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By email

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GOS fees 2025/26

Dear Ali,

Thank you for the reply.

You are correct that your latest update will be disappointing to the profession, it will also raise serious concerns about the approach taken by NHS England and how this is compatible with the NHS Constitution and the aims and ambitions set out in the 10 Year Plan.

As you acknowledge, OFNC has taken a constructive approach to fee discussions which, if news reports are to be believed, contrasts with others who have seen those larger increases.

Turning to several points that you raise in your 11 August letter. It is right that you acknowledge issues with NHS data quality, which has been problematic throughout the period during which we have discussed 2025/26 fees. However you then go on to set out further data assumptions, which are again based upon the same unreliable data and modelling, and to instruct us that NHS England will proceed immediately to write to DHSC and recommend a 2.39% uplift to the sight test.

It is in this context, that while we acknowledge your offer to arrange further discussions to discuss your letter in more detail, the 10 Year Plan and 2026/27 fees, we think it would be beneficial for the DHSC to join future discussions. It is essential that this meeting is arranged as soon as possible; perhaps with the minister joining us so we can discuss the major concerns we have and agree a way forward that works for NHS primary eye care and the wider NHS.

It is unfortunate that NHS England has framed the 1% growth rate as an OFNC assumption. As we set out in our correspondence this was in fact based on NHS England stating it had confidence in a 1% growth rate in earlier meetings. Hence NHS England now stating it will assume a 1.27% growth rate because it has “no evidence to suggest that this benchmark is inappropriate to use in determining GOS” ignores NHS England’s very own statements about 1% growth during discussions we have had.

Likewise, NHS England had stated there was a £633m budget envelope, which had been agreed with ministers and which allowed for a £17.6m uplift. In your latest letter you acknowledge this but then go on to suggest that you later learnt the BSA data you had was not correct, and hence the baseline budget assumption has been changed to £631.8m with an additional £17.6m for 2025/26. Based on the timeline of NHS England trying to understand its own data, it is not clear how the Treasury or DHSC set a hard budget in March of £633m and how NHS England has come to amend that hard budget based on BSA data issues discovered later. We, like you, have serious concerns about BSA data quality and this change is not an immaterial reduction to core GOS funding, something we cannot ignore.

Regarding supervisor grants, again we suspect this is also an NHS England data issue as it seems most improbable that contractors have not claimed pre-reg grants, again any issues here are the result of NHS data quality. The introduction of the concept of GOS 5 budget pressures in your latest letter is de minimis.

Looking at GOS3, we are unconvinced by NHS England's analysis of the data. NHS England originally asserted that each 1.27% increase in GOS1 would result in a 3% increase in GOS3 which we questioned at our meeting on 15 May. NHS England subsequently accepted this assertion was incorrect, as the proportion of sight tests resulting in GOS3 remained consistent from one year to the next. In your 14 July paper *“(data) shows a stable ratio of one GOS 3 voucher being issued for every three sight tests undertaken. Given this stability we are comfortable with a similar ratio being used in modelling calculations)”*. Yet, in the latest correspondence NHS England appears to revert to a position it previously agreed was incorrect, but the ratio cannot be both consistently fixed over time and also diverge over time. If you model these differing growth rates, the ratio of vouchers to sight tests would change significantly over a 5 year period, however longer term data shows that has not happened over the last 20 years.

To explain here again, when we met on 15 May we set out how NHS England's working assumptions did not make logical sense and were not supported by the data we had been provided with. We have looked again at the published data going back to 2002/3 and that which you have provided, taking us to end of 2024/25. We can confirm that this shows a consistent 'year-on-year' relationship between the number of NHS sight tests conducted, and number of GOS3 issued, at 35.9% (consistent with the 'one in three' identified in the NHSE paper). It appears that the 2024/25 year maybe an outlier (at 38.2%), but this is not a reliable basis on which to amend a 23-year trend. We suggest that the likely reason for the uplift in 2024/25 may relate to the regulatory change around the time window for contractors to submit claims which fell during this period and will have resulted in a proportion of GOS3 claims being brought forward.

NHSE (high growth) projections suggest that over the two-year period 24-26, while the number of GOS1 conducted will increase by 435,000, this will result an increase in GOS 3 claims of 465,000. Against the consistent long-term trend, and with only a minority of GOS1 patients eligible for GOS3, we do not understand how a reliable model can safely conclude that there will be an increase in GOS3 equivalent to 107% increase in number of GOS1. I am sure you can therefore see why we are

not prepared to accept the conclusions offered in your most recent letter. This is a material issue in the context of the already underfunded NHS sight test. We believe that were some of the assumptions around GOS3 activity to be more logically revised, it would be possible to identify the headroom that would enable the sight test fee to be safely uplifted by more than is currently proposed and remain within the previously stipulated budget.

In summary, throughout discussing fees, the OFNC has worked in good faith to constructively try and agree a pragmatic outcome based on data NHS England stated it had confidence in but has later changed. Despite this, your latest proposal, based on assumptions and data which we have concerns about, fails to fund NHS primary eye care fairly. When we meet with you and DHSC we would also like to discuss other things the government can do within the committed increases to ease unfair and unsustainable pressures on primary eye care – this discussion must also include resolving recent policy changes that do not appear to be supported by legislation and further disadvantage contractors .

Yours sincerely

Paul Carroll
Chair OFNC

CC:

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