Response ID ANON-CQ9Z-4AC6-N

Submitted to **Developing the long term plan for the NHS**
Submitted on **2018-09-28 15:14:47**

About you

1 In what capacity are you responding?

In what capacity are you responding?:
Other

If you have selected 'Other public body' or 'Other', please specify::
Membership organisation

2 If responding on behalf of an organisation or group of organisations please state organisation(s) name.

If responding on behalf of an organisation or group of organisations please state organisation(s) name:
FODO (Federation of Ophthalmic and Dispensing Opticians)

3 In what region are you based?

In what region are you based?:
N/A - National or regional organisation

4 Is this response submitted on behalf of a group of people or organisations?

Yes

5 How many people does your organisation(s) represent?

How many people does your organisation(s) represent?:
85% of the optical sector

About you

1 Please provide details of who has contributed to this response.

(numbers and organisational names as appropriate):
David Hewlett, Chief Executive, FODO

The Federation of (Ophthalmic and Dispensing) Opticians is the representative national association for community eye health providers, optometrists, opticians and ophthalmologists in the UK. Our aims are to achieve eye health for all, delivered through world-class services, provided by regulated professionals operating in a competitive environment. Our members provide 85 per cent of sector activity in the UK and the majority of NHS primary eye care.

As a Federation, we welcome the opportunity to respond to this important consultation on a long-term plan for the NHS.

We also welcome the decision to invite those who “work in or alongside the NHS……. to contribute their ideas, experiences and insights” (p2). Often those who work within and alongside the NHS can bring a broader perspective and have better view of the issues that need to be addressed than those who operate entirely within the NHS.

Developing the long term plan for the NHS

1 Please select a theme you would like to comment on?

Life stage - Aging well

Overarching questions

1 What are the core values that should underpin a long term plan for the NHS?

(200 words):
The core values should remain the seven key principles, pledges and patient rights that underpin the NHS Constitution. These will help ensure any long term plan
• meets the public sector duty to advance equality – i.e. is compliant with the Equality Act 2010
• incentivises continuous quality improvement and value for money – i.e. is compliant with existing NHS legislation, and public sector procurement rules
• puts patients, not institutions, at the heart of the NHS – to avoid falling into the traps of institutional or professional protectionism which the Health Select Committee and others have warned against
• has a clear up-to-date statement of how genuine accountability will operate in the NHS – which the Government is committed to under the seventh principle of

ensuring the “NHS is accountable to the public, communities and patients that it serves.”

Without these core values, and underlying legal safeguards underpinning all levels of NHS plans, there is a significant risk that
• the NHS will fail to use its scarce resources efficiently
• people with protected characteristics will be disadvantaged
• unaccountable monopolies, which are too big to fail, will dominate the NHS system to the public detriment.

In contrast, provided these core values supported by robust and legal safeguards are followed, a long term plan help drive continuous quality improvement, innovation and better value, securing the NHS for this and future generations.

2 What examples of good services or ways of working that are taking place locally should be spread across the country?

(200 words):
Many CCGs now commission local primary eye care services, alongside the national sight testing and case finding service, to meet demand and reduce pressure on GPs, hospitals and A&E. There are many good examples of this such as the Lambeth and Lewisham Minor Eye Care Scheme.[1] However they are still commissioned piece-meal and with minor variations from location to location which adds to costs for both the NHS and providers.

A primary eye health service should be the NHS norm across the country just as for general medicine, pharmacy, dentistry and hearing and we would support moving to a higher level of aggregation for commissioning such services e.g. at NHS England regional or Sustainability and Transformation Partnership (STP) level. Greater Manchester provides a potential scalable model for England. There are lessons to be learned too from Scotland, Wales and Northern Ireland where thinking about eye health is generally much further advanced than in England.
[1] www.londonsenate.nhs.uk/wp.../Evaluation-of-a-minor-eye-conditions-scheme.pdf

3 What do you think are the barriers to improving care and health outcomes for NHS patients?

(200 words):
The major barriers to improvement are cultural.

There can be a dangerous tendency amongst politicians and NHS managers to believe that the UK has the best delivered health service in the World and therefore an unwillingness to learn from systems in other countries or from independent sector providers and partners.

