Written evidence submitted by the Association of Optometrists (HSC0796)

About the Association of Optometrists

The Association of Optometrists (AOP) is the leading membership organisation for optometrists. We represent over 80% of the UK's 15,000 optometrists, who are registered healthcare professionals regulated by the General Optical Council (GOC).

Most of our members work in or run optical practices that provide NHS eye healthcare services, including the national General Ophthalmic Services (GOS) sight test service. This provides sight tests to children, people over 60, people receiving certain benefits, and those with certain health conditions or a family history of conditions. Many practices also offer other, locally commissioned NHS services, often called "extended services".

Summary

1 We welcome the White Paper proposal to move the local commissioning of NHS services from Clinical Commissioning Groups (CCGs) to the larger footprint of Integrated Care Systems (ICSs). This could support the commissioning of extended eye care services on a wider and more consistent basis, reducing the postcode lottery in care provision and relieving pressure on hospitals and GPs.

2 The White Paper proposes enabling the transfer of some national NHS England commissioning to ICSs. We have welcomed NHS England's recent confirmation of its continued commitment to national contractual arrangements across the primary care contractor professions. Given this commitment, we do not support the proposal to enable the commissioning of NHS sight tests at ICS level rather than national level. This change would inevitably generate additional cost and complexity both for NHS commissioners and contractors, while providing no benefit to patients.

3 The White Paper proposes powers to use secondary legislation to abolish healthcare professional regulators and to take professions out of regulation. We are concerned that these powers would allow sweeping changes to regulation with limited Parliamentary scrutiny. Since such changes could have significant consequences for patients and the public, we think any proposal to close a regulator or take a profession out of regulation should require primary legislation.

Commissioning extended NHS eye care services

The White Paper sets out the Government's intention that each ICS NHS Body "will take on the commissioning functions of the CCGs and some of those of NHS England within its boundaries" (p74, Annex B para 6.18(e)).

We welcome the Government's proposal to move the local commissioning of NHS services from CCGs to the larger footprint of ICSs. At present CCGs are responsible for commissioning a range of 'extended' NHS eye care services delivered in primary care optical practices, including:

- urgent care, such as the Coronavirus Urgent Eyecare Service (CUES) developed in 2020 to divert patient demand away from hospitals and GP surgeries during the pandemic
- repeat tests for patients with suspected glaucoma, to avoid unnecessary referrals to hospital ophthalmology departments
- pre- and post-operative checks on patients undergoing cataract surgery, the most common operation undertaken in the NHS.

However, CCGs are not required to commission these services, and many do not do so. This is a significant missed opportunity, because extended eye healthcare services have a key role in relieving pressure on overstretched hospital eye departments. Ophthalmology is the largest outpatient speciality in England and delays in treatment are leading to avoidable sight loss, as highlighted in a 2018 report by the All Party Parliamentary Group on Eye Health and Visual Impairment. Moving eye healthcare services into primary care settings where possible, in line with the aims of the NHS Long Term Plan, can free up hospital capacity so that patients who need hospital care can be seen more quickly.

That is why we have long called for these services to be commissioned on a wider and more consistent basis in England and ideally under a uniform national mandate, to reduce the current postcode lottery in care provision and relieve pressure on hospitals and GPs. The need for this is now even greater because of COVID-19, which has caused massive disruption to routine eye care work in hospitals and has added to waiting lists.

The commissioning changes proposed in the White Paper could help to enable this vital change.

Commissioning NHS sight tests

The White Paper says the Government intends to enable ICSs to take on some commissioning currently arranged by NHS England at national level, but does not specify which services will move from national to ICS-level commissioning. However, it cites the proposal in NHS England's November 2020 consultation that ICSs should have "stronger responsibilities for commissioning primary medical, dental, ophthalmology [sic] and pharmaceutical services" (p73, Annex B para 6.15).

NHS England currently commissions primary optometry services at national level through the General Ophthalmic Services (GOS) contract, which funds more than 13 million NHS sight tests across England each year. The GOS sight test is a core part of NHS service provision in every part of England. It identifies vision problems which may need to be corrected (around 75% of the adult population need prescription optical appliances), and detects serious diseases such as glaucoma and macular degeneration before the patient even notices symptoms.

In our response to NHS England's 2020 ICS consultation, we argued that:

> "Moving GOS commissioning to ICS level would offer no benefit whatsoever in terms of meeting local population need. However, it would generate additional costs and complexity both for commissioners and providers, particularly given the need for safeguards to ensure that GOS is commissioned to the same standard and the same level of service availability in each ICS area to avoid health inequalities.
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> "The current national contracting arrangements for GOS, coupled with competition between GOS providers, ensure a high level of patient choice and service availability (NHS sight tests are widely available on demand), and provide excellent value for money for NHS England and the taxpayer. They also provide a firm foundation for wider commissioning of extended services in ICSs … Maintaining GOS commissioning on a national basis will enable optical primary care providers to continue to work at scale, while also meeting the additional needs of patients in each ICS footprint through extended services."

NHS England's report "Legislating for Integrated Care Systems: five recommendations to Government and Parliament", which reported on the 2020 ICS consultation and was published in February 2021, said:

> "Some primary care respondents were concerned that [the proposed changes to NHS commissioning] could involve moving away from national contractual arrangements. We reaffirm our continued commitment to national contractual arrangements across the primary care contractor professions" (p5, para 17).

We have welcomed this assurance. However, NHS England's formal legislative recommendation in the report was that "provisions should enable the transfer of primary medical, dental, ophthalmology [sic] and pharmaceutical services by NHS England to the NHS ICS body", while "NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions".

Given that NHS England has recognised the need to maintain national contractual arrangements for GOS services, we do not support the proposal to enable the commissioning of these services by ICSs. This change would inevitably generate additional cost and complexity with no compensating benefit.

Changes to the regulation of healthcare professionals

The White Paper says the Government will bring forward measures "to enable us to improve the current regulatory landscape for healthcare professionals" (p29, para 3.27). The detailed proposals set out in Annex A to the White Paper (p63, para 5.148 on) include powers to use secondary legislation to enable regulators to delegate core functions to another body, to abolish regulators altogether, and to take whole healthcare professions out of regulation.

All optometrists in the UK are regulated by the General Optical Council, one of the statutory healthcare professional regulators. The current regulatory landscape is fragmented, with several regulators of which some oversee relatively few registrants. In our response to the last DHSC consultation on reforming the regulation of healthcare professionals, we agreed that rationalising the existing regulators could bring benefits including lower costs, a more consistent approach to regulation, and better public understanding of how healthcare professions are regulated. However, we also warned that if the reform process is not well managed, change could lead to worse outcomes than the current regulatory system. We suggested that most of the benefits of structural changes to the current regulatory landscape could be delivered more effectively, and with less risk, by enabling more shared functions and joint working between regulators.

We support the White Paper proposal for a secondary legislation power to enable regulators to delegate functions to another body, since that could improve the regulators' efficiency and effectiveness. However, we are concerned that the other proposed powers in the White Paper would enable a future Government to make sweeping changes to the current regulators, including abolition, via secondary legislation which only allows limited Parliamentary scrutiny. Since changes to the regulation of healthcare professionals can have significant consequences for patients and the public, we think any future proposal to close a regulator or take a profession out of regulation should require primary legislation.

The Association of Optometrists

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