



**PRE-CONSULTATION ON THE WAY THE
NORTHERN IRELAND DIABETIC EYE SCREENING
PROGRAMME IS PROVIDED**

RESPONSE QUESTIONNAIRE

Response Questionnaire

This pre-consultation offers an opportunity for you to consider, and comment on:

- the advantages and disadvantages of different options for providing diabetic eye screening in Northern Ireland; and
- the option appraisal that will be used to assess them.

We recognise that the various options may impact on different groups of people – in terms of their age, gender, disability, ethnicity, religion, political opinion, sexual orientation, marital status, dependant status – in different ways. Each option will have equality implications and we need to consider these carefully (see questions 7 & 8).

Following completion of the option appraisal, there will be a public consultation on the recommended model.

You can respond by email or post.

1. Email us at claire.armstrong@hscni.net
2. Write to us at:

Diabetic Eye Screening Programme
Public Health Agency
9th Floor, Linum Chambers
2 Bedford Square
Belfast
BT2 7ES

A copy of this questionnaire and the corresponding pre-consultation document can be found at

<http://www.publichealth.hscni.net/modernising-diabetic-eye-screening-programme>.

Before you submit your response please read the annex of this document regarding the confidentiality of responses in the context of the Freedom of Information Act 2000.

Please tell us if you are responding on your own behalf or on behalf of an organisation by placing a tick in the appropriate box:

I am responding as an individual

I am responding on behalf of an organisation

As a member of health and social care staff

Name	The College of Optometrists
Title	
Address	42 Craven Street
	London
	WC2N 5NG
Telephone	020 7766 4383
Email	olivier.deneve@college-optometrists.org

May we contact you to get further information on your response?

Yes

No

OPTIONS

1 Do you agree that the current service delivery model needs to change?

Yes No (please tick a box)

If you ticked 'No' please tell us why.

2 Are there any other options we should consider?

Yes No (please tick a box)

If you ticked 'Yes' please describe the option(s) below

3 Have all the advantages and disadvantages of the different models been identified?

Yes No (please tick a box)

If you ticked 'No' please comment.

Diabetic patients are often already attending their optometrist for regular eye examinations independent of the DESP. Fundus cameras are available in almost all high street optometry practices now and where available, optometrists are recording fundus photographs for these patients. There is clearly a 'doubling up' of the same service that could be refined. Advantage of option 5 and option 7b means the NHS is not paying for double appointment/screening for each diabetic patient.

Advantage of option 5 and option 7b-commercial premises will have to meet the general premises costs covered in other options by the NHS. Practices also will be providing routine maintenance and repair to their own fundus cameras (rather than NHS cameras).

Options 5 and 7b -High street optometrists are ideally placed to deliver this service. They are in convenient locations, open convenient times and are wheelchair accessible. Practices have the ability to arrange appointments for patients to have their screening conducted at a suitable and convenient time for to the patient (evening and weekend opening times). With regard to commercial premises, the contract should say 'no poaching' of other practices' patients, and patients will be made aware that they are going for the diabetic screening and nothing else, so this shouldn't be a considered a disadvantage.

Advantage of Supplementary supporting clinics - Optometrists may be utilised for slit lamp grading clinics for those with 'ungradable' (U) photographs; they are already competent in indirect binocular ophthalmoscopy and equipped with slit lamps.

Many optometry practices are now equipped with OCTs so are in a position to offer maculopathy triage clinics for those graded M1.

Technicians do not have the skills to offer these services and the capital outlay is significant. They could easily be provided by an optometry-based service, without significant capital outlay.

It is likely that the additional costs of such services would be less if an optometrist practice led option was chosen for the primary eye screening service. This should be reflected as an advantage for option 5, 7b and 7c and a disadvantage for option 2a, 2b, 3 and 7a.

OPTION APPRAISAL

4 Are the option appraisal objectives appropriate?

Yes No (please tick a box)

If you ticked 'No' please comment.

If you ticked 'No' please tell us why.

Accessibility and patient choice need to score more highly (20% each) and remove from quality (score 20%). Service quality is important but if the service users are inhibited from attending the service then there is no point in having a high quality service that is not accessible.

