

NHS CHOICES CONSULTATION BY HSCIC

About us

The Optical Confederation represents the 12,000 optometrists, the 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 representative 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 Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.

Thank you for inviting us to respond to this consultation.

Introduction

To streamline our responses to the consultation questions, we will briefly set out how NHS Choices currently works for opticians and our experience of engaging with the NHS Choices team to date.

Profiles for opticians were upgraded during 2011 and the Optical Confederation worked very closely with the NHS Choices Team to ensure that the content of opticians' profiles was relevant and helpful to the public and patients, including that only information relevant to the provision of NHS services should be included in patients' feedback comments. We also worked through and agreed detailed guidance for opticians about using their NHS Choices profiles and, as requested by NHS Choices, put a lot of sector resource behind promoting their use by community opticians.

From our perspective, we were very much aware that the NHS Choices Team did not have the resources that they needed to establish NHS Choices profiles for opticians properly. The scale of the task seemed to have been underestimated, and we also faced severe difficulties with initially having to request sign in rights via PCTs (which were still in place at the time). This wasted a lot of time for our members and no doubt the NHS officials involved. The whole process of involving PCTs was chaotic, and in the end NHS Choices agreed to our initial request that opticians could go direct to NHS Choices to get access to their sign in (editing and response rights) details.

Outstanding Problems

We have willingly worked through a range of such issues with the NHS Choices Team. However there are still a large number of outstanding problems with the system for community opticians. A key part of the NHS sight testing service is the domiciliary service (i.e. home visit sight tests) which is delivered through a range of providers. They range from very small independent optical practices through to national companies. Unfortunately, there is still no facility on NHS Choices to allow a patient to search for a domiciliary eye care provider in their area (as the profile is linked to the practice address, rather than where services are provided). We believe that this is a detriment to patient care since concerns have been raised about access to domiciliary eye care for the ageing population and we would like to see every avenue deployed to make patients aware that they are available in their area. We have been pressing NHS Choices for at least two years to revise their website and search facility so that it can clearly demonstrate that domiciliary care is available in a particular area when a patient searches via their post code. We have had repeated promises that this would be reviewed with a view to finding a simple solution, however this has still not happened.

A second major difficulty is that there is still a lot of corrupt data within the NHS Choices database and a simple search with a random choice of postcode can illustrate this. Several practices will appear more than once (some up to four or five times) and, as noted above it is unclear whether a practice provides domiciliary care. We think the reason for this is the way the information was initially inputted into the system by multiple PCTs. Nevertheless some years later it has still not been tidied up and must be extremely confusing for patients who try to find a local optician via the website. See, for example, results of search for Opticians in the area code EC1V. On the [first page](#) of the results "The I Practice" appears twice and on the [3rd page](#) the same practice appearing twice more, with just a slight change of name ("New Era Optical" and "New Era").

We are more than happy to work with the NHS Choices Team to resolve these issues, however we do need more active engagement from that side. We would urge that these basic issues be fixed before embarking on a wholesale review of NHS Choices.

We would be grateful if the Optical Confederation could be included in any subsequent stakeholder engagement exercises.

Our colleagues in the hearing sector have also asked us to point out that the information relating to community hearing care is very much out-of- date.

Q1. How much do you know about NHS Choices in its current form?

A1: As a Confederation representing the optical sector we have worked very closely with the NHS Choices Team, the Department of Health and NHS Commissioning Board (in transition to NHS England) to ensure that the NHS Choices pages for opticians carry relevant and helpful information for the public and patients.

Q2. How engaged has NHS Choices been with your organisation and its needs regarding health and social care information?

A2: We have worked very closely with the NHS Choices Team and of course recognise that they are trying to do their best within limited resources. However, as noted above there are still some significant basic and outstanding issues that need to be resolved as a priority. Where we had the best engagement was in respect to getting our members to manage their own profiles where we had weekly conference calls with NHS Choices and community pharmacy to use our combined efforts to get as many practices managing their own profiles as possible in line with the government's and NHS England's aims.

Q3. How much have you heard about the plans to develop NHS Choices as the on-line channel for the health and social care digital service?

A3: We have read bits and pieces about this in the HSJ and other publications but disappointingly have received no information through direct contact. We would be very interested to learn more, to be more actively involved in relevant stakeholder engagement exercises and to help design a system that will work well for the public.

Q4. How would you like to see the service developing in the following service areas and what do you see being the expected benefit outcome of such development?

A4 (i) Social Media: In terms of this we would like to see an accessible NHS Choices website and workable search functions irrespective of the type of device a patient uses to try to find that information about their healthcare or decide where they will go to access healthcare services. As the HSCIC will recognise the patient feedback comments on NHS Choices website are carefully managed to ensure that

nothing inappropriate is posted by patients or other individuals. There is also a very good alerting system in place (once the contact points have been correctly entered) to ensure that the practice or practitioner involved is notified when a patient comments about the service they receive on the NHS Choices Website. We would have major concerns about this function being extended into other avenues of social media, for example by re-posting comments elsewhere, because this could very easily commence an untraceable and highly damaging dialogue which is echoed all over the social media which may be next to impossible for the original practitioner to comment on, and more importantly rectify the problem or correct any misunderstanding.

Where social media may have a role is in the dissemination of relevant kite marked (ie accurate and quality controlled) health care information to the general public for example to promote the benefits of regular eye examinations.

A4 (ii) Content: There is still a range of problems with many of the profiles whereby the name of the practice or company on NHS Choices may no longer exist due to having closed down, merged with another practice or having been purchased by a group.

In terms of personalising content we also believe that opticians should be able to include their own logo alongside their practice name to replace the Snellen test chart logo which appears on every single one.

This consultation has also caused us to have another look at the NHS Choices website which seems to have been unilaterally changed for optician profiles and all of the guidance that we have worked through and painstakingly agreed with the NHS Choices team and the Department of Health has all disappeared without any reference to, or consultation with, ourselves. We would ask that this be reinstated with immediate effect. We will write separately to the Department of Health with a request that this be done, but would be grateful if you could also raise it as a matter of priority. The guidance that was included on each optician's NHS Choices profile was tailored such that only aspects relevant to the provision of NHS services would include on the site. We would like to reiterate here that dispensing of vision correction such as contact lenses or spectacles is an entirely private service (by government design) and should not be included on the NHS Choices Website.

For further information, please refer to the NHS Choices guidance produced by the Optical Confederation and cleared with the Department and NHS Commissioning Board (in transition to NHS England). If we are to continue to advise our members to engage with NHS Choices we would hope that no further such unilateral changes are made to our members' profiles without proper engagement and consultation.

We would also like to see development of the search functions so that a patient can search by a practice name, if they do not know the postcode or town in which it is located. We would also like to see greater cross-links between different community

services for example some of our members are also community pharmacies or provide community hearing care services, and it should be possible to cross link to their pharmacy or hearing pages.

Finally, we expect that the search facilities would be designed for maximum accessibility, especially for people with visual impairment. Those people may have the highest need for using the site yet they are prevented from accessing it by the way it is designed.

A4 (iv) Personal and Confidential: We believe that the current method of presenting patient information works well and should remain in place for the future.

As a general point about updating NHS Choices, this should only be done after consultation with the relevant stakeholders and we would be grateful if the NHS Choices Team did not neglect to include our members by holding closed consultations to which we are not invited to respond.

This response has been submitted by

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On behalf of the Optical Confederation