Strategies for improving uptake of DRS

World Sight Day DRS Training,
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Community Engagement Projects
Developing evidence

• Evidence Review
• Eye health equity profiles
• Qualitative research
• Piloting interventions (18 months)
• London School of Hygiene & Tropical Medicine evaluation.
Qualitative research Pakistani people with diabetes

• Focus groups \((n = 46)\) and 33 semi structured interviews with Pakistani people with diagnosed diabetes aged 40 to 65 in Bradford and Glasgow
Barriers to accessing DRS amongst Pakistani people

• Difficulty of managing all the appointments associated with diabetes
• Limited understanding of how diabetes can cause diabetic retinopathy
• Some confusion about the need for both DRS and eye examinations
• Sense of fatalism 'God's will'
High satisfaction with DRS!

- timely notification of appointments
- minimal waiting time
- polite staff
Co-collaboration

• Workshops using appreciative enquiry to design interventions
• Testing ideas with the community in their setting
• Co-developing interventions

With community members and service providers
Bradford - interventions 1 & 2 improving health care systems

Target population:
   Pakistani people, aged 40 to 65 with diabetes, living in Keighley

Objectives:
1. Increase uptake of diabetic retinopathy screening.
2. Increase attendance at secondary care (diabetic retinopathy clinic).
3. Increase uptake of eye examinations.
Bradford (Keighley) - intervention 3 and 4

Pilot intervention:
1. Text reminders for diabetic retinopathy screening.
2. 'Ring and remind' telephone reminders for diabetic retinopathy secondary care appointments.
3. Health professionals providing key messages to people with diabetes, supported by a community education campaign.
Tether your camel
Help your body by:

Finding out more

Going to your appointments and looking after your blood helps

- your heart
- your kidneys
- your feet

Ask your GP, nurse, optician or pharmacist for more information

Diabetes can cause blindness

Living Well

With Diabetes

Save your sight

Produced in collaboration with the NHS and the Royal National Institute of Blind People, registered charity number 226227.
Help your eyes by:

Going to all your appointments

All diabetic checks

Eye photo (once a year)

Eye test (once a year)

Help your eyes by:

Looking after your blood

Eating the right things

Exercising regularly

Taking medicines regularly
Glasgow: Interventions

Target population:
  Pakistani people, aged 40 to 65 in Govanhill & Polkshields

Objectives:
1. Increase the uptake of eye examinations and diabetic retinopathy screening.
2. Increase understanding of eye health, and its relationship to diabetes and the need for eye examinations and DRS.

Pilot interventions:
1. Community engagement and awareness raising via eye health champions and volunteers.
2. Health professionals deliver consistent eye health messages
Glasgow

Target population:
Pakistani, aged 40 to 65, in Govanhill, East and West Pollokshields
Independent Evaluation

London School of Hygiene & Tropical Medicine

- Outcome
- Process
- Economic

- Using comparison sites
Evaluation methodology

- Routine service data
- Before and after postal questionnaire survey of diabetic patients
- Project specific data logs
- Interviews with key personnel & patients
- Cost-consequence analysis
Headline results

1. Text reminder
   • DRS screening volume and attendance up (14%)
   • Mobile numbers recorded on system up

2. Telephone reminder from bilingual worker
   • DNAs at BRI amongst Pakistanis down (4%)
   • DNAs amongst many other groups up

3. Survey - knowledge
   • Seen, read or heard information up (9%)
   • Awareness that eye tests should be annual down (13%)
   • Awareness of benefits of limiting sugar up
   • Awareness of importance of going to appointments & that checking blood sugar can reduce risk up
   • Awareness of need to attend both DRS & eye tests up (15%)
Headline results

4. Eye health champions - shop owners
   • Minimal impact on awareness and understanding
   • Minimal impact on behaviour

Recommendations
- routine data was variable and inconsistent
- routine data should include ethnicity variables
- focus on deprivation not ethnicity
- focusing on specific age range not helpful
Next steps

• Glasgow use of Eye Health & DRS leaflet

• Eye health volunteers & champions in Liverpool, Leeds & Greater Manchester

• CCGs funding use of Living Well with Diabetes Folders
  – support & coaching for Practice staff
Further information

• www.rnib.org.uk/healthprofessionals

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