General Ophthalmic Services Review

*Findings in relation to the framework for primary ophthalmic services, the position of dispensing opticians in relation to the NHS, Local Optical Committees, and the administration of General Ophthalmic Services payments*

Gateway reference: 7689
1 Introduction

1.1 In August 2005, the Department of Health announced a review of the current system of General Ophthalmic Services (GOS). The GOS system currently encompasses NHS sight tests carried out by optometrists or ophthalmic medical practitioners and the provision of optical vouchers to support certain eligible groups in purchasing glasses or contact lenses.

1.2 The review was conducted by the Department of Health (see Appendix 1 for terms of reference) with the participation of the main stakeholder organisations representing patients, the relevant professions and NHS organisations (see Appendix 2 for a list of those who provided an input to the review).

1.3 The primary focus of the review has been to examine how to support PCTs in commissioning a wider range of community based eye care services, where this is likely to improve patient experience and provide a cost-effective way of increasing capacity and choice.

1.4 The main outcome of the review is a commissioning toolkit, which is designed to provide PCTs with practical advice on commissioning community-based eye care services. The toolkit sets out examples of pathways that make greater use of community-based services, e.g. for glaucoma patients. It explains how PCTs and practice based commissioners can use the different stages of the commissioning cycle to test the potential benefits of applying new pathways and the factors to take into account in implementing such schemes. It links to a series of case studies describing how PCTs have already developed such services, which will be published on 2 February 2007.

1.5 To support PCTs in commissioning community-based eye care services, the Government last year introduced legislative proposals – now reflected in the Health Act 2006 – that would allow the introduction of a more flexible, integrated framework for commissioning primary ophthalmic services. This document sets out the findings of the review on the shape of this framework. Draft regulations to introduce this framework will be subject to wide-ranging consultation with stakeholders.

1.6 This document also sets out the Department’s findings on other issues considered during the review, in particular:

- the position of dispensing opticians in relation to the NHS
- the role and remit of Local Optical Committees
- the administration of GOS payments.

1 www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Optical/fs/en
2 www.primarycarecontracting.nhs.uk/87.php
1.7 It is important to note here that this will be a constantly evolving agenda. The review has provided an important opportunity to put eye care and eye health in the context of the wider commissioning framework for the NHS. It has also highlighted the opportunities for a range of eye care professionals to contribute to the development of eye care services, and the need to engage with commissioners locally, offering solutions for how services can be delivered that better meet the needs of patients. The Department will continue to work with the NHS and the professions to ensure that collectively we continue to learn lessons from the development of these services.
2 National framework for commissioning primary ophthalmic services

2.1 The Health Act 2006 allows the introduction of a three-tiered framework for commissioning primary ophthalmic services, covering:

- essential services, which all PCTs must commission and which any eligible contractor may provide, i.e. the provision of NHS sight tests, which is specified on the face of the Act.
- additional services, covering any other services that all PCTs must commission and which are prescribed in regulations.
- enhanced services, which PCTs may choose to commission.

Essential services

2.2 During the passage of the Health Act 2006, the Department reiterated its commitment to maintaining the main current features of the NHS sight testing service, i.e. a nationally defined service which any eligible contractor may choose to provide. The review has confirmed this view. In the interests of promoting choice and competition, we intend that sight testing will be designated an ‘essential service’.

Domiciliary services

2.3 The review has confirmed the Department’s view that domiciliary services should be designated as an additional service in terms of the framework described at 2.1 above. This will mean that PCTs must make provision for access to sight tests for those people who are unable to visit a practice. Designation as an ‘additional’ rather than an ‘essential’ service will mean, as now, that contractors providing sight tests on their own premises can choose whether or not they wish to provide a domiciliary testing service as well. Equally, a contractor that wishes to focus on providing a domiciliary service would not be obliged to provide a premises-based service.

2.4 Under the three-tiered framework, ‘additional services’ could be prescribed either so as to enable any eligible contractor to provide the service (if they wish) or so as to enable PCTs to award contracts to a more selective group of contractors. The Department’s view is that, in the interests of stimulating a diversity of providers and sustaining patient choice, it should continue to be open to any suitable provider to provide a domiciliary sight testing service subject, as now, to local decisions on matters such as quality of service e.g. suitable equipment.

