

# Finding the Balance: Matching service redesign with the needs of our users, staff and the environment.

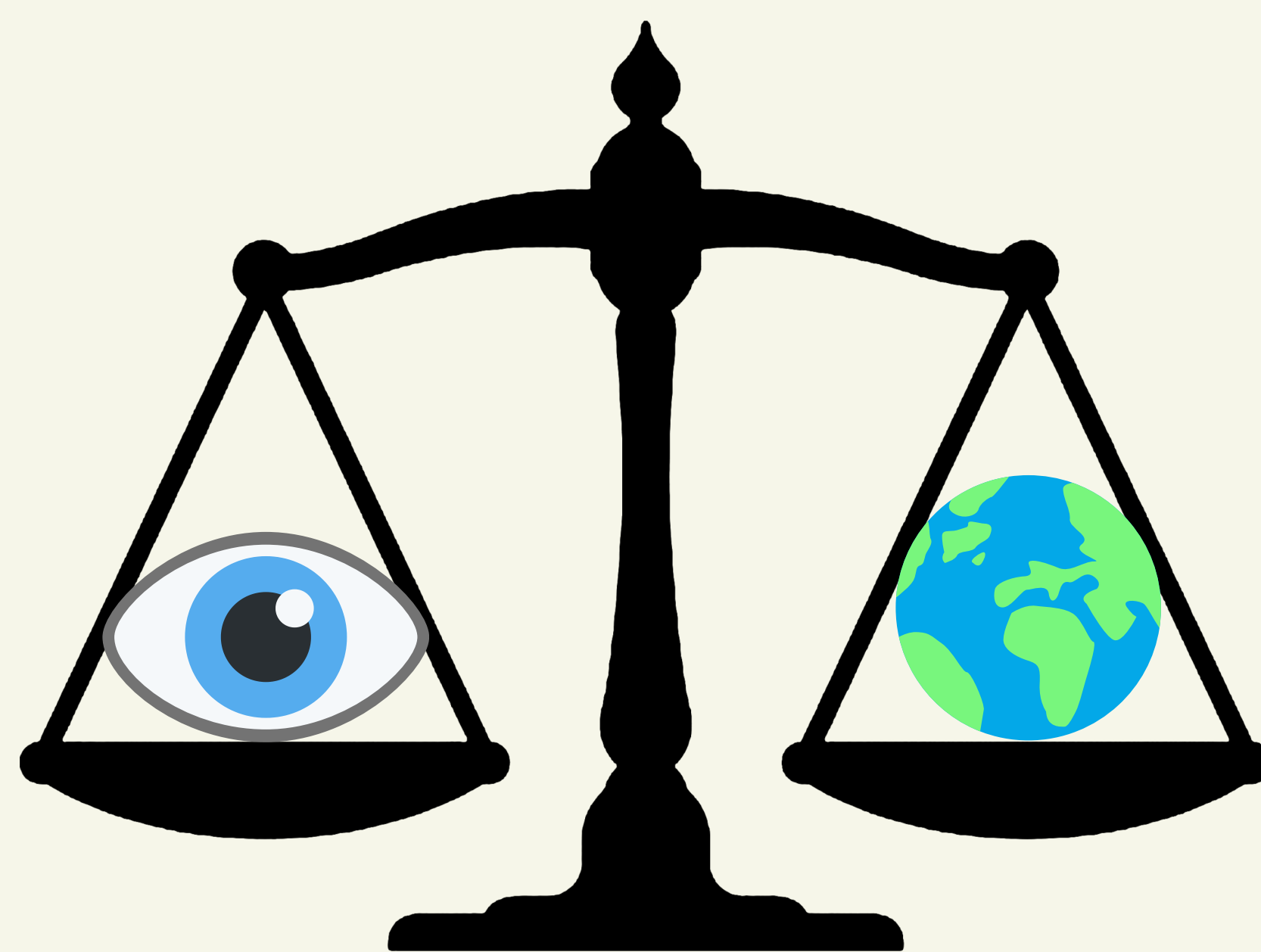
Redesigning screening delivery models, building a stable future, consolidating clinic locations and analysing the impact on service users, staff and the environment.