That said, the NHS is full of good ideas and examples of better ways of working. Unfortunately these are usually dependant on enlightened individuals operating in isolation. They are rarely generalised and, as a consequence, often fail when that individual or individuals move on.

Even when NHS England, NHS Improvement and NICE guidelines all point to a cost-effective and evidence based alternative to existing practice, change in the NHS can be inexcusably slow. Lack of progress is justified because “it is not a priority for us”, “we have to wait for approval”,“this is how we have always done things here”.

This is unacceptable in a health system which is legally required to deliver continuous quality improvement, reduce inequalities and achieve best value.

Lacking genuine structural transparency, accountability and having only very weak drivers for efficiency, the NHS is forced to fall back upon the good will of staff and professional ethics alone. These are weak incentives for improvement and often fall foul of systems inertia with patients and taxpayer suffering the consequences in worse health outcomes, less convenient access and poor value for money. Regrettably we can give plenty of examples of this from the eye health and hearing sectors if required.

In part this is a consequence of the unhealthy ‘churn’ amongst the management, administrative and leadership cadres within the NHS and the narrow focus of NHS boards. Incentives should therefore be realigned to enable innovators, challengers, clinical leaders and effective managers to remain in place and build careers for the long term within services that support and benefit local communities.

The NHS needs to be more outward-looking and honest with patients and the taxpayer. It needs to be less focused on learning from within the NHS only and should work with, teach and learn from partners across the wider health and care system – including independent and third sector providers.

The NHS also needs to be less focussed on institutions. As in all walks of life - universities, churches, companies, hospitals - institutions have enormous emotional appeal. However, as health quality and human factors evidence shows, this approach can be dangerous in a modern and complex health care system like the NHS. If the NHS is to meet its legal duty continuously to improve quality of care and reduce avoidable harm and waste, it must now be encouraged to design systems which genuinely put patients, populations and healthcare quality ahead of loyalty to institutions, professions or establishments. This needs to be embedded in NHS training and thinking at all levels.

4 Would you like to comment on another theme?

Life stage - Staying healthy

Life stage - Early life

1 What must the NHS do to meet its ambition to reduce still-births and infant mortality?

(200 words):
No response.

2 How can we improve how we tackle conditions that affect children and young people?

(200 words):
o More joined-up government - health deserves its own Cabinet Committee joining up departmental action across the board
o Continue to tackle the demons of poor nutrition, obesity, and poor housing
o Ensure the pressures central government imposes on local government do not inhibit healthy living developments at local level
o Continue to educate parents about health and lifestyles
o Ensure equality of care for looked-after children and those with long-term conditions, including statementing in education

3 How should the NHS and other bodies build on existing measures to tackle the rising issues of childhood obesity and young people's mental health?

(200 words):
No response.

4 How can we ensure children living with complex needs aren't disadvantaged or excluded?

(200 words):
By requiring regular and rigorous self-audit by all public bodies, open and transparent publication of the results and published and followed-through action plans to address any inequalities identified.

5 Would you like to comment on another theme?

Life stage - Staying healthy

Life stage - Staying healthy

1 What is the top prevention activity that should be prioritised for further support over the next five and ten years?

What is the top prevention activity that should be prioritised for further support over the next five and ten years?:
See 2 below

2 What are the main actions that the NHS and other bodies could take to:

(400 words):
The NHS has for too long prioritised
o killer diseases over conditions that severely affect quality of life
o years lived in absolute terms over years lived without impairment or disability.

In our view prevention activity should focus on issues that enable people to live healthy and active lives, not simply extending life. As we highlighted in our response to the consultations on NHS England's NHS Outcomes Framework in 2009 and 2014 [1] (and as reflected in the NHS Constitution) the NHS does a lot of excellent work in simply keeping people well, socially functioning and independent. Not recognising this major area of public value in the NHS Outcomes Framework was a serious oversight and has potentially skewed priorities ever since.

