



ASSOCIATION OF OPTOMETRISTS



opticians in business

Federation of Ophthalmic & Dispensing Opticians



# How to Lobby 2

Updated Version  
November 2005

## A guide for the profession

Association of British Dispensing Opticians Association of Optometrists Federation of Ophthalmic & Dispensing Opticians

### Eye care services - a chance to grow

#### Lobby campaign brings first successes

The optical bodies have received written assurances from the Government that regulations will be introduced to protect the current system for GOS under the new powers in the Health Bill.

This follows the unprecedented lobbying campaign carried out by the profession in all parts of the country, and a friendly and productive meeting with Health Minister Rosie Winterton MP.



The optical negotiating team after meeting the Minister



The Minister made clear that there was no intention to restrict choice, or to end the demand-led nature of GOS for the provision of sight tests.

She took on board our concerns, and her civil servants have worked with us to agree a form of words to reassure the profession about the Government's intentions. We agreed that, given appropriate safeguards, we could move forward together more positively into the GOS Review to address the other important issues we had raised such as supporting the expansion of optical services in the community. [See inside for details](#)

The local lobby is working, and there can be no doubt that our campaign has helped to raise the profile of optics.

But we have much further to go. It is vital that LOCs and individual practitioners carry on contacting their Members of Parliament, PCT or Health Board, the Council and patients groups.

#### Achieving better eye care

At the meeting, the Minister made clear her commitment to Ophthalmic Services and her desire to build on what is good about the current GOS system and see an expansion in the range of primary care services provided in the community by optical practices.

The profession presented the Minister with their policy paper on the future of eyecare in England. *Primary Eye Care in England - a vision for the future*, which sets out our vision for an eye examination system building on GOS, additional services that all practices can offer and enhanced services which are commissioned locally within agreed national frameworks.



[See back page for the details of Primary eyecare in England](#)

### Lobbying your MP what could be easier

After some understandable nervousness, the profession has taken to meeting Members of Parliament and other opinion formers with enthusiasm and a very large number of MPs have already visited an optical practice in their constituency.

Up and down the country practitioners are finding that MPs are keen to visit their practice, that they show great interest in what the profession is providing, and want to hear how primary eyecare provision in the community can be developed.

At the time of writing about 200 MPs have been contacted, and most have visited a practice in their constituency.

That leaves about 400 still to be lobbied.

#### Do MPs want to visit?

YES - virtually every MP has readily accepted an invitation, and we have no reports of any visit that has not been enjoyable both for those in the practice and for the MP.

Your toolkit for action is inside

Make a difference  
Make the call

**First successes achieved... the lobbying campaign goes on**

# A guide to lobbying



## Getting your MP on-side

Get to know your Member of Parliament and ensure that they understand the issues, first hand from practitioners living or working in their constituency.

Other health professions make a point of building a working relationship with each and every MP. In general we have missed this opportunity, and we now need to carry out this work with some urgency.

**IT IS NOT DIFFICULT** Whatever the press may lead us to believe, the vast majority of MPs care about what goes on in their area and are prepared to put considerable effort into meeting constituents and into understanding those who provide services for them.

Other health professionals such as doctors, dentists and pharmacists put a great deal of effort into this, and optometrists and opticians should be no different. Members of Parliament will want to know about the primary eyecare service available in their constituency, and how this could be expanded.

## How to lobby...

### Contacting your MP

#### Who is my MP?

You can find out who your local MP is by telephoning our Parliamentary Officer, John O'Maileoin on 020 7202 8157. If you have access to the internet you can find out who your MP is via [www.locata.co.uk/commons](http://www.locata.co.uk/commons)

**Telephone:** Your MP's local number should be available in your local telephone directory. If you cannot find it here call the House of Commons Information Office on 020 7219 4272 and they will be able to help. Alternatively telephone your MP at the House of Commons on 020 7219 3000, and they will put you through.

**Letters:** You may prefer to write to your MP first. All MPs have Westminster offices and will make arrangements for their mail to be dealt with or redirected when they are in their constituency office. Letters should be sent to:

House of Commons, Westminster, SW1A 0AA

MPs receive a large amount of mail from a colourful array of groups, but it is unlikely a well written and concise letter from a constituent will be ignored and it is usually given priority. **It is important to follow your letter up with a telephone call as this will help ensure you get a meeting with him or her at the earliest opportunity.**

**e-mail & Website:** The majority of MPs use email and have set up their own websites. You can check at:

[www.parliament.uk/directories/hc/olists/alms.cfm](http://www.parliament.uk/directories/hc/olists/alms.cfm)

**MPs Surgeries:** Most MPs hold a surgery in their constituency either weekly or monthly. To find out when and where these take place use the contact details above.