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## Overview

The creation of the BaNES, Swindon and Wiltshire Diabetic Eye Screening Programme (BSW) posed geographical challenges. Consisting of three small programmes amalgamated into one in 2017 with different delivery models, our primary aim was to find an effective and reliable model to build a stable and sustainable programme for the future. The Covid-19 pandemic significantly highlighted how weak our previous delivery model was, when suddenly faced with very few clinic venues to meet the demands of our service. We explored options to reduce the quantity of screening venues and consolidate to larger health centres and community hospitals based in central locations. This reduced the mileage and time spent moving equipment, offering greater choice of appointments to service users and improving the environmental impact of screening to build stability for the future.



## Challenges

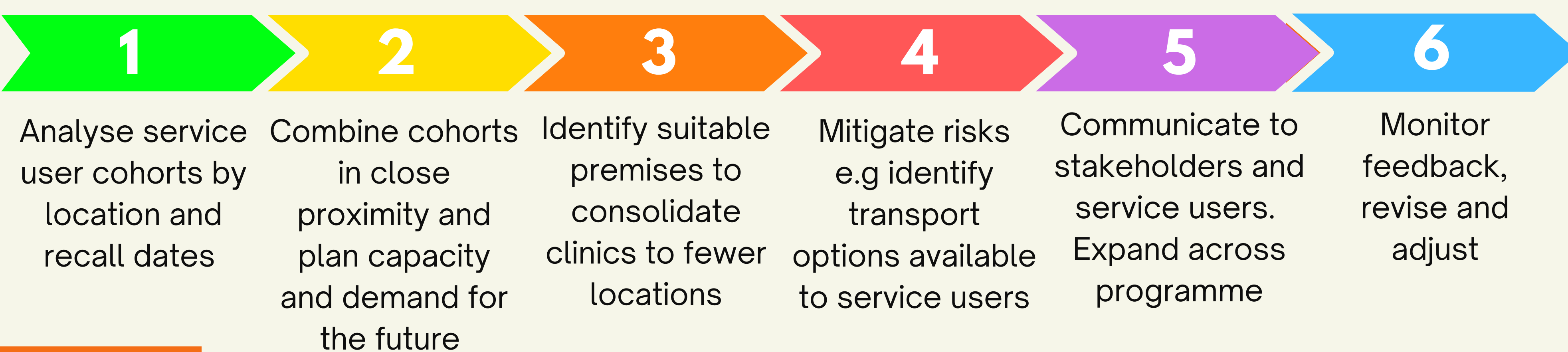
**Inherited Model Negatives**

- 50+ clinic locations
- Infrequent single day visits
- Multiple locations in close proximity to each other
- Service users only able to attend at their own GP surgery
- Lack of appointment choice for service users
- Inefficient travel time and excessive mileage for staff