From our front-line clinical, perspectives the prevention programmes that should be prioritised over the next 5 – 10 years are

o Obesity, diet, exercise and smoking – all ages
o Mental health – all ages
o Mobility and falls prevention - older age groups
o Cognitive impairment and supporting people to live with declining cognitive function in their own homes with family support – older age groups
o Prevention of vision and hearing impairment which impact negatively on and make living with any of the above much tougher - all ages.

Tackling these healthy living 'inhibitors 'will also impact positively on loneliness, depression and cognitive impairment by promoting physical health, social functioning and independent living at all ages.

[1] http://www.fodo.com/downloads/resources/consultations/White_Paper_Transparency_in_Outcomes__Response_-FINAL_Optical_Confederation.pdf

http://www.fodo.com/downloads/consultations/nhs-outcomes-framework-refresh-august-2014-oc-response-final.pdf

3 What should be the top priority for addressing inequalities in health over the next five and ten years?

What should be the top priority for addressing inequalities in health over the next five and ten years? :
Moving away from block contracting for services at local level. Block contracts hide a multitude of sins and prevent external scrutiny of service lines and comparative outcomes. This means that local people have no idea how well their health services are performing in their own right or in comparison with others across the country. The current high level aggregations and lack of granularity in performance assessments also have significant disadvantages in terms of addressing health inequalities – for example composite scores/indicators can distract system leaders and/or misleadingly reassure them. A new system-wide commitment is needed based on genuine transparency, openness and comparisons between need, investments and outcomes. This is what will focus attention on inequalities that need to be addressed. As noted in our response to Question 2, moving to a higher level of aggregation than CCGs for commissioning primary

eye health services, ideally with national standards, alongside the crucial and very cost-efficient national sight-testing service will reduce inequalities between areas at a stroke and enable the easier roll out of best practice as well as enhancing quality and efficiency.

4 Are there examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?

(200 words):
Yes.

The shift of ophthalmic services out of acute hospitals as anticipated in the Five Year Forward View should be implemented systematically. This would expand capacity, improve access and care closer to home to meet growing needs of an ageing population, and help contain rising costs for the NHS overall. As a minimum a primary eye care service should be commissioned in all localities to reduce pressure on GPs, A&E and the hospital eye service. In addition NHS England's Elective Transformation Care Programme (Ophthalmology) [1] and the recommendations in the All-Party Parliamentary Group report Seeing the Light [2] should be implemented systematically and in full across the NHS. The publication of a new long-term plan should not be used as a distraction for NHS commissioners, professional leaders and managers from following through on pre-existing programmes.

The continuation of opaque and unaccountable block contracts, as in NHS England's current proposals for Integrated Care Providers [3], will potentially block such progress as has already been made. This would be a retrograde step for both the health service and patients.

[1] https://www.england.nhs.uk/elective-care-transformation/
[2] https://www.rnib.org.uk/sites/default/files/See the light_Improving NHS eye care capacity in England.pdf
[3] https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/

5 How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?

(200 words):
As a society, not just the NHS, we should work on all these issues at the same time, recognising that none is a panacea and that personal health budgets do not work well for everyone.

The key is to engage effectively with patient representative groups. We hear repeatedly from such groups in our sector that the NHS still pays only lip service to them, engages them late in service re-design considerations or, in many cases, does not include them at all.

We need to see a culture shift to a mind-set of 'co-production', rather than the current tendency to consult on pre-set proposals followed immediately by implementation with only lip-service paid to consultation responses.

6 What is the best way to measure, monitor and track progress of prevention and personalisation activities?

(200 words):
At the highest level by using existing data to review outcomes e.g. avoidable blindness, premature mortality, hospital admission and readmissions, falls and institutionalisation or death following surgery for fractured neck of femur. It will be important to use existing data rather than establishing expensive new monitoring systems or electronic 'paper chases'.

7 What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?

What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?:
Information about what support is available and how it can be accessed for both individuals and carers is essential. Information also helps address misconceptions or erroneous assumptions about what care needs a person with dementia might have. For example, all too often carers and other professionals do not appreciate that sensory impairment (sight, hearing), if unaddressed, can both exacerbate the impact of dementia ion individuals but also be misread as social withdrawal (not responding) or failing functions, such as eating, picking up crockery safely.

