



## Health and Social Care Bill 2011 – House of Lords Second Reading

### Eye Health and Eye Care

#### National Sight Testing Service

The Optical Confederation very much welcomes the retention of the current commissioning of sight testing services at a national level (as the government has proposed). This is by far the simplest, most efficient and cost-effective way of delivering this single eye health service for the NHS.

The Confederation also looks forward to a single national interpretation of the regulations and contract requirements (rather than the over eighty payment agency variations in existence). This will bring cost savings both for the NHS and the hard-pressed providers in the community.

This could be further improved by:

- centralising claims and payments electronically (as already occurs for dentists and pharmacists);
- enabling electronic patients and practitioner signatures for a national paperless system.

Good work is in hand on electronic signatures, but the Department of Health has yet to make clear its position on centralising claims and payments (leading to more costly fragmentation as Primary Care Trust and Strategic Health Authority clusters do their own thing to make local savings) .

#### Other National Services

Other standard eye care services, which should be commissioned nationally like the sight test (i.e. under a single contract and fee structure, as in Wales and Scotland) are:

- cataract referral
- glaucoma referral refinement
- stable glaucoma management
- minor eye emergencies.

This would maximise patient benefit, minimise risks and reduce NHS costs (as part of the Quality, Innovation, Productivity and Prevention Agenda). As these services would be cost-per-intervention (like the sight test) costs would be tightly controlled.

In our view the NHS Commissioning Board should:

- ideally agree national contracts and fees for these services to minimise transaction costs;
- failing that, agree national pathway and contracts and commend these to Clinical Commissioning Groups (CCGs) (although this would be less cost-effective for the NHS).

### **Transparency & Local Commissioning**

We have yet to be fully convinced about:

- the transparency of CCGs (and therefore the ability of clinical partner groups to influence);
- how CCGs will draw on the skills, expertise and experience of community optometrists and opticians in planning and commissioning of eye care services (including how their skills will be drawn on by the fifteen Clinical Senates).

We support the NHS Health Care Professionals Network in their wish to see clear tests of how transparency and multi-professional clinical input has improved commissioning in both the approval and annual appraisals processes for CCGs.

### **Using Skills and Expertise of Optometrists and Opticians**

Local Professional Networks (LPNs) – currently being piloted - are a good idea but it is not clear that they will be fundable in all PCT clusters in the current economic climate.

Local Optical Committees (LOCs) on the other hand (already established under the original NHS legislation) are the local voice of the eye health community and ideally placed to advise CCGs on commissioning plans, enhanced eye care services outside hospital and the range of community eye health needs and related matters.

The NHS Commissioning Board should be under a duty make clear in guidance to CCGs that they should consult with their LOC on eye health matters and eye care services.

We therefore seek assurances that at a local level:

- Local Authorities and Health and Wellbeing Boards will have a duty to consult the relevant local representative committees, when carrying out Joint Strategic Needs Assessments and agreeing local health and wellbeing strategies;
- CCGs will have a duty to consult commissioning partners and other relevant stakeholders such as the local representative committees and local Healthwatch.

## **Preventing Avoidable Blindness – Ophthalmic Public Health**

Arguably, with an ageing population, visual impairment and blindness are now a bigger public health challenge in terms of quality of life (QUALYs), life years lost through disability (DALYs) and cost (estimated £22 billion in 2008 and set to grow to £7.64 billion in 2013 if no action is taken) than the major killer diseases. It is all the more galling that 50% of this is estimated to be preventable through early diagnosis and intervention.

The UK Vision Strategy (a coalition of all interested parties), Vision 2020 UK, the Royal College of Ophthalmologists, the College of Optometrists and the Optical Confederation have all been arguing strongly for an ophthalmic public health indicator for avoidable blindness in the national framework focussing on avoidable blindness to provide focus for Clinical Commissioning Groups, Health and Wellbeing Boards and Public Health England in this important area.

We are hopeful that such an indicator will be included in the final framework when it is published later this year.

## **Who we are**

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. We work in partnership with others in the public interest.

**Optical Confederation**  
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