2.5 During the course of the review, the optical profession’s Domiciliary Eye Committee set out their proposals for improving domiciliary eye care. The Department will be developing and consulting on new regulations for domiciliary sight testing, as part of implementation of the provisions in the Health Act 2006. The Department will consider the proposals put to us by the optical professions in developing these draft regulations.
Other ‘additional services’

2.6 The review also considered the case for designating other ‘additional services’, i.e. that PCTs should be obliged to commission as primary ophthalmic services in addition to NHS sight testing and domiciliary sight testing.

2.7 The optical bodies in particular put forward a case for designating treatment and management of acute eye care conditions (such as red eye and conjunctivitis) – together with glaucoma referral refinement – in this middle tier. The arguments put forward in support of this proposal included potential benefits in terms of choice and accessibility for patients, reduced pressures on GPs and hospital services, and improved referrals from optical practices to other parts of the health service.

2.8 Other contributors to the review, including PCTs, argued for greater local flexibility in deciding how far to commission such services.

2.9 The Department has considered these arguments carefully. As set out in the commissioning toolkit, we consider that there are a range of potential benefits for patients and for NHS commissioners in commissioning a wider range of community-based eye services. However, there is not yet sufficient evidence to be sure of the full impact that these developments might have in terms of patient experience, outcomes and costs although we will look at this again when evidence becomes available. The strength of the case for developing services is also likely to vary between localities, depending on a range of factors including the size and nature of the hospital eye service, the willingness and capacity of potential community-based providers (such as optical practices) to develop new services, and the amount of additional capacity needed (for instance to achieve the target of a maximum 18-week pathway from referral to start of treatment).

2.10 The Department has therefore concluded that, at least initially, there should be local discretion about how far – and at what pace – a given locality chooses to develop these services and about the way in which they will be delivered. This is in line with the overall policy of devolving commissioning decisions to PCTs and practice based commissioners. The commissioning toolkit we have developed supports commissioners, working with patient and professional representatives, in making these decisions.

2.11 We propose on this basis that ‘additional’ services should initially comprise domiciliary sight testing and that other community-based services should be commissioned as ‘enhanced’ services.
3 The position of dispensing opticians to the NHS

3.1 Dispensing opticians play an important and developing role in the delivery of eye care services and can play a key role in managing optical services. They are well placed to play a significant role in the development of enhanced services, such as care of low vision patients.

3.2 During the course of the review, the optical bodies put forward proposals to put dispensing opticians on a more similar footing to that of optometrists, in particular through representation on Local Optical Committees (LOCs) and inclusion on PCTs' performers lists.

3.3 We here describe developments that are likely to bring greater dispensing optician involvement in LOCs, together with other steps that can be taken locally to promote the engagement and participation of dispensing opticians in developing eye care services. We consider that these developments are likely to support the growing engagement of dispensing opticians, but without requiring the more radical and in our view unwarranted step of seeking primary legislation to alter the statutory purpose of LOCs or performers lists.

Background

3.4 General Ophthalmic Services did historically include the dispensing of glasses (to certain eligible groups such as children) from a limited range of frames. In 1986, Parliament approved deregulatory changes whereby all dispensing is carried out as a private business, but the NHS provides optical vouchers to eligible groups to enable them to purchase glasses or contact lenses with the option of “topping up” if they wish to purchase a more expensive pair of glasses.

3.5 One of the effects of these deregulatory reforms has been that dispensing opticians, because they are no longer GOS contractors, have no legal right of representation on Local Optical Committees (LOCs). Nor are dispensing opticians included in PCTs' performers lists.

3.6 The optical bodies, including the Association of British Dispensing Opticians (ABDO), have raised with us the frustration that this position causes not just for dispensing opticians but for the wider practices of which they are a part. A number of dispensing opticians own the practices that provide NHS sight tests. More generally, optometrists and dispensing opticians work closely alongside each other in optical practices, and it is not necessarily obvious to them why one group are represented on LOCs and the other not.