## INVITATION TO A PRACTICE

Invite your MP visit a practice in their constituency, or perhaps run by a constituent, near to their constituency.

Preferably they should meet an informed and articulate practitioner, backed up by others in attendance. If the visit is to an independent, make sure a multiple is represented, and vice versa. It is entirely possible that your MP is a patient of a local practice, and that may provide the perfect venue for a meeting.

In selecting the practice, try to be realistic both in term of location, type of practice and perhaps where the optometrist or owner is sympathetic to the MP's party – or at the very least able to converse in a friendly way!

## Local objectives

To ensure that every Member of Parliament has the issues personally explained to them by members of the profession living or working in their constituency

For LOCs/local practitioners to lobby their PCT/Health Board about the importance of patient choice, and the need to expand primary eyecare provision in the community

To engage the interest of Patient Forums

## National objectives

To create a reservoir of friends in both Houses of Parliament who understand our issues and will be willing to help state our case

To spread knowledge about our contribution to the eye health of the nation, and to explain why the eye care delivered in the community represents very good value for the taxpayer

To engage the support of patients & consumer groups

MPs will welcome such an invitation for the reasons given above. It will be worth explaining to the person running the MP's diary that it need not be a long visit but that you want to show them what contribution optometrists and opticians make to eye health provision locally. They may find it a useful addition if you arrange for someone to take photographs for the local paper. You could also supply the photo for the candidate to use in literature or on their website if they wish.

During the visit, explain briefly what services you provide – both NHS and private; the importance of the universal and centrally-funded sight test as a key driver for patient choice and an essential underpinning of competition. Show the MP how sight and other problems can be detected through the sight test and explain how additional eye care services could be provided, notably the triaging/PEARS service you could be providing were the Scottish or Welsh model to be adopted in England.

After the visit write a note of thanks. Include the salient points made in the brief, and thank them for agreeing to look at the issues/support the profession. (Unless the visit has gone really badly!)

*This is likely to be the most effective method of raising the profile of optics and is strongly recommended*

## ARRANGE A MEETING

...as an alternative, if a convenient time cannot be found for a visit, arrange to meet your MP either formally or informally.

You could perhaps issue an invitation for them to attend part of an LOC meeting to take part in a discussion about the proposals. Or you could visit them at their party offices or wherever the MP holds advice surgeries. Again the team will need to be representative, and led by a constituent or a practitioner with a practice in the constituency. Offer to contact the local press to see if a photographer will attend, or to take and provide photographs along with a positive account of the meeting.

## WRITE TO YOUR MP

This is definitely a less effective means of influencing, but if offers of a visit or a meeting are rejected it may be the only alternative. You will need to explain the issues in a clear and reasonably concise letter, but one that is long enough to set out the key problems as well as the positive case for optics.

*If the answer you receive fails to address your points, then write again (politely) asking for a meeting, and re-stating the points that have not been addressed in the first response.*

## What to do next

FEEDBACK IS VITAL - so please let us have information on the responses you receive. This intelligence is vital to the co-ordination of our campaign and is being co-ordinated by our Parliamentary and Public Affairs Adviser John O'Maoileoin.



Please send him information about the response you receive - it will really help with the ongoing planning of the campaign.

**John O'Maoileoin**

Parliamentary and Public Affairs Adviser

C/O AOP, 61, Southwark Street, London SE1 0HL

Tel: 020 7202 8157 e-mail: Johnmaoileoin@aop.org.uk or john@fodo.com

### What will happen next?

As the campaign evolves, we may need to ask you to make these contacts again, but we will be specific about those messages when the time comes.

<b>Tony Garrett</b>	General Secretary	ABDO
<b>Bob Hughes</b>	Chief Executive	AOP
<b>David Hewlett</b>	Chief Executive	FODO

## Engaging the Patient's Forum

Patient and Public Involvement (PPI) Forums were set up in 2003 by the Commission for Patient and Public Involvement in Health (CPPIH). There are 74 PPI Forums in London and 572 throughout England, made up of volunteers from all walks of life.

Forums have powers to allow them to be effective and each is independent of the Trust they represent. Forums are perfectly placed to enable communities to have a strong local voice on issues ranging from MRSA and better access to services to wider issues in the community such as social care and transport.

