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Practice Based Commissioning Leads
In Hertfordshire

Dear Colleague

RE: HERTFORDSHIRE PCTs DIABETIC RETINOPATHY SCREENING

My apologies that I did not write sooner. I had hoped to write following the Joint PEC/PBC meeting at the end of January, but somehow got distracted. As discussed at that meeting, I said I would try and summarise the current position in respect of diabetic retinopathy screening services in Hertfordshire.

In East and North Hertfordshire the bulk of the population, but not RBBS, have access to a service run by and from East and North Herts NHS Trust. Although there are still additional steps to be taken, this service is robustly constructed and is well on the way to meeting the national programme standards in terms of population served, clinical supervision, arrangements for grading etc. There has been recent discussion about this service absorbing the population of RBBS without additional resource which would lead to reduced screening frequency and discussions about this are ongoing. In West Herts there is a variety of services, none of which is close to meeting the minimum population standard of half a million and many of which are some considerable distance from meeting the standards relating to clinical supervision, grading etc. From my perspective there are a number of immediate issues.

1. West Herts Diabetic Retinopathy Services carrying high levels of clinical risk
2. Absence of service access in RBBS area
3. Limited financial resources with which to improve the situation

I think there are two key areas of work that we need to take forward and around which I would be very interested to hear your views. Firstly, there need to be some immediate short term measures put in place in West Hertfordshire to address the clinical risks. Because of the organic nature in which these services developed, there is not currently one set of line management arrangements, which it makes it all the harder to address the risks. I will be taking this forward with Andrew Parker and Jacqueline Clark

and will be very happy to liaise with anyone who is interested, but do think it is imperative we put steps in place to ensure that in the coming months services have good clinical governance arrangements. Secondly, longer term, there needs to be commissioning of services for both Hertfordshire PCTs that meet national quality requirements. This means we could not have more than two services, because of the population base and, indeed, it might be sensible to consider the pros and cons of having a single service (not least as it means a considerable reduction in duplication of costs around computer server, administration, grading, call/recall etc). In the short term it may be necessary to blur these two issues together in order to address the clinical issues in West Herts, in which case we will be working closely with East and North Herts to try and use their skills, experience and technical abilities to provide a more robust footing for West Herts services. In the medium term, we will need to formally commission a service for which local or other providers could tender. In doing all of this, I wish to reassure people that whatever the arrangement s we arrive at, they will link to and support routine diabetic care arrangements already in place. Thus, whether there is one or two services, patients will be able to be screened in a local setting and for all bar the most complex cases, assessed in the local setting and referred to local ophthalmic services for treatment as necessary.

As stated earlier, it does not appear that the current budget would be sufficient to support diabetic retinopathy services across a one million population that meets all of the quality standards. I would therefore want to work with you to be clear what the options are and the progress path over which we take improvements forward. As soon there is a more concrete proposal I will get in touch, but I thought an informal update might be of help. I append a list of the key quality targets for your information. If there is anything you would like to discuss further, please do not hesitate to get in touch with me.

Yours sincerely

Jane Halpin

Dr Jane Halpin
Director of Public Health

Cc: Peter Graves, Chief Executive, Beds & Herts LMC Ltd
Melanie Walker, Localities Director (East & North), Herts PCTs
Andrew Parker, Localities Director (West), Herts PCTs
Jacqueline Clark, Director of Provider Services, Herts PCTs
Dr Joel Bonnet, CPH, Herts PCTs

BEDFORDSHIRE AND HERTFORDSHIRE STRATEGIC HEALTH AUTHORITY

LOCAL STAKEHOLDERS GROUP REPORT

DEVELOPMENT OF DIABETIC RETINOPATHY SCREENING PROGRAMMES IN BEDS & HERTS

REPORT FROM: Louise Smith, SpR Public Health

SPONSORED BY: Martin Woolaway, Director of Public Health
Jane Halpin, Director of Clinical Standards and Public Health
Beds and Herts SHA

DATE: **April 2005**

EXECUTIVE SUMMARY

By March 2006, 80% of diabetics should be offered retinopathy (eye) screening.

A national set of standards has been published for retinopathy screening programmes by the UK national screening committee. There are concerns that all current arrangements:

- Have adequate managerial and administrative arrangements
- Can ensure accurate and complete call and recall of the whole at risk population
- Will be able to meet the national targets

RECOMMENDATIONS

It is recommended that retinopathy screening in Beds & Herts should be organised through 3 programmes covering:

1. Bedfordshire: Bedford, Bedfordshire Heartlands, and Luton PCTs
2. West Hertfordshire: Dacorum, St Albans, Watford and Hertsmere PCTs
3. E & N Hertfordshire: RBBS, N Herts & Stevenage, SE Herts and Welhat PCTs

Each programme should identify a lead PCT, and set up a local implementation group.

One the screening programmes are in operation there should be a Beds and Herts wide monitoring group to support programmes, and undertake quality assurance monitoring.