**Potential Risks of Change**

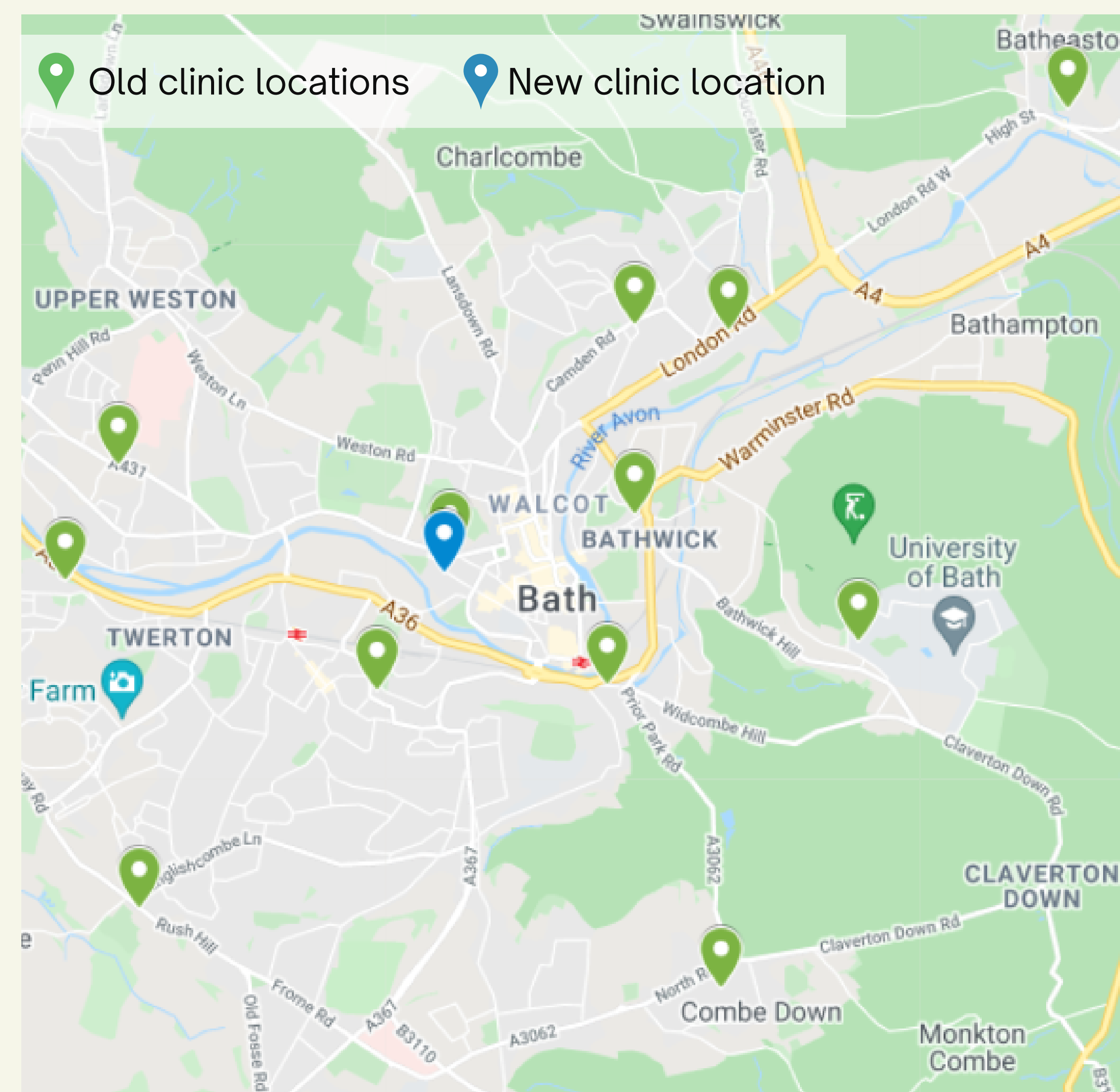
- Reduced service user attendance
- Transport inconvenience
- Higher DNA/DNR rates
- Opposition from stakeholders
- Venue availability / costs

