



17 April 2009

Department of Health - Common Assessment Framework for Adults: a consultation on proposals to improve information sharing around multi-disciplinary assessment and care planning

Together ABDO, AOP, the College and FODO represent over 12,000 optometrists, over 5,600 dispensing opticians and optical businesses in the UK who provide high quality and accessible eye care services to the whole population.

We welcome the opportunity to comment on your proposals for a Common Assessment Framework for adults. We particularly welcome the opportunity to re-emphasise the point we have made in previous consultations that

It is essential that people's eye health needs are met in any common assessment.

It is important to ensure that this aspect of health and well-being is not overlooked. This may happen when people are being discharged from hospital (for example following a stroke) or in transit between one form of care and another. Examples would be when people are transferred from hospital to their own homes, from their own to relatives' homes or from their own home to sheltered or residential or nursing accommodation.

The NHS sight testing service also offers a high quality but under-utilised domiciliary service for patients who are unable to leave their place of residence unaided on grounds of physical or mental disability. Patients with a visual impairment can also benefit from a Low Vision Aid Assessment, which is carried out by an optometrist in many areas. If patients do not have access to the appropriate eye care service and support, it can further add to their isolation, confusion and loss of independence, particularly for those people with Alzheimer's disease and dementia.

Seeing as well as one is able to, for example, to eat one's food, watch TV or use a lavatory, are fundamentally important aspects of human dignity and psychological well-being. They should never be overlooked in any health, well-being or social support assessment.

Every time the patient has a sight test, the optometrist will review their medical history. This is important to ensure continuity of care and to reduce unnecessary re-referrals to secondary care. Unfortunately, NHS optical practices are not yet linked to NHS net which means that the transfer of electronic information is hampered. This affects the ease with which secondary and social care can transfer information to the optometrist about the patient, but also the ease with which the optometrist can contact the hospital or other agencies. This is particularly relevant for patients with a visual

impairment where multi-disciplinary working is best practice. Providing appropriate safeguards are met and resources provided, optometrists would be willing to share appropriate data – in the interests of maximising patient care and benefit. In addition, our responses to the general consultation questions follow.

Question 1

Do you have any general comments about the Common Assessment Framework?

In general we support the principle, subject to the safeguards about patient confidentiality outlined in the consultation paper and with the proviso that the Common Assessment Framework is focussed entirely on the needs of patients (and their families and carers) and does not become a bureaucratic information chase for its own sake.

We support the aims of health and social care towards self-direction and personalization – these are key attributes of the NHS community eye care system.

We also support the aim set out in *“Putting People First”* that: “Ultimately, every locality should seek to have a single community-based support system focussed on the health and well-being of the local population.” Optical practices in the community should be invited to play a key role in that universal support system for the reasons outlined above.

Consent

We agree with the principles that multi-disciplinary assessments should only happen when a person consents to the process and that consent must be given before a person’s information is shared with and within separate organisations, in line with legal requirements and obligations.

A person-centred approach

We fully support a person-centred approach – this is key in eye health – and also that this should take account of all of the patient’s circumstances including, where appropriate, the impact of their care on carers and family.

Focus on Improving Outcomes

We fully support the outcomes adults identify as important in Section 2, Paragraph 10 and suggest that maximising sight is an essential component of all the aspects listed.

Care Co-ordination

We fully support the concept of all adults with long-term support needs having a “named contactable person”. In our view, this should be the most suitable person, whoever that is and whatever their relation to the patient whose needs are being assessed.

We therefore support the proposals outlined in section 3 and Questions 4 and 5, again in relation to Question 5, that the named contact should be the best person for the patient’s circumstances whoever that may be.

Use of information

We fully support the central elements outlined in Section 4, Paragraph 2.

We support the proposals in Question 6 provided that information is only shared under the three categories (a) – (c) (where this is relevant.)

Demonstrator sites

We support the proposals to develop demonstrator sites and, in response to Question 7, would argue strongly that local optical practices should be fully involved in these pilots. The contact in planning such pilots would normally be through the Local Optical Committee, details of which will be available from the PCT.

If, for some reason, appropriate contacts are not available, the national optical bodies would be delighted to assist.

The optical bodies operate a joint information and IT sub-committee. This response is by that sub-committee on behalf of and with the support of those bodies.

Brian Carroll

Chair Joint Optical Bodies Information & IT Committee

For and on behalf of

The Association of British Dispensing Opticians

The Association of Optometrists

The College of Optometrists

The Federation of Ophthalmic & Dispensing Opticians