**InHealth Intelligence Diabetic Eye Screening Programme (DESP)**

**Screening Hubs**

The COVID 19 Pandemic has brought new pressures on all screening programmes. Diabetic Eye Screening Programmes (DESP) were mostly closed throughout April – July 2020, with only the highest risk patients screened. Restoration of the screening programmes has been underway since August, but progress has been slow due to factors such as new restrictions on the use of waiting areas, unavailable venues, the need for personal protective equipment (PPE) and social distancing measures

Many screening venues, such as GP Practices are no longer available, and others will become unavailable because they are expected to be used for COVID vaccination programmes early in 2021. Before the pandemic, InHealth Intelligence (IHI) used about 650 different venues across the 11 programmes. Since the pandemic, only 350 of those venues are available and the number is likely to reduce again when COVID vaccination programmes are started.

The lack of waiting areas with suitable space for social distancing means that patients cannot go to another room whilst their pupils dilate, which typically takes 10 minutes. Screening staff are, of course, using full PPE, which must be changed between each patient.

Unfortunately, screening numbers have not recovered to pre-COVID levels, let alone reducing the backlog of patients from the lockdown period. With our current resources capacity is only at about 70% of pre-COVID levels. To catch up by March 2022 capacity would need to increase to about 130%.

It is against this background that IHI are considering changes to the operation of screening clinics.

**Consultation**

This paper is seeking views from key stakeholders about ‘Screening Hubs’. We are keen to hear about the important characteristics of Screening Hubs from a patient or stakeholder point of view. Any advice on how patients should be consulted will be useful; what are the important questions and what are the best ways to consult? Communicating change can be critical, so who needs to know and how should we be communicating? Some of the questions we would like you to consider are at the end of this paper.

**What is a ‘Screening Hub’?**

A DESP ‘Screening Hub’ is a screening location with at least three cameras, a room for each camera and one large or several small waiting areas. A DESP Screening Hub should be able to operate six days per week and be available from 8am until 8pm each weekday. Ideally a DESP Hub should also have a room for a Slit Lamp and potentially a room for an OCT Camera. If there are more rooms available, they can be used for grading or be available to other diabetes services, for example, a foot clinic or health checks.

To operate at maximum efficiency, a DESP Hub will need the space to carry out Visual Acuity (VA) tests in a separate area from the screening cameras.

A DESP Hub will be staffed by at least three screeners and a receptionist or Healthcare Assistant. Ideally, a DESP Hub will also have a Slit Lamp Examiner and may have a grader on site. One of the screeners may be a trainee.

DESP Hubs should be close to public transport and to car parking.

**Advantages:**

Resilience – not likely to close due to COVID circumstances

Dedicated waiting rooms – not shared, not subject to closure

Greater ‘throughput’ – more patients can be seen, supporting catch up of the backlog

Staff working together – supporting good for moral, good for trainees, reduced travel for staff and cameras, easier to cope with unexpected absence (through illness or caring responsibilities)

Much Longer clinic hours - able to offer evenings and weekend appointments

Parking and close to public transport – may be more convenient for patients

Increase integration in the community – with the addition of community and neighborhood transport schemes to help patients access the new venues.

**Disadvantages:**

Will be further to travel to for some patients, as there will be fewer Screening Hubs than the existing community venues.

**Screening Hub Locations**

These are the areas being considered by IHI:

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| DESP Programme Area | Focus for a Hub |
| Berkshire | Reading |
| Bristol, North Somerset, South Gloucestershire (BNSSG) | Central Bristol, North and East Bristol, North Somerset |
| Devon | Exeter, Plymouth, Torquay, North Devon |
| Dorset | Bournemouth |
| East Anglia | Bury St Edmonds, Cambridge, Ipswich, Kings Lynn |
| Essex | Chelmsford, Colchester, Grays’, Southend |
| Greater Manchester South | City Centre, Stockport, Salford |
| Greater Manchester North | Bolton, Bury, Rochdale, Wigan, Oldham |
| Hampshire & Isle of Wight (HIoW) | Portsmouth, Basingstoke, Southampton |
| Kent | Chatham, Folkstone, Maidstone, Tonbridge or Tunbridge Wells |
| North West London (NWL) | Earls Court, Harrow, and Wembley |

It is not intended that DESP Hubs will replace all existing screening venues as there are many rural or isolated areas in which additional travel is not convenient. However, it is envisaged that each DESP Screening Hub will replace about six existing venues, usually in cities.

IHI will also be operating mobile screening units (Vans) in some rural or isolated areas.

**Patient Consultation**

Since the beginning of October, we have been asking patients how they have travelled to their screening appointment.



It seems that car parking is most important to patients as a majority of patients are driven by a family member or friend to their appointment. Patients are advised not to drive themselves due to pupil dilation. In other areas the use of public transport is more common, so close to a bus stop or train station is important. However, patients travelling by public transport are currently lower than usual, perhaps due to COVID-19.

We are now asking patients how they feel about travelling to a DESP Screening Hub for future screening appointments.



**Consultation Questions**

Can you suggest any other methods to increase the number of screening appointments we can offer?

If we have to close some venues, how should we choose which venues should be closed?

Given that most patients attend screening just once a year, is it reasonable to ask patients to travel further to attend a screening appointment?

How far is too far?

* more than 30mins?
* more than 50 mins?
* more than 1hour?

What are the most important characteristics of a Screening Hub from a patient point of view?

How should we communicate this change to patients and stakeholders?

Due to COVID-19 and the delay in seeing patients, some changes need to be made. The more people that can be seen, the quicker the programme can catch up and get patients back to their normal recall dates. Please keep this in mind when responding to the questions above.

Some response to questions we have been asking