## Method



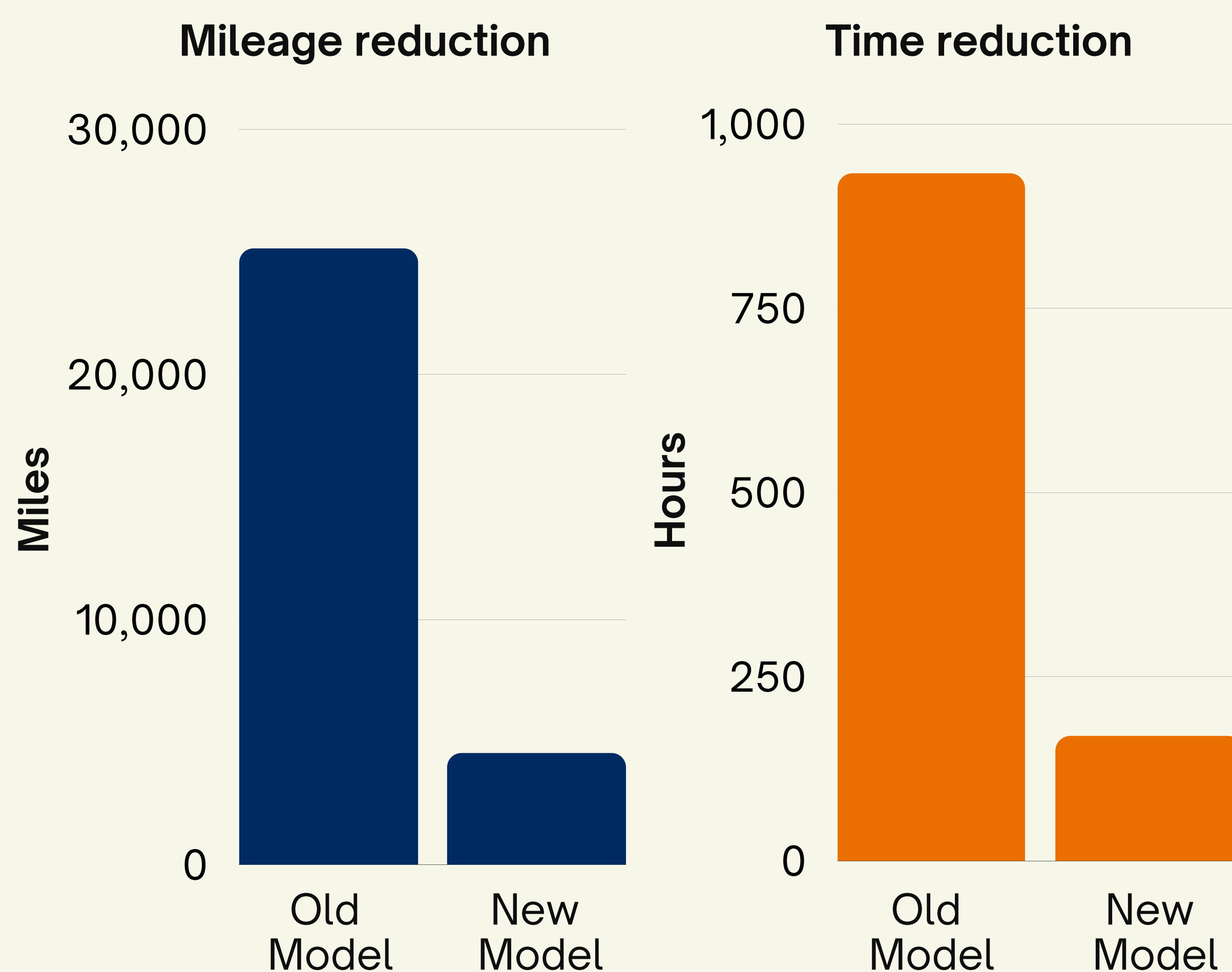
## Snapshot

Twelve infrequently visited and limited locations replaced by a new central location with excellent public transport links, available for all to attend 6 days a week, every week of the year.



## Results

- Reduction from 50+ locations to 20
- Centralised Primary Care Network venues
- 5 new static locations
- 3 new camera hubs spread across our area
- Far greater appointment choice, service users can attend any location Mon-Fri
- Reduced travel time and mileage, better for the environment
- License to occupy agreements
- Longer clinic days, more appointments
- Better attendance
- Reduced maintenance costs
- Reduced manual handling risk



**20587.2 miles** Mileage saved per annum\*

**763.6 hours** Time saved per annum\*\*

**63.63 hours** Resulting in extra clinical time per month

**19.65% DNA rate**  
15.27%\*\*\*

"It's good to be central, a lot easier to get to than the hospital."

"I absolutely love the new clinic. It's very central and a lot easier to get to, a really beautiful place. I'd happily come here again!"

"It's so convenient to get to this clinic no matter where you live as it is in the city centre."

## Conclusion

The changes implemented have had a monumental impact on the recovery and stability of our programme. Clearly, no delivery model will suit every one of our 48,000 eligible service users, but with more appointment choice and flexibility, we can meet more of their needs and build in some contingency to widen access further. The changes have delivered a better work/life balance for our screeners, reduced our carbon footprint, reduced admin/venue management time, created clearer booking processes and widen access further for those with health inequalities. Room planning is easier for the service and the venue leading to stronger working relations with practice managers. Like all change processes, we monitor user feedback, review and adjust as we go to ensure we continue to deliver the aims and objectives.

\*Retinal camera equipment moves, May 2018 - May 2019 compared with August 2020 - August 2021.

\*\*Equipment move time now redirected to service user appointments.

\*\*\*DNA rate trial sample, Elm Hayes Surgery Q2 2019.