Optical Confederation
The voice of UK optics

LOC SUPPORT UNIT
SUPPORT FOR PRIMARY EYE CARE DEVELOPMENT

September 2010

Broadening the eye health agenda

Executive Summary

The optical sector is ready and able to contribute to a much wider set of public policy issues than eye health alone. In many ways it is already putting into practice the big ideas that the new Government is introducing into politics.

The optical sector is a living, breathing example of the Big Society – that is, the idea that public services should be delivered by a partnership between government and other organisations rather than by government alone. The 18,000 eye health professionals in the UK already deliver over 20 million sight tests per year, part-funded by government and part-funded by society. They are keen to help develop new services as part of the new vision for the service in the White Paper *Equity and Excellence – Liberating the NHS*.

The optical sector embodies the key health reform principle that treatments should be carried out close to home rather than in hospitals, where possible. Only 4 per cent[1] of sight tests result in a referral to a GP or consultant. The new NHS Commissioning Board provides an opportunity to ensure the same level of high quality enhanced eye care services is delivered throughout the country. Eye health professionals are ready to drive the development of new local services in partnership with the NHS and councils.

The optical sector fully supports the new government's agenda of deregulation with the aim of allowing greater innovation and productivity while maintaining guarantees of standards. The optical sector would benefit greatly from the removal of some regulations that simply duplicate others, for example in regard to the accreditation of staff and simplification of the cumbersome, expensive yet ineffective changes to the General Ophthalmic Service (GOS) contract introduced in 2008.

The optical sector will engage with a range of government departments in the autumn of 2010 to bring its expertise to the wider policy agenda:

- Cabinet Office
- Department for Communities and Local Government
- Department of Health
- Department for Business, Innovation and Skills
- HM Treasury
- Number 10 Downing Street

It will also submit evidence on its work to the House of Commons Select Committees shadowing these departments.

1 Federation of Ophthalmic & Dispensing Opticians, 2009, *Optics at a glance*

The optical sector and the Big Society

1. The Big Society is a defining theme of the new Government. David Cameron set out the Government's commitment in a major speech in Liverpool on Monday 19 July 2010. He said that his "great passion" is building the Big Society which he defined as follows:

   - "… a huge culture change where people, in their everyday lives, in their homes, in their neighbourhoods, in their workplace don't always turn to officials, local authorities or central government for answers to the problems they face but instead feel both free and powerful enough to help themselves and their own communities."

   - "… public sector reform [which] gets rid of the centralised bureaucracy that wastes money and undermines morale. And in its place we've got to give professionals much more freedom, and open up public services to new providers like charities, social enterprises and private companies so we get more innovation, diversity and responsiveness to public need."

2. The Big Society approach is also central to the Spending Review currently being undertaken by the Chancellor of the Exchequer and the Chief Secretary. Launching the Spending Review on Tuesday 8 June 2010, George Osborne tasked the spending departments to investigate:

   - "Can the [government] activity be provided by a non-state provider or by citizens, wholly or in partnership? Can non-state providers be paid to carry out the activity according to the results they achieve?"

3. A report by Professor Nick Bosanquet, at Imperial College, to be submitted to the Spending Review and as part of the White Paper *Equity and Excellence: Liberating the NHS* consultation, will demonstrate how community eye care services can deliver the Coalition Government's aims of improved health outcomes and higher quality care for fewer resources.

4. The optical sector is a perfect example of a highly competitive privately-run public service that has succeeded. It combines a guaranteed service for everyone in the community, minimally financed by government (see paragraph 5 below), with the innovation and local leadership provided by private sector management.

5. There are approximately 12,000 optometrists and around 5,600 dispensing opticians. They work in a mixture of small family-run businesses and large companies. The choice of optician is almost unlimited.

6. All members of the community have access to local eye care services because the taxpayer finances sight tests for children, pensioners, unemployed, disabled people and people on low incomes. Two-thirds of the 20 million sight tests administered annually are financed by the taxpayer[2].

7. The optical sector has built and continues to maintain, a widespread and highly trusted clinical presence in communities, where other services and retailers have abandoned local high streets.

8. The open market and private management of optical services has seen them spread across the country, offering immediate access in all areas including the most deprived. Under current regulations, anyone, individual or corporate body, has the right to apply for

2 www.ic.nhs.uk

a General Ophthalmic Services contract provided that they meet the required criteria, ensuring a genuinely private and dynamic market. The high number of practitioners and practices ensures a level of competition and choice, where the money genuinely follows the patient, unparalleled by any other area of the public sector.

