

Sharing the Learning – Implementing the Equality Delivery System for the NHS – EDS/EDS2

Your details	
Organisation: <i>Name and type of organisation</i>	The Royal Marsden NHS Foundation Trust
Job title:	Equality and Diversity Specialist Lead
Contact details: <i>Name, telephone, email</i>	Lisa Neden 0208 661 3732 lisa.neden@rmh.nhs.uk
What are your organisation's Equality Objectives? If published, please include the web link:	Equality Objectives 2012 - 2016 link

Title of Case Study:	
Using equality information to reduce non-attendance at the Diabetic Eye Screening Programme - Royal Marsden NHS Foundation Trust	
Which EDS Goal does your case study relate to? <i>Please tick all that apply</i>	Which protected characteristic(s) are covered by your case study? <i>Please tick all that apply</i>
<input type="checkbox"/> Better health outcomes <input type="checkbox"/> Improved patient access and experience	<input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Race <input type="checkbox"/> Sex
What are you proud of and how has this benefited patients and/or staff? <i>Include any outcomes for patients, communities or staff.</i>	
Our case study illustrates the benefits of collecting and using equality information to identify the needs of people with particular protected characteristics and to measure progress in responding to those needs over time.	
Background	
All people with diabetes are at risk of developing diabetic retinopathy. This is the most common cause of blindness in people of working age in the UK. There are usually no obvious symptoms until it is well advanced. Evidence shows that early detection and	

treatment can prevent sight loss. It is therefore very important that it is identified and treated as early as possible.

The Diabetic Eye Screening Programme (DESP) offers annual eye screening to people with diabetes. Data collected in 2011/2012[1] about patients who did not attend showed that the service had the highest non-attendance rate (21.2 percent) of all services delivered by Sutton and Merton community services.

Actions taken

A health equity audit was commissioned to look at equity of service provision, uptake and outcomes among patients referred to the DESP. The audit looked at whether there were differences between the non-attendance rates of people with particular protected characteristics, i.e. age, gender and ethnicity.

The audit concluded in late 2012. It showed that patients of working age were more likely to miss appointments compared with older age groups, and the highest non-attendance rate (40 percent) was found in the 22-31 age group.

To improve accessibility for patients of working age, the service has expanded its out-of-hours provision to include weekend clinics. It also offers patients the option to make and change their appointments by email so that busy patients no longer have to call during working hours to do this. A trial has also been undertaken so that when a patient calls to refuse an appointment they are able to make another one at the same time. The previous automated system did not enable this.

Outcomes

These initiatives have contributed to reducing the overall non-attendance rate for the DESP. It has gone from 21.2 percent in 2011/12 to 15 percent in 2012/13.

Such a reduction in the non-attendance rate represents a financial saving for the Royal Marsden. In addition, given the important role of screening in the early detection of diabetic retinopathy, such initiatives should have a positive impact over time in preventing sight loss among patients of working age.

Additional work currently under way

The audit commissioned in 2012 also suggested that White and Asian females and African males had higher non-attendance rates when compared with other ethnicities. However, it cautioned against drawing conclusions due to the quality of the data that was being provided from primary care providers.

As a result, the service has amended the data collection process for primary care providers. This will provide a more complete ethnicity profile for the population in future and will be used to re-audit service uptake in 2014/15.

How was this achieved?

Include any challenges or barriers to overcome, any partnership working or creative

and innovative approaches.

The data that was initially produced did not take into account a number of challenges that the Diabetic Eye Screening programme have regarding data gathering specifically in relation to monitoring Did Not Attend an Appointment data when compared with how we hold this data for other services.

Top tips:

What learning could other organisations take from your example above?

Do not assume that you know the answers without talking to people
Really look closely at your evidence to make sure it is robust and accurate.