

June 2014

The Call to Action (CTA) is a major opportunity for eye health and care in England. This document contains suggestions on how LOCs may wish to respond to the Call to Action and key points they may want to include in their submission to NHS England.

Routes to respond to the CTA

LOCs have various options for responding to the CTA:

1. Complete the online questionnaire, answering the questions posed by NHS England in the CTA
2. Feed your views to LOCSU to inform the national response
3. Participate local engagement event(s) hosted by your Area Team (AT)
4. Send a joint response to your AT with neighbouring LOCs

If possible, we suggest that LOCs feed in via all routes. We would be grateful if LOCs could forward a copy of your response to info@locsu.co.uk.

Top tips for an LOC response

Top tips on formulating your response to the CTA:

- The response should not be presented as a community optics wish-list. It should relate eye health services to local or national patient need and should highlight the patient outcomes and efficiencies that any proposed changes would be expected to deliver.
- Resist the temptation to have a whinge. We all know that the operation of the NHS has not been perfect in the past, that sight tests fees are extremely low and that there are many challenges for the community optical sector in the current environment. However, now is not the time refight old battles. Responses need to maintain a positive focus on what can be done to improve patient outcomes, access and NHS efficiency taking a broad view of the whole optical and eye health sector.
- State how many practices your LOC represents and note what percentage of practices already provide community services (if any have been commissioned) and what percentage are willing to get involved in delivering community services.
- Highlight the importance of national commissioning of basic community services such as minor eye conditions, glaucoma repeat readings, cataract referral refinement and post op (all of which utilise core skills of optometrists) to remove the current "postcode lottery" that exists for patients when not all CCGs commission such service.

These are already standard in Wales and Scotland and soon to be implemented in Northern Ireland. National services will also reduce the cost and capacity burden that has occurred as a result of CCGs having to utilise CSUs to develop service specifications, negotiate fees, and draw up contracts for every community service they commission. This point needs to be forcibly made in all submissions, as the localisation agenda still holds firm in Government policy and in the minds of many NHS leaders. It is adding significantly to NHS transaction costs (sometimes exceeding the contract values) and is a barrier to modernisation and transformation of services for patient benefit.

- Recognise that local commissioning comes into its own in commissioning joined-up local services according to specific local needs and to ensure primary care is properly connected to and works in partnership with hospital care and social care (including that provided by voluntary organisations). The pivotal role of the Local Eye Health Network (LEHN) should be emphasised and your willingness to participate and make LEHNs work.
- Make sure you understand what the priorities for local commissioners are and tie your response to those priorities where possible e.g. older people, long term conditions, reducing pressure on A&E and GPs.
- Use the key points set out below within your response, but remember that responses need a local flavour too – formulaic responses will have less impact on NHS England, which is why we are not providing LOCs with a template response.
- Include data from services in your area or from neighbouring LOCs as evidence to demonstrate the value of community eye health services. Ensure you include services provided by the voluntary sector if relevant.
- Strengthen your case for community eye health service development with external support/ endorsement. Can you identify the stakeholders to provide support for your response? You should include statements of support from stakeholders, particularly patients or local patient groups or your local ophthalmologists, within the body of your response. You may also want to consider whether a key local stakeholder, e.g. a prominent councillor, MP or CCG chair, would be willing to put their name to a foreword for your response.
- Consider the possibility of negative responses that may be fed into the AT and whether there are ways you can neutralise these messages in your response, or by seeking further stakeholder support which may counteract negative messages.

