



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
Chair: Paul Carroll

Email: secretary@ofnc.co.uk
Secretary: Peter Hampson

12th March 2024

By email:

Dear Grace,

Thank you for your reply to our letter to the Minister.

It is of course good news for the NHS that the Minister, NHS England and DHSC remain committed to making greater use of high street optical practices to alleviate the pressures on secondary care and to meet the growing needs of our ageing population. However, it is difficult to encourage practices to commit to providing more NHS services – or indeed continue to provide the services they currently do - when fees do not come close to meeting clinical costs and there is a deep feeling among the profession of having, for many years, been treated less fairly than their peers in other areas of primary care.

We recognise the tight fiscal position the NHS is in, but had written to the Minister because she stated to us the value of primary eye care and we had been assured by officials that Ministers had carefully considered the further representations made in our letter of 1st February. Sadly, we can see no evidence of this.

As an example, DHSC has not addressed the fact that NHS England appears not to have used the same GDP deflator across primary care as claimed. Nor can small uplifts in the GOS funding be equated with the significantly higher quantum of investment in NHS tariff and other services.

Our members are, of course, aware that judgements about affordability must be made. However, they are also aware of settlements in other areas of primary care which are significantly higher than that suggested for optometry. In many instances, these settlements were also initially at lower levels, despite supposedly being within the same budgetary envelope. However, they were then subsequently and publicly improved upon. The clear gap between words and action creates real doubts about the value put on our area of primary care and its key role in the eye care pathways.

I am afraid this means that we cannot with good conscience accept the 1.68% offer made by DHSC on fees alone, especially without any recognition of the pressures on domiciliary practices or regard for the training costs of future clinicians. We will be left with no choice but to reject the offer.

If the offer is imposed on us, we must make it clear that we actively oppose it. This will undoubtedly further anger and demoralise, what the Minister recognises is a key profession at a time when the NHS needs it most.

I look forward to hearing from you.

Yours sincerely

Paul Carroll
OFNC Chair