Overall legislative framework

3.7 The Department considers that the system of optical vouchers works well in terms of providing far greater choice for patients, encouraging competition between providers and promoting high standards of quality and efficiency. No one has suggested in the course of the review that
this basic system should change, or that the dispensing of glasses should revert to being treated as an NHS service.

The way forward

3.8 The powers in the Health Act 2006 will enable PCTs to contract directly with dispensing opticians (and lay owned practices) that provide a sight testing service, rather than use the cumbersome 'grandfathering' arrangements that have existed since this anomaly was first identified. Dispensing opticians owning businesses that provide a sight testing service will then have the right to be represented by the LOC. The Health Act will also enable LOCs to be representative of anyone either providing or performing primary ophthalmic services, including the 'enhanced' services (such as low vision services) that PCTs may in future commission.

3.9 These changes provide a step forward in terms of greater involvement of dispensing opticians in LOCs.

3.10 We have examined carefully the proposal to extend LOC representation and membership to all registered dispensing opticians. However, LOCs (as with other local representative committees) are required by primary legislation to be representative of those who provide NHS services. This means essentially that we could not give representation rights to all dispensing opticians without reversing the deregulation of the 1980s and making dispensing an NHS service again, or without seeking new primary legislation that altered fundamentally the nature of local representative committees.

3.11 Similar considerations apply to the inclusion of registered dispensing opticians in PCT performers lists. The Department is undertaking a wider review of the performers list arrangements. However, the basic position is that the listing arrangements are designed to support PCTs in handling performance issues related to the conduct of NHS services. It would be anomalous to seek primary legislation to extend the listing system to the successful and well-regarded private arrangements for dispensing of glasses and contact lenses.

3.12 It also follows from this that the Department does not see a case for making payments to dispensing opticians in respect of the continuing education and training requirements that they need to fulfil in order to maintain their registration. The NHS provides a contribution to the cost of continuing education and training for professions whose income derives in part from providing NHS services.

3.13 In summary, we would hope and expect to see growing engagement of dispensing opticians through:
- encouraging further the practice of co-opting dispensing opticians onto LOCs. The optical bodies intend to develop a new model constitution that could be used to support this
• the increasing representation that is likely to flow from enabling PCTs to contract directly with dispensing opticians for the provision of primary ophthalmic services

• the involvement of dispensing opticians in local eye care groups or whatever other arrangements PCTs and practice based commissioners may use to engage professional and patient representatives in assessing needs, reviewing service provision, and developing services.
4 Local Optical Committees (LOCs)

4.1 The GOS review looked to identify whether any changes were needed to the remit of LOCs to support the NHS in commissioning a wider range of community based eye care services. The position of dispensing opticians in relation to LOCs is discussed in section 3 above.

4.2 As set out above, the implementation of the optical provisions in the Health Act 2006 will enable LOCs to be representative of both the providers of primary ophthalmic services (including practices owned by dispensing opticians or lay owners) and those who perform primary ophthalmic services. Implementing regulations are expected to be introduced 2007/early 2008. These changes will ensure that LOCs provide a representative local forum of providers and performers for PCTs to consult on matters relating to the full range of primary ophthalmic services, including proposals for ‘enhanced’ services.

4.3 PCTs will of course wish to seek advice and views from a range of local professionals, as well as patient groups, in relation to the different stages of the commissioning cycle (e.g. assessing needs, reviewing service provision, designing potential new services). This will include the groups represented on LOCs, but will also include ophthalmologists and other professional groups such as orthoptists and ophthalmic nurses.

4.4 To this end, as set out in the commissioning toolkit, PCTs may wish to consider the development of local eye health groups, or other arrangements to engage this range of professional and patient groups. This does not, however, have any implications for the existing statutory remit of LOCs.
5 GOS payments system

5.1 Under current arrangements, PCTs are responsible for administering payments for the provision of NHS sight tests and for the redemption of optical vouchers. Whilst the service cost of sight tests and vouchers is reimbursed from centrally-managed funds, the administrative cost of processing payments is met by PCTs.

