

Health and Social Care Bill

Second Reading Briefing

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical bodies; the Association of British Dispensing Opticians, the Association of Contact Lens Manufacturers, the Association of Optometrists, the Federation of Manufacturing Opticians and the Federation of Ophthalmic and Dispensing Opticians.

Cutting Bureaucracy

The Confederation welcomes the principles of the Bill to abolish PCTs and SHAs and to reinvest the savings in frontline care. Bureaucracy has escalated significantly in our areas of the health service over recent years, with no demonstrable benefits to patients. We therefore welcome the measures to reduce the administrative and unnecessary regulatory burdens on frontline care.

Choice and Competition

We also support the measures to give greater choice and control to patients. This is already delivered in eye care services, where patients are able to choose where they go for a sight test (close to where they live or work) at a time and location that is convenient to them. The highly competitive, open market in which community optical practices already operate delivers high levels of quality, access and choice to all patients, including those that are confined to their homes. Being a national service, set out in regulations, regulated by the General Optical Council and market-led, the funding genuinely follows the patient and the system delivers accessible care without waiting, wherever patients want it, the length and breadth of the country.

Almost uniquely in the NHS, in eye care, money directly follows the patient and practices compete for each and every patient. If not, they go out of business and others move in to take their place.

We very much welcome the proposal to keep this efficient and high quality service as a national service commissioned by the NHS Commissioning Board. We also welcome the measures to improve health outcomes and the new public health role for Local Authorities.

Public Health

We are however very concerned about the omission of any reference to eye health in the recent Public Health White Paper: “Healthy lives, healthy people: our strategy for public health in England” and the related consultation document on the public health outcomes framework, despite the Government’s support for the UK Vision Strategy and the World Health Organisation goal of eliminating avoidable blindness by 2020.

100 people start to lose their sight in this country every day, 50% of which is estimated to be preventable. The downstream costs of this to the NHS and social services are huge (estimated up to £4.1 billion annually), not to mention the devastating impact on individuals’ health, wellbeing and independence. If this is not a major public health challenge – and a largely correctable one at that – it is difficult to know what is. This is a major omission.

NHS Commissioning Board

We are delighted that the NHS Commissioning Board will be commissioning Primary Ophthalmic Services which includes the current national sight testing service, available in some 7,000 community based practices across the country. This is not only very cost-effective but, as we have outlined above, already offers an efficient and high quality service to all patients.

The Bill also enables the Board to use powers of delegation to allow local enhanced eye care services (i.e. beyond the national sight testing service) to be commissioned by GP commissioning consortia. We understand that such local enhanced services would include cataract referral and glaucoma management schemes for example.

However there are other services, particularly those for acute emergency eye conditions and glaucoma referral refinement services (which like an NHS Sight Test are single defined services), which we believe should be commissioned at a national level by the Board to minimise transaction costs. Or, failing that, we propose that the Board should recommend to commissioning consortia a single agreed national pathway for these services (ideally at an agreed average national price) to spare the NHS unnecessary transaction costs and minimise the risks inherent in a multiplicity of broadly similar but marginally different schemes.

The benefits of services such as glaucoma referral refinement and minor emergencies schemes in optical practices, is that they avoid unnecessary and costly referrals to hospital eye clinics, GP surgeries and A&E depts. These services have been provided successfully in some parts of England and across the whole of Wales, resulting in significant cost savings. We therefore believe that these services should be commissioned nationally by the Board. This approach has also recently been endorsed in an authoritative report by Professor Nick Bosanquet of Imperial College. The report can be viewed via this link:

www.epolitix.com/fileadmin/epolitix/stakeholders/liberating_NHS.pdf

Performers’ Lists held by the Board

The power to establish Ophthalmic Performer Lists will be transferred from PCTs to the NHS Commissioning Board, and we understand that they intend to establish a national list. This makes no sense when the General Optical Council (GOC) keeps a Register (which is funded by the professions not the NHS) which

provides the same information, is already available on-line 24/7 and in our view is fit for this purpose. The sight testing regulations provide that only a GOC registered optometrist (or a medical doctor) may test sight and that only GOC registered optometrists and dispensing opticians can supply spectacles and contact lenses to children and other high risk patients. Spending NHS money to establish a separate performers' list for optometry seems to be a hang-over from the old days of PCT bureaucracy.

