



Department of Health Consultation: The future regulation of health and adult social care

This is a joint response from the Association of British Dispensing Opticians (ABDO), Association of Optometrists (AOP), the College of Optometrists and the Federation of Ophthalmic & Dispensing Opticians (FODO).

Together ABDO, AOP, the College and FODO represent the 10,500 optometrists and over 5,000 dispensing opticians and optical businesses who provide high quality and accessible eye care services throughout the UK. Optometrists and opticians represent a diverse ethnic mix.

We have confined our responses to those questions that we feel are relevant to our members, the eye care providers working mainly in the community.

Chapter 3: Scope - which health and adult social care services should be registered?

You will be able to comment on the specific activity topics in Annex B of the document later in the questionnaire.

Do you agree with our proposed list of regulated activities in Annex B to be included within the scope of registration?

x	yes
	no
	don't know

Are there any high-risk services not covered? If so, what are they?

We agree with the current criteria for registration.

We further agree (Paragraph 4.22 of the consultation) that "...eyecare services provided in the community...", to include sight tests provided by community and mobile optometric practices do not represent a need for registration with the CQC either of the optometrists, or their premises or businesses. These are all registered with, and regulated by, the General Optical Council, have enforceable contracts with PCTs and are regulated by local authority trading standards etc. all of which already makes for a heavy regime of triple regulation.

It is likely that optometrists' scope of practice will increase, with more services moving from secondary to primary care. If it is thought possible that these activities might be regulated by the Care Quality Commission in future, then this will need to be negotiated with the profession and the time taken and other costs of compliance properly remunerated.

Have we proposed any inappropriate registration of lower-risk services? If so, which are they?

No.

Chapter 4: Registration of primary care

Does the list of activities in Annex B appropriately capture the services, where people might be at risk of harm provided in primary care settings? In particular, do you agree with our proposal that ultimately all GP and primary dental services should be within the scope of registration? If not, what are your views?

The risk of harm at a community optometric practice is extremely low, which is why we welcome the proposal that optometrists and opticians will not be regulated by the CQC given the existing regulatory regimes which is already in place.