme

To inform the process and the basis upon which we go out to procurement, we wish to take the opportunity to review if the geographical footprint for future services should remain the same or change

All DESP programmes are currently commissioned by the NHS England South West Public Health Commissioning Team. The BSW programme is delivered predominantly through GP practices with some community facilities with the Dorset programme delivered predominantly through community facilities with some use of opticians. The programmes are similar in size, with the Dorset programme having a lower contract, cost per patient registered and per patient screened.

3 Performance

The purpose of nationally set key performance indicators is to define consistent performance measures for all screening programmes, so that performance can be understood, assessed and compared.

For diabetic eye screening the key performance indicators and quality standards for 2019/20 are summarised at https://www.gov.uk/government/publications/diabetic-eye-screening-programme-standards and the key performance indicators are described below:

- DES1: Uptake of screening. Acceptable level: ≥ 75.0%; Achievable level: ≥ 85.0%
- DES2: Results issued within 3 weeks of routine screening, digital surveillance or slit lamp biomicroscopy. Acceptable level: ≥ 70.0%; Achievable level: ≥ 95.0%
- DES3: Timely consultation for R3 screen positive result (attending consultation within six weeks of attending screening event). Acceptable level: ≥ 80.0%

Both providers achieved above the "acceptable" threshold for DE1 & DE2 performance indicators in 2019/20 with Dorset achieving the "achievable" threshold, see Tables 1, 2 and 3.

Table 1: 2019/20 Annual performance against DES1

	Q1	Q2	Q3	Q4
England	**82.5**	**82.2**	**82.3**	**81.5**
South	**82.3**	**82.8**	**83.1**	**82.4**
BSW	**82.3**	**82.3**	**82.7**	**81.8**
Dorset	**89.2**	**89.2**	**88.5**	**87.9**

Table 2: 2019/20 Annual performance against DES2

	Q1	Q2	Q3	Q4
England	**98.8**	**99.0**	**97.1**	**96.7**
South	**98.7**	**99.1**	**98.8**	**99.6**
BSW	**98.1**	**98.4**	**99.8**	**99.2**
Dorset	**99.9**	**99.8**	**99.4**	**99.9**

Table 3: 2019/20 Annual performance against DES3

	Q1	Q2	Q3	Q4
England	**75.2**	**71.1**	**74.1**	**64.2**
South	**75.1**	**77.2**	**82.4**	**63.9**
BSW	**84.2**	**69.4**	**79.6**	**51.1**
Dorset	**65.9**	**51.6**	**64.3**	**28.9**

In considering this data it should be noted that:

- DES3 performance is, in part, an indication of Hospital Eye Service performance and capacity than screening programme and can be impacted by small numbers.
- COVID also impacted on Q4 figures with fewer patients being seen within 6 weeks.

4 Current and future issues

National screening interval changes

Growing numbers of people being diagnosed with diabetes presents potential capacity issues for DESP programmes however; this may in part be addressed in the short term by proposed national changes to screening frequency. Evidence has identified that annual screening is not required and not cost effective for all thus some stable, low risk

patients going forwards will only be seen every two years. Software changes are necessary before any change to the pathway occurs and this is likely to be implemented from 2022/23. National modelling from PHE is expected to be undertaken to understand the scale of two yearly screening and how patients present for screening to avoid large variation in the numbers invited from year to year. This modelling will also need to capture the variability in the numbers invited each week during the COVID recovery period.

Engagement with Primary Care

Owing to competing priorities and often physical capacity within buildings, the engagement with and support from individual GP Practices for this programme varies both within local programmes and across the wider geography. Specific diabetic eye screening indicators have been removed from the GP contract thus the approach to list validation can vary with practices taking differing approaches.

Engagement with Hospital Eye Services

Robust processes and engagement with Hospitals Eye Services is a critical factor for the DESP programme to ensure patients receive a smooth and seamless pathway of care. The effectiveness of this pathway varies across the geography often due to practitioners being unable to access different IT and ability to link with Hospital Eye Services is of key consideration within this procurement.

EU Procurement Regulations / Brexit

In 2015 changes to the European Union procurement regulations were introduced which altered the way public bodies could offer contracts to their Providers. With the Brexit transition period ending on December 31st new procurement regulations may be introduced which need consideration, either for this procurement or for future awards.

Large scale innovation

Providers currently only have a maximum five year contract which makes it difficult for them to plan and implement large scale service improvements. Longer term contracts would offer greater security for the providers and would eliminate the need for extensive contract negotiations every four years. Economies of scale from larger delivery footprints, single instances of DESP IT platforms, fewer providers to performance manage, the ability to implement co-ordinated and consistent significant change plus service continuity for patients and other stakeholders especially those on borders may be achieved

5 Options for future service configuration

The table below identifies a range of options to be considered when considering the procurement of the Diabetic Eye Screening Programme. Those shaded out are considered to be discountable owing to the reasons given.

Option	Description	Advantages	Disadvantages
1	**Do nothing**	Both contracts come to an end and have already been extended thus they cannot legally be extended again. Current procurement rules dictate that no new contracts can be awarded without following due process. This is therefore not an option.	
2	**One single contract ('Lot') encompassing BSW and Dorset**	• Reduced number of programmes to manage enabling greater focus on driving quality. • Opportunity for economies of scale which with plans for screening intervals extension may become more important. • Programmes will be compliant with the national specification and common pathway. • Consistent expectations driving quality and performance. • Bigger programmes may make programmes more sustainable in the long term	• Large geographical area North-South which might pose logistical challenges. • Two large geographical areas not historically covered by same provider. • Considerable uncertainty for staff and capacity requirements with uncertain gain. • Could act as a barrier to entry for smaller providers and reduce market competition. • Potential confusion with stakeholders and whilst potentially co-terminous, covers two system boundaries
3	**Retain current model - STP/CCG model** 2 contracts ('Lots') – BSW, Dorset	• Retains current footprint with less uncertainty for staff and other stakeholders. • Enables full alignment with CCG/STP planning footprints and opportunities to streamline eye and diabetic care pathways • Programmes will be compliant with the national specification and common pathway. • Consistent expectations driving quality and performance.	• Does not fully exploit potential efficiencies of scale which with plans for screening intervals extension may become more important.

4	**Align with Local Authority footprint** 5 contracts ('Lots') – BaNES, Swindon, Wiltshire, Bournemouth/Christchurch/Poole and Dorset	• Distinct and visible locality approach offering potential for better meeting local need. • Programmes will be compliant with the national specification and common pathway. • Consistent expectations driving quality and performance. • Could create increased competition in the market place and access to a wider market place (e.g. new entrance/smaller providers).	• Small programme which is unlikely to be viable, particularly with 2 yearly screening on the horizon. • Multiple contracts to manage. • Would split both services so may not be appropriate or considered a significant backward step for this geography. • Considerable disruption and capacity requirements for uncertain gain. • Does not release economies of scale. Likely increase in overall cost of programme delivery. • Increases risk of geographical variances through there being more programmes.
5	**Other options**	No other options have been identified.	

6 Summary

The NHS Diabetic Eye Screening Programme (NDESP) is a preventative national programme which aims to reduce the risk of sight loss among people with diabetes by the early detection and treatment, if needed, of sight-threatening retinopathy. Screening is delivered locally in line with national quality standards and protocols and a range of options exist for future service configuration which require consultation.