8 What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?

What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?:
See 7 above.

9 Would you like to comment on another theme?

Clinical priorities - Cancer

Life stage - Aging well

1 What more could be done to encourage and enable patients with long-term health issues to play a fuller role in managing their health?

(200 words):
The NHS still deals with health issues in isolation rather than as elements in an integrated care and support programme for individuals. The reasons for this are

historical and cultural and rarely down to contractual issues when work-arounds can always be implemented where there is leadership and will. It is only when seeing the patient – and their health and support issues – in the round with all services, professionals and sectors focusing on holistic care, that patients will feel enabled to take on a fuller role in their own care.

New models such as Primary Care Home should enable these issues to be addressed more easily at the local level and should help re move some of the barriers identified in our responses to Questions 1.10 and 1.12. These models and care networks should be strongly supported and promoted as the fundamental building blocks of personalised care and support.

2 How can we build proactive, multi-disciplinary teams to support people with complex needs to keep well and to prevent progression from moderate to severe frailty for older people?

(200 words):
We need to ensure that people with long-term health issues can see, hear, eat, smile, have their medicines reviewed frequently and, ideally, are continent and can move physically. These are the keys to effective social functioning, inclusion, independent living and the antidotes to loneliness, depression and cognitive decline.

Training for all staff working with people with complex needs should embed multi-disciplinary working, personal responsibility within the team for holistic care, and an approach that makes things happen for individuals rather than preventing things happening for individuals. This is largely a matter of culture – and often professional cultures. Although there are can be contractual and management issues that need to be addressed, they can easily be over-stated and can invariably be overcome if the culture is right. The courageous approach originally encouraged in the Five Year Forward View at system level should be even more actively encouraged at a personal, professional and institution level as part of basic training and on-going CPD of all those working with people with complex needs.

3 What would good crisis care look like, that can help prevent unnecessary hospital admissions for older people living with various degrees of frailty?

(200 words):
Integrated care with all services focusing in a timely way to support at risk individuals. There are multiple examples of this across the country which could easily be replicated as noted in our response to Overarching Question Three.

However this requires leadership and direction and, as we explain in the same response, unfortunately such advances are usually dependent on heroic or charismatic individuals who then move on and the service fails.

In a national service, greater leadership needs to be shown by NHS England to encourage the adoption of ‘what works’. This should go beyond simple information sharing, publicising good practice and the endless publication of case studies. This is because there is an ingrained tendency in the NHS to think that every location is different and to reinvent the wheel (usually with only minor but expensive variations). This has reached epidemic proportions and has not yet been resolved by Sustainability and Transformation Partnership thinking.

If a service works well in one location, subject to minimal fine-tuning by professionals and staff, it should be able to be ‘lifted and dropped’ into another without delay or re-engineering.

We would like widen the premise of this question. It is not just crisis care which is the issue but the number of overall visits to hospital, whether in crisis or not, that has to be challenged. Unfortunately the NHS is still over-reliant on secondary care which has become the centre of gravity towards which all patients flow whether that is the best location for first-line care or not. It is to be hoped that the growing success of the Primary Care Home and similar models will demonstrate how wider primary care and social support and networks can work together to deliver better care closer to home and begin to relieve pressure both on GPs on the overworked hospital sector.

4 What measures should be put in place so that we know that we are improving patient outcomes for older people with various degrees of frailty?

(200 words) :
At high level: survival i.e. non-premature death, independent living in own home, quality of life (depression and cognitive impairment), Patient and Carer Reported Outcome Measures. At lower level vision (and other essential outcome indicators as we suggest in our response to Question 1.12) which should also be recorded in individuals’ care plans. We would be very happy to help NHS England develop these.

These should be supported at general population level by use at areas level of the eye health indicators proposed by the Vision UK Ophthalmic Public Health Committee and endorsed by the Clinical Council for Eye Health Commissioning. [1]

[1] https://www.visionuk.org.uk/vision-2020-uk-ophthalmic-public-health-committee-portfolio-of-indicators-for-eye-health-and-care/

5 How can we ensure that people along with their carers, are offered the opportunity to have conversations about their priorities and wishes about their care as they approach the end of their lives?

