



Eye care services under threat

The Government are proposing measures that threaten the NHS eye care services provided in optical practices in England.

The profession is determined to protect, and if possible to enhance the NHS services provided. This brief sets out what every optometrist, dispensing optician and practice owner can do.

We have an urgent need to spread understanding about optometry and optics and the importance of a centrally-funded GOS service. For instance, how many MPs are aware of the excellent service GOS provides for patients, - albeit a service that could be expanded, or that it provides such good value for the tax payer. We also need to achieve greater understanding of the wider role that optometry and optics can play in primary eye care provision.

To do so the profession needs to win friends.

The tasks

This brief sets out three tasks:

- Lobbying your MP
- Explaining the potential problems to your PCT, *and*
- Gaining the support of groups representing patients

The most urgent task is to lobby your Member of Parliament.

Almost without exception, Members of Parliament will want to listen to what their constituents think, and understand services being provided in their constituency. The opportunity is there and we need to grasp it. We will need to contact all 646 Members of Parliament. In general we have failed to take the opportunity to make sure that local decision makers understand the profession.

This is a massive task, and not easy to co-ordinate but it is vital that it happens and that it happens in every constituency.

What are the threats to the GOS?

Without consultation, the Department of Health taking powers to re-write the GOS contract for England.

We all know how inadequate our terms of service under GOS are, but unbelievably the Department seems to want to make them worse. In a letter received in late June we were advised of changes that imply or state a number of things we need to resist:

- A locally held GOS budget that would inevitably be cash limited
- The removal of the current right of every optometrist to a GOS contract (*if listing criteria are met*)
- Proposals that could allow a PCT to negotiate “sweetheart deals” with some optical outlets to the exclusion of others

These impositions would severely limit patient choice. Even if the Department of Health were to offer several years of protection for all existing practices that would only hold good for existing locations and for the existing level of sight test fees.

The Department will probably claim that this is just tidying up, that the details will be agreed when they consult us, and anyway they have no plans to make these changes in the near future. The Civil Servant concerned has already rehearsed that line.

We have to assume that if the Department secures these changes and obtains the enabling powers then they will use them. We also cannot take their word that they would subsequently consult. Over the last two years they have only consulted us when backed into a corner and, on ophthalmic lists and the new domiciliary regulations, did not do so in any meaningful way until threatened with legal action.

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 this potential problem.

How to lobby...

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 MPs party – or at the very least able to converse in a friendly way!

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 and to discuss concerns about proposed changes to the NHS contract. 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. (See back page)

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 lobbying and is strongly recommended

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 consequences of the proposals

To engage the interest of Patient Forums in the anti-choice nature of the proposals

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

Contacting your MP

Who is my MP?

You can find out who your local MP is by telephoning our Parliamentary Officer, John O'Maoileoin 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

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 e-mail and have set up their own websites. You can check at:

www.parliament.uk/directories/hciolists/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.

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 less effective lobbying, 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 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.

The information 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.

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What will happen next?

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

Tony Garrett	General Secretary	ABDO
Bob Hughes	Chief Executive	AOP
David Hewlett	Chief Executive	FODO

Engaging the interest of your Patient's Forum

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

The Forums have statutory powers to enable them to be effective and each forum 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 members of the public turned up to question the Chief Executive of the Trust over future 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 regarding what will happen to each service currently at the Clayton site so it can be discussed in public, at a future date.

Influencing the PCT or 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 cultivating them.

Using the techniques outlined in this guide, seek to engage their interest, but you need to 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 any 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 in to 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.

Using the arguments in this paper, you could lobby the Committee Chairman, and/or individual local Councillors. They will not want to support such potentially destructive changes in their area.

A guide for the profession





The Optical Market

- There are some 10,000 optometrists and 5,000 dispensing opticians providing NHS care from around 7,000 practices in the UK. Practices range from large stores to small practices in local shopping parades or private houses. Optical practices are equipped to carry out full eye examinations and the diagnosis and monitoring work involved in co-management arrangements with GPs or hospital eye departments.
- 68% of adults aged 16 and over wear spectacles or contact lenses. (Men:65% Women:71%) (Health Survey for England, 2001)
- After a sight test, patients are issued with a prescription. Patients will also be informed if the prescription has not changed. Most people, but not children or the partially sighted, can have their spectacles or contact lenses dispensed wherever they choose in accordance with the prescription.
- 66% of sight tests are funded by the NHS with the current fee set at £18.39p. This is below the cost of providing a sight test and it is cross-subsidised by spectacle sales.
- NHS Vouchers are available to a number of qualifying groups to help with the cost of spectacles or contact lenses. They vary in value according to the lens powers. Vouchers can be used as a contribution towards the cost of any spectacles or contact lenses.

Because the NHS sight test fee is centrally-agreed and centrally-funded, every patient represents the same value for a contractor. There are no inequities or post-code lotteries in optics and patient choice is sovereign. Consequently, for a low level of investment the NHS benefits from a £2bn market providing quality, access and choice. It is one area of health care where patient empowerment and choice genuinely operate.

Government Proposals

Optics is different from other areas of healthcare. We are fearful that no-one in the Department of Health has an understanding of how this market works and there is a danger that it could be destroyed almost unthinkingly.

Simplistically following the "devolution" path of dentistry and the GMS would ignore the fact that the problems of restrictive professional monopolies simply do not apply in optics.

Also, the cost-effectiveness of devolving the small GOS budget to PCTs has to be seriously questioned and there is no evidence that any efficiency gain – even in terms of local sensitivity - would be achieved by local commissioning of sight tests.

Our Position

We argue that the centrally-agreed and funded GOS sight test should remain, but that it should be updated to reflect latest clinical practice. There should also be provision for locally commissioned additional and enhanced eye care services - perhaps along the lines of the work pioneered in Wales and in Scotland. All suitably equipped practices should be able to participate.

Scotland & Wales...

Leaving England behind

Through the Welsh Eye Care Initiatives the Welsh Assembly has created a package of extended examinations and optometric services to improve patient care and access to eye care



and also to relieve pressure on over loaded busy ophthalmic departments in secondary care.

- **WEHE** – targeted at groups of patient at risk of eye disease either by family history or race
- **PEARS** – The primary eye care acute referral service triages for eye conditions which is particularly useful for GPs who do not have the equipment to examine eyes in the same way as an optometrist. Additionally it refines referrals into secondary care prioritising them more accurately.

PEARS allows patients to self-refer, or to be referred by their GP, with problems such as red eye, flashes and floaters or sudden loss of vision or onset of ocular pain.

- **The Low Vision Scheme** - provides easy access for patients with low vision to experts in the community and reducing long waiting times in hospital departments.

These inventive schemes, which sit alongside the GOS have put optometry at the centre of eye care in Wales.



The Scottish Health Minister is expected to announce radical changes to GOS in Scotland within the next few weeks.

Following months of consultation and development work, the new GOS will give the profession freedom to perform the tests that are appropriate to patients' symptoms and needs.

Every optometrist who wants a new GOS contract will have to have a range of equipment - for which grants are expected to be available, and will have to be accredited as capable of delivering the whole range of services laid down in this widely based new contract.

Would eye care initiatives work in England?

England can learn from both the Welsh and Scottish experience. Not least that there are positive health gains to be had from working with the profession.

The Department of Health should note that the advantages of the Welsh and Scottish models will become increasingly apparent to Members of Parliament in England. How could Ministers explain why English patients are being denied access to the quality of eye care available to people in Scotland and Wales?