

# **Making health and social care information accessible: consultation response from the Optical Confederation**

## **Introduction**

The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses across the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five representative 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).

The Government, NHS England and Monitor have called for health care professionals to work together in the best interests of patients. We have therefore also taken this opportunity to provide NHS England with a joint response on the overarching principles of this proposal from the following organisations:

- British Dental Association
- British Medical Association
- British Society of Hearing Aid Audiologists
- National Community Hearing Association
- Optical Confederation
- Pharmaceutical Services Negotiating Committee and
- Pharmacy Voice.

Each day our members have millions of contacts with patients, service users, carers and parents. We therefore welcome the intention to make health and social care information more accessible. We support a NHS Information Standard (NHS-IS) that is evidence-based, realistic and respects every person's right to confidentiality. It is important that the NHS-IS benefits patients without becoming yet another overly bureaucratic system.

If this system is to work for patients, NHS England and CCGs must make resources and infrastructure more readily available. Without such support, implementation will be difficult in most primary care settings and impossible in some. We therefore call upon NHS England as lead commissioner to:

### **1. provide clear information to the public about the care and support that they can access, including**

- what support commissioners will fund when service users attend appointments
- which British Sign Language (BSL) interpreters commissioners (NHS England and/or CCGs) have approved in terms of qualifications, quality assurance and safeguarding

### **2. support providers in community-based settings by**

- providing funding for interpreters, translation of information into Braille and other services that NHS England mandates

- providing clear guidance on the distinction between needs and preferences
- taking a pragmatic approach and allowing providers to determine how to collect, organise and record information. The current NHS-IS fails to recognise the complex mix of provider organisations in community-based settings, and that for some – particularly for small and medium sized providers – achieving the standards as currently prescribed may not be possible. For example
  - the requirement for “*Information about a patient or service user’s information or communication support needs (or those of their carer or parent) MUST be recorded as part of an individual’s first or next interaction with the service*” may not always be possible when patients are seeking urgent care for dental, pharmaceutical or optical treatment.
  - the NHS in some cases only funds part of the patient journey and has not supported providers with IT infrastructure.
  - NHS IT policy means that many community-based providers will not be able to meet the NHS-IS without Department of Health and NHS England changing their policies and providing support.

We are keen to work with NHS England on the introduction of these standards in community-based settings. We hope NHS England will take this opportunity to address the challenges we have identified and we would all be happy to work with NHS England on finding solutions to the issues raised.

### **Optical Confederation response**

The Optical Confederation supports the proposal for a NHS Information Standard (NHS-IS) that is designed to help meet patients’ needs. Ensuring people can access information in a way that is suitable for them is an important part in improving equality in access to healthcare services. We do not question the principle and intent. We do however have concerns about the approach, implementation, feasibility and proportionality.

The detailed comments to each of the consultation questions below are provided on behalf of the Optical Confederation.

### **Consultation questions**

**1. Do you agree with the vision for the standard?** The vision is explained in section 3 of the Consultation Document.

**Yes**

Prefer not to say

No

Not sure

**2. Do you agree with what the standard will do?** This is explained in section 4 of the Consultation Document and in the Specification.

Yes

**No**

Not sure

Prefer not to say

**3. Do you agree with what the standard includes?** This is sometimes called the scope. What the standard includes and who will have to follow it is explained in sections 5 and 6 of the Consultation Document and the scope forms section 8 of the Specification.

The scope is about right

The scope includes something it should not

The scope is too small

**The scope is too big**

Prefer not to say

The scope is missing something

**4. If you believe that the scope is too small or includes something that it should not, please explain here.**

**5. If you believe the scope is too big or does not include something which it should, please explain here.**

The scope of proposed standard is ambitious and far-reaching. The intention is laudable. However in terms of scope and implementation, it appears to have been drafted without proper recognition of the wide variety of providers of NHS services, and the very different ways in which different services are provided to patients.

There are approximately 5,400 community optical practices in England, over 10,000 optometrists and 5,500 dispensing and contact lens opticians. These deliver around 13 million NHS sight tests and a further 5.6 million private sight tests each year. In addition approximately 400,000 domiciliary sight tests are provided for those who are unable to visit a practice. Just like all other parts of primary care, optical practices are private business, which deliver the same range of services to both NHS funded patients and privately funded patients. In addition, there are a variety of private sector companies, which provide IT systems for optical practices; these systems are used to manage both NHS and private patients' data and records.

The scope indicates that all of these providers will be required to follow the standard. However it does not address the practical implications of this requirement: how the distinction between NHS and other services should be managed, or how these additional costs (both time and financial) to businesses will be covered. Two thirds of sight tests are NHS sight tests. The additional costs could not be met for NHS patients from the £21.10 NHS sight test fee and it would not be appropriate for the additional costs in respect of them to be funded by a surcharge on other patients who have to pay for their eye services.