9. Competition is in the public interest because it stimulates wealth creation, innovation and diversity. It also drives down costs and provides real choice for patients.

The optical sector and NHS reform and productivity

10. A consistent theme of NHS reform over successive governments is to improve productivity by reducing hospital admissions. This can be achieved in two ways: by improved prevention and by improved services in the community.

11. The new Government will set out its full public health agenda in a White Paper in autumn 2010. But the recent White Paper, *Equity and Excellence: Liberating the NHS*, made clear the Government's intention to rethink the way the healthcare system works towards prevention and wellness:

    - through the creation of a Public Health Service, with a ring-fenced budget, "to integrate and streamline existing health improvement and protection bodies and functions, including an increased emphasis on research, analysis and evaluation. It will also be responsible for vaccination and screening programmes, and managing public health emergencies."

    - through a redefinition of the role of the Department of Health "which will focus on improving public health, tackling health inequalities and reforming adult social care."

12. The new Government has also made clear its continuing commitment to the QIPP agenda with its focus on reducing demand for hospital services through increased safety and better commissioning. The revised Operating Framework for 2010-11 (and subsequent guidance) supports a shift towards primary and community care as long as there is "support from GP commissioners; strengthened public and patient engagement; clarity on the clinical evidence base; and consistency with current and prospective patient choice."

13. As part of the Arm's Length Body Review there is also an opportunity to streamline costs and reduce administrative burdens by centralising optical claims and payments through the NHS Business Services Authority using electronic transmission wherever possible.

14. The optical sector is ideally placed to contribute to these exciting new areas of the health debate.

Public health

15. Optical practices have pioneered the development of screening, early detection and early diagnosis of eye disease for the whole population. Eye care services are centred around a regular sight test. Optometrists (who carry out nearly all sight tests) are trained not only to test the ability of the patient to see well and to prescribe corrective devices, but also to detect pathology and risks to the general health of the eye that may need to be referred for medical attention. An eye test can also detect other health problems. The eyes are the only part of the body where veins and arteries can be seen clearly, and an eye test can also detect the symptoms of

high blood pressure, diabetes and brain tumours.

16. But the full potential of optical care in public health has yet to be realised. It is currently estimated that around 50 per cent of cases of blindness in the UK could have been prevented. The key route to better health outcomes lies in early detection and the better integration of optical care with other health and social care services.

17. Speaking in June 2010, Rt Hon David Blunkett MP highlighted the UK Vision Strategy which was launched in 2008 in response to the World Health Assembly's VISION 2020 resolution. This strategy seeks to dramatically reduce preventable blindness and improve support and services for the visually impaired by the year 2020. The Strategy called for greater awareness of eye health among health and social care practitioners, ensuring early detection of sight loss and prevention where possible. It also concluded that "improving diagnosis and early intervention is... crucial, because detecting disease at an earlier stage will also enable more to be done to delay disease progression. Strategies for prevention, early diagnosis and intervention are also likely to be cost-effective."

Care close to home

18. Initiatives such as the Primary Eyecare Acute Referral Scheme (PEARS), pioneered by the Welsh Assembly Government demonstrate that optometrists are highly successful in managing the care of patients without a referral to a GP or consultant.

19. The development of community based glaucoma referral refinement schemes in response to the NICE glaucoma guidance in 2009, has also demonstrated that optical practices can provide high clinical quality care close to home, taking the pressure off overstretched hospital eye clinics.

20. Evidence of this kind suggests that the optical sector has a central role to play in the new wave of local, integrated services that GP consortia are expected to develop.

National commissioning

21. The White Paper, *Equity and Excellence*, proposes that optical care should be one of the services commissioned nationally, by the National Commissioning Board. This offers the prospect of a more even development of tertiary services (for example, these include the monitoring of long-term conditions and refined referral schemes for various conditions) by the endorsement of national standards/ pathways by NICE commended to GP commissioning consortia by the NHS Commissioning Board.

22. Until now the provision of enhanced services, under the 2006 Health Act, relies solely upon the ability of each PCT to recognise the value of the schemes that can be offered and to fund those schemes. This has resulted in a kind of post-code lottery, where not all schemes are offered in all areas. Additionally, until recently those PCTs who did decide to offer enhanced services had to create and pilot their own schemes, wasting valuable local resources. It was only in February 2010, at the request of PCTs, that the NHS published an enhanced services model contract.

