

To: Health Oversight and Scrutiny  
Committee Chair

NHS England South East Public Health  
Commissioning  
Hampshire and Thames Valley  
PO Box 16738, Explorer House  
Redditch, B97 9PT

19<sup>th</sup> January 2024

Dear Councillor McDonald

## Diabetic Eye Screening Programme (DESP) Procurement 2023-25

The purpose of this letter is to engage with members of the Health Oversight and Scrutiny Committee on the re-procurement of the national Diabetic Eye Screening Programme in the South East region of NHS England.

### What are we doing and why?

As the commissioner of local diabetic eye screening services, NHS England is committed to reducing the risk of sight loss amongst people with diabetes by ensuring high quality local services are in place to support the prompt identification and effective treatment of sight threatening diabetic retinopathy.

The contracts for Diabetic Eye Screening services serving the geographies below will be ending on 31 March 2025:

Programme Geography	GP registered population No. ('000)	DES Eligible population No. ('000)
Hampshire, Portsmouth, Southampton, and the Isle of Wight	2,143	128
Oxfordshire	813	36
Berkshire: Bracknell Forest, Reading, Slough, West Berkshire, Windsor and Maidenhead, and Wokingham	1,074	58
Buckinghamshire ( <i>currently part of Milton Keynes and Buckinghamshire programme</i> )	1,002	55
Surrey	1,290	53
Kent and Medway	2,002	124

Under the new Provider Selection Regime (PSR) regulations, which replaced the 2015 Public Contract Regulations (PCR), a competitive procurement exercise must now be carried out to secure service provision beyond the contract end dates. This offers us the opportunity to hear back from those who should be benefitting from the service as well as their carers to see how we may be able to enhance the delivery of diabetic eye screening services, within the context of the national screening programme.

## **Background**

The Diabetic Eye Screening programme is one of 11 NHS national population screening programmes available in England. The screening process checks for the signs of diabetic retinopathy and diabetic maculopathy, both complications of diabetes caused by high blood sugar levels damaging the retina. Left untreated, these conditions can lead to blindness. The aim is to detect and treat early signs before they affect sight.

Currently, everyone diagnosed with diabetes aged 12 years and over is invited for eye screening each year. If diabetic retinopathy is not found, people are reinvited the following year. Where changes in the eye are detected, the person is screened more often or referred for treatment to hospital eye services, following national programme guidance.

Over the last decade or so, the number of people participating regularly in the programme has been rising across most of the South East.

As a direct result of the introduction of the national programme, diabetic eye disease is no longer the leading cause of blindness in the working age population in England.

NHS England is reprocuring the services in line with a national service specification and associated national standards. The programme pathway and standards are based on evidence and recommendations from the National Screening Committee and designed to ensure equity and optimal patient outcomes. There is no local or regional discretion to change these, which means that the re-procurement will not result in changing the actual services delivered to patients and carers.

## **Scope**

This procurement focusses only on the diabetic eye screening programmes covering the areas in scope. It does not cover any other aspects of the pathway or services for people with diabetes e.g., diabetic services or ophthalmology.

## **How engagement can influence the way forward**

The national service specification and national standards are evidence-based and cannot be changed. However, the re-procurement does offer the NHS England Southeast Public Health Commissioning Team the opportunity to look at the specific needs of the South East population. This could include access requirements, how providers communicate with their service users and other diabetes service providers, and consideration of what may improve patient and carer experience and outcomes. We envisage working with stakeholders such as Healthwatch on this as well as incumbent and potential new providers, system partners, including other providers in the pathway, local authority public health teams, and other commissioners to identify key areas for improvement.

Our consultants in public health who are supporting the procurement, are carrying out a population needs assessment and health equity audit to identify populations and groups where uptake of the programme is low in the current programmes. We are also actively collecting patient experience feedback as well as reviewing the results of recent engagement activities carried out by incumbent providers, nationally and by commissioners in other regions.

In designing the procurement, a desktop review of multiple existing sources of insight is being conducted. The purpose is to collate the evidence as to why certain people and communities may not be accessing diabetic eye screening services and the factors that influence or inhibit participation. We are collecting and collating the findings from local provider 'did not attend' audits (which are a requirement of the service) to better understand local barriers and enablers. Simultaneously, we will be reviewing wider national research evidence to see if these groups match those who we know, typically do not access other NHS services

The insights that come out of engagement and desktop reviews will inform the selection criteria to be used to identify new providers.

