UK National Screening Committee

Considerations for Commissioners in NHS Diabetic Eye Screening Programme Procurement

Developed in collaboration between the NHS Diabetic Eye Screening Programme (part of Public Health England) and NHS England

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About the NHS Diabetic Eye Screening Programme

The NHS Diabetic Eye Screening Programme aims to reduce the risk of sight loss among people with diabetes by the early detection and treatment, if needed, of diabetic retinopathy. Screening using digital photography is offered every year to all eligible people with diabetes aged 12 and over.

The UK National Screening Committee and NHS Screening Programmes are part of Public Health England (PHE), an executive agency of the Department of Health. PHE was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.

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Screening and Immunisations Leads	Anne Stevenson
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V0.1	25/04/14	Anne Stevenson and Madeleine Johnson	Initial draft for consideration
V0.2	21/05/14	Anne Stevenson	Draft updated following comments from QA teams
V1.0	20/06/14	Anne Stevenson	Updated following comments from representation of SILs
V2.0	03/07/14	Anne Stevenson	For final comment by Programme Advisory Group
V2.1	23/07/14	Anne Stevenson	Updated following comments by Programme Advisory Group. For PHE gateway.

NHS England and the NHS Diabetic Eye Screening Programme (NDESP) of PHE are working together on a strategy to review and improve the way diabetic eye screening services are commissioned and delivered across England. At present, there is variability in models of delivery, size of programmes and levels of quality and performance.

This joint process will encompass multiple work streams that will include supporting commissioners and local programmes to meet the demands of a growing population alongside the delivery of consistent, high quality screening and grading services as well as planning for the future to ensure the programme is able to implement new strategies and technologies as they emerge.

In some areas, local commissioners have completed work on scoping out new commissioning plans around bringing smaller programmes together. The drivers for this work have included decisions based on patient welfare, simplification of commissioning relationships and the centralising of grading in larger centres in a step to improve quality through more consistent standards, more resilience and sustainability.

The strategic reshaping project requires a 3-5 year plan. To achieve this, it would obviously be helpful if contracts could be aligned or current plans to re-procure services or software provision be re-considered. Jointly, NHS England and NDESP are asking commissioners to apply caution in re-procurement of diabetic eye screening programmes or associated screening software until a way forward is in place. It is also advised that a strategic view of diabetic eye screening services configuration is undertaken through liaison with other Area Teams to ensure that any re-procurement makes sense strategically, and doesn't disadvantage any plans that other Area Teams might have.

At the request of some commissioning colleagues, in order to support re-procurement of NHS Diabetic Eye Services, it was suggested we put together a 'checklist' of questions which we hope you will find helpful. We recommend that they should be considered before making a decision about re-procuring a service. Our advice is that commissioners should then think about whether any identified issues can be resolved without entering into a full re-procurement at this stage.

If there is a decision to re-procure, commissioners should also ensure that relevant questions are included in the tender documentation. Our regional QA teams can help to advise on this if required, but cannot be involved in the procurement process.

1. KPIs and national standards – how has the programme performed against KPIs and national standards? Is there a trend of improvement? Is the current programme able to deliver against the section 7a standards or are you likely to need to derogate? Does the programme board receive useful performance information from the programme in order to assure performance/quality

2. Progress against QA or 'self-assessment' action plans – what recommendations were made at the most recent QA visit, and has the programme made good progress in implementing any changes required?

3. Programme Size - Does the programme already cover a large population or could it be combined with other neighbouring programmes? We know that larger (centralised)

grading centres may deliver more consistent results. This could be related to a number of factors including enough whole time equivalent graders to provide good cover for absences and better opportunities for continuing education & development.

4. Grading Centres – Is grading done in a single grading centre? If grading is done in one place, it is easier to provide appropriate facilities which allow grading to be completed in a suitable environment (quiet, dimmable lighting, suitable monitors etc). There is also more support available for individual graders by working in a larger team.

5. Robust governance in the local programme – It is essential to have an appropriately engaged clinical lead who has the time and drive to ensure pathways are followed and good safe systems are in place. The Clinical Lead also has a key role in maintaining engagement with ophthalmology colleagues. Does the current clinical lead follow up on grader outcomes from the Test and Training system for example?

6. Is the programme delivering the new common pathway in an integrated way? Is the programme using, or does it have a confirmed implementation date for the NHS Diabetic Eye Screening Programme specified IT system for the common pathway?

7. Does the programme have robust internal QA and failsafe processes e.g. laser book audit, re-grading of 10% sample of negative results?

8. Is the programme provided in a 'joined up' way or are elements 'standalone'? Does the programme have good interfaces with GPs and Hospital Eye Services regarding identification of the cohort and the exchange of outcome information?

9. Is the programme integrated into the wider diabetes agenda locally?

10. Does the programme seek patient feedback and act on it?