

House of Commons Health Committee inquiry into the impact of Comprehensive Spending Review on health and social care

Optical Confederation and Local Optical Committee Support Unit Response

The Optical Confederation represents the 12,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Optical Confederation also represents manufacturers, distributors and importers. As a Confederation we work with others to improve eye health for the public good.

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

Executive Summary

- Optometry is a relatively under-recognised part of the primary care workforce that can make a major contribution to the development of 24/7 integrated primary care: opticians and optometrists have the skills and capacity to deliver more eye care services in the community, above and beyond the sight test.
- 1.5 – 2 % of GP¹ appointments are eye-related and there are 270,000 eye-related A&E visits every year², which could all be better and faster managed in community optical practices. This would provide a more efficient and cost effective service, and would better meet the needs of patients and the aims of the 5YFW.
- Commissioning of comprehensive eye care services has been shown to prevent unnecessary hospital attendances. These services should be commissioned everywhere. We recommend that an England-wide framework

¹ RCGP Weekly Returns Service Annual Prevalence report. 2007. http://www.rcgp.org.uk/clinical-and-research/~media/Files/CIRC/CIRC-76-80/BRU_Annual_prevalence_report_2007.ashx

² 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.

is developed to encourage the further development of community eye services at scale and pace.

Response

Achieving service transformation

In our view the only way the NHS in England can make ends meet over the lifetime of this Parliament is to keep individuals independent, well and out of hospital and the care system, especially as they age. As NHS England's own *Five Year Forward View* recognises, this means reinvigorating primary care and managing more patients, in a more holistic way, outside hospital and in the community.

Optical practices, as an integral part of primary care, should become the first port of call for all eye health problems, as is becoming the case in Scotland and Wales. Community optical practices have readily available trained professionals, premises and equipment in accessible locations to meet most of the population's eye health needs. All that is needed is the will to activate those resources in a cost-effective way for the benefit of patients and the NHS. Existing Primary Ophthalmic Services (POS) contracts introduced in 2008 specifically provide flexibilities for this but they have not been used at scale. Deploying them would however immediately take pressure off GP surgeries and secondary care as well as improving ophthalmic and wider public health.

Eye emergencies are estimated to make up between 1.46-6% of A&E attendances and 1.5-2% of GP consultations are estimated to be eye related. Which means that there are 270,000 eye-related A&E visits every year and 2.6 million eye related GP appointments which could be better and faster managed in primary care.

There is now sufficient evidence from across the UK that where Minor Eye Conditions Services (MECS) are commissioned, allowing community optical practices to accept referrals from GPs, pharmacists and other professionals for patients with eye problems that are outside the scope of the NHS sight test, 78% of patients referred to these services can be managed out of hospital³.

However, these services are currently commissioned piecemeal by individual CCGs with high transaction costs. To date only 32% of CCGs have commissioned MECS locally leading to duplication of cost and effort and resulting in postcode lotteries, and confusion amongst the public. It is important that urgent eye care appointments are made available in the community and that community optical practices are seen as

³ 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

the first port of call for referrals, thereby easing the burden on hospitals. The problem of patchy services has been avoided in Scotland and Wales where these additional services are standardised and universally with very low transaction costs. In some cases, such as NHS Grampian, this has enabled all minor and urgent work to be transferred to primary care, freeing up hospital resources.

We recognise that CCGs are now well established at the heart of the English health landscape, but significant savings could still be achieved across the system by agreeing national pathways for eye care with common standards, outcomes and experience measures that all areas would implement – ideally at one fixed fee to save commissioning costs.

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As we made clear in our response to NHS England's Call to Action: *Improving eye health and reducing sight loss* last year⁴, the Optical Confederation and LOCSU are very willing to work with NHS England and our partners across primary and hospital care to make safe, accessible community eye services a reality in very short timescales. We hope that the important work identified as part of the Call to Action is followed through on.

Public Health

Optometrists and opticians are eye experts in the community. 12.8 million NHS sight tests per year, commissioned by NHS England under the General Ophthalmic Services (GOS) contract (part of the flexible overarching POS contract), are carried out in total of which the large majority take place in 6,000 community optical practices in England, while over 400,000 NHS sight tests are delivered in a domiciliary setting. 5-6 million private sight tests a year are also carried out, to the same standards, making 19 million sight tests a year at an NHS cost of £0.25 billion. This makes the national NHS sight testing service the best value public health service in the NHS and GOS plays an important public health role in providing vision correction for the majority of the population who need it and case detection for those who need further investigation or treatment (about 5% of patients). Early detection of sight threatening and other health conditions through the eyes is essential to reduce avoidable sight loss.

⁴ Improving eye health and reducing sight loss (2014):
<http://www.opticalconfederation.org.uk/downloads/consultations/call-to-action-response-oc-locsu--final-2014.pdf>

In addition to their role in preventing avoidable sight loss, community optical practices are ideally placed, together with partners in primary care, to deliver public health services to provide help and advice on everyday health issues, such as smoking, alcohol and weight, in line with the *Five Year Forward View's* focus on prevention in primary care. The recent Healthy Living Optician initiative launched in Dudley⁵ which follows the established Healthy Living Pharmacy programme provides a framework for the commissioning of a portfolio of valuable public health services under one 'brand' together with a robust accreditation process. However, again, these services are not being commissioned on a consistent basis across the country

⁵ Dudley Optical Practices to offer health checks in pioneering pilot Dudley Optical Practices to offer health checks in pioneering pilot <http://www.locsu.co.uk/communications/news/?article=163>