23. The scope here is for enhanced services, such as glaucoma referral refinement services, to be commissioned in the same way as additional services under the same Act of Parliament. Making it obligatory for local commissioners to

provide these services, and providing a national framework for various schemes would help to ensure that the same quality of care is available to all.

The optical sector and deregulation

24. The new Government has signalled its intention to move from an agenda of "better regulation" to one of deregulation.

25. The Secretary of State for Business, Innovation and Skills (BIS), Vince Cable, has said that he will "take a tougher line on regulation, because I believe that often the most useful thing governments can do is simply to get out of the way" (speech on Thursday 3 June 2010).

26. Dr Cable has also made clear that he will not allow government to use regulation as an alternative to higher public spending:

    - "One of the great risks with government when it can't spend is that it tries to look as if it is doing something by regulating instead. But the regulatory burden is a check on business growth and everything we can do to lighten it will help."

27. Following this logic, Dr Cable announced that BIS will be taking "the same tough line on regulation as the Chancellor will be taking on spending."

28. Proper regulation is essential for the health sector given the overriding importance of patient safety. But, as in other sectors, well-meaning attempts to increase regulation over several years have created regulations that simply duplicate each other. Removing these regulations will not only pose no danger to patient safety but also increase the range of optical services provided locally.

Professional registration

29. The extensive overlap in terms of regulatory requirements has now become a major problem with the current regulation of the optical sector. Before an optometrist can treat patients, they must meet all the requirements of the optical regulatory body the General Optical Council (GOC) and pay to register with them. This register ensures that all practitioners are fully qualified and fit to practice. Anyone caught practising without having registered with the GOC is breaking the law and may be prosecuted.

30. However, if the same practitioner then wants to see NHS patients, they must fulfil a second list of requirements, some of which will already have been checked and certified by the GOC, such as proof of indemnity insurance and completion of Continuing Education and Training (CET).

31. It would be beneficial to all parties, practitioners, patients, and government, if there were more cooperation and trust between the NHS and GOC regarding registration of optometrists and dispensing opticians. Considering that all optical practitioners must be registered with the GOC in order to practice legally, the NHS should not need to ask the same questions of someone who is already registered. A unified approach to registration and regulation could save both money and administration, and could be applied across the board regarding the regulation of other contracted services.

GOS contract

32. Another area of regulation which proves burdensome to the optical sector are the unnecessary changes introduced to the General Ophthalmic Services Mandatory contract itself in 2008. This contract exists between the PCT and

optical practice, and allows them to provide NHS sight tests. The contract in its current form is over-complex given the relatively narrow range of services provided by the optical sector.

33. The General Ophthalmic Services Mandatory Model Contract, which is provided to PCTs, is based on one template contract that is offered to all four commissioned primary care professions. However, each of these professions is very different, dealing with different parts of the body and different types of care. Large parts of the contract are simply not applicable to optical practitioners. This system results in an excess of paperwork and administration, not to mention frustration. Re-evaluating the contracts individually for each of the contracted professions would result in smaller, more refined contracts, less paperwork less bureaucracy, and fewer public sector administrative staff.

Self-regulation

34. The NHS regulatory system for the optical sector lacks national standards. Under the current system, each PCT hires a part-time optometric adviser, who provides advice to the PCT on general ophthalmic issues, the provision of sight tests, applications from practitioners to provide a service, and specific performance and clinical issues, such as the investigation process for poor performance.

35. A better option consistent with the deregulatory approach would be professional self-regulation in the optical sector. Local Optical Committees (LOCs) are statutory bodies which represent the interests of opticians at a local health authority level and contribute to debate on local health issues. LOCs are supported nationally by the LOC Support Unit (LOCSU).

36. The Government's agenda for decentralisation, handing responsibility for public services back to local communities, could include the power for LOCs to regulate optical services within a community. The network of LOCs, and the support of LOCSU could ensure that services across the country are regulated to the same standard by professionals within the sector.

Conclusion

Community eye care services provide high quality, accessible services to the whole population and make a valuable contribution to the health of the nation. Optical practices invest heavily in technology, staff training and their premises with minimal funding from the public purse. NHS patients have the same access to these high quality services as private patients.

In these challenging times of delivering high quality services and improving health outcomes for an ageing population, with fewer resources, the optical sector has much to offer not only the NHS but across the Big Society.

The optical sector is an exemplary modal of privately-run health services, where competition and choice drive up standards. Policies of de-regulation will generate further innovation and productivity, allowing the optical sector to play an even greater and more cost-effective role in delivering community health services and resulting in fewer people losing their sight unnecessarily.

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