As part of the pre-procurement process, the team is exploring the benefits, risks, and feasibility of aligning the programme geographies more closely with ICB (Integrated Care Boards) boundaries and will be seeking the views of a range of stakeholders. Any such change will not alter the pathway for the service users. We will also be speaking to market stakeholders with a view to making the services attractive to potential providers as well ensuring value for money and service viability.

## Procurement approach and engagement

The South East Public Health Commissioning Team is planning to undertake the following approach on the project in terms of procurement, stakeholder engagement and communication as follows:

- The procurement will be in line with the Provider Selection Regime (PSR) regulations, which came into effect 1st January 2024, and NHS England Standing Financial Instructions. The South East Public Health Commissioning Team is fully committed to a fair and transparent competitive procurement process, where all bidders will be treated equally to achieve a quality service and value for money.
- Wider stakeholder engagement, particularly of system partners will be carried out using a variety of methodologies including, letters/written briefings, and workshops with key individuals to explore specific issues e.g., programme boundaries, success criteria and opportunities for greater integration.
- Each bid will be evaluated against criteria which put equity, accessibility, quality, patient experience and outcomes at its centre. As described above, we will engage with stakeholders, including people and carers who use our services to identify elements of the service that are critical to success and where there may be opportunity for improvement.
- NHS England does not envisage any significant changes to the way in which services are currently delivered. Each potential service provider will have to show that the service is accessible to all eligible patients and will not just maintain but also improve uptake. Both general accessibility and accessibility for those service users with protected characteristics and/or experiencing barriers to access for other reasons will be a strong feature of the selection process. Inequalities will remain at the forefront of decision-making.
- There are currently several models of delivery aimed at covering a wide geographical area including:
  - use of a range of community-based venues such as GP practices, community hospitals, community centres and private premises
  - mobile units and/or
  - high street optometrists.

Many providers deploy a mix of approaches to maximise accessibility across the geography. The commissioner will not specify the model or the precise venues to be

used but will scrutinise the proposed venues both during procurement and mobilisation to ensure that access is remains accessible and uptake is maintained.

- A virtual workshop is planned for 29<sup>th</sup> January 2024 p.m., to which a range of stakeholders have been invited including diabetes and eye health leads from ICBs, local authority representatives, and representatives from service user support groups. In addition, a simple initial stakeholder survey has been developed for completion by 31 January 2024.
- The information gathered will add to inform the selection criteria and the mobilisation and health inequalities work going forward, with a view to ensuring that the new services are truly responsive to local needs. This will build on the insights already gained.
- Further engagement with key groups may follow to explore identified gaps.
- The market, including incumbent providers, will be engaged via a market engagement questionnaire. This is currently being developed and will ask about geographical lotting, programme size, financial models, and contract lengths for future services.

Underpinning this engagement, we have established robust project governance our focus being on delivery of plans to reduce inequalities in uptake in partnership with providers and systems, to ensure the service meets the needs of the local population including under-served groups, to safeguard access.

### **What happens next?**

We will continue to inform and engage stakeholders including -month mobilisation phase (October 2024 – March 2025), with service commencement on 1 April 2025. We will update future Health Overview and Scrutiny Committees to inform them about mobilisation plans for this service.

Our team here at NHS England is committed to securing high-quality accessible services and addressing inequalities.

We are engaging with each Health Overview and Scrutiny Committee relevant to the areas in scope to ensure you are aware of our plans. In the meantime, if you have any comments or queries about the content of this letter, please send them to [england.kssph-procurement@nhs.net](mailto:england.kssph-procurement@nhs.net) to be marked 'For the attention Sheila Haugh / DESP Procurement Team' or myself.

Yours sincerely,



Nikki Osborne  
Head of Public Health Commissioning  
Hampshire and Thames Valley NHS England – South East Region

cc:

Stephanie Davis, Health Overview and Scrutiny Committee Office  
James Williams, Director of Public Health, Medway Council