PROJECT: OLDHAM

Working across organisational and sector boundaries, Oldham’s shared leadership team has improved care for Pakistani and Bangladeshi people living with diabetes by increasing attendance at retinopathy screening appointments, and providing education on screening and lifestyle management.
Retinopathy screening can reduce the risk of sight loss among people with diabetes through the early identification of sight-threatening diabetic retinopathy. The Department of Health set a national target that by the end of 2007, diabetic retinopathy screening would be offered to everyone who is living with diabetes.

In Oldham, there are high rates of diabetes and retinopathy screening levels were low, and variable across ethnic groups.

Approximately 13% of the population of Oldham are Pakistani or Bangladeshi. The risk of diabetes for people of South Asian origin is estimated to be four to five times higher than for people of European origin.

The Oldham shared leadership project, Don’t lose sight of diabetes, focused on people living in the Coppice and Glodwick areas of Oldham; areas that have comparatively large Pakistani and Bangladeshi communities. Running from 2007 to 2009, the project looked at how to improve access to care for people living with diabetes in these areas, including improving retinopathy screening rates; improving the quality of care provided; and providing education on screening and lifestyle management.

**PROJECT DETAILS**

**Project team:**
- NHS Oldham
- Oldham Community Health Service
- Oldham Community Leisure Ltd
- Oldham Diabetes Support Group
- local community organisations

**BME target group:**
People living with diabetes from Pakistani and Bangladeshi communities in Coppice and Glodwick

**Aim:**
To improve awareness of, and access to, diabetic retinopathy screening and education on lifestyle management for the target group
The shared leadership project team was made up of NHS, voluntary and community organisations. Some of the organisations had previously worked together, but there were also new partnerships, for example the NHS working with the Diabetes Support Group and the Community Leisure Centre.

At the start of the project, through gathering data from GP practices and the Diabetic Retinopathy Service, the team uncovered a disproportionately high number of non-attendances at retinopathy screening appointments by Pakistani and Bangladeshi people.

The primary care trust had been aware of the general issue of non-attendance at these appointments for some time. However, the project research highlighted how variable uptake of screening is for BME groups; something that wasn’t previously known.

In collating the data for the project, the team also highlighted the patchy records of ethnicity that existed in GP practices.

The team chose five GP practices to work with on the project. They selected those with the highest rates of non-attendance at screening appointments, and those with the largest BME populations. The team worked closely with the practices to improve awareness of the importance of retinopathy screening, and to reduce non-attendance.

The letters that are sent out to people with diabetes to tell them about retinopathy screening were translated into several community languages. They also made the language used in these letters simpler and included explanations of any medical terminology.

The project also highlighted the need to improve communication between health services and Pakistani and Bangladeshi people living with diabetes in the area. The team organised drop-in sessions where people had one-to-one meetings with experts and were signposted to appropriate information or support. Over 100 people received information at these sessions, 87% of whom were from a BME group.
Engaging with GPs

The project was successful at engaging with the GP practices involved. Their approach was not to look at GP practices as a whole, but to tailor the approach differently for each practice.

‘Every practice is independent and has their ways of doing things. For example, for some practices it was about going in there and speaking to the practice manager, whereas for others it was about building a relationship with the receptionist.’

Lynne Barlow, Senior clinician and professional advisor for nursing, NHS Oldham

This way of working took a lot of time to investigate, and involved a lot of networking. However, it was an important step to ensuring the practices generally responded positively because it was going to help them in the long term.

‘It is about how you sell it into them, about your messaging and tailoring that to the audience, even if the key message is the same.’

Partnership working

The cross-sector working element of the project helped it to be wide-ranging and innovative. In particular, having non-NHS representation was important.

‘If it had been just an NHS project we would have continued to target people in the same way. The other organisations opened our eyes and we looked at other ways of engaging with the community.’

This non-NHS element was also a driver to looking at how the team communicated with each other, and how they communicated with the target communities.

‘It was important to think about how we engaged with each other. The language of the NHS often runs the risk of disengaging people. Although the project was driven by the NHS, it doesn’t mean it is owned by the NHS, and it was important to look at non-NHS ways of working.’

The team included representatives from commissioning, which was effective in ensuring the project findings were fed into commissioning decisions. There were also members of the Professional Executive Committee on the team, which again helped lever influence.

‘It is important to find out who is going to be able to have an impact and lever change. Find out who the people are who have relevant responsibilities in their portfolio.’
There has been a significant reduction in the rate of non-attendance at screening appointments at the five target GP practices since the start of the project. There is now ongoing work to improve the collation of ethnicity data by GP practices.

‘There must be an awareness that the data collected are only as good as the skills that the people who collect the data in the first place have.’

Cultural competency training for GP practice staff is also being developed.

The relationships developed between the organisations involved have also had a long-term impact. For example, GPs now have contacts within voluntary organisations involved with diabetes, something that would not have happened prior to the project.

The project had an impact on the leadership skills of the individuals within the team (see ‘What I learned: reflections from a project team member’ on pages 46–49), along with improved cultural awareness.

‘There has been increased cultural competency within the team, and although this hasn’t been measured, many feel it has happened and has spread throughout their teams.’
Tailor your approach to engaging GPs

Give careful thought to how you go about engaging with clinicians. Think about the time of meetings, ie what time suits them; and whether you email, phone or go in and walk around.

‘There was a bit of resistance to going into GP practices and walking around, but it is really important as you can get a feel for the culture and therefore know how to approach them.’

Understand that changes in commissioning take time

Commissioning is a complicated process and change takes a long time. It is therefore important to factor this into outcome measures.

‘People outside of the NHS can get frustrated because things aren’t happening quickly. It is therefore important to identify where your issue is in the commissioning cycle so that you can track its progress. A two-year project indicates that it has a beginning, a middle and an end, but it is often a lot longer term than that.’

Set success measures at the start

‘Make sure you know how you are going to measure success from the start. We looked at it halfway through, when it should have been there right at the beginning.’

Make sure everyone understands what collaborative working means

‘The shared leadership approach means holding each other to account and developing the skills to challenge colleagues in a positive way. It is also important to ensure that new members of the team are adequately briefed on what has gone on before otherwise it can be disruptive. Check the team’s assumptions about what the project is about and what we are aiming for, and check this regularly so that everyone is on the same page.’