

## **All-Party Pharmacy Group inquiry into primary and community care: *How can service improvements be achieved and where does pharmacy fit?***

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### **Optical Confederation and Local Optical Committee Support Unit Response**

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Optical Confederation also represents manufacturers, distributors and importers. As a Confederation we work with others to improve eye health for the public good.

Local Optical Committee Support Unit (LOCSU) provides quality, practical support to Local and Regional Optical Committees (LOCs) in England to help them to develop, negotiate and implement local objectives in respect of primary ophthalmic services.

### **Summary**

As we stated in our response to NHS England's *Call to Action on Improving care through Community Pharmacy*, we fully support the aim of making pharmacists 'play an even stronger role at the heart of more integrated out-of-hospital care'<sup>1</sup>.

It has long been our view that the only way of meeting the Government's objectives, the challenges of demographic change, growing expectations and financial constraint is by investing in, reinvigorating and reinventing the primary care sector in its totality. This cannot be done by working with professions in isolation. It requires the contribution and commitment of the entire primary care workforce.

Like community pharmacy teams, opticians and optometrists have the skills and capacity to deliver more services in the community – above and beyond the sight test – which, of course, is a key aim of NHS England's Five Year Forward View. This would provide a more efficient and cost effective service, would free-up capacity in secondary care, and would better meet the needs of patients. However, community eye care services are commissioned by CCGs and the commissioning of these services across the country is patchy and inconsistent.

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<sup>1</sup> Improving care through community pharmacy – A call to action. Optical Confederation response, 2014  
<http://www.opticalconfederation.org.uk/downloads/consultations/a-call-to-action-pharmacy-march-2014-oc-response-final.pdf>

One important question for primary care is what can be done to alleviate pressure on GPs. We welcome a recent report from NHS Alliance and Primary Care Foundation which identifies that 16% of GP's time could be spared by directing patients to other members of the primary care team<sup>2</sup>, including pharmacists and other practice staff. In addition to this, 1.5 – 2 % of GP appointments are estimated to be eye related<sup>3</sup>. We strongly believe that optical practices should be the first port of call for all eye health, to provide a better service for patients and to further help reduce pressure on GPs.

## Response

The population of England is ageing: by 2037 life expectancy at birth is projected to reach 84.1 years for males and 87.3 years for females, an increase of almost 5 years from 2012 and a trend which is expected to continue. This inevitably creates challenges in terms of pressures on the health and social care systems, especially when the NHS has a £22bn funding gap to close and social care is facing similar pressures.

The only way the NHS in England can make ends meet over the lifetime of this Parliament is to keep individuals independent, well and out of hospital and the care system, especially as they age. As NHS England's own Five Year Forward View recognises, this means reinvigorating primary care and managing more patients - in a more holistic way - outside hospital and in the community.

Community optical practices have readily available trained professionals, premises and equipment in accessible locations which can meet most of the population's eye and health needs. Across the country community optical practices are delivering eye care services above and beyond the standard sight test, managing a range of eye conditions, including glaucoma and carrying out pre and post operation management of cataracts, as well as treating urgent but minor eye conditions.

We are encouraged by the fact that, in Greater Manchester, several community eye care services have been commissioned by the CCGs in the area. We would like to highlight, in particular, that a Minor Eye Conditions Service (MECS) has been commissioned by several of the CCGs across Greater Manchester (Stockport, Bury, Heywood and Middleton and Rochdale). This service allows community optical practices to see patients who refer themselves or are referred from GPs and pharmacists with eye problems that are outside the scope of the NHS sight test, who would otherwise have gone to hospital or A&E. In the year to 31st July 2015, the

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<sup>2</sup> Clay, H and Stern R (2015), Making Time in General Practice, <http://www.nhsalliance.org/wp-content/uploads/2015/10/Making-Time-in-General-Practice-FULL-REPORT-06-10-15.pdf>

<sup>3</sup> RCGP Weekly Returns Service Annual Prevalence report. 2007. [http://www.rcgp.org.uk/clinical-and-research/~media/Files/CIRC/CIRC-76-80/BRU\\_Annual\\_prevalence\\_report\\_2007.ashx](http://www.rcgp.org.uk/clinical-and-research/~media/Files/CIRC/CIRC-76-80/BRU_Annual_prevalence_report_2007.ashx)

Stockport service saw 4,018 patients attend local optical practices with eye health concerns such as red eye or dry eye<sup>4</sup>. Experience has demonstrated that 78% of patients referred to these services can be managed out of hospital<sup>5</sup>. Services like these, as well as pathways to manage a number of eye conditions, are being delivered safely and efficiently in optical practices across the country, with high levels of patient satisfaction.

