



Local Optical Committee Support Unit and Optical Confederation Response to NHS Standard Contract 2019/20 Consultation

Optical Confederation and Local Optical Committee Support Unit

The Optical Confederation represents the 13,000 optometrists, 6,000 dispensing opticians, 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO), the Association of Contact Lens Manufacturers (ACLM), the Association of Optometrists (AOP), the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.

The Local Optical Committee Support Unit (LOCSU) provides quality, practical support to Local Optical Committees (LOCs) in England to help them to develop, negotiate and implement local objectives in respect of primary ophthalmic services.

Comments on Main, Material Changes

Comments based on consultation document: <https://www.england.nhs.uk/nhs-standard-contract/19-20/>

Service Conditions:

SC4.6 and 4.7: We support the requirement for the parties to contribute to the implementation of Local System Operating Plans and Primary Care Networks. This clause is part of the wider shift towards integrated care which we support in principle, provided that it is responsive to the needs of patients and communities.

SC6.2.3 and 6.4: At present optical practices are not part of NHS IT infrastructure although NHS England are in discussions with the sector presently designed to address this exclusion.

SC10: Personalised budgets have been a factor for some years with little obvious take up and impact. In respect of the requirement for parties to implement development plans for personalised care we would like to see more detail on what this would entail. Would this be factored into service fees given the likely greater time required per appointment?

SC13.8: We support the requirement for the provider to support the commissioners in reducing health care inequalities. It is important that the requirement for all reasonable endeavours is interpreted proportionately given the small scale of community optical providers. One way for commissioners to do this would be to commission more extended eye health services designed to do this, such as eye care for people with learning disabilities. There is a wider issue: health inequalities are the inevitable consequence of fragmented commissioning. We support the consolidation of commissioning units to alleviate this issue.

SC21.3 and 21.4: Any reporting regarding antimicrobial resistance will need to be proportionate given the small scale of community optical providers.

SC23.4.4: Regarding NHS Numbers, optical practices will not be able to obtain these from NHS IT systems for the reason outlined in the comment on SC6.2.3 and 6.4.

SC23.7: Given optical practices are not currently part of NHS IT infrastructure we do not see how they can have major clinical systems enabling clinical data to be accessible to other providers of services to service users. We think this requirement

should be aimed at providers of urgent, emergency and unplanned care as per the existing SC23.6.

SC28.2.7: We are unclear how optical practices would work with commissioners under the Data Quality Maturity Index given the lack of connectivity to NHS IT. At present optical practices are not part of NHS IT infrastructure although NHS England are in discussions with the sector presently designed to address this exclusion. In the event of these discussions concluding, it should be noted that it will take time for optical providers to be in a position to meet some requirements.

SC36.49: We are concerned that all providers will be expected to submit invoices electronically from 1 April 2019. While this will not be a problem for large providers it may pose administrative issues and costs for smaller providers of which there are a significant number.

General Conditions:

GC5.3: We question the relevance of standard operating procedures for responding to staff shortages in the case of optical practices. Optical practices are non-list based private businesses that almost always provide a mix of NHS and private services. As businesses, they are familiar with ensuring that they are adequately staffed, including by utilising locums where required. We think GC5.3 is better aimed at list-based primary care as well as secondary care.

More generally, optical professionals are too frequently not involved in guidance development meaning that standards that are not applicable or will not work in primary care are imposed upon them. This pattern is contrary to NHS Long Term Plan commitment to place greater emphasis on primary care and community care and we hope that it will change.

Particulars:

Provider's UEC DoS Contact: There is a requirement for providers to stipulate a DoS

contact. However, this is only for Urgent and Emergency Care services and so there should be a n/a option.