Liberating the NHS: Developing the Healthcare Workforce

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.

The Optical Confederation welcomes the proposals set out in the consultation document *Liberating the NHS: Developing the Healthcare Workforce.*

Community optometry and dispensing services are provided primarily in the community through the optical retail sector. This includes not only sight testing (where the Government pays a fee for each NHS sight test and also offers a voucher-based contribution to the cost of spectacles and lenses for patients on defined benefits) but also the wider range of community eye care services such as glaucoma referral refinement, minor optical emergencies, DVLA vision screening, sports vision and low vision services.

As a consequence, optometrist, contact lens and dispensing optician workforce funding, planning and delivery lies largely – and correctly – outside the NHS.

***Developing the Healthcare Workforce* Principles**

That said, the optical workforce system already encompasses all the principles and elements of best practice the new *"Developing the Healthcare Workforce"* programme aims to achieve. For instance

- operating in the retail/health care commercial sector, optical providers already employ staff with the skill mix appropriate to deliver a high-quality service to patients in every circumstance
- employers already are "the engines of the workforce system" in our sector (5.4). We already take responsibility for planning and developing the optical workforce.(Exec Summary 3 and 1.1) Through the mechanism of the Optical Confederation's Education Committee, we keep under regular review workforce supply, costs and future demand (2.3)
- we also work closely with the 8 UK optical universities, 3 optical colleges and two training institutions (the College of Optometrists and the Association of British Dispensing Opticians) to ensure a sufficient supply of optometrists, contact lens and dispensing opticians both to meet the requirements of an expanding optical

and changing demographics of the workforce as well as providing satisfying and rewarding careers and career progression for individuals (5.24)

- equality issues are already paramount in recruitment training & development, with increasingly the majority of the professions now being female, of Asian or Afro-Caribbean origin and many working part-time or in other flexible options to achieve their chosen work-life balance (Chapter 10)
- in our case, the professions do have the leading role on safety and quality issues through the General Optical Council, the College of Optometrists and the Association of British Dispensing Opticians – all self-funded by the professions. (Exec Summary 7)
- our workforce planning for the community also takes account on the far smaller numbers of optometrists and dispensing opticians which are needed to work in the hospital sector.

In this way, over the years, we have managed - as a sector - to avoid chronic shortages or significant over-supply, and to deliver an appropriate work force supply, earning a decent salary and with good career prospects. **We would not wish to see this change**.

Moreover, the optical professions have over a number of years increased their skills and competences to the benefit of patients and the NHS. Our ambition is to continue that trend and to play an ever greater role in the delivery of NHS eye care.

Optical Workforce Planning

There are also two key areas where a greater synergy between optical work force planning and wider national healthcare work force planning might be developed

- Public health
- Leadership development.

Public health

We agree that “public health” is everyone’s business and preventative medicine/care will remain a key area of work for all NHS staff”. (7.7)

However, historically, neither the Department of Health nor the NHS has invested in the development, training or recruitment of optical public health specialists. As a result, optical public health is under-developed at all levels within the NHS and local authorities leading to poor planning of enhanced services for at-risk and hard-to-reach groups, the eye health of children, working age adults and older people.

Every day a hundred people begin to lose their sight in the UK, of which it is estimated that 50% could have been avoided through early diagnosis and early treatment. This preventable illness burden imposes significant downstream financial costs on both the NHS and social services, leaving aside the personal misery imposed on individuals and their families.

The historic absence of any optical public health expertise in the Department of Health or NHS system has resulted in a significant, expensive and expanding burden of visual impairment and blindness which could, through timely cost-effective intervention, have been avoided or reduced.

The optical professions, therefore, would ask the Department to consider what options there might be for including optical public health training within the wider Departmental programme and how the optical professions might work with the Department to increase the availability to the NHS of these essential public health personnel.

Leadership Development

We welcome the recognition that the clinical professions have a leading role at both a local and national level in ensuring investment and skills through continuing professional and personal development and maintaining the structure and content of education programmes. (3.15)

This is already the case in optics and we agree that our "clinical leadership" will help raise the standards of education and training at every level, securing safe and high quality care.".

This however, is slightly different from leadership development and, to date, the optical sector has been not been included within the work of the National Leadership Council. (6.32)

We agree that "there is much still left to do" (6.32) and are pleased that Health Education England will take on the framework for leadership development across most areas of health care.

As the optometric & dispensing professions, we would ask to be involved in that work and to be able to buy into it for our own professions as appropriate and if that proved sensible.

This will avoid duplication and ensure joined-up leadership development across all areas of health care, including in the optical sector.

Funding (Chapter 8)

It follows from the above that, to date, we have found that the most effective and efficient means of planning, recruiting, training and developing the optometric and optical work force – entirely in line with the ambitions of *Developing the Health Care Work Force* - has been to fund the arrangements ourselves outside the Department of Health and NHS arrangements[1].

For this reason, we would be strongly opposed to being brought within the levy system on health care providers which will fund the new national arrangements.

We would however be keen to be kept in touch very closely with developments and to have the option of buying into them on a fair cost basis should that seem desirable.

[1] Other than a contribution of £3, 015 per student per annum from the Department towards the training costs of taking on and supervising a pre-registration optometrist (from 1 April 2010) which is taken from the £5 billion central budget for education and training

This would apply particularly in the areas of public health and clinical leadership development.

A Liberated NHS

Under the liberated NHS, the optical professions are keen to play a greater role by delivering new eye care service in the community and supporting in the delivery of hospital eye care. We agree fully with the intention of the liberated NHS to deliver new services, where it is reasonable and safe to do so, in the community which we feel would most of all benefit patients. Alongside this, we feel there is also an important role for optometrists working in a hospital setting.

