

<b>Purpose</b>	Briefing on Portsmouth Diabetic Retinopathy Screening Service for Portsmouth Health Overview and Scrutiny Panel
<b>Date</b>	28 <sup>th</sup> July 2011
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## Introduction

Portsmouth and South East Hampshire Diabetic Retinopathy Screening Service is jointly commissioned by NHS Portsmouth and NHS Hampshire. This paper provides an overview of the service for Portsmouth registered patients.

Portsmouth Health Overview and Scrutiny Panel (HOSP) have asked NHS Portsmouth commissioners to discuss the following issues:

- (I) Inconvenience and stress to patients having separate eye test and diabetic retinopathy screening when, in the past, these were/ could be combined and provision by Optometrists who know their patients
- (II) Centralising the service to St Mary's Treatment Centre from Optometrists is not cost-effective
- (III) Screening at the opticians did not take as much of either the patients' or the Opticians time as a Treatment Centre appointment and it was more likely to be close to home, important for the less mobile members of the community.

## Background

Following a recommendation by the National Screening Committee (1999) and publication of the Diabetes NSF (2003), PCTs were required to commission a national screening programme for the early detection and treatment of diabetic retinopathy. The National Screening Committee model required central administration, primary screening and a single grading centre (including primary grading, secondary grading and arbitration). Screening/ Grading could be undertaken via fixed sites, mobile sites or Optometrists.

A systematic screening service was commissioned from a number of providers following Portsmouth PCT Board approval in 2007. Portsmouth PCT Provider Arm (now Solent NHS Trust) were commissioned to provide central administration, Mercury Health (now Care UK which runs St Mary's NHS

Treatment Centre) to provide primary screening and grading and Portsmouth Hospitals Trust (PHT) to provide secondary grading, arbitration grading, monitoring of referable retinopathy and treatment. This service model continued through until 30<sup>th</sup> June 2011.

Prior to 2007, Community Optometrists were offering a local screening service in conjunction with PHT Diabetes Centre. The Commissioners view at that time was that Optometry services were not conforming to National Screening Committee standards. Screening by Optometrists was also assessed as being more costly since the Independent Sector Treatment Centre (ISTC) service was under-utilised and by varying the existing case-mix, the ISTC could take on the screening programme within its existing financial envelope – thus at no additional cost to the health economy.

## **Current Provision**

During 2010/11 the ISTC contract came up for renewal and was re-tendered via an open competitive tender. Information on this tender was shared with Portsmouth HOSP via the quarterly letter during 2010 and 2011. As this was an open competitive tender, local Optometrists could bid to provide these services if they were able to provide all the elements of the ISTC contract. Alternatively Optometrists could have pursued a joint bid with other local providers.

All the St Mary's NHS Treatment Centre services were tendered as one package including Minor Injuries Unit, Walk-in Centre, Diagnostics, Day Surgery, outpatient assessment and follow-up and Diabetic Retinopathy Screening. Care UK secured the contract and was commissioned to provide all the above services including Diabetic Retinopathy Screening for the next three years from 4<sup>th</sup> July 2011. The current service model cannot be changed as the contract has been awarded. For an outline of the new service model see Appendix One.

We are unable to provide information (as requested by Portsmouth HOSP Chair) on current cost per person for the diabetic retinopathy screening service as there is no national tariff for diabetic retinopathy screening. The local tariff prices charged by Care UK are commercially sensitive information. Through the competitive tender Care UK did however provide a competitive price which was lower than what was previously being paid.

In re-commissioning this service, commissioners did consider the option of withdrawing diabetic retinopathy screening from the package of services which were part of the ISTC re-tender, so it could be tendered separately, but were unable to do so as there was insufficient resources to commission the screening service as a stand-alone service.

## **Issue I**

We accept that it would be more convenient for patients to have diabetic retinopathy screening as part of their eye examination by an Optometrist,

although NICE guidance currently recommends an eye examination by Optometrists every two years and Diabetic Retinopathy Screening is annual. Thus even if this were the case, patients would still need to return for an additional eye screen and attend additional follow-up appointments at PHT (if required).

Care UK has been providing screening to Portsmouth patients annually for four years and thus over this time will have developed a relationship with these patients. Care UK has also worked in partnership with community organisations such as Diabetes Research and Wellness Foundation to run patient education events and encourage screening attendance.

## **Issue II**

Evidence from the National Screening Committee indicates that Optometry models for diabetic retinopathy screening are more expensive than centralised models. Salary and information system costs are higher for Optometry models, although this is sensitive to the level of fees agreed with the Local Optometry Committee. For an Optometry model centralised programme administration and management would still be required in line with national guidelines as would central long-term storage of images which mean that these overheads would not be avoided by commissioning from Optometrists. In addition, maintenance costs for programme management computer systems would be increased due to the significant increase in the number of screening sites that would need to be linked in if Optometrists were providing a screening service.

The National Screening Committee estimates, based on screening 15,000 patients annually at a £20 screening fee per head, the following costs:

**Table One**  
**Comparison of screening service costs at Year One and Year Four**

<b>Service Model</b>	<b>Costs Year One</b>	<b>Costs Year Four</b>
Optometry	£1,057,000	£737,000
Mobile/ Central Screening	£897,000	£607,000

*Reference: Garvican, 2004*

The above costings suggest that a centralised model would be a saving of £160,000 in Year One and £130,000 in Year Four.

## **Issue III**

We have not received any evidence of what the specific time difference is between an Opticians and a Care UK screening appointment but it is important to bear in mind that for Diabetic Retinopathy Screening in Portsmouth, the Care UK service is a national quality assured programme and

the Optician service is not. Thus the increased time difference may be down to the need to conform to quality standards which assure Commissioners and patients of the safety and effectiveness of the service. If diabetic retinopathy screening was commissioned from Optometrists, the appointment would need to conform to the same national standards as any other provider and thus the appointment length should be the same.

We have taken on board comments during the re-commissioning process that running screening in Portsmouth from St Mary's site only does not provide every patient with care close to home, although Portsmouth is a very compact city of 15.5 square miles. It is important to Commissioners that accessibility to the screening service is good and with this in mind Care UK, as part of the newly commissioned contract, will be providing a mobile service in addition to the current fixed screening site at St Mary's Hospital. Care UK are currently liaising with GPs and Community Centres in Portsmouth to agree the sites for the mobile camera to operate from. This will increase the accessibility of the service to patients.

Uptake of the Portsmouth screening service (the number of people offered screening compared with the number who attend) is good overall and we are meeting national uptake standards. The minimum national standard for uptake is  $\geq 70\%$  with a target at  $\geq 80\%$ . For 2010/11 uptake in Portsmouth was 82.2% - thus we meet both these national targets. We hope that the addition of the new mobile service will help us to continue to increase uptake.

## **Conclusion**

Care UK's contract, which includes the provision of diabetic retinopathy screening, has been running since 2007 and following an open competitive tender has now been extended for an additional three years from 4<sup>th</sup> July 2011. The current service model cannot be changed as the contract has been awarded.

We hope through introducing the new mobile service that we can improve accessibility to patients while continuing to provide a cost-effective and quality assured service to Portsmouth residents.

## Appendix One

### Portsmouth Diabetic Retinopathy Screening Programme (Part of the Portsmouth and SE Hants Service)

