



Health Select Committee Inquiry into Electronic Patient Records

A joint written memorandum from;

**the Association of British Dispensing Opticians (ABDO)
the Association of Optometrists (AOP)
the College of Optometrists and
the Federation of Ophthalmic & Dispensing Opticians (FODO)**

Overview

- 1.1 ABDO, AOP, the College and FODO together represent the 10,000 optometrists and over 5,000 dispensing opticians who provide high quality and accessible eye care services to the whole population across the UK. There are over 6,900 opticians' premises in the UK, ranging from large stores with multiple consulting rooms to small practices in local shopping centres or in the high street as well as domiciliary eye care services who provide care to those confined to their home.
- 1.2 Overall we support the introduction of a national NHS-wide IT system which will enable healthcare information to be shared between clinicians. We believe the potential benefits to improve patient care and safety are important goals. However we do have a number of concerns about the development and timescale of the IT system. Optical practices must be linked to the national data spine and be fully integrated on the NHS Care Records Services.
- 1.3 Solutions for connecting optical practices need to be found which do not conflict with existing practice software infrastructure. At present, when PCTs occasionally try to connect to optical practices, they usually insist on a separate stand alone PC isolated from the practice network. This solution is NOT part of an integrated network and requires re-typing of all information, with the associated potential for error. Better and more workable security solutions will need to be found to integrate practices into the Care Records Services.
- 1.4 In the short term, optical practices should be given access (with specific patient consent at the time of access) to the summary care record. This should be piloted as soon as possible.

What patient information will be held on the new local and national electronic record systems, including whether patients may prevent their personal data being placed on systems?

- 2.1 Patient information held by optical practices should in due course be recorded on the NHS Care Records Service. Increasingly optometrists co-manage patients with GPs and ophthalmologists and therefore an electronic system of sharing information will ensure all those involved in the care of a patient are fully informed and have access to the most up to date information.
- 2.2 The government recently consulted on proposals to give optometrists independent prescribing rights. All the optical bodies submitted their views on behalf of the profession, calling on the government to adopt prescribing rights for optometrists. Once optometrists have prescribing rights it will be imperative that they have access to information including repeat prescriptions, acute prescriptions, significant and recent diagnoses, as well as any adverse and allergic reactions to medication.
- 2.3 We believe that patients should agree to information being shared between professionals, although any potential problems should be explained to the patient, e.g. if there are any adverse implications from withholding information about medications. Patients should have clear information about the electronic sharing of health information.

Who will have access to locally and nationally held information and under what circumstances?

- 3.1 All optical practices should be included in the Connecting for Health IT programme - whether they provide NHS or private services - to ensure the same level of care for all patients. Many patients who are paying privately for eye care will be NHS patients for other healthcare services such as when they visit their GP. As mentioned above, once optometrists have prescribing rights it will become increasingly important for them to have access to a patient's medical history. Optometrists should have access to relevant sections of the patient's electronic record (subject to informed consent) and NHS electronic GP and hospital referral systems and 'choose and book' systems. This should be centrally funded through the Connecting for Health programme in the same way as for other sectors.
- 3.2 Providers of domiciliary eye care services must also be included. Visiting optometrist and dispensing opticians provide a vital service to vulnerable people in their own homes who are often suffering from multiple health problems.

Whether patient confidentiality can be adequately protected;

- 4.1 We believe it is imperative that adequate measures are put in place to maintain patient confidentiality. Optical practices already obtain and process confidential data in patient records and have a long history of maintaining confidential information securely. Currently in most practices this is in written form but we

believe that any issues arising from a transfer to an electronic record can easily be addressed.

How data held on the new systems can and should be used for purposes other than the delivery of care e.g. clinical research;

- 5.1 We support the plans for information to be used anonymously for clinical research, public health, strategic planning, commissioning and clinical audit. As long as the information is strictly anonymised and only used for the purposes outlined above, we believe this could provide a very beneficial and useful service for the whole of the NHS.

Current progress on the development of the NHS Care Records Service and the National Data Spine and why delivery of the new systems is up to 2 years behind schedule;

- 6.1 Optical practices are due to be included in the NHS Care Records Service, however there has been no commitment to an agreed timetable for this to happen. In a written answer on 16 June 2006, Health Minister Caroline Flint confirmed that the national programme was designed to "support all the clinical services in and around the national health service, including dentists and opticians" but no date has yet been set. The Minister added that "The national programme is on target to achieve full integration of health and social care systems in England by 2010," but we do not believe this is achievable given that optical practices have not been notified when they will be integrated. (Hansard 16 June 2006, Column 1561W)
- 6.2 We believe that the NHS Care Records Service must be properly piloted and we strongly believe that a pilot system for integrating optical practices must commence as a matter of urgency if the deadline of 2010 is to be met.

Additional points

- 7.1 A further long-standing issue has been that - unlike dentists and pharmacists - there is no centralised electronic claims and payment system for optical practices.
- 7.2 The main problem for optical practices is that PCTs have different cut-off dates for submitting claims and many are very slow when making payments. Some PCTs hold up whole batches of payments which can severely affect cash-flow particularly for smaller practices. Payments, and hence cash-flow, are also subject to the vagaries of PCT staff absences, half-term and computer breakdowns at local level. All these additional costs have of course ultimately to be passed on to the patient or the NHS.
- 7.3 Far better all round would be for a national system with standardised methodologies which ensured that optical practices received payments regularly and on time and which, as a by-product, generated useful data for PCTs so that

they could concentrate on their core strategic function of service planning rather than data processing.

- 7.4 The optical bodies very much welcome the government's commitment to carry out a feasibility study to improve the streamlining and standardisation of the claims and payments system. We look forward to participating fully in the optional appraisal and hope very much it will lead to a national, centralised system for the beneficial reasons for patients, practices and the NHS, as outlined above.

March 2007