(200 words):
No response

6 Would you like to comment on another theme?

Overarching questions

Clinical priorities - Cancer

1 What should be the top priority for improving cancer outcomes and care over the next five and ten years?

What should be the top priority for improving cancer outcomes and care over the next five and ten years?:
No response

2 What more can be done to ensure that:

(400 words):
No response

3 How can we address variation and inequality to ensure everyone has access to cancer diagnostic services, treatment and care?

(200 words):
No response.

4 Would you like to comment on another theme?

Clinical priorities - CVD and Respiratory

Clinical priorities - CVD and Respiratory

1 What actions could be taken to further reduce the incidence of cardiovascular and respiratory disease?

(200 words):
No response

2 What actions should the NHS take as a priority over the next five to ten years to improve outcomes for those with cardiovascular or respiratory disease?

(200 words):
No response

3 Would you like to comment on another theme?

Clinical priorities - Mental Health

Clinical priorities - Mental Health

1 What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?

What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?:
No response

2 What gaps in service provision currently exist, and how do you think we can fill them?

(200 words):
People with cognitive impairment are often not assessed to ensure that they can see and hear. This not only leads to loss of social functioning and confusion (affecting the ability of individuals to recognise people, enjoy TV, eat, hear requests, instructions, conversations and jokes) but correlates strongly with depression, cognitive decline and loss of independence. Vision and hearing should be required elements of all cognitive assessments and care plans.

3 People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

(200 words):
No response

4 What are the major challenges to improving support for people with mental health problems, and what do you think the NHS and other public bodies can do to overcome them?

(200 words):
No response

5 How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?

(200 words):
No response

6 Would you like to comment on another theme?

Clinical priorities - Learning disability and Autism

Clinical priorities - Learning disability and Autism

1 What more can the NHS do, working with its local partners, to ensure that people with a learning disability, autism or both are supported to live happy, healthy and independent lives in their communities?

(200 words):
People with learning disabilities have significantly higher rates of vision loss than the wider population. Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population.

The key is to ensure that

• people with a learning disability or autism are clearly identified within the health and social care systems
• are then treated just like anyone else
• but with particular attention paid to the higher prevalence of vision problems and hearing loss among these groups.

Vision and hearing can often be overlooked when health and care services are focussing on the disability itself and so should always be a required part of an assessment or care plan.

2 How can we best improve the experiences that people with a learning disability, autism or both have with the NHS, ensuring that they are able to access the full range of services they need?

(200 words):
The NHS needs to ensure that services to which people are entitled are delivered in ways in which they can access them and where, when systems problems are identified, solutions are found and implemented swiftly. For example, NHS England has been seeking to address the simple issue of improving eye health access for people with learning disabilities for some time. Progress has been severely constrained by resources at NHS England and the bureaucratic complexities officials have to go through to achieve change. The courage and boldness of Five Year Forward View is rarely replicated in practice at any level of the NHS, including within NHS England itself.

3 Would you like to comment on another theme?

Enabling improvement - Workforce

Enabling improvement - Workforce

1 What is the size and shape of the workforce that we need over the next ten years to help deliver the improvements in services we would like to see?

(200 words):
In the case of eye care, it is clear that more consultant ophthalmologists and staff grades are needed. However, whatever increases are agreed, realistically they will never be sufficient to meet the growing national need arising from the ageing population, new therapies and new technologies. We can now treat much more eye pathology, the majority of with is age-related, and preserve sight than we could a generation ago.
Nor is simply expanding the current model of service provision the right solution. We agree with NHS England an NHS Improvement Chief Executives Simon Stevens and Ian Dalton that existing outpatients models are obsolete [1] . We need new models of care which make better use of the existing professional skill mix across primary and secondary, technology and IT.
Fortunately the fact that most ophthalmology is ambulatory and out-patient based means this should be achievable. Making better use of skill mix, non-traditional facilities, technology and IT should enable more integrated working between optometric and ophthalmological services and much more care to be delivered outside NHS acute hospitals and closer to home as envisaged in the Five Year Forward View. This will inevitably require new training models for ophthalmologists, spanning traditional acute services and the community. It will also require developments in the training of optometrists and dispensing opticians.