Another good example of the greater role community optometry can play is the Healthy Living Optician scheme that has been set up by Dudley Local Optical Committee and Public Health Dudley, which is based on the Health Living Pharmacy initiative<sup>6</sup>. Smoking cessation, weight loss management and alcohol screening are amongst the services offered. This exemplifies the importance of optometrists being an integral part of the primary care team that can deliver on preventive public health to educate and protect patients and reduce pressures on the wider NHS<sup>7</sup>. The 20 million sight tests that take place each year provide a valuable opportunity to do this. At a time of strained budgets, with GPs facing workload pressures and unable to offer 7-day access, optometrists are ready, willing and able to offer cost-effective urgent eye care and preventive public health to populations - given the right investment.

Our view that community optical practices can and should play a greater role in primary care is supported by a recent report by the Primary Care Foundation and the NHS Alliance, *Making Time in General Practice*<sup>8</sup>. The report concluded that potentially 27% of consultations were avoidable and a significant number could be better dealt with by others in primary care. Commissioning cost effective services in primary care will ensure that patients are seen in the right place, at the right time by the right person. This is evidenced by a wealth of community services data currently available.

### ***Barriers to change in primary care***

While there are clearly successful community services being delivered in (community) pharmacy and (community) optical practices across the country, both in vanguard sites and non-vanguard sites, both professions experience significant barriers to these services being implemented at a greater scale.

One of these barriers is the NHS Standard Contract, which is unwieldy and unnecessarily bureaucratic for providers of small-scale services, and may serve to act as a disincentive to small providers contracting with the NHS. We are pleased

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<sup>4</sup> Source: LOCSU

<sup>5</sup> Minor Eye Conditions Service (MECs). LOCSU, 2015

[http://www.locsu.co.uk/uploads/community\\_services\\_pathways\\_2015/locsu\\_mecs\\_pathway\\_rev\\_may\\_2015\\_v2.pdf](http://www.locsu.co.uk/uploads/community_services_pathways_2015/locsu_mecs_pathway_rev_may_2015_v2.pdf)

<sup>6</sup> Dudley Optical Practices to offer health checks in pioneering pilot Dudley Optical Practices to offer health checks in pioneering pilot <http://www.locsu.co.uk/communications/news/?article=163>

<sup>7</sup> Parkins et al (2014). "The developing role of optometrists as part of the NHS primary care team". *Optometry*, 15(4), 177-184.

<sup>8</sup> Clay, H and Stern R (2015), Making Time in General Practice, <http://www.nhsalliance.org/wp-content/uploads/2015/10/Making-Time-in-General-Practice-FULL-REPORT-06-10-15.pdf>

that NHS England is producing a streamlined version of the standard contract for consultation, but are concerned that this could take a long time to be implemented, if at all.

Additionally, poor IT connectivity represents a key barrier to the greater commissioning of services. Even more importantly, the lack of proper IT connectivity prevents referral between primary care professionals and between those professions and secondary care, which is necessary to facilitate shared care, joined-up working and rapid intervention and support by professionals when and wherever needed.

Furthermore, nationally defined frameworks for community services would help facilitate their implementation at local level. Significant savings could be achieved across the system by agreeing a national pathway with common standards, outcomes and experience measures that all areas would implement – ideally at one fixed fee to save commissioning costs.

With regard to representation in commissioning, at local level there is still, in some cases, a lack of awareness over the extent of the skills both professions have, and of the range of services that could be commissioned by Clinical Commissioning Groups.