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Ms Clara Eaglen  
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Friday, 17<sup>th</sup> June 2011

Dear Ms Eaglen,

**Royal College of General Practitioners Commission on Generalism**

Thank you for your letter of 15<sup>th</sup> April 2011 on behalf of Baroness Ilora Finlay and Dr Clare Gerada, which invited Optical Confederation members to comment on the RCGP Commission on Generalism. Dr Gerada may well remember me from my time in the Department of Health where our paths crossed – beneficially – on several occasions. Please congratulate her on her election to Chair of the RCGP and the excellent work she has been doing there.

As optical generalists working in the community, we value very highly the role of our General Medical Practitioner (GMP) colleagues and the cross referrals that go on between us. Like GMPs, we are the generalists of the eye, looking after the eye health of the patient, the family and the wider community with a view to improving overall quality of life. Similarly to GMPs, our duty is always to the individual patient, but within their wider functioning context, i.e. we try to maximise quality of vision and well-being for the individual in their social, work, family and age-specific context. This includes both our advice on eye health and visual functioning, generally, as well as in the modalities of vision correction depending on the needs, requirements and wishes of the individual.

All available evidence shows that both patients and the public value highly the ability to see a generalist, who will view them as a “person” rather than a “case”. Not to mention a generalist who will have the necessary up to date skills and training to refer them as appropriate for more sophisticated clinical intervention, and then will resume their support and care in the community once that episode is completed.

Although this role is highly valued by the public and patients, we do not feel that it is always as highly valued by the Government, NHS authorities and indeed in some cases more specialist clinical colleagues.

The gate-keeping and access facilitation roles of General Practitioners are not always we feel, properly valued in our case. This position, which was also the case for General Medical Practice in the past, seems to have been remedied for this field in recent years. It has not yet been remedied in the case of the eye care community.

We strongly support the concept of generalists being personal clinicians primarily responsible for the provision of comprehensive and continuing care to every individual seeking care irrespective of age, sex, illness or any other social factors. In practising our own disciplines, we consider it essential to have GMP colleagues in the community with whom we can discuss individual patients in a holistic context. In our view, this becomes particularly important with the ageing population and the emphasis on the current Government's reforms on the individual patient. Care should always be provided on a holistic, multi-agency basis for this growing cohort of citizens and the best way of doing this, in our view, is for the close inter-relationship between primary care generalists, including general dentists and community pharmacists, foot care specialists and others. Whilst this form of care may be crucial for these particular groups, the exemplar service that it offers provides also, in our view, the best form of holistic care for patients of all ages.

It follows that we fully support the "co-ordinating role" of the generalists "promoting health, preventing disease and providing a cure, care or palliation either directly or through the services to others according to health needs and the resources available in the community they serve, assisting patients where necessary in accessing these services." These guiding, referring and co-ordinating functions are the hallmarks of generalist care.

We further support the proposal that generalists – as highly skilled professions – must take responsibility for maintaining and developing their skills, personal balance, etc. The key to this is, in our view, the role of independent professional Colleges to lead, support and develop the clinical and professional skills of the professions in these ways.

It is particularly important, we believe, for the Government and the NHS to recognise the unique nature of generalism and that, other than through quality markers and other appropriate mechanisms, generalism functions best when it is not weighed down by bureaucracy, administrative targets and users of vehicles for collating administrative data.

In summary, we are extremely supportive of the role of the generalist, both in providing and co-ordinating optimum care for individuals, and looking after the care requirements and the wider care needs of the whole community.

We particularly value the role of GMPs in the community in providing holistic care with ourselves and other primary care professionals supporting individuals and enabling them to make the best they possibly can of their individual health, lifestyle and social choices.

We would be happy to contribute further to the development of the Commission on Generalism and would like to be involved where possible. We wish you every success with the Commission and hope you find this response helpful.

Yours sincerely,

A handwritten signature in black ink that reads "David Hewlett". The signature is written in a cursive style with a large initial 'D'.

David Hewlett  
On behalf of the Optical Confederation

The Optical Confederation represents 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 the five optical bodies: the Association of British Dispensing Opticians (ABDO); The Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Ophthalmic and Dispensing Opticians (FODO). We work together with partners across the optical sector and within the voluntary and sight loss sector for the public good.