The scope also sets out in some detail what the standard includes, but again does not address how these services will be provided or funded. A potential solution would be for NHS England and CCGs to provide a list of registered professionals in local areas who can assist patients with additional needs and provide guidelines of how the NHS will fund

this. Unfortunately the consultation document and implementation plan do not address these important issues.

Therefore, as it stands, the practical and funding aspects leave a gaping hole in any implementation plans.

**6. What do you think about the steps of the standard / the Requirements set out for health and social care organisations and IT suppliers?** The steps of the standard are explained in section 7 of the Consultation Document and the Requirements are detailed in the Specification.

The steps / Requirements are about right

The steps / Requirements are too small

**The steps / Requirements are too big**

The steps / Requirements are missing something

The steps / Requirements include something they should not

**The steps / Requirements are wrong in some way**

Prefer not to say

**7. If you think that the steps / Requirements are too big or include something which they should not, please explain here.**

As indicated above, we fully agree with the intent of the standard, but we have serious concerns about how it will be implemented. In particular the steps and requirements appear unduly prescriptive and burdensome: there appears to be no scope for flexibility or proportionality of approach, or recognition of how primary care is provided in the community.

Healthcare professionals based in community optical practices see patients less frequently than for example GPs, pharmacists and dentists do. People also exercise real choice, are not tied to any one practice and do shop around. For instance a person may use a variety of different practices for their eye care, to purchase spectacles and to replace lenses. It would be impractical (and unreasonable) for each different practice to maintain a record of every person who uses their services.

Moreover, where it is sensible for a practice to make and maintain a record, the requirements are unduly prescriptive. The requirement, for example, that a note should be added to a computer record, which would then flash up or be included on every page of a patient's notes, would almost certainly require substantial modifications to the IT systems of most optical practices – assuming records are maintained electronically and are integrated. These requirements also ignore a person's right to confidentiality – they may not want front office staff to know about a visual impairment, or for that information to be share more widely. Seeking explicit consent for this would add a further unfunded burden.

An even bigger issue is that of IT systems and connectivity. The Optical Confederation supports the use of technology to improve services and assist every individual in

accessing relevant information. IT has an important role to play in ensuring a more efficient primary care service. This includes making information more available for people with disabilities. It is also part and parcel of the Government's aim to create a 'paperless NHS' by 2018.

Unfortunately community optical practices have not been included in NHS and primary care IT investment programmes. In contrast to other NHS primary care providers, the NHS has not given any support to optical practices to enable them to use IT in the management of patient records and patient referrals, despite their willingness to do so. Nor do the majority of optical practices have access to NHSmail and therefore cannot connect electronically to other health care providers. Until these wider issues of investment in IT for the optical sector and connectivity are addressed, implementation of the IS will not be practicable or possible.

**8. If you believe that the steps / Requirements are too small or do not include something which they should, please explain here.**

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**9. If you believe one or more aspects of the steps / Requirements is / are wrong, please explain here.**

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**10. What do you think about the types of communication support and information formats we have included?** These are listed in section 8 of the consultation document and in the technical document which accompanies the Specification.

We fully support the standard's proposal that organisations should record people's information or communication needs rather than their disability.

We also agree with the four different categories of need identified. We are, again, concerned, however at the overly prescriptive and bureaucratic way in which it is suggested this information should be obtained and recorded.

We also believe it will be important to manage expectations. The consultation document makes reference to communication needs as opposed to preferences. It will be important that NHS England makes available clear guidance to practices, patients and commissioners to enable them to understand this distinction and make decisions accordingly and understand what the NHS will and will not fund .

The standard says that for routine care – which is what is provided in the majority of cases by optical practices – a person should not have to wait longer to receive treatment or care than someone without information or communication needs. Undoubtedly this is the right objective, but it does not reflect reality: it may simply not be possible to access the right technology or qualified individual within the short timescales in which patients now expect community optical practices to operate.

It is also unclear whether all of the formats and communications professionals listed can be provided in all locations and all settings. There are likely to be constraints in terms of how many qualified people are available to provide these services, whether they are located in all parts of the country, and whether smaller or remote practices, which often survive on very low margins, can physically and economically provide many of the technological solutions.

NHS England should also provide information for patients and their families, and for practitioners, as to how information and communication services will be funded.

**11. Do you agree with quality considerations we have included?** This is outlined in section 10 of the Consultation Document and in the Specification for the standard (section 9.2) and in the Implementation Guidance. Quality considerations include things like the qualification of interpreters and how to make sure that information in different formats is correct.

Yes

Prefer not to say

**No**

Not sure

**12. If you have comments on the quality considerations we have included, please explain here.**

The Optical Confederation fully supports the intention that information and communications provided should be of good quality. Again our concern is not with the ambition but with the practical realities of implementation.

