

Stakeholder engagement on a common definition for person-centred, coordinated ('integrated') care – Optical Confederation and College of Optometrists joint response

Introduction

- 1.) Thank you for consulting the Optical Confederation and the College of Optometrists on the proposed definition for person-centred, coordinated care.
- 2.) The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical business 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.

The College of Optometrists is the professional, scientific and examining body for optometry in the UK, working for the public benefit.

We have welcomed the Government proposal that the community optical sector will be exempt from the Monitor regime. This is clearly a sensible and proportionate response given that the community optical sector

- already functions in a highly competitive, retail and commercial market which works to the benefit of patients and the NHS
 - the sector is additionally regulated by a sector-specific regulator, the General Optical Council and, in case of NHS services, through the NHS contract compliance framework.
- 3.) Person-centred care is at the heart of what we do not only professionally, but also commercially, as patient have a wide choice of competing providers in a genuinely open market and have the option of having their sight test at one practice and spectacles of contact lenses they need dispensed at another. Like GPs, community optometrists and opticians also stand at the gateway to more specialised services referring patients to GPs or hospital and supporting them when they return to community optical care.
 - 4.) Key to improvements in these areas are improved referral pathways, and specifically a system of for electronic referrals and discharge notifications via a simple and secure infrastructure from optical practices to GPs and HES and vice

versa. This will result in improved and faster referrals and discharge and allow triage systems to operate more effectively. We are currently developing a bid through the NHS Commissioning Board to NHS Connecting for Health for such a system building on the investment already made available in Scotland.

- 5.) As a healthcare sector, from April 2013, we shall also have the benefit of Local Eye Health Networks (LEHNs) established by the NHS Commissioning Board in each Local Area. The intention is that LEHNs will bring together the local optical community, the hospital eye service (HES), Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards (HWBs) and improved outcomes building on the national care pathways.¹ It follows that we believe this is a better route to genuinely clinician-led and patient-centred integrated care in our sector than additional regulation.

Consultation Questions

- 6.) It is against this background that we provide more detailed responses below to the consultation questions which we believe are relevant to us.

- 7.) We are very happy for this response to be made public.

- 1.) Leaving aside the specific content, do you agree that a common narrative will help to create a shared purpose and outcomes for 'integration' in health and social care?**

Yes.

- 2.) Looking at the current draft Narrative, would this be directly helpful to orientate your own programmes of work, for example by drawing on it for your goals, aims and outcomes/benchmarks?**

Yes, provided progress is made to improve integration, as outlined above, through IT and, wherever possible, nationally agreed pathways which provide equity and reduce risk and cost for the NHS.

- 3.) What is your reaction to the overall subject: 'Integration means... Person centred coordinated care'?**

This is a well balanced definition (that goes right to the core of the 'no decision about me without me' principle).

- 4.) What comments would you like to make on the headline definition of what this means from the service user perspective? In particular, have we left anything out that you consider vital to such a statement?**

We refer you to the 'Seeing it My Way'² report published by the UK Vision Strategy, of which we are strong supporters. Ideally this should be converted into simple commissioning standards which can be used by LEHNs, CCGs and Local Authorities to underpin pathways across the eye health and visual impairment sector.

¹ We have more detail on these pathways, which we would be happy to provide to National Voices and Monitor, if it would be helpful.

²<http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=235§ionTitle=Seeing+it+my+way> (Last accessed: February 2013)

5.) Looking at the generic service user statements, have we got the right set of categories?

No opinion.

6.) If you answered 'no' what categories would you suggest?

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7.) We suggest that some sub-groups of people who need co-ordinated care will have important, specific system demands that cannot sit within the generic statements. For example, children with disabilities need their care to work seamlessly with their education and developmental needs. How do you think we can produce further statements relevant to these groups?

No comment

8.) Should it be done at local level or regionally/nationally?

No comment

9.) Finally, a challenge: could you suggest a 'we' statement that could represent the particular contribution of your type of organisation (CCG/HWB/LA/service provider) to achieving the central statement?

Our suggestion would be:

"We fully support the principles of person centred coordinated care.

Being delivered in a genuinely open and competitive retail market, community optical services are already an exemplar of person-centred services and we will work to achieve better coordinated care by:

- working proactively with partners, patients and commissioners within Local Eye Health Networks
- adhering to the principle of making 'Every Contact Count'
- continuing to support the principles enshrined in the NHS Constitution.

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Submitted by Ben Cook on behalf of the Optical Confederation and the College of Optometrists