**Many Forums have already made an impact on eye service provision, for instance Moorfields Eye Hospital Forum** secured a new procedure for calling out patients' waiting numbers in the outpatients' waiting room. Prior to this, numbers were only put up on a screen, which was particularly unsuitable for patients with a visual impairment. **Mid Yorkshire Hospitals PPI Forum** queried the reported closure of Clayton Hospital Eye Department. Over 80 people turned up to question the Trust Chief Executive over plans for the service who gave assurances that the eye clinic would remain in Wakefield, at a different site, and would not be downgraded. The Trust have offered to work with the patients forum to develop a discussion document on the service at the Clayton site so it can be discussed in public.

## Influencing the PCT/Health Board and local Council

**Hopefully you have some contacts in the PCT or Health Board.** For instance, have you had any dialogue with the Chairman, Chief Executive or Director of Public Health?

**If not, now is the time to start**

Using the ideas outlined in this guide, seek to engage their interest, but decide who to target. Should it be the Director of Public Health, Chief Executive, Chairman or some of the Non-Executive Directors? Do any LOC members have connections with any of them - for instance providing their eye care? If you have an Optometric Adviser they should have good contacts and should be brought into your planning and asked to help?

**Similarly what contacts do you have on the Council?** The Overview and Scrutiny Committee of each local Council has the right to be consulted about changes to local health provision. They will support positive eye care developments in their area.

## What has the Minister promised?

Earlier this year, and without consultation, the Government proposed measures that could have threatened NHS eyecare services provided in optical practices in England. The profession is showing a huge determination to protect, and then enhance NHS eyecare provision.

**Following a meeting with the Minister, the profession has received a number of assurances about the protection of the current GOS and how she plans to expand primary eyecare services in the community.**

### The DoH letter - extracts



**This letter follows your successful meeting with the Minister Rosie Winterton on 27 October. It responds to the points you raised and provides further detail of and reassurances about the proposed legislative provisions.**

- What we are proposing is a legislative framework that both enables us to introduce the provider/performer arrangements and creates a more coherent legislative framework for commissioning services similar to that already introduced for the other three primary care areas (medicine, dentistry and pharmacy).
- In the meantime, in working with Parliamentary Counsel on the draft Bill, we have considered carefully how to achieve the most coherent and effective framework for commissioning services, taking into account what I believe is our shared objective of supporting PCTs in commissioning enhanced services, where appropriate, from GOS providers. To this end, the Bill enables the Secretary of State to define (in substance, although these terms are not in the Bill):

**essential services**, which have to be provided by all PCTs and which anyone holding a GOS contract for essential services has to provide (i.e. sight tests for eligible NHS patients are specified in the clause in the Bill) We envisage this operating like the GOS system now ie patients being able to choose their GOS contractor, contractors being able to have a GOS contract provided they meet agreed national criteria as now, a centrally negotiated sight test fee and access to sight tests not being constrained locally by individual PCT budgets

**additional services**, which all PCTs must provide but do not have to be provided by all contractors providing essential services and may be provided by contractors who are not providing essential services - we will need to do further work with you on how this might operate

**enhanced services**, which PCTs judge are needed in their areas. PCTs can in principle already commission these services under Part I of the NHS Act, but it would be more sensible for them to be commissioned within the same framework as other primary care ophthalmic services.

- This provides a framework for future service development, whilst building on the success of the current GOS system and ensuring that PCTs have a duty to make sight tests available to meet the needs of their eligible populations on a similar basis to the GOS now. As you know, we have done extensive work with stakeholders under the auspices of the Eyecare Services Steering Group on how eyecare services might be modernised and are now piloting model pathways.
- The legal framework proposed to be introduced through the Bill and the Terms of Reference for the review of General Ophthalmic Services have been informed by the work of the Steering Group and are intended to help move forward that agenda. As agreed, we plan for the review to be open and participative and anticipate valuable contributions from the optical bodies and other stakeholders.

Derek Busby - Ophthalmic Services, Department of Health  
8 November 2005



## WHAT COULD BE

*Our vision is for a future where*

### ACCESS & CHOICE

- patients will continue to be free to choose the optical practice from whom they wish to have an NHS eye examination, sight test or other eye care as now
- eye care will continue to be provided by independent contractor professions and businesses as now
- optometrists, ophthalmic medical practitioners, optical practices and corporate contractors will continue to have the right to provide primary eye care services as now (subject to meeting national criteria) so that patients continue to have access to a wide choice of providers close to home
- NHS eye care will continue to be free for children, older people and those in at-risk and low-income groups as now
- housebound and disabled citizens will have access to the same range of eye care services as other people
- information systems will increasingly support integrated eye care and other health services

### EYE HEALTH

- central government will implement *Vision 2020* and set targets for reductions in the rates of avoidable visual impairment and blindness
- central government will publicise the importance of eye care and regular eye examinations as part of maintaining personal health and well-being

## THE CASE FOR CHANGE

**As now optometrists, ophthalmic medical practitioners, optical practices and corporate contractors should be able to move freely to any area to provide this essential service – challenging existing practices and offering enhanced choice for patients**

Central funding and central negotiation are key to the success of the eye care market. 66% of sight tests are NHS funded and this provides the basis on which optometrists, dispensing opticians and optical businesses can compete in the open market, move independently to new areas and offer alternatives to existing practices.