We have the advantage in primary eye care of operating outside the NHS/HEFCE central planning system. This means we can work with universities and the health regulators to improve and develop the workforce to meet changing health need and health service requirements. For example, FODO is sponsoring three new schools of optometry to meet growing workforce demand (one opened this month and two more will open in September 2019) and is working closely with the General Optical Council to support its Education Strategic Review to expand and reshape the workforce to meet future needs.

We have also worked hard to open pathways to the professions through the government’s apprenticeships programmes.

However there is more that Health Education England could do to help us up-skill the existing workforce specifically to meet changing NHS demands. FODO would be very happy to work with NHS England, NHS Improvement and Health Education England on this.

[1] NHS Confederation Annual Conference June 2018

2 How should we support staff to deliver the changes, and ensure the NHS can attract and retain the staff we need?

(200 words):
The NHS should engage more closely with independent sector providers to ensure that – collectively – we are training sufficient personnel and providing flexible, challenging and worthwhile career paths for them across all sectors.

3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?

(200 words):
No response

4 Would you like to comment on another theme?

Enabling improvement - Engagement

Enabling improvement - Primary Care

1 How can the NHS help and support patients to stay healthy and manage their own minor, short-term illnesses and long-term health conditions?

(200 words):
Patients need clear information about what services are available and how to access them.

2 How could services like general practice and pharmacy, work with other services like hospital services to better identify and meet the urgent and long-term needs of patients?

(200 words):
Primary care services should always be the first point of NHS access for most patients and play a critical role in identifying those who can be treated and managed effectively in primary care and those who genuinely need a hospital service.

Unfortunately, this consultation falls into the trap of equating primary care with GP (and latterly pharmacy) services. This is regrettable as it overlooks the other two contractor professions, eye health and dentistry, and the non-contractor primary care profession, hearing care. These latter services are key to staying healthy, maintaining social well-being and independence and - particularly in the cases of vision and hearing - reducing the risks of falls, loneliness, depression and cognitive impairment.

We therefore endorse the development of the Primary Care Home model which is now expanding to include optical and professional networks as part of maintaining population health and meeting the majority of health needs closer to home.

3 What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere, and how might they be supported to do so?

(200 words):
As highlighted in our answer to 3.5, optometrists and dispensing opticians are already a key part of primary care – but there is far more they could do if they were properly involved as part of the primary care network and if primary eye care services (beyond sight testing) were commissioned in all parts of the country, rather than on a piecemeal basis locally as is currently the case.

It is unacceptable that 3% of A&E attendances and 1.5% of GP appointments are for are eye-related conditions, when these could be managed more effectively by optometrists and opticians in the community.

4 How could prevention and pro-active strategies of population health management be built more strongly into primary care?

(200 words):
One of the keys is to ensure that other professions working in primary care such as eye health and hearing are connected to the NHS information systems, particularly with care co-ordinators such as GPs and patient advocates. This will enable all relevant skills to be focussed on proactive prevention and public health strategies which sit, rightly, at the heart of primary. The eye health and hearing professional networks are also likely to see different cohorts of patients from those presenting to GPs and pharmacists and this presents helpful contact opportunities for wider health promotion. Models such as Dudley Healthy Living Optician scheme should be more widely encouraged. [1]

[1] dudleyloc.co.uk/hlo/

5 Would you like to comment on another theme?

Enabling improvement - Digital innovation and technology

Enabling improvement - Digital innovation and technology

1 How can digital technology help the NHS to:

(200 words per part):
3a) as key enablers of choice and access e.g. internet enabled provider choice, appointments booking, results checking etc and through worn devices particularly

for frail elderly people enabling prompt and timely intervention to prevent crises

3b) using personal technologies to prompt and remind patients about health and care issues e.g. medicines taking, eye drops, regular sight testing, hearing checks, blood pressure, blood sugar and cholesterol, BMI, activity levels

(c) by networking all parts of the NHS through common connectivity to NHS IT systems and allowing all health professionals secure real-time access (with patients' permission) to relevant parts of the Electronic Patient Record (EPR).