5.2 During the review, the optical sector raised with us concerns about the operation of the current system for submitting claims and making payments under GOS. The optical bodies argue that a centralised payments system, with electronic transfer of data, similar to that used for primary care dentists and pharmacists, would remove any inconsistencies in the way that payments are made and make for more efficient use of resources both for the NHS and for optical practices. Such a system would also, in their view, generate richer data for the NHS and provide more effective arrangements to safeguard probity.

5.3 The view of the PCTs consulted during the review, on the other hand, tended to be that the existing arrangements work well and that a centralised system would offer very limited scope for efficiency savings. PCTs have also questioned the wisdom of moving to a centralised system at a time when we are seeking to facilitate greater local commissioning of enhanced services.

5.4 We decided that it did not make sense to scrutinise these issues in greater depth during the review, given the significant changes taking place to the number and size of PCTs, related work to review the organisation of shared services, and the time needed for these changes to bed in before making a fair comparison between a centralised system and PCT-systems. We intend, however, to commission an appraisal in 2007 to examine a range of potential options for improving the current system. This will include examining the case for a centralised payments system, but will also examine the scope for improving the efficiency and consistency of the existing PCT-led arrangements for example by standardising systems and introducing electronic transfer of claims and payments.
6 Conclusion

6.1 The development of more community-based eye care services sits well with the wider objectives of developing services in settings that are more convenient and accessible to patients and increasing patient choice. The GOS review has provided an important opportunity to assess how to support the NHS in reviewing the potential effectiveness and cost-effectiveness of potential new eye care pathways and in successfully implementing new schemes where it is appropriate to do so.

6.2 The main factors that PCTs and practice based commissioners will need to take into account in developing such services are set out in the commissioning toolkit that forms the main outcome of the review.

6.3 The proposals set out in this document are designed to support this overall direction of travel, by:

- providing a more flexible, integrated framework through which both the NHS sight testing service and enhanced local services can be provided.
- facilitating the engagement and participation of dispensing opticians in contributing to the development of services.
- ensuring that Local Optical Committees are representative of providers and performers across the range of locally commissioned primary ophthalmic services.
- assessing ways of improving the efficiency and consistency of systems for making payments to providers of primary ophthalmic services.
Appendix 1

Review of General Ophthalmic Services: terms of reference

1. To review the scope, structure and organisation of General Ophthalmic Services, their fit with a modernised NHS, in light of the planned move to performers list arrangements*, and make recommendations, if necessary, for reform.

2. In drawing up recommendations, which should be within existing resources, the review should consider:

- the aim and scope of increasing work undertaken in primary care to reduce pressure on secondary care and inappropriate referral to secondary care and the role of primary care professionals in diagnosing and managing eye conditions;
- the anticipated increase in the role of primary care professionals in low vision, glaucoma, cataracts and age related macular degeneration;
- the provision of greater choice to patients;
- the planned extension of prescribing responsibilities to optometrists;
- patients’ needs for integrated services across health, social services and the voluntary sector and the management of long term conditions;
- the position of dispensing opticians in relation to the NHS;
- the role of optometrists with a special interest;
- the arrangements for achieving best value from the current £340m General Ophthalmic Services budget and the implications for Hospital and Community Health Services expenditure;
- the composition and remit of Local Optical Committees.

3. Issues about the level of funding for ophthalmic services, including remuneration for sight tests, and eligibility criteria for entitlement to NHS sight tests and optical vouchers are matters for the Department of Health or, in the case of funding locally commissioned services, Primary Care Trusts, and are outside the terms of reference of the Review.

• NOTE : The proposed ‘performers list arrangements’ refer to the planned replacement of the present ophthalmic listing arrangements. The planned arrangements would allow a wider range of businesses to contract with the NHS to provide general ophthalmic services subject to the clinical work being undertaken by properly qualified performers who will be listed with PCTs i.e. be on the ‘performers list’.
Appendix 2

Organisations consulted during review of General Ophthalmic Services

The Department of Health would like to thank all those who contributed their views to the review, which included:

Formal request for submissions

A formal request for submissions was made in March 2006 and responses were received from the following individuals/organisations:

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<tr>
<th>Organisation/Individual</th>
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<td>Association of British Dispensing Opticians, Association of Optometrists, College of Optometrists, Federation of Optometrists, College of Optometrists – Joint response Basildon PCT Bedford PCT Bexley PCT Bexley, Bromley and Greenwich LOC Billericay, Brentwood and Wickford PCT BMA Bradford Hospitals NHS Trust Bradford LOC Bradford PCT British and Irish Orthoptic Society Buckinghamshire LOC Buckinghamshire PCT Calderdale and Kirklees LOC Cambridgeshire LOC Cambridgeshire PCTs Cornwall and Isles of Scilly LOC Croydon LOC Dorset and Somerset SHA Durham and Chester-le-Street PCT Gateshead and Gateshead and South Tyneside PCTs General Optical Council Lambeth, Southwark and Lewisham LOC Low Vision Steering Group (part of Vision 2020) NHS Confederation</td>
<td>Norfolk LOC Optometric Advisers Group Primary Care Contracting RNIB Robin Banks, Optometrist Rotherham PCT Royal College of Ophthalmologists Royal Devon and Exeter NHS Foundation Trust Seeability Sefton LOC Sheffield SW PCT Shropshire County PCT South Sefton PCT South West Kent PCT Staffordshire LOC Steven Hui, Optometrist, Specsavers Stockport PCT and LOC Suffolk Coastal PCT Sunderland IPCT Surrey Heath &amp; Woking and Guildford &amp; Waverley PCTs Thurrock PCT Tom Hedley, Optometrist West Yorkshire Eye Care Network</td>
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Visits

The project lead for the review visited:

- University of Bradford School of Optometry
- National Assembly for Wales
- Arbuthnot Opticians - Wales
- Hal Rollason – former Chair, Optometry Scotland and Frank Munro – current Chair of Optometry Scotland
- Bedford PCT (to discuss proposed development of Bedford Primary Eye Care Clinic)
- Essex LOC (to discuss the proposed Essex Integrated Eye Care Scheme)
- Hinchingbrooke Hospital and Huntingdon PCT (to discuss the proposed glaucoma scheme)
- Shipley Ophthalmic Assessment Programme

Stakeholder events

Stakeholder events were held in July 2006. These were attended by representatives from the following organisations:

Association of British Dispensing Opticians
Association of Optometrists
Barnet PCT
Berkshire East tPCT
Bexley PCT
Birmingham PCT
BMA
Bracknell Forest PCT
Bradford and Airedale tPCT
British and Irish Orthoptic Society
Buckinghamshire PCT
Calderdale PCT
Cambridgeshire LOC
College of Optometrists
East and North Hertfordshire PCT
Federation of Ophthalmic and Dispensing Opticians
General Optical Council
Gateshead PCT
Gloucestershire LOC
Halton and St Helens PCT
Hampshire PCT
Haringey tPCT
Healthcall Optical Services
Hinchingbrooke Hospital
Hull and East Riding PCT
Leeds Teaching Hospitals Trust
Liverpool LOC
Norfolk, Suffolk and Cambridgeshire SHA
North Nottinghamshire LOC
Optometric Advisors Group
Oxfordshire PCT
Plymouth PCT
Primary Care Support Service
RNIB
Royal College of Ophthalmologists
Suffolk PCT
Surrey PCT
Sussex Downs and Weald PCT
Torbay PCT
Warwickshire PCT
West Sussex LOC
The Eye Care Services Steering Group

The ECSSG was consulted throughout the review, and in particular in the final stages of drawing together the findings and the commissioning toolkit.

Pilot sites

Submissions were received from individual practitioners involved in the chronic eye care pilots.

Other

The Optical Bodies collectively produced a document which set out their views on the future of primary eye care. The Optical Bodies also commissioned two reports from Professor Nick Bosanquet, one which proposed a contract for community eye care in England, the other which documented the role of dispensing opticians.

The Royal College of Ophthalmologists produced a guidance document on Ophthalmic Primary Care.

A number of meetings were also held with the individuals from the main representative bodies for eye care professionals.

The RNIB produced a report, based on focus group work with patients, about their views on eye care services.

*Note the lists above do not take account of changes to PCT and SHA names that followed with PCT and SHA reorganisation.*