6 Do you agree with the short list of options?

Yes No (please tick a box)

If you ticked 'No' please tell us why.

EQUALITY

7 When you think of the range of people in need of this service, can you identify any equality groupings that may experience particular difficulties under any of the model options?

Yes No (please tick a box)

If you ticked 'Yes' please explain which groupings and what are the difficulties or needs.

Diabetes increases with increasing age therefore access needs to be good for older patients. It is important to have a service that can be easily accessed by patient so they are not discouraged from attending. Diabetes also comes with complications which may limit mobility of some patients which needs to be considered, closeness to home, good parking, and flexibility of timing so transport can be arranged are important. Accessibility to those living in rural areas needs to be considered.

8 What do you suggest we could do to address those difficulties or needs?

Recruit the majority of high street optometrists across the province to provide the service.

RURAL IMPACT

9 Are there implications for rural areas we need to consider?

Yes No (please tick a box)

If you ticked 'Yes' please comment on the implications and how we could ensure a fair rural outcome.

As above (question 8)

FINAL COMMENTS

10 Do you have any other comments?

Yes No (please tick a box)

If you ticked 'Yes' please comment.

More detail is needed on what the logistical, training, standardisation and governance issues are for providing in high street optometry (options 5 and 7b). Can these not be overcome? Optometrists are highly skilled practitioners who are already competent at measuring visual acuity and taking fundus images. Some training will be required on ensuring standardisation, audit, governance and record keeping but these are requisites in other services that optometrists will be familiar with (e.g. PEARS, glaucoma referral refinement). The vast majority of practices in NI have now got NHS email addresses to produce e-referrals; screening information/fundus photos could be electronically delivered back into the NHS using this facility.

How were the costs determined and why is high street optometry the most expensive? If high street optometrists are providing the service they will have the equipment in place, will be paying for the accommodation, heating/lighting, equipment service and repair. It seemed odd that this was the most expensive. Savings will be made with regard to mileage for mobile services, wear and tear of equipment and accommodation/premises costs.

Disadvantage to participants "screening provided in commercial premises". Most participants will be attending these premises for their routine eye examinations anyway and are familiar with the staff/premises. Patients need to be informed that they can attend their optometrist for health benefits as well as for obtaining spectacles.

Screening in high street optometry practices in combination with NHS sites such as GP surgeries (i.e. option 7b) has been shown to work elsewhere in the UK (e.g. Bexley, London).

Optometrists higher qualification in medical retina has now been aligned with the national screening committee requirements for UK national screening committee. The College of Optometrists' accredited Professional Certificate in Medical Retina is available at Ulster University. Additional workforce needs may be met by optometrists by undertaking this higher qualification.

Commercial premises, are often supported by better infrastructure with more convenient parking and public transport links than regional fixed HSC locations. A detailed geographic comparison should be considered. This may also contribute to a lower levels of 'non-attendance'.

The failure of the current scheme to maintain a satisfactory screening interval has not been adequately considered in service redesign options. There is an assumption that regional fixed clinics would improve the ability to meet this standard, with no explanation as to why? A review of why the standard is not being currently met should be provided and must inform future commissioning, the impact of greater traveling could be included as part of such as review.

Thank you for your comments.

Annex

Freedom of Information Act (2000) – Confidentiality of Consultations

It is expected that we will publish a summary of responses following the completion of this engagement exercise. Your responses and all other responses may be disclosed on request. We can only refuse to disclose information in exceptional circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality as they will give you guidance on the legal position about any information given by you in response to this pre-consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Public Health Agency (PHA) in this case. This right of access to information includes information provided in response to this pre-consultation. The PHA cannot automatically consider as confidential information supplied to it in response to this pre-consultation. However, it does have the responsibility to decide whether any information provided by you in response to this pre-consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to this pre-consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

The PHA should not agree to hold information received from third parties "in confidence" which is not confidential in nature. Acceptance by the PHA of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact The Information Commissioner's Office, or see website at: <https://www.gov.uk/government/organisations/information-commissioner-s-office>.