Suggested key points to include in responses

In discussions with patient groups and others, LOCSU will be asking them to promote some or all of the key messages listed below. These messages may also be useful to LOCs to use in their own CTA responses and in their work to engage local stakeholders with the CTA:

- Community optical practices are accessible healthcare locations and have easily available and flexible capacity. The NHS must make full use of this asset to provide eye health services and help people look after their eyes.
- Community optical practices should be commissioned to become the first port of call for people with eye health problems. This is particularly important given the increasing demands on GPs to provide out of hospital care for more patients with long term conditions and the predicted shortage of GPs to meet demand.
- CCGs should work with stakeholders via Local Eye Health Networks (LEHNS) to ensure they fully understand the capacity and skill mix available to them, as well as local need. The local mix of ophthalmologists, orthoptists, hospital optometrists, ophthalmic nurses, Eye Clinic Liaison Officers (ECLOs), GPs with special interest, community optometrists, opticians, and other eye health professional should be considered. An understanding of competencies is important as some optometrists, orthoptists and nurses will have developed higher qualifications and can play a pivotal role in delivering more services in the community.
- The NHS should commission a range of services nationally from community optical practices so that patients can understand and have equal access to the full range of eye health services that optical practices can offer. These services should be commissioned from optical practices working within the quality in optometry framework with national accreditation.
- Better use must be made of community optical practices to help reduce pressures on urgent care, e.g. by promoting the use of optometrists to treat patients with minor eye conditions through a national service.
- Optometrists with an independent prescribing qualification should be utilised by CCGs to support the delivery of community eye health services.

- Health inequalities should be addressed by (i) commissioning specific services for seldom heard groups. For example, the LOCSU pathway for people with learning disabilities should be commissioned so that people with learning disabilities across England can access adapted sight tests. (ii) Reviewing General Ophthalmic Services (GOS) regulations to remove restrictions that are creating a barrier to access of sight tests. For example, homeless people not being entitled to a GOS sight test or voucher if they do not have an address.
- Care offered by community optical practices must be part of integrated care pathways to ensure that patients receive consistent and joined up care.
- All reception-age children should have access to orthoptist-led vision screening, as recommended by the National Screening Committee, and a pathway should be implemented to ensure timely follow-up in the community of children who do not meet the minimum vision standard.
- ECLOs should be commissioned in all secondary care clinics so that all patients have access to emotional support at the point of diagnosis of sight loss.
- Patients should be empowered to give optometrists and other community-based eye health professionals access to their care records to enable them to ensure that the care they are providing complements, rather than duplicates, that being offered by other healthcare providers.
- A major barrier to greater efficiency and integrated care is the lack of IT links between optical practice IT systems. These should be closely linked to, and ideally integrated, with general medical practice and hospital systems. Communicating electronically to all clinicians involved in the patient's care should be the norm rather than the (currently) very rare exception. Investment in IT links and information governance support for community optical practices is needed to support secure and efficient exchange of data between primary and secondary care providers.
- Community optometrists and opticians must be recognised by the NHS as part of the primary care community, along with pharmacists, dentists and GPs, emphasising the role of our professions to the public.
- Better use should be made of community optical practices to help promote public health messages to the public, to play a key part in prevention and to improve the health and wellbeing of their communities, including the use of the NHS logo.

- Education of the public and health and social care professionals to increase awareness of the fact that fifty percent of avoidable blindness in the UK is currently missed through late presentation by patients, particularly through their not attending for regular sight tests is important.
- The bureaucracy surrounding procurement and contracting is a major barrier to commissioning of services from community optical practices, particularly the requirement for complex and unwieldy standard contracts for local contracts of limited value.
- There must be consistency in the commissioning and quality/accreditation measures for community eye health services to help patients and practices, as well as increasing cost-effectiveness for commissioners.
- In developing community eye health services we must identify and focus on where optical practices and other community providers can best deliver outcomes for large numbers of people; there is a need for NHS England to show leadership and give a steer about early priorities to support LEHNs and CCGs.

For information on the Call to Action including details of NHS England's local engagement events see www.locsu.co.uk/communications/calltoaction.

To submit a response to the Call to Action, go to www.england.nhs.uk/2014/06/12/eye-cta/.

To feed your views to inform the national response or if you have any questions, please email info@locsu.co.uk.