Hospital Optometry

Around five per cent of optometrists are working in hospitals and they provide a wide range of highly specialised professional services, examples include managing glaucoma patients or performing post-operative assessments for cataract patients. They support and compliment ophthalmologists and can effectively release medical time enabling surgeons to perform a higher volume of surgery and / or focus upon more complex cases.

These multidisciplinary contacts play an important role in enhanced training and advancement of the optometry profession. The usual training route for an optometrist is via a three year university degree to BSc level followed by a further one year minimum of post graduate clinical training prior to achieving, by formal assessment, statutory registration with the General Optical Council.

Unfortunately, the number of entry level and basic grade training posts for optometrists in hospitals has been in decline in recent years due to financial pressures. The previously available 50 or so hospital based pre-registration optometrists posts has declined in recent years to less than 25 posts despite the number of optometry students graduating continuing to increase. We would like to see this number increased.

Specific training funding for around 50 two year hospital optometry training posts is needed to support postgraduate preregistration optometrist entry level, year 1, posts and a corresponding number of linked basic grade, year 2, training posts along with an appropriate element of funded supervisory time in order to develop a high level sustainable and effective optometry workforce of the future.

The ability to manage appropriate rapid referral and interventions maximise outcomes, improves resource management and delivers higher value for money. Optometrists can and do benefit from training in a hospital environment by gaining the widest possible experience of abnormal ocular conditions, diagnosis, treatment and management. This would help to modernise the delivery of hospital eye care through multidisciplinary working and would assist in developing the wider optometry workforce.

Consultation Responses

Our responses to the detailed consultation questions which apply to our sector are below.

We have no objection to this response being published.

If you would like any further information, please contact:

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Optical Confederation - Specific Consultation Responses

Q1: Are these the right high-level objectives? If not, why not?

A1: Broadly yes. But, notwithstanding Monitor's role set out in paragraph 6.21, should the objectives specifically spell out that we are talking here about planning education and design for the whole health care workforce and not just the NHS workforce? This is implicit but should it be made explicit?

Q5: Should all health care providers have a duty to consult patients, local communities, staff and commissioners of services about how they plan to develop a health care workforce?

A5: Not in the case of optics. In our sector, money genuinely follows the patient, each patient has similar value for an optical practice and practices complete rigorously against one another to attract patients on the basis of quality, access, service and cost.

All practices already have mechanisms for seeking views and feedback from their patients and shape their workforce specifically to meet their expressed needs in order to attract and retain business.

The imposition of a new duty to consult would be an unnecessary and unfunded burden on the optical front line and in breach of H M Government's guidance R*educing Regulation Made Simple (*December 2010).

Q6: Should healthcare providers have a duty to provide the data about their current *work force?*

Q7: Should healthcare providers have a duty to provider data on their future work force needs?

Answers 6-7**:** No, to both questions in respect of the optical sector.

Optical sector workforce planning, recruitment, training and development currently lie – rightly - outside the national Department of Health and NHS systems and this has stood us in excellent stead over many years ensuring an adequate, constant workforce supply (where individuals can earn reasonable salaries and enjoy professional development) but without any chronic shortages or errors of over-supply. This system is remarkably efficient and we would wish strongly to maintain these benefits for our sector.

Q8: Should Health Care Providers have a duty to co-operate on planning health care work force planning and providing professional education and training?

Q9: Are there other or different functions that healthcare providers working together would need to provide?

Q10: Should all healthcare providers be expected to work within a local networking arrangement?

Answers 8, 9, 10: No, not in the optical sector. We already do this in the optical sector through the national optical representative bodies and the Optical Confederation's Education Committee.

We also work very closely with the 7 optical universities in the UK and the professional training and standards bodies (The College of Optometrists and the Association of British Dispensing Opticians). In our view, this cooperation fully meets the sector's needs and no further regulation is required. This would only add an unnecessary burden to the optical front-line.

Q11: Do these duties provide the right foundation for health care providers to take on greater ownership and responsibility for planning and developing the healthcare workforce?

A11: Yes possibly but these should not apply to optical contractors for the reasons set out above.

Q13: Are these the right functions that should be assigned to the Health Education England Board?

A13: Yes

Q20: What support should Skills for Health offer health care providers during transition?

Support should include full and timely consultation with the sector including adequate response times to allow quality information to be produced. A system which reduces bureaucracy would also engage more people in the sector.

Q21: What is the role for a sector skilled Council in the new framework?
As the sector skills council, Skills for Health should continue to consult and work closely with the sector (via the long established Optical Sector Steering Group which includes all optical interests and can therefore give a sector wide view) and reduce the levels of bureaucracy.

Q 25: What are the key opportunities for developing clinicians, managers and other professionals in an integrated way both across health and social care and across under graduate and post graduate programmes?
A25*:* In the case of the optical sector, to ensure the Optical Confederation and College of Optometrists are sighted on developments and able to buy in if appropriate.

Q35: What is the appropriate pace to progress a levy?

Q36: Which organisations should be covered by the levy? Should it include healthcare providers that do not provide services to the NHS but deliver their services using staff trained by the public purse?

Q37: How should a levy be structured so that it gives the right incentives for investment in education and training in the public interest?

Q38: How can we introduce greater transparency in the short to medium term?

Q39: How can transaction costs of the new system be minimised?

Answers to 35-39**.** For the reasons explained above, the levy system should not apply to the community optical sector.

Q 45: Will these proposals meet the aims and enable the development of a more diverse work force?

A45: Yes, together with the parallel system we operate in the community optical sector,

Optical Confederation
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