

OFNC Association of British Dispensing Opticians
Association of Optometrists
British Medical Association
Federation of Ophthalmic and Dispensing Opticians
Optometric Fees Negotiating Committee

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28 May 2014

Dear Derek

GOS Fees 2014-15

Thank you for your further letter of 9 May about the proposed increases for 2014-15 for the sight test and continuing education and training fees, and the pre-registration trainers grant.

We welcome the higher offer of 2.5% on the continuing education and training fee and the grant paid to supervisors of preregistration optometrists and will do so publicly. We are pleased that the Government recognises the value, and costs, of ensuring good quality education and training.

Fees

We also welcome the backdating of fees to 1 April 2014. However I am afraid that, despite this, we still cannot accept such a low offer for the reasons set out in my letter of 28 April 2014. Practices are under incredible financial pressure; one per cent will not close the gap and as a result more will close.

IT

The profession will also be extremely disappointed at the lack of progress with our IT bid. This had given hope to some practices that it would enable them to play a larger part in care outside hospital to balance the real terms loss of sight testing income, in line with the Government's aims. They and we stand amazed at the scale of investments elsewhere in IT when such a small proportion of that allocated to eye health would achieve so much.

We had also hoped to be able to welcome the Governments' offer of NHS Mail to all practices as an important step forward. Unfortunately despite some optical practices successfully using NHS Mail for several years (thanks to the foresight of a small number of PCTs), we now find that the goal posts have changed at the last minute and that other practices will not be able to have NHS Mail without implementing in full the NHS Information Governance Toolkit.

As you know, a central part of our bid was to support all practices to become NHS Information Governance Toolkit compliant, so we are stymied both ways. As we have explained in previous submissions, lack of IT connectivity to the NHS system is the major barrier preventing community optical practices playing a bigger role in managing patients in the community, reducing pressure on GPs, hospitals and A&E, streamlining pathways and reducing costs – which we are very keen to do. Our participation would bring financial savings to the NHS as well as better performance, but we do need some help. We do not expect the investment to be all one way, but nor do we think it right that practices should be asked to cover all of the costs of these improvements.

As we have said previously, including to Earl Howe, we very much welcome NHS England's offer of help to take the bid further but do hope that that is a genuine offer. Perhaps you could let us know how this should best be taken forward?

We look forward to hearing from you.

Ann Blackmore
OFNC Secretariat