2 What can the health and care system usefully learn from other industries who use digital technology well?

(200 words):
At the personal level digital technology should enable individuals to be much more involved in an ongoing basis in their own health, health monitoring and health care interventions, just as in banking, shopping, travel etc.

At the system levels the use of AI has the potential significantly to transform health care, particularly in the immediate future in those areas such as eye care, where imaging is involved. AI systems can process millions of images from global databases and compare them with more comparators than a single clinician can ever experience in a lifetime. These tools should be rolled out as soon as possible.

The overriding caveat to all of the above is the need to be clear about data ownership and data security.

3 How do we encourage people to use digital tools and services?

What are the issues and considerations that people may have? (200 words):
This will inevitably happen over time. Take-up of digital tools is widespread in daily life amongst all age groups but especially the young. The key is to make access to NHS information and services through these tools as easy and intuitive as possible and to ensure the NHS facilitates rather than impedes their use.

4 How do we ensure we don't widen inequalities through digital services and technology?

(200 words):
There will inevitably be some inequality at the outset but, over time, this should resolve as use of digital services and technologies become the norm. In the meantime the NHS needs clearly to signal to people who do not use digital technologies where and how they can access the information they need. As ever they should be in the simplest possible format and available through a wide range of NHS and public information access points such GP surgeries, other primary care facilities and public libraries.

5 Would you like to comment on another theme?

Enabling improvement - Research and innovation

Enabling improvement - Research and innovation

1 How can we increase opportunities for patients and carers to collaborate with the NHS to inform research and also encourage and support the use of proven innovations (for example new approaches to providing care, new medical technologies, use of genomics in healthcare and new medicines)?

(200 words):
There is a fund of good will amongst the British public for the NHS and many more people would likely be willing to collaborate and help with research if there were greater clarity about the research and who benefits. A further challenge for the NHS is the make sure that the calls for collaboration are widely publicised (not just in hospitals) and are well understood.

2 What transformative actions could we take to enable innovations to be developed, and to support their use by staff in the NHS?

(200 words):
In optometry and ophthalmology this is already happening. In community optometry, innovations funded by the sector, are made available to NHS as well as paying patients which is of major benefit to the NHS.

Whatever the outcome of the Brexit negotiations, the UK Government and competent authorities will still need to play an active role with EU and other European partners in health regulatory matters such as pharmaceuticals and medical device to ensure NHS patients benefit fully from developments in these areas.

3 How can we encourage more people to participate in research in the NHS and do so in a way that reflects the diversity of our population and differing health and care needs?

(200 words):
Please see our response to 1 above

Omitted - How can we increase research in topics that have traditionally been under-examined?

Be clearer about priorities, rigorously challenge vested interests to ensure that low value areas of research are not prioritised over areas of higher public value and target resources proportionately to those areas where research is most urgently needed.

4 What should our priorities be to ensure that we continue to lead the world in genomic medicine?

(200 words):
No response

5 Would you like to comment on another theme?

Enabling improvement - Workforce

Enabling improvement - Engagement

1 How can the NHS encourage more people to share their experiences in order to provide an evidence base for checks on whether changes introduced under the long term plan are driving the changes people want and need?

(200 words):
These challenges are not new. Unfortunately, like many huge and complex organisations, the NHS moves in a staccato way and subscribes to messianic leadership models, almost instantaneously forgetting previous initiatives before they are implemented and focussing solely on the new and shiny.

For example it is not at all clear whether that NHS England has reviewed and learned from previous plans and consultation such as Our health, our care, our say (2006) or Liberating the NHS: No decision about me, without me (2012) and ensured that the lessons are fed into future policy making in a transparent way. Evidence and reassurance that the contributions made by individuals and organisations over many years are actually used and benefit the NHS would go a long way towards encouraging people to engage further.

2 How can the NHS improve the way it feeds back to people about how their input is shaping decisions and demonstrate that the NHS is the world's largest learning organisation?

(200 words):
Better feedback and evidence of inputs affecting decisions. Please see also our response to Question 1 above

3 Would you like to comment on another theme?

No