Optical Confederation and Local Optical Committee Support Unit response to NHS England consultation on the framework for patient and public participation in primary care commissioning.

Question 5: We plan to make NHS England staff the main audience for this framework, with complementary information for members of the public about how to get involved in primary care. What do you think of this approach?

Response: As this initiative is designed for patient and public participation, we think the main audiences should be both NHS England staff and professional and patient groups.

Question 6: Do you have any suggestions for how we could improve the content of the framework?
Please identify the section and paragraph number you are referring to and suggest some wording

Response: No

Question 7: How well does this document fit with other NHS England resources, in particular the Patient and Public Participation Policy, Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning, Transforming Participation in Health and Care guidance, Bite-Sized Guides?

Response: The primary care framework ties in well with the Patient and Public Participation Policy. Much of the content of both is similar or the same: for example, the 'Engagement Cycle.' The Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning, Transforming Participation in Health and Care offers greater detail on the practicalities of the framework's objective (including proportionality) and is therefore an important companion document.

Question 8: Is anything missing from this framework, and if so can you tell us what?

Response: Page 18 should include reference to local eye health needs assessments where other forms of assessments are included.

Question 9: Do you have any suggestions or evidence to share to support us in considering the equalities and health inequalities impact of this framework?
It is the case that all those in the health sector face a challenge to encourage seldom heard groups to access health care, particularly primary care, in order to prevent health inequalities.

Response: Optics operates in a real market driven system where patients have real choice and money genuinely follows the patient. Practices need to ensure that they both understand and meet patient needs in terms of choice, quality and access. If

they fail to do so they will lose patients to their competitors. It is therefore in the business interests of optical practices – as well as good patient care – to ensure that they communicate well with, and listen to, their patients. Patient engagement groups and other engagement systems are one way they do this. Optics can justifiably claim to be at the forefront of patient engagement and we suggest could be used as an exemplar within this document.

In our view, most inequalities in access to optical services arise because of the uneven distribution of NHS community eye health services, which is a consequence of piecemeal commissioning by CCGs. This means that community eye health services, which are disproportionately relied upon by seldom heard groups with limited private means, are often absent in areas where they are most needed. This in turn leads to these patients (and others) entering the overburdened secondary care system instead of being treated more appropriately in the community.

Commissioning comprehensive eye care services from community optical practices has been shown to prevent unnecessary hospital attendances. We would therefore like to see nationally agreed eye care pathways and commissioning frameworks, promoted by NHS England for use at a local level, to encourage the further development of community eye services at scale and pace.

Question10: What do you think would help with implementing this framework?

Response: It will be important to work with all stakeholders from the outset to agree timetables and iron out potential obstacles to engagement before they occur, and to maintain ongoing communications as the policy is implemented.