

## **Health Select Committee: planning for winter pressures in A & E departments**

### **Optical Confederation and Local Optical Committee Support Unit response**

#### **Summary**

- There are an estimated 270,000 eye-related A&E visits every year<sup>1</sup>, the majority of which could be better and faster managed in community optical practices, which would in turn free up capacity in A&E and help reduce pressures, particularly during winter.
- Community optical practices are well placed to deliver eye care over and above sight tests, indeed they already do so in many parts of the country, achieving very high levels of patient satisfaction. The majority of those patients can be treated in the community, but where a referral to secondary care is needed, it can be done with appropriate urgency.
- However, because these services are currently commissioned by individual CCGs in a piecemeal way across the country, there are high transaction costs because of the duplication of cost and effort, and confusion amongst the public about what services are on offer in their own area.

#### **1) Eye care services in the community**

The only way to achieve sustainability in the NHS in England is to keep individuals independent, well and out of hospital and the care system, especially as they age. As NHS England's Five Year Forward View recognises, this means reinvigorating primary care in its totality and managing patients in a more holistic way, outside hospital and in the community.

Where community eye services have been commissioned, it has been shown to prevent unnecessary hospital attendances at both A&E and ophthalmology departments; these services should therefore be commissioned on a consistent basis across England. We recommend that an England-wide commissioning framework is developed to enable the further development of community eye services at scale and pace.

Minor Eye Conditions Services (MECS) allow community optical practices to accept referrals from GPs, pharmacists and other professionals for patients with eye problems that are out of the scope of the NHS sight test. Evidence from across the

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<sup>1</sup> 11 Sheldrick JH, Vernon SA, Wilson A. Study of diagnostic accord between general practitioners and an ophthalmologist. *BMJ*. 1992 Apr 25;304(6834):1096-8.

UK shows that 78% of patients referred to these services can be managed out of hospital<sup>2</sup>.

However, to date only 32% of CCGs have commissioned MECS. Community optical practices are an important part of the primary care jigsaw but are not currently being effectively utilised. We need to move to a position where community optical practices are seen as the first port of call for referrals, and urgent eye care appointments are made available in the community, thereby easing the burden on A&E departments and hospitals throughout the year, not just during times of high pressure. The problem of patchy and inconsistent service provision has been avoided in Scotland and Wales where the commissioning of these additional services has been standardised, with resultant very low transaction costs.

## 2) **Barriers to the delivery of more out-of-hospital eye care**

Although there is evidence to demonstrate the important contribution community optical practices can play in reducing pressure on overstretched hospital departments, there are currently barriers in place preventing the wide spread adoption of these schemes. NHS England needs to support and promote national pathways for care, and agree national tariffs, to encourage take up.

In addition, cost-effective investment in IT infrastructure is vital to ensure that community optical practices are effectively integrated with the wider NHS, this is particularly important to ensure patient referrals between primary and secondary care are well managed.

### **About us**

#### **Optical Confederation**

As the voice of UK optics, the Optical Confederation (OC) represents the 13,000 optometrists, 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the public.

We are a coalition of 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 (Ophthalmic and Dispensing) Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.

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<sup>2</sup> Minor Eye Conditions Service (MECs). LOCSU, 2015

[http://www.locsu.co.uk/uploads/community\\_services\\_pathways\\_2015/locsu\\_mecs\\_pathway\\_rev\\_may\\_2015\\_v2.pdf](http://www.locsu.co.uk/uploads/community_services_pathways_2015/locsu_mecs_pathway_rev_may_2015_v2.pdf)

Our mission is to speak with a single, authoritative voice to the Westminster government, influencers and decision makers for the UK optical sector.

### **Local Optical Committee Support Unit**

Local Optical Committee Support Unit (LOCSU) provides quality, practical support to Local Optical Committees (LOCs) in England to help them to develop, negotiate and implement local objectives in respect of primary ophthalmic services.