1.0 Introduction

The NHS has two targets for diabetic retinopathy screening:

> ***March 2006: 80% of people with diabetes should be offered retinopathy screening.***
>
> ***December 2007: 100% people with diabetes should be offered retinopathy screening.***

2.0 Standards for screening programmes

The UK National Steering Committee's key requirements for retinopathy screening programmes include:

Each programme should cover a defined population of ≥ 500,000 people

Programme organisation should:

- **be commissioned by a lead PCT**
- **have one central administration structure**

3.0 Current screening arrangements in Beds & Herts

The current retinopathy screening programmes in Beds and Herts are summarised in the table, descriptive detail can be found in the accompanying working paper.

The population estimates are based on the 2001 Census estimates for PCT responsible populations. Diabetes prevalence is calculated as a crude 3%, the upper end of the range used by the National Screening Committee.

3.1 Bedfordshire

The organisation of screening in Bedfordshire is largely in line with the model for screening described above.

3.2 East & North Hertfordshire

The QEII based programme covering North Herts, South East Herts and Welhat is in line with national recommendations, although its population is slightly low.

The largest concern is RBBS PCT which needs a central administrative structure for screening and has too small a population (70,300) to meet the standards set by the UK national screening committee on its own.

The logical step would be for RBBS to join the QEII programme.

3.3 West Hertfordshire

There are currently three retinopathy screening programmes in West Hertfordshire covering:

1. Dacorum and St Albans and Harpenden PCTs
2. Watford and Three Rivers PCTs
3. Hertsmere PCTs

All of these programmes are too small to meet the National Screening Committees standards.

If West Hertfordshire were to set up a programme to cover all four PCTs, this would cover a total population of 523,707.

It was the view of the stakeholder group that a single administrative structure to organise a screening programme could be established.

4.0 ACCOUNTABILITY OF THE SCREENING PROGRAMMES

The overall responsibility for planning, commissioning and monitoring the quality of screening programmes for its population rests with the PCTs.

Each screening programme should identify a lead PCT to manage operational aspects of specific programmes including:

- Acting as lead commissioner
- Ensuring integration with the work of quadrant commissioning and other relevant groups.

To ensure that quality standards are met, each programme should have explicit agreements for programme monitoring. **It is anticipated that this would require a local implementation group which would be convened and serviced by the lead PCT.**

5.0 QUALITY MONITORING

To provide support to all PCTs and to the screening programmes it is recommended that a Beds and Herts Programme Monitoring Group should be set up.

The roles of such a group would include:

- To ensure that a quality assurance framework for retinopathy screening services is developed and monitored
- To advise the lead PCTs on the investment requirements of the programmes.
- To provide regular reports to all PCTs on the effectiveness of programmes.

6.0 RECOMMENDATIONS

It is recommended that:

1. There should be three screening programmes in Beds and Herts:

    1. Bedfordshire: Bedford, Bedfordshire Heartlands, Luton PCTs
    2. East Hertfordshire: N Herts & Stevenage, WelHat, SE Herts, RBBS PCTs
    3. West Hertfordshire: Dacorum, St Albans, Watford and Hertsmere PCTs

2. Each programme should have a lead PCT and an implementation group.

3. A Beds and Herts wide monitoring group should be established to address quality assurance issues.

Key requirements	Bedfordshire	East & North Herts	RBBS	North West Herts	Watford	Hertsmere
PCTs	Bedfordshire Heartlands, Bedford, Luton	N Herts, SE Herts, Welhat	RBBS	St Albans & Harpenden, Dacorum	Watford	Hertsmere
Total population ≥ 500,000	566,00	440,000	70,300	267,000	163,000	94,500
Estimated diabetic population	16,980	13,200	3,500	8,010	4,890	2,500
Lead PCT	No	SE Herts	RBBS	St Albans & Harpenden	Watford	Hertsmere
Central administration	Yes: Bedford Hospital	Yes - QEII	No	Yes - Hemel Hempstead	No	No
Single collated patient list	Yes	Yes	No	Yes	No	No
Grading centre	Yes: Bedford Hospital	Yes: QEII	No	Yes: Stoke Mandeville	Yes: Watford Hospital	No
Arbitration grading	No	Yes	No	Not clear	No	No
IT requirements	Yes	Yes	No	No	No	No
Other requirements						
Named programme lead	Yes	Yes	No	Yes	Yes	Yes
Named programme manager	Yes	Yes	No	Yes	Yes	No
Screening locations	2 fixed cameras: Bedford & Luton Hosps; 1 mobile	3 Cameras; Lister, QEII and Hertford	Community optometrists	Mobile van	Watford Hospital	Community optometrists
Trained screener	Yes	Yes	Community optometrists	Yes	Yes	Community optometrists
Two digital colour photographs each eye	No: one photo each eye	Yes	Not known	Yes	No	Yes
Data collection for standards	Yes	Yes	No	No	No	No
Clinical audit	No	Yes	No	No	No	No
Information policy	No	Yes	No	No	No	Yes