The draft standard states that organisations should be responsible for making sure that communication services are of good quality. This may be appropriate for large organisations and hospitals with the administrative capability to do so. However it is unlikely that smaller community primary care practices (in the optical sector or elsewhere) will be able to meet these demands. Clinicians working in community practices are not trained in evaluating these communications professionals' qualifications and whether those professionals have signed up to relevant codes of conduct. We are strongly of the opinion that it is NHS England's responsibility to verify qualifications of professionals providing communication support. Furthermore NHS England should set out how this will be funded.

We also disagree with the statement that organisations should not allow patients to have a member of their family or a friend act as their interpreter. We accept that everyone has a right to privacy, but would point out that privacy and confidentiality are not always issues in optical practices, for example when it comes to helping someone choose and fit a new pair of spectacles. In our view this should be a matter for the patient. If they feel comfortable having their family members or friends accompany them and helping them access information, then we should respect their wishes. However we agree that they should be given the choice and it should always be made clear that a professional can be made available to assist them if they wish.

**13. What do you think about the advice and support which we are planning to give to organisations?** This is outlined in the Consultation document section 12 and in the Implementation Guidance, especially section 7.

- |  |  |
|--|--|
| <input type="checkbox"/> The advice and support is about right | <input checked="" type="checkbox"/> <b>The advice and support is missing something</b> |
| <input type="checkbox"/> The advice and support is too small   | <input type="checkbox"/> The advice and support includes something it should not       |
| <input type="checkbox"/> The advice and support too big        | <input type="checkbox"/> Prefer not to say   |

**14. We are planning to give organisations 12 months to implement the standard. What do you think about this?**

- |   |  |
|---|--|
| <input type="checkbox"/> 12 months is about right                 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 12 months is too long                    |  |
| <input checked="" type="checkbox"/> <b>12 months is too short</b> |  |

**15. What do you think about our plans for making sure that organisations follow the standard?** This is explained in section 13 of the consultation document and in section 17 of the Implementation Plan.

Our primary concern is that the focus should be on the principles of the standard rather than focussing in a heavy-handed way on a prescriptive approach to forcing through accessible communications, which may well put some practices out of business thereby reducing the very access the IS is intended to promote.

**16. Do you have any comments on the Specification for the standard which are not included as part of other questions? If so, please include them here.**

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**17. Do you have any comments on the Implementation Plan for the standard? If so, please include them here.**

The Optical Confederation is concerned that the standard and the implementation plan and guidance have been developed without proper engagement with community optical practices. Many of the assumptions made – about patient registers and the role and use of IT in patient records and referrals – do not currently apply. The proposed approach would therefore not be practicable for community optical practices.

**18. Do you have any comments on the Implementation Guidance for the standard or support for organisations? If so, please include them here.**

It is beneficial that some of the issues surrounding IT systems and data collection have been noted in the Implementation guidance (p18-19). However there is no practical suggestion of how this can be achieved and how NHS England will support NHS service providers in potentially redesigning IT systems.

Furthermore the only primary care patient record systems examined are those of GPs, dentists and community pharmacies. As outlined previously, the IT systems for optical practices are very different and some do not use digital records at all. We are supportive of the aims of the standard but there are still many issues relating to the implementation which have not yet been resolved. It is advisable that NHS England clearly explains how this will work in practice to support patients and how it will be funded and engages urgently with the Optical Confederation about implementation and what is feasible.

**19. What do you think the impact of the standard will be?**

- Very good
- Good
- Neither good or bad (neutral)
- Bad
- Very bad

**X Prefer not to say**

**20. Due to the short timescales we have to read everyone's responses and make changes to the final standard, we have limited the space for 'free text'. If you have already given your views as part of the engagement phase, these have been considered in drafting the standard. If you do not feel that you have been able to share your views as part of this survey, please use the space below. We will try to consider any views you record in this section, but will not be able to respond or report on them in detail.**

We have outlined throughout our response, including in the introduction, our support for the principles of the standard but serious concerns about the practicalities of how it might be implemented. We note with concern that this question suggests that tight timescales mean that additional comments may not be responded to or reported on.

This standard is an important development for patients. It will also potentially impose significant new requirements on practitioners and practices still reeling from the recession. It is not clear that the implications of this, and how it will be managed has been fully thought through. This is the case in particular for community eye health services where, uniquely in primary care, there is not a compensatory practice expenses mechanism through which additional costs can be identified and funded.

We are keen to see this standard work and would be happy to discuss our concerns, and how they can be addressed.

**Thank you for taking part in the consultation on the draft accessible information standard.**

Please email your completed survey to us at [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) or post it to Sarah Marsay (Accessible Information), 7E56, NHS England, Quarry House, Quarry Hill, Leeds, LS2 7UE. Please make sure we receive your completed survey **by 9<sup>th</sup> November 2014** as this is when the consultation closes. For updates about the development of the accessible information standard please visit the NHS England website [www.england.nhs.uk/accessibleinfo](http://www.england.nhs.uk/accessibleinfo)