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By email

27th March 2025

Dear Ali

RE: Optical fee discussion 2025/26, including revisions to the trainer grant

I have now had the opportunity to discuss your letter of 19 March with OFNC members.

We were disappointed not to receive a more considered response to our letter of 4 February in which we requested a meeting to enable a serious discussion about how to address the funding of primary eye care and in doing so, help to deliver the reforms set out by Lord Darzi, reduce pressure on hospitals (inflow and outflow) and to achieve the government's three shifts for the NHS, shifts which we believe primary eye care is ideally placed to deliver, over the lifetime of this Parliament.

GOS Fees and Grants

Instead, we received a letter suggesting the sector would be expected to accept an inflation-only offer on fees and grants, on a take-it or leave-it basis, and a proposal for setting fees for 2025/26 which would undermine years of joint-working and which is not acceptable to the profession.

We know NHS England has had staffing challenges and it has perhaps only recently become clear why, so we appreciate the commitment to backdate any settlement. Nevertheless, we would normally have been presenting evidence and discussing fees and grants with NHS England last autumn before total budgets were finalised. Not to respond directly to concerns we raised in our February letter and to go on to make such a low offer less than two weeks before the start of the financial year, and after other primary care sectors have been strengthened, is an insult to the practices and optometrists and dispensing opticians who work so hard every day to fix and protect the nation's vision and eye health and contribute massively to the economy and economic growth in that way.

Engagement

While we appreciate NHS England is in a transition phase, the sudden albeit temporary, shift to 'engagement' undermines the long-standing principle that fees and grants were reviewed based on evidence of changes in the costs base of sight tests. We have repeatedly asked NHS England to work with us on joint evidence or even NHS England's own costs calculations used for similar sectors. This has not happened but that offer still stands.

What is not acceptable is for GOS fees and grants:

- to be treated as an afterthought; to only receive what is left, after other sectors have been strengthened and,
- to be suggesting some form of objective budget setting process has been applied, when it is clear primary eye care continues to suffer underfunding and is not prioritised in the same way as other parts of primary care.

We appreciate that NHS England and the Department must work withing spending totals and negotiating remits, but GOS fees and grants settlements should feed into the internal budget process as a matter of fairness, not follow it.

We note your offer to share your recommendations to DHSC on GOS, but it is not clear this will have any value in isolation. It would also be unusual for such advice not to contain details about the impact of various options on wider government priorities and patients which may not be appropriate for us to see. It would also be a meaningless exercise without sight of the wider contextual NHS and pay submissions within which advice to Ministers about GOS fees and grants fits.

Next Steps

We await the meeting to discuss the above and the NHS contribution towards the costs of training the future NHS primary eye care optometry workforce as you propose.

We look forward to hearing from you.

Yours sincerely

Paul Carroll

OFNC Chair

CC Alette Addison DHSC