Optometric Advice to the NHS Commissioning Board and GP Commissioning Consortia

Clearly the Board will need to commission occasional optometric advice to assist it in interpreting the NHS sight testing service regulations (known as General Ophthalmic Service (GOS) regulations) as techniques and treatments advance.

At a local level Local Optical Committees (LOCs) and GP consortia may also need access to optometric advice e.g. if they have worries about a given practice or practitioner on their patch (although commissioning advice to consortia should of course come from the LOC as the local representative body of optical practice).

Rather than replicating the standing army of PCT Optometric Advisers, we propose that the NHS Commissioning Board should buy in this expertise when required, starting small and rigorously challenging whether that advice really is necessary so waste is avoided.

A key element is that this advice should be from a reputable and respected source that commands the support of the professions, ensures that interpretations of the regulations are consistent and that any optometric advisers are properly recruited,

trained and performance-managed.

This will drive out the idiosyncrasy and caprice of the old PCT system which has imposed costly and unnecessary burdens on optical businesses and frontline care. The Optical Confederation stands ready to work with the Government and the NHS Commissioning Board to design and implement such a rigorous but cost-effective system.

GP Commissioning Consortia

Local Optical Committees established under legislation, are the local voice of the eye health community and are ideally placed to advise GP commissioning consortia on commissioning plans, enhanced eye care services outside hospital, and the range of community eye health needs and health matters.

We propose that the NHS Commissioning Board be required to make clear in guidance to consortia that they should consult with their Local Optical Committee on eye health matters and eye care services.

Public Health and Local Authorities

We welcome the measures to give Local Authorities a greater role in public health. We seek assurances that Local Authorities and Health and Wellbeing Boards will have a duty to consult the relevant local representative committees, when devising health and wellbeing strategies, and Joint Strategic Needs Assessments.

The current provision in the Bill at clause 176 (6) for local authorities or partner commissioning consortia 'to consult anyone it thinks appropriate' could be amended to provide greater clarity.

Transparency

For the proper functioning of a liberated NHS, transparency and openness in commissioning will be key to patients' confidence in the system and its success. We will look to the NHS Commissioning Board to make clear regulations about openness and fairness in commissioning and tendering processes, as well as appropriate timescales to enable any willing providers to participate and ensure that innovative commissioning models are considered.

We also seek assurances that there will be declarations of conflicts of interest, transparency in the decision making

process and that full information about the commissioning process as well as the right to appeal is clearly communicated to all stakeholders.

We also seek assurances that GP commissioning consortia will have a duty to consult commissioning partners and other relevant stakeholders such as the local representative committees and local Healthwatch.

Further information

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End notes

- 1 Liberating the NHS: Eye Care - making a reality of equity and excellence, Page 8
The Costs of Blindness (2003) estimated that the annual costs to society for those registered as blind or partially sighted in England range from £1.4 billion to £2.9 billion (at 2002 costs). By taking RNIB evidence of under-reporting, this increases the cost estimate to between £4.1 billion and £8.8 billion annually (Ethical Strategies 2003). If half of this is avoidable through regular sight testing and early detection savings of £2 billion to £4.1 billion annually are implied.
- 2 Primary Ophthalmic Services refer to NHS eye care services that are provided by community optical practices. That includes the sight testing service, the home visiting eye care service, and local enhanced services which include a number of services such as cataract management services, glaucoma monitoring, glaucoma referral refinement, acute eye emergency services and diabetic retinopathy screening services. Some of these services may be provided in partnership with the hospital eye clinic.
- 3 LOCs are statutory bodies which were set up in 1977 to represent the views of contractors and eye health professionals locally, as well as to give advice to commissioning groups on optical matters. As expert local committees they are funded entirely by contractors at no cost to the NHS.
- 4 Local representative committees refer to the local network of the 4 contractor professions' committees i.e. the Local Medical Committees, Local Pharmacy Committees, Local Dental Committees and Local Optical Committees.