OFNC
Association of British Dispensing Opticians
Association of Optometrists
British Medical Association
Federation of Ophthalmic and Dispensing Opticians
Optometric Fees Negotiating Committee
2 Woodbridge St, London, EC1R 0DG Tel: 020 7549 2059 Email: tonystafford@aop.org.uk
Chair: Stuart Burdett Secretary: Tony Stafford

Head of Dental & Optical Commissioning
Programme Manager, Optical Services Commissioning
NHS England

By email

20 January 2020

Dear

When we met on 17 December we agreed that our letter of 12 December, *NHS Primary Eye Care – concerns from the health sector,* highlighted significant system challenges. We were pleased to agree then that the OFNC and NHS England will work together to address these pressures including transforming outpatient care where, owing to a chronic lack of capacity, hundreds of people are unnecessarily losing their vision each year.

We also set out how the national GOS is the foundation on which all future successes in eye care will be built and that it was now essential to maintain and develop this vital primary eye care infrastructure to enable the NHS to meet objectives it has set out in the NHS Long Term Plan (LTP).

Having agreed to work together in a collaborative way as set out in the NHS LTP, you asked for further information so you could make the case to government about what it would get for making a part correction to NHS sight test fees in 2020-21. The answer is simple. The 2.5% part correction to sight test fees proposed is long overdue and will deliver far more than 2.5% worth of value as below. It will also demonstrate the government's commitment to this vital public health service. We hope you will include this in your advice to Ministers.

As we said in our original letter, the ongoing (now four-year) freeze in NHS sight test fees is making it increasingly difficult for providers to invest in their workforce and offer more complex diagnostics – so underfunding GOS sight test fees is creating the very opposite climate and incentives to what the NHS LTP sets out. This prolonged period of austerity has also made it difficult for opticians to absorb the cost of NHS patient variation and repeat tests without charge as they did in the past. As the *Getting it Right First Time* (GIRFT) report acknowledges, optometrists are increasingly having to refer following a "single suspicious or abnormal test" because the GOS fee does not cover anything extra and NHS England can no longer rely on practices' goodwill to subsidise the NHS sight test.

This is a stark example of the false economy of supressing GOS sight test fees for so long. It is our hope that this initial part correction will start to ease that pressure and clear the ground for discussions on how we can offer more care and repeat tests in primary care settings, where even a small reduction of 3% in new referrals to ophthalmology would save the NHS a minimum of £7.2m per year.

In addition, in 2020-21, NHS England will be asking the profession to

- absorb longer sight testing times for the ageing population with more compounding long-term conditions and disabilities both in fixed practices and for patients in care and nursing homes
- adopt e-GOS, move towards a paper-less NHS and co-develop e-referral systems to reduce pressure on hospital ophthalmology
- offer student placements to improve undergraduate practical and clinical experience
- continue to train pre-registration optometrists, below cost, to keep patients safe and meet growing eye health needs.

Even though a 2.5% increase in sight test fees will only be a part correction after years of austerity, the NHS will still benefit massively from the additional value all primary eye care providers bring. Without the part correction to sight test fees, providers will not universally buy-in to the above initiatives. Slow adoption in any of these areas will add significantly to downstream NHS and social care costs, including directly to current costs in 2020-21.

The worsening underfunding of NHS sight test fees is also increasingly taken as evidence that the government is not taking prevention, eye care or the current crisis in ophthalmology seriously. A part correction to the sight test fee of this size would help start the process of restoring confidence amongst the profession to invest in delivering the NHS LTP and solving the growing capacity bottlenecks in ophthalmology. It would also send a positive signal that eye care does have a positive, valued and increasing role to play in the reformed NHS.

We anticipate that Minsters would not wish to see a vital and very cost-effective national primary eye care service fail when they can remedy this in a low cost but sustainable way by a fair fee correction. We collectively owe it to patients who depend on NHS sight tests – already a restricted group in greatest need of primary eye care services – to ensure they can access the care they need.

As set out in our original letter, we hoped that this year's GOS fees negotiation would mark the start of a strategic discussion, between the OFNC and NHS England, about utilising the ophthalmic primary care workforce and facilities to their full potential in order to meet growing eye health care need and reduce pressures on secondary care and GPs. We were pleased to be able to agree with you that the OFNC and NHS England will take this work forward at a national level. The sector has a huge role to play in terms of meeting the NHS LTP goal of shifting 30 per cent of outpatient care out of hospital into the community. This would rapidly address the hospital capacity challenges which are currently costing 22 NHS patients a month their sight, which might otherwise have been saved. Both GIRFT and the Royal College's *Way Forward* reports have indicated ways forward but do not, in our view,

go far enough in proposing the transformation necessary to solve the national crisis and deliver the LTP. This is an area where the OFNC can really help NHS England go much further and genuinely transform care models to deliver the LTP.

Primary eye care practices have the trained, regulated professionals and the infrastructure needed to relieve wider system pressures on hospital ophthalmology, A&E and GPs. However, they cannot do this alone and need some confidence and investment to lever further investment into skills enhancements – e.g. independent prescribing – and into facilities and updated equipment as technology advances - such as OCT and the training to use it effectively. Without this, as the population ages, the rate of hospital referrals will simply increase, making restructuring ever more difficult. Without some investment and confidence rebuilding, all the Elective Care and GIRFT programmes in the world will make only marginal difference to the capacity gap.

No-one expects the government to fund all of this of course. However, given the lack of NHS service investment in primary eye care in comparison with other parts of primary care (which operate on a similar contractual basis) and other parts of the UK, many contractors in England question whether it is worth bothering or investing further. By comparison NHS Scotland and Wales have taken a different approach by building on the successful GOS model and infrastructure it provides, to meet far more of the growing eye health need in community settings outside hospitals.

This must be the way forward and the primary eye care sector in England has similar solutions to offer and could deliver them quickly within the current legal framework. What is needed is a tangible signal of the will to make this happen, and the profession will respond.

In our bid letter of 12 December, we also made the case for an increase of 3% in education and training (CET) grants and an increase of 5% in the grant for training pre-registration optometrists.

We hope this provides what you need to progress our bid.

We also look forward to meeting to discuss eye care strategically for the future and thank you for initiating the process for a scoping meeting. As we said on 17 December we will try to bring together some background material to assist with that.

In the meantime we look forward to hearing from you.

Yours sincerely

Tony Stafford
OFNC Secretary