



## **THE ROLE OF THE OPTOMETRIC ADVISER**

**January 2006**

### **Why do PCTs and other NHS bodies have advisers?**

Primary care organisations (such as Primary Care Trusts and their equivalents) have a wide variety of tasks to perform. To assist them in this they may choose to employ individuals (usually clinicians) with specialist knowledge. The most common have traditionally been medical advisers and nursing advisers, but pharmaceutical, dental and optometric advisers are also employed.

It is generally impractical for primary care organisations to employ full-time advisers for all professional groups, so most advisers are practising professionals employed on a sessional basis. There are no formal requirements covering the employment of advisers, however, and in practice there is wide variation in the advisers employed. Most are practising optometrists registered with the GOC.

### **How many optometric advisers are there?**

It is understood that there are approximately 62 optometric advisers to PCTs or their equivalents. There may, however, be more of whom we are unaware. Optometric advisers are also employed by bodies such as the Department of Health, the Welsh Assembly and the Central Service Agencies in Scotland and Northern Ireland.

### **What does an Optometric Adviser actually do?**

Optometric Advisers perform a variety of functions, and these will vary according to the needs (perceived and real) of their employers.

- Service development; advisers can give advice on the need for additional services (such as shared care schemes) or on the benefits of developing existing schemes. Optometric advisers might also develop training programmes to support shared care or co-managed schemes. Optometric

advisers might also usefully contribute to reviews of services provided by ophthalmology departments.

- Clinical governance; optometric advisers have a vital role to play in ensuring that clinical governance initiatives are relevant to optometry and properly organised.
- Interpretation of regulations; optometric advisers can give advice on the correct interpretation of regulations.
- Post-payment verification of GOS claims
- Investigation into complaints; the specialist knowledge of optometric advisers can be invaluable in swiftly resolving complaints against practitioners
- New technology and treatments; advisers can give advice to commissioners on the costs and benefits of new technology e.g. digital imaging
- Audit; a key role for an optometric adviser could be to ensure that shared care schemes are audited.
- Dissemination of information

### **What is the relationship between Optometric Advisers and LOCs/AOCs?**

LOCs and AOCs should not be wary of the appointment of optometric advisers. The roles of LOCs and advisers are quite different, although some primary care organisations have used LOCs as a form of ‘unofficial’ optometric advice for many years.

Optometric advisers are employees of their organisation. What this means is that they provide a service (professional advice), which assists that organisation in achieving its objectives. LOCs and AOCs are established to represent the interests of the profession in an area.

Very often, of course, there is no conflict here. Better quality services for patients, for example, is an aim both bodies will be working towards. There may be occasions, however, when there is a real or potential conflict of interest. An optometric adviser might be called upon to advise on the funding necessary to launch a shared care scheme. The adviser’s role would be to ensure that the commissioner of the services is getting a quality service, which benefits patients, and gives value for money. The LOC would (within reason) rightly be working to get the best deal for optometrists.

A number of optometric advisers are also active members of their LOC. This is hardly surprising, as optometrists with an interest in the NHS are more likely to become involved in both these roles. An optometric adviser who continues to be involved in LOC matters will, on occasions, have to consider carefully in which role he or she is making comments or suggestions – particularly at public meetings.

## **What would be the benefits of having an Optometric Adviser?**

The benefits will obviously depend in part on the specific role given to the optometric adviser.

An optometric adviser would be in a position to raise the profile of optometry within the parent organisation, ensuring that the commissioning of shared care schemes or improvements to ophthalmology services were high on the agenda of the commissioner. The adviser would be well placed to identify sources of funding which could be used creatively to develop primary care optometry.

An intangible but vital benefit of the optometric adviser's role is that it helps to build relationships between local optometrists and other professionals involved in developing services, and between optometrists and NHS managers. The benefits of this will be seen over time as these groups become more aware of what optometrists have to offer and get into the habit of consulting with optometrists when developing services.

On a very practical level, the presence of an optometric adviser would also lift from LOC shoulders the burden of having to respond quickly to requests for everyday information from primary care organisations.

We are unlikely to see a situation in which all primary care organisations e.g. PCTs employ their own optometric adviser – it is more likely that two or three PCTs will come together to share the expense of employing an adviser.

There is also a role for Optometric Advisers at Strategic Health Authority level, since strategic issues and performance management of PCTs are two of the key functions of a SHA. It is possible that some may choose to retain the expertise of advisers to look at issues such as equity of access to shared care schemes for patients in the different PCT areas, for example. Some may choose to retain optometric advisers as a central source of advice for their constituent PCTs on topics such as GMS, clinical governance and so on.

## **How can LOCs and AOCs encourage the appointment of Optometric Advisers?**

A draft letter is included at Appendix 3, which LOCs and AOCs can use to raise the issue with primary care organisations. The likelihood of getting an optometric adviser appointed is obviously going to vary widely according to local circumstances.

The development of shared care schemes will often strengthen the case for the appointment of an optometric adviser. As more of the commissioners' funds are spent in optometry, the commissioner will have more need of specialist advice to ensure that the services commissioned are meeting patients' needs and contributing to achieving NHS targets.

As part of the clinical governance agenda, some primary care organisations are looking to establish mechanisms to tackle poor performance by clinicians. Access to specialist advice is obviously a crucial aspect of this, and it is an area where there may

be a real conflict of interest for the LOC. The introduction of mechanisms for dealing with poor performance would therefore provide a strong argument for the appointment of an optometric adviser.

**On what terms would an OA be employed?**

Most are employed on a sessional basis rather than full time – usually for one or two sessions per week.

