



## Consultation on Local Authority Health Scrutiny

### Overview

Thank you for inviting us to participate in this consultation. The Local Optical Support Unit (LOCSU) and the Optical Confederation support the principle of effective scrutiny of NHS commissioning and service reconfiguration by local government as part of its wider responsibilities in relation to health improvement and reducing health inequalities for their area and its inhabitants.

**Question 1:** Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons.

**Answer:** Yes. The absence of clear, locally agreed timetables can lead to considerable uncertainty about when key decisions will be taken. Existing providers of services that are to be reconfigured, as well as potential new providers, need this information in order to enable them to plan activity and resources appropriately.

We recommend that local authorities should factor in flexibility for the adoption of timetables that are appropriate to the nature and complexity of any change.

**Q2:** Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?

**A:** We believe that imposing fixed timescales in this way would be of limited value as the scope and complexity of service reconfigurations that will be undertaken will vary enormously, which will require a flexible approach. However, the inclusion of indicative timescales relating to different scenarios in the guidance would be helpful.

**Q3:** Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your views.

**A:** We consider that assessment of the financial sustainability, as well as the clinical effectiveness of proposals, is essential if the NHS is to deliver improved health outcomes while continuing to meet rapidly rising demands. Accessible high quality local health services are vital in improving the health and wellbeing of local populations, but this needs to be achieved on a funded and sustainable basis. Moreover, the financial sustainability of service proposals must be considered up front (including opportunity costs and off-setting benefits) otherwise there is a risk that funding for other equally important services will be reduced. We are particularly concerned that areas of traditionally low priority, such as eye health and sight loss services, would suffer in such circumstances.

**Q4:** Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?

**A:** We consider a first referral service to be important. Commissioners and local authorities need clear guidance on how to listen to, understand and seek to resolve disputes locally. It needs to be made clear in guidance that the high-handed, arbitrary and “we know best” approaches adopted by the old NHS bureaucracy are no longer acceptable and that legitimate concerns need to be heard and, wherever possible, resolved appropriately.

**Q5:** Would there be any additional benefits or drawbacks of establishing this intermediate referral?

**A:** Establishing an intermediate referral stage should speed up the process of dispute resolution, as long as the bureaucracy involved is minimised. Prompt decision making will be helpful for the planning of commissioners and providers involved in service redesign proposals, as well as for patients who need to access health services.

**Q6:** In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?

**A:** No comment.

**Q7:** Do you consider it would be helpful for referrals to have to be made by the full council? Please give reasons for your view.

**A:** We have no concern with full council involvement in referrals as it will allow all councillors to contribute their views and allow them to safeguard the interests of their constituents. However, like all bureaucratic structures, the proposed structure might become autocratic and unchallengeable in the future, and steps need to be taken to avoid such a situation. It will be important therefore to set out how a council’s decision making process can be challenged by local people and local partners if need be.

**Q8:** Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?

**A:** We agree that robust arrangements should be established for introducing joint overview and scrutiny on specific regional issues that enable scrutinisers to hear the full range of views about a consultation, and not just those of one geographical area.

**Q9:** Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?

**Q10:** For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?

**Q11:** What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?

**A:** We have no further comments.

### **About us:**

The Local Optical Committee Support Unit (LOCSU) supports Local and Regional Optical Committees (LOCs/ROCs) across England and Wales in developing local eye health services. It helps community optometrists and opticians work with local commissioners to make community eye services accessible for patients and cost effective for the NHS.

Together the Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK 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). As a confederation, we work with others to improve eye health for the public good.

**Submitted by Ben Cook**

**On behalf of LOCSU and the Optical Confederation**