Health and Social Care Committee inquiry on the DHSC Paper - Integration and Innovation: working together to improve health and social care for all

ABOUT US

FODO is the representative professional body for eye care providers across the UK. The NCHA is the representative professional body for community hearing care providers across the UK. Each year our members provide more than 20 million eye and hearing care examinations, helping support patients with timely access to care and reducing the risk and impacts of eye and hearing health problems.

SUMMARY

We welcome the opportunity to submit evidence to this important inquiry. We strongly support the integrating care and innovation agenda. We hope the Committee will support our proposal below to ensure patient choice is used to address the major and growing public health challenges associated with sensory loss in our ageing population.

Patient choice for elective care should include referrals to equivalent primary eye and hearing care services. This will enable 'places' and 'systems' to utilise all available healthcare capacity to meet growing healthcare needs and to deliver care closer to home in line with NHS strategic goals.

OUR RESPONSE

It is clear that many of the recommendations in the Health and Social Care Committee's NHS Long-term plan: legislative proposals report are addressed in the Department of Health and Social Care (DHSC) White Paper and NHS England consultation on the Provider Selection Regime.

Previous public consultations and Health and Social Care Committee inquiries have demonstrated consistent and strong support for "maintaining and strengthening patient choice". However, whilst proposals in the White Paper are to maintain patient choice of primary care provider and for GP referrals to elective care, there is little in terms of strengthening patient choice.

We are concerned that this risks missing an important opportunity to better utilise primary care capacity to support people with long-term conditions, especially those at risk of sight loss and the risks associated with unsupported hearing loss, and to support care (including elective care delivered in new ways) closer to home.

Our one important suggestion therefore, which we hope the Committee will endorse, is that patient choice for elective care should include referrals to equivalent primary eye and hearing care services. This will enable 'places' and 'systems' to utilise all available healthcare capacity to meet growing healthcare needs and to deliver care closer to home in line with NHS strategic goals.

PRIMARY EYE CARE

The three-level Primary Ophthalmic Services (POS) framework introduced in 2008 has stood the test of time.

Levels I and II have ensured patients have universal access to a high-quality sight testing service with high levels of efficacy driven by patient choice. It is therefore vital that the national NHS funded sight testing and case-finding service is preserved.

Unfortunately, Level III services, which are commissioned locally from some or all primary eye care contactors to meet local needs, have not been fully utilised at a CCG level. This has led to serious capacity issues within the hospital eye service and increased risk of avoidable sight loss.

Today the eye care sector, including the Royal College of Ophthalmologists and College of Optometrists, are working together to ensure more eye care services are commissioned outside hospital in primary eye care settings. If successful, this will ensure that the hospital eye service can focus its capacity on meeting patients' complex needs more effectively and safely. This however will not happen unless patient choice rights are strengthened to include Level III NHS funded primary eye care services where clinically appropriate.

Commissioning these services at ICS rather than CCG level, and offering them as standard as part of the patient choice agenda, will enable the NHS collectively to expand capacity to meet growing eye care needs (without overloading hospitals), to reduce waiting times and backlogs and to cut the risk of avoidable vision impairment owing to delays in care.

This NHS Long Term Plan policy goal will be facilitated by NHSX's current investment programme to ensure IT connectivity between optical practices, hospital eye services and the wider NHS, including transfer of diagnostic imaging, remote consultant triage and advice, shared care and discharge to primary care.

We hope the Committee will support the use of the Level III POS framework to ensure ICSs meet the ageing population's increasing eye health needs - e.g. for cataract, glaucoma, macular degeneration and other eye health problems, in line with the Eye Care Restoration and Outpatients Transformation Programme.

PRIMARY HEARING CARE

For historical reasons, primary hearing care services are not commissioned on a 'contractor profession' basis unlike GP services, dentistry, pharmacy and primary eye care. This has inhibited progress to date in meeting the growing population health need and unmanaged hearing loss which is now presenting as a major public health risk.

NICE has shown that early diagnosis and management of hearing loss can help reduce costs and risks associated with unsupported hearing loss. As hearing patients typically delay seeking care for up to 10 years, which can prejudice outcomes, offering choice is a key element in the strategy to encourage patients to come forward when they first start to notice symptoms. Choice was a key success factor in the two campaigns to improve hearing care take-up in 2012 and 2016. We estimate that including hearing care referral specifically within the new patient choice regime could also free up more than 6 million GP and ENT appointments each year, which could then be made available to patients who need medical care.

Extending patient choice under the NHS Constitution to include non-consultant led services, like audiology which prevent illnesses, would bring major benefits for patients and the wider NHS. In the case of audiology this would enable earlier diagnosis of adults with hearing loss and help prevent the related health impacts including social isolation and loneliness, depression, cognitive decline, dementia and other mental health issues.

We hope the Committee will support the NHS England commissioning services for people with hearing loss and NHS England, LGA and Directors of Public Health JSNA toolkit to assess hearing needs, by ensuring audiology is a service, based on the NHS's own evidence, for which patient choice should be strengthened.

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