Since deregulation in the 1980s, many new providers have entered the market and compete on grounds of quality, access and cost. This provides patients with a wide choice of provider close to home ranging from major international and national businesses, regional and family groups to smaller independent practices.

The NHS sight test and voucher system means that all patients represent the same value for practices who compete for their custom.

Without this essential underpinning, fewer providers would enter the market, more would drop out and eventually choice, value and quality would decline.

**The eye examination should be properly funded on the basis of an independent survey of full costs**

It is widely recognised that the current NHS sight test fee is significantly under-priced not least by Department of Health negotiators who rely on the cross-subsidy from the sale of spectacles and contact lenses – in effect making it a loss leader for product sales. This has suited successive governments who have not wished to invest in NHS eye care. However there have been significant downsides.

In particular the public has come to undervalue the importance of eye care and the need for regular checks and to view the eye examination as simply a test for correcting sight.

As a result patients attend for eye checks less frequently than they should. This will in turn have led to missed pathologies and blindness involving far higher long-term costs to the NHS.

**Additional NHS eye care services should also be properly funded**

Such a survey could also include the costs of services described as 'additional primary care' and 'enhanced services' in this paper.

**The precise amount to be spent on these services should be for local determination but within broad epidemiological parameters agreed nationally with the sector and funded from PCTs' general allocations**

It follows that the precise level of investment in these services should be agreed locally as part of primary care organisations' local commissioning plans subject to any national guidance about levels of care to be provided. The overall level of investment in these services should be reviewed regularly by the Department of Health, the NHS and the optical sector – against national epidemiological evidence of need – as part of the Optometric Fees Review Committee process.

**Local commissioning of enhanced services should be open and transparent with all practices having the opportunity to compete on the basis of quality, access and price**

To date many shared care schemes have developed in an 'ad hoc' way depending on the enthusiasm of one or two clinicians and managers. As enhanced services become the norm, they should be commissioned on the basis of open tendering with all local practices and businesses having the opportunity to bid for local contracts if they wish.

### QUALITY

**All practices should continue to compete in an open market on the basis of quality, access and cost**

As described above, the success of the optical market in offering NHS patients consistently high quality services, a wide range of access and choice, and spectacle and contact lenses within NHS voucher values has been dependent on optical businesses competing vigorously in an open and free market. The feeder for this market is the nationally-negotiated, nationally-funded NHS sight test.

As a direct result of this system, for relatively low public investment of £322m, the NHS benefits from a £2bn market in optical goods and services which meets the needs of NHS and non-NHS patients alike with high levels of patient satisfaction, low levels of complaints, and high levels of clinical efficiency.

## INTRODUCTION

Optometrists, ophthalmic medical practitioners, dispensing opticians and their staff are key personnel equipped to meet this challenge and to deliver, with hospital partners, the policy objectives set out in the *NHS Plan, Choosing Health* and most recently *Commissioning A Patient-Led NHS*.

**In this paper we argue for**

- a higher profile for eye health, regular eye examinations and good eye care as part of the public health agenda and citizens' general health and well-being
- the maintenance of a centrally negotiated, centrally funded eye examination, as now, as the essential underpinning for a competitive, quality-driven and cost-effective optical sector (updated to reflect current clinical practice)
- the opportunity for optical practices to provide a wider range of primary eye care services in the community e.g. for red eye, flashes and floaters
- enhanced eye care services delivered in the community by optical practices (under agreed protocols with hospital eye departments) to increase choice and convenience for patients, reduce pressure on hospital outpatient clinics and to enable practitioners to offer better use of their clinical skills to the NHS.

**The paper also makes the case for**

- fair and proportionate regulation of *all* optical providers
- an ending of cross-subsidies between professional services and sales (which distort the market) *and*
- an extension of the benefits of the NHS family to optics for patients (e.g. access to NHS Net and relevant parts of the NHS electronic patient record) and practitioners (eg training, NHS Pensions)

**The full document is available on optical organisation websites**

[www.abdo.org.uk](http://www.abdo.org.uk) [www.aop.org.uk](http://www.aop.org.uk) [www.college-optometrists.org](http://www.college-optometrists.org) [www.fodo.com](http://www.fodo.com)