Comments on job descriptions and person specifications are included in Appendix 1. Appendix 2 contains a checklist of the things an optometrist should consider before taking the decision to become an optometric adviser.

**Appendices**

1. Person specifications and job descriptions
2. Checklist
3. Draft letter for LOCs/AOCs
4. The Optometric Advisers Group

### **Person Specifications and Job Descriptions**

Employers of optometric advisers will probably specify the type of professional they wish to employ. For the post of an optometric adviser, this is likely to cover knowledge and/or experience of service development, service planning, and strategy development in an NHS context. Employers may also look for a commitment to personal and professional development, and evidence of good interpersonal skills, local knowledge and, perhaps, some experience of information technology.

Job descriptions vary very widely for optometric advisers, and it is not really possible to endorse any one as a 'model' for others to follow, as so much will depend on local circumstances. Set out below, however, are some examples of key areas of responsibility. Some are very general, while others are more specific.

- to provide advice to primary care organisations on clinical issues
- to provide advice on opportunities to improve patient access to care
- to promote the uptake of free sight tests
- to advise optometrists on professional development
- to provide input to the PCT's clinical governance agenda
- to develop local training opportunities for practitioners

**Checklist**

1. Time; are you clear about the time commitment involved? Will the commitment mean that you have to give up other activities (work or social)? Will it interfere with the running of your practice?
2. Remuneration; is the pay offered adequate? Does it cover your time and the costs of being away from the practice? Are expenses covered?
3. Management; is it clear where the management of the advisers lies? Are you happy with the arrangements?
4. Support; will you have access to office space, administrative, secretarial and computer support?
5. Tenure; is the post permanent or for a fixed term? If the contract is for only a very short term is this acceptable to you? Is there a commitment that the post will be picked up by any successor body in the event of re-organisation?
6. Review; have appropriate arrangements been made for review of the post?
7. Conflicts of interest; are there any real or potential conflicts of interest between the role of optometric adviser and any other role you have or may wish to carry out?

**Draft Letter for LOCs/AOCs**

*Note; judgement will be required locally when pressing for the appointment of an optometric adviser. A primary care organisation e.g. a PCT, which has made arrangements to access medical advice, should be receptive to the idea of also accessing optometric advice. The letter below includes optional paragraphs and should always be tailored to local circumstances. Advice can always be obtained from the AOP on any particular situation facing an LOC or AOC.*

Dear.....

**OPTOMETRIC ADVISER**

There are significant changes taking place within the NHS, and all clinicians are being encouraged to participate in developing clinical services, recognising that high quality professional guidance and leadership is central to improving the quality of services available to local communities.

My reason for writing to you is to encourage you to consider the appointment of an Optometric Adviser to [ - **insert name of organisation** - ].

Some of the areas in which an Optometric Adviser will be able to make valuable contributions are as follows:

- ❑ development of services; advisers can ensure that co-management schemes improve patient access to services, are based on good practice, and offer value for money to the commissioner of the service
- ❑ clinical governance; advisers can contribute to clinical governance programmes and ensure that the contents are relevant to the needs of local optometrists
- ❑ Audit; advisers can facilitate the audit of a shared care or co-management scheme
- ❑ GOS regulations; advisers can offer interpretation of the often complex regulations governing General Ophthalmic Services
- ❑ complaints; advisers' specialist knowledge can help to resolve complaints swiftly and satisfactorily
- ❑ technological developments; advisers can offer expert comment on new technologies e.g. digital cameras and treatments

In addition, an Optometric Adviser can act as a very valuable communication link between [ - **insert name of organisation** - ] and optometrists in the community.

**[one or more of the paragraphs below to be inserted as appropriate]**

**i) to encourage Primary Care Organisations to share Optometric Advisers**

I realise that the PCT may not feel itself to be in a position to engage a dedicated Optometric Adviser. In that case, I would urge the PCT to consider a joint appointment with neighbouring PCTs **[insert PCT names if desired]**. This would have the advantage of ensuring greater consistency in practice across the PCTs, as well as making the appointment more affordable. **[insert name of LOC]** LOC has discussed this with our colleagues in **[insert name(s) of other LOC(s)]** who would also support such a move.

**iv) to encourage Strategic Health Authorities to appoint or retain optometric advisers**

I am aware that as PCTs take on more responsibilities it will be the case that the PCTs will be the natural home of Optometric Advisers – as the PCTs will be commissioning shared care schemes, managing GOS, and leading on clinical governance.

I believe there is a strong case, however, for StHAs to also appoint/retain (*delete as appropriate*) optometric advisers. A key function of StHAs is to performance management of PCTs, and an optometric adviser would provide valuable input into an assessment of PCTs' performance in making primary care optometry and shared care schemes available to their patients. An optometric adviser at the StHA could also provide valuable input into strategies to develop eyecare services generally, and also act as a resource to PCTs who may not be able to access their own source of advice.

I would welcome the opportunity to discuss this proposal further with you, but in the meantime if there is any information you would like to receive from **[insert name of LOC or AOC]** please do not hesitate to let me know.

I look forward to hearing from you.

Yours sincerely

Chairman  
LOC/AOC

#### **Appendix 4 – Optometric Advisers Group**

The Optometric Advisers Group (OAG) is an independent and apolitical organisation set up in 1998 to support those appointed by health authorities or equivalents to advise on the provision of optometric services. It organises biannual meetings and provides members with networking opportunities and information services. Membership is open to all primary care organisations, including the Department of Health.

Further details can be obtained by e-mailing [oag@ferndown.u-net.com](mailto:oag@ferndown.u-net.com)