



Department
of Health

Accountable Care Organisations

Consultation on changes to regulations required to facilitate the operation of an *NHS Standard Contract (Accountable Care Models)*

1. National Health Service (General Medical Services Contracts) Regulations

Q1a: Do you agree that the proposed amendments to the National Health Service (General Medical Services Contracts) Regulations deliver the policy objective as set out in the consultation document?

Yes. These proposals seem sensible and protect the interests of patients, practices and practitioners.

Q1b: If 'No', why?

Q1c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q1d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

No

2. National Health Service (Personal Medical Services Agreements) Regulations

Q2a: Do you agree that the proposed amendments to the National Health Service (Personal Medical Services Contracts) Regulations deliver the policy objective as set out in the consultation document?

Yes. These proposals seem sensible and protect the interests of patients, practices and practitioners.

Q2b: If 'No', why?

Q2c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q2d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

No

3. Sale of Goodwill and Restrictions on Sub-contracting Regulations 2004

Q3a: Do you agree that the proposed amendments to the Sale of Goodwill and Restrictions on Sub-contracting Regulations 2004 deliver the policy objective as set out in the consultation document?

These are not matters for the Optical Confederation or LOCSU.

Q3b: If 'No', why?

Q3c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

Q3d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

4. Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

Q4a: Do you agree that the proposed amendments to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 deliver the policy objective as set out in the consultation document?

Yes. These are sensible and pragmatic proposals which will be fair to complainants, providers and practitioners.

Q4b: If 'No', why?

Q4c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q4d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

No

5. National Health Service (Charges for Drugs and Appliances) Regulations 2015

Q5a: Do you agree that the proposed amendments to the NHS (Charges for Drugs and Appliances) Regulations deliver the policy objective as set out in the consultation document?

Yes. These arrangements should apply to ophthalmology and ophthalmic services provided under the NHS standard contract or Primary Ophthalmic Services (POS) Contracts Level 3 (and Level 2 if expanded to include minor eye conditions).

Q5b: If 'No', why?

Q5c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q5d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

No

6. NHS (Performers Lists) (England) Regulations 2013

Q6a: Do you agree that the proposed amendments to the NHS (Performers Lists)

(England) Regulations deliver the policy objective as set out in the consultation document?

Yes

Q6b: If 'No', why?

Q6c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q6d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

No

7. Medical Profession (Responsible Officers) Regulations 2010

Q7a: Do you agree that the proposed amendments to the Medical Profession (Responsible Officers) Regulations deliver the policy objective as set out in the consultation document?

Yes

Q7b: If 'No', why?

Q7c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q7d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

We would wish to flag that, with accountable care systems, the NHS is moving deliberately into an integrated, multi-professional environment where new models of professional or team accountability and performance evaluation may be desirable.

We have some experience of medical directors in other NHS organisations extending their roles to other professional areas where they may not be best placed, qualified or informed to exercise clinical or non-clinical judgement.

This danger of medical 'role creep' needs to be avoided if accountable care models are to be genuinely integrated and deliver the benefits of holistic care to patients and populations that NHS England intends. They should not be a 'doctor-only' or 'medical-only' care model.

8. National Health Service (Licence Exemptions, etc) Regulations 2013

Q8a: Do you agree that the proposed amendments to the National Health Service

(Licence Exemptions, etc) Regulations 2013 deliver the policy objective as set out in the consultation document?

Yes

Q8b: If 'No', why?

Q8c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q8d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

No

9. The National Health Service (Travel Expenses and Remission of Charges)

Regulations 2003

Q9a: Do you agree that the proposed amendments to The National Health Service (Travel Expenses and Remission of Charges) Regulations 2003 deliver the policy objective as set out in the consultation document?

Yes

Q9b: If 'No', why?

Q9c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q9d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

We welcome these proposals. As more NHS ophthalmology transfers from acute hospitals to the community, patients who need financial support in this way should not be disadvantaged.

In practice, however, such travel costs are likely to reduce as ambulatory and day case care is delivered closer to home – a key government and NHS England objective.

10. The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012

Q10a: Do you agree that the proposed amendments to the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 deliver the policy objective as set out in the consultation document?

Yes

Q10b: If 'No', why?

Q10c: Are any changes needed to ensure the proposed amendments deliver the policy objective?

No

Q10d: Are there any additional comments you wish to provide with regard to the proposed amendments to the regulations?

This proposal is crucial to the success of accountable care systems. Requiring any primary care elements of the contract to continue to comply with Part 4 of the NHS Act will provide important reassurances for patients, the public, NHS primary care providers and practitioners.

11. Consultation Questions

Finally, we would welcome any comments on the package as a whole and the interaction of different regulations.

Who we are

The Optical Confederation 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 whole population. The Confederation is a coalition of the 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).

The 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.

Why we are responding

Our strong interest in these proposals concerns the anticipated transfer of more ophthalmology services out of hospital and closer to patients under the NHS Five Year Forward View (2014) and Next Steps for the Five Year Forward View (2017). Services, additional to the sight test, are currently provided under the NHS standard contract either as part of the Primary Ophthalmic Services (Level 3) model or as stand-alone services sub-contracted from NHS Trusts and NHS Foundation Trusts. They are crucial to tackling capacity issues and enabling the NHS to meet eye care needs resulting from advances in technology and the ageing population. These services will inevitably form part of accountable care systems as these develop, where they should expand to deliver new models of care in more integrated ways. Community optical practices already operate through inclusive local networks called Primary Eyecare Companies (PECs) in readiness for this shift.

Comments

As accountable care organisations are still evolving, it is not yet fully clear how the

'accountable' aspects of the system are to be discharged. There is a risk that they could become closed systems where "no one can hear you scream". In particular it is not clear how, with quality metrics other than financial balance suspended, accountability to patients and local populations is to be achieved.

We are not looking for a bureaucratic and gameable reporting system which simply generates work and costs, or operates at such a high level of abstraction and so long after the events reported on as to be meaningless. There is too much of that already.

We are instead looking for prospective and real-time clarity about financial flows, activity and patient outcomes within accountable care organisations/systems i.e.

- money in by service line (not blocks)
- where it goes by service line
- what it delivers in terms of capacity and activity by service line and, more importantly in terms of outcomes/PROMS
- RightCare principles resulting in a reduction in unwarranted variation and duplication across primary, community, hospital and social care.

NHS England has a golden opportunity to get this right in terms of transparency and accountability to local people from the outset and to open up the system to genuine public scrutiny.

Standardised IT connectivity between all parts of the health and care system, particularly the health system, is a prerequisite for efficient integrated care and this model.

These proposals will also have major implications for the traditional hospital-based training and governance. Increasingly doctors and others in training will have to work across boundaries and in community locations especially for ambulatory and day case work. These issues should be addressed sooner rather than later as the new care models emerge so that we are training the clinicians for the future not for the past.