



Association of British  
Dispensing Opticians



ASSOCIATION OF  
OPTOMETRISTS



THE COLLEGE OF OPTOMETRISTS



Federation of Ophthalmic  
and Dispensing Opticians

## Department of Health: Reform of Health and Social Care Complaints – Proposed Changes to Legislative Framework

Together ABDO, AOP, the College and FODO represent the 10,699 optometrists, the 5,303 dispensing opticians and optical businesses in the UK, who provide high quality and accessible eye care services to the whole population.

**Having read the section 'Areas where the legislation will change', please indicate with an 'X' how you would rate our proposed changes to the legislative framework:**

Area of change	Positive	Neutral	Negative
What people can complain about			X
What people cannot complain about	X		
Coordinated working across boundaries	X		
Complaints culture	X		
Complaining to a Primary Care Trust about an NHS provider		X	
Complaints handling staff	X		
Who may make a complaint	X		
Time-limit for making a complaint	X		
Complaints handling			X
Response and 'organisational sign-off'			X
Senior accountability	X		
Support	X		
Monitoring and reporting			X
Publicity	X		
Transitional arrangements	X		

**If have given a 'negative' value to an area of legislation, please indicate why? Do you have any other comments on our proposals?**

The optical professions and the optical sector are fully supportive of an effective and appropriate complaints system within the NHS. Indeed, the optical professions have been field-leaders in setting up their own private complaints procedure - the Optical Consumer Complaints Service (OCCS) - as

well as warmly embracing the NHS complaints procedure within both our old and new general ophthalmic services (GOS) contracts. /contd.

We welcome the flexibility for frontline staff to be able to handle complaints more appropriately and for larger organisations to be able to use their Customer Services Departments also to handle complaints where it is more sensible to do so.

We also fully support the extension of the time limit to 12 months, which brings NHS complaints into line with our own sector-wide complaints procedure; and the removal of the term "Complaints Manager"

However, as you may be aware, and as your consultation makes clear, in our case we are primarily talking about one service - NHS sight testing. This is a single nationally prescribed service for a single nationally prescribed fee, for which the Government currently only pays £19.30 for about 30 minutes work. This underfunding is met by a cross-subsidy from the sale of spectacles and lenses. These sales are entirely private matters and nothing whatsoever to do with the NHS (other than that, on occasion, an NHS patient may use an NHS voucher towards the cost).

Our first concern with the proposed changes therefore is that they will impose three additional and unfunded burdens on optical practices

- to refer all complaints to the Commissioning Authority within 3 working days
- the level of detail to be specified within "sign-off" letters
- the requirement to produce an annual report covering the five parameters of how many complaints were received, subject matter, upheld or not, referral to the Ombudsman, and narrative drawing on lessons learned and actions taken.

Through months of negotiations over the past 2 years, the Department of Health and the optical professions have reached agreement over the level of complaints burden on optical contractors in return for the level of NHS fees paid.

We would therefore be strongly opposed to any increase in these burdens (as the new proposals suggest) without recognition of this additional workload being made within the general ophthalmic services fees.

We have three further concerns.

#### 1) Scope

As we have pointed out, and the consultation document - and no doubt regulations - very helpfully recognise, only the GOS sight tests should be part of the NHS national complaints arrangements. (Enhanced ophthalmic services commissioned locally by PCTs would no doubt incorporate the national arrangements into local contracts.) We are concerned that the regulations - and accompanying guidance to the NHS, Social Services and public - should be very clear on this point.

For instance when stating that the NHS complaints arrangements only applies to "any matter reasonably connected with an NHS Sight Test" the guidance needs to make clear that this does not include the provision of spectacles or contact lenses (other than if the patient wishes to complain about an NHS voucher issue). These are entirely private transactions and are dealt with under

separate arrangements operated by the General Optical Council.

## 2) Role of PCTs

We also have serious concerns about the flexibility being given to PCTs to develop their own local complaints arrangements. This will be fine for most NHS services but should not apply to ophthalmic primary care contractor services. Our experience of moving to a new GOS contract managed by PCTs over the past year has taught us that PCTs can be capricious in the extreme in developing local arrangements, can apply inappropriate and over-burdensome arrangements developed for areas such as GP practice and hospitals where clinical risks are significantly greater than for optical practices where risk is significantly less. We have also found that PCTs are prone to delay and mismanagement of procedures both for contractors and for patients.

There is no indication that this is likely to change or that management capacity within PCTs is likely to improve significantly within the foreseeable future (particularly given the current financial climate).

Moreover, many optical businesses and practices cover more than one PCT and often more than one Strategic Health Authority and UK country a multiplicity of variants of NHS complaints procedures will add a significant and unnecessary additional burden to these small businesses. We would strongly urge therefore, that the NHS should work with the optical representative and professional bodies to develop a standard model for complaints handling for optical practices which would apply to all PCTs and Health Boards.

If then local variants were required for any specific local purposes (and we are hard pressed to imagine what these might be for a single-service national contract), regulations should provide for these only to be possible with the full agreement of the relevant local representative committees - in our case Local Optical Committees.

In view of this potential additional burden on small businesses at a time of great financial strain, we are copying this response both to the Department of Health's Administrative Burdens Reduction Team and the Better Regulation Authority both to alert them to the danger and to seek their support.

## 3) Annual Reporting

Finally, under our new GOS contracts, we already have a requirement to report annually to the PCT on the number of NHS complaints received within an agreed period. Helpfully, you are suggesting the same one year period that we have recommended to optical contractors and NHS Primary Care Contracting has recommended to PCTs.

However, it is our view that, rather than imposing an additional regulatory burden on practices by requiring them to produce an annual report, it should be the PCT which instead produces a report on optical complaints for their local population. This should be a summary of the information that we have contractually agreed to make available to PCTs every year.

We do hope these comments are helpful. We are sorry not to be more positive about the additional burdens but, as we hope you, the Department of Health and the regulatory authorities will realise, the £19.30 sight test fee really cannot bear any more burdens without increase.

To add to the burdens even incrementally (and some of this is far more significant than that) in this hard financial climate will, as in dentistry, drive increasing numbers of optical practices out of NHS

provision altogether, depriving much-needed care to often the most vulnerable in society.

We would very much welcome a meeting with you - and our Departmental optical and regulatory colleagues - as you move between consultation and drafting regulations to discuss and agree a way forward on these tricky issues.



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