



## Association of British Dispensing Opticians

### Association of British Dispensing Opticians response to Welsh Eyecare Consultation

**Question 01: Do you agree that optometric practices should be required to incorporate prevention and well-being advice as well as an individual patient management plan and patient self-care advice as part of the service they provide when providing an NHS sight test?**

For many years primary care clinicians, optometrists, and dispensing opticians, have offered advice, guidance and signposting where required for patients attending practices for NHS sight test appointments. Dispensing opticians have access to training on “making every contact count” and have been able to offer prevention and wellbeing advice to patients and therefore we would broadly welcome the formalization of this. The Association of British Dispensing Opticians (ABDO) recognises that this is an opportunity for dispensing opticians to support our optometry colleagues in offering the best possible clinical care for patients across Wales.

However, the lack of published detailed clinical manuals at this present time gives our members some concern in regard to the additional burden this change may have on the NHS sight test appointment and whilst we recognize the increase in the fee payable for delivery of NHS sight tests our members feel this should be viewed as addressing historical underfunding than affording opportunities to add additional elements to the NHS sight test.

**Question 02: Do you agree that all optometric practices in Wales should offer an eye health examination to patients needing urgent attention or those at higher risk of eye disease?**

Extended services contact lens opticians and optometrists are ideally placed to offer acute care to patients, and we would support this proposal.

There are however concerns about how a mandatory requirement would work in smaller practices where clinicians may only be employed on a part time basis. We would not like to see a situation created whereby practices withdraw from provision of acute eyecare in their area purely because they cannot meet new mandatory requirements.

We hope the Welsh government will consider the need for flexibility in order that the best possible care can be delivered by the greatest number of practices & clinicians and therefore reduce the burden on GPs and secondary care.

**Question 03: Do you agree that all practicing practitioners in Wales must have a core standard of accreditation and training to enable them to provide the full range of core services including eye examinations?**

Yes. Dispensing opticians with the appropriate further qualifications and accreditations are already delivering acute eyecare services and low vision pathways in Wales and we recognize that the NHS in Wales has been forward thinking in allowing & encouraging primary care clinicians to work at 'the top of their licence'.

However, to date extended services contact lens opticians (ESCLOs) have had to self-fund or rely on their employers to support their additional training and accreditation and the same situation exists for dispensing opticians who wish to gain additional qualifications in low vision beyond their core competency skills.

We therefore hope that the Welsh government will look to the funding element and ensure that dispensing opticians are recognized as part of the key clinical primary care team and are enabled to undertake training and accreditation as appropriate.

**Question 04: Do you agree with the requirement to have these proposed nationally directed services in primary care to ensure consistent access to eye care services across Wales?**

Yes. The ability of primary care clinicians to support patients has often been overlooked and we believe these changes would have a positive impact for patients.

**Question 05: Do you agree that a practice who doesn't offer higher-level clinical services should be legally compelled to refer a patient to a nearby practice who does offer the necessary clinical services to meet the needs of the patient?**

All GOC registrants (optometrist and dispensing opticians) have a duty of care to refer a patient where required and are fully conversant with their responsibilities.

Whilst agreeing that in the majority of cases it is likely that cross referral to a nearby practice will be the most appropriate route for patient care, we are concerned that the proposed requirement would be unduly restrictive of patient choice. There may be circumstances where a patient would wish to be referred elsewhere. For example, a patient may choose to be referred on a friend's recommendation or perhaps can be seen quicker at a practice that is slightly further away.

Therefore, we suggest that the Welsh Government reconsiders the nearby practice statement and looks towards issuing guidance that simply requires a practice to refer a patient to a practice that can meet their needs.

**Question 06: Do you agree that a duty should be placed on optometry practices to collaborate to ensure the eye health needs of the cluster area are addressed within primary care clusters?**

We would support collaboration via the formation of “Cluster Optometry Collaboratives” but would suggest that they are given flexibility to work with their local practices to ensure the most effective solution to partnership working is achieved in their area.

Imposing a fixed structure may not work across all collaboratives and risks stifling innovation and change.

**Question 07: Do you agree it would be beneficial for LHBs to conduct an eye health needs assessment every three years to ascertain the specific needs of their communities, with a duty imposed on LHBs to do so to bolster this provision?**

Eye Health Needs Assessments (EHNA) are an important part of the ongoing delivery and development of community services. However, there is no evidence that repeating the process every three rather than five years would add value rather than burden for LHBs.

We would therefore support a EHNA to be undertaken but on the five-year basis.

**Question 08: Do you agree with the introduction of one Ophthalmic List per LHB to reduce complexity?**

Yes, in principle. Any move to improve patient access is to be welcomed but we would suggest that a national list of practitioners (optometrists and dispensing opticians) with details of the level of WGOS they provide and the LHB they practice in, would seem more sensible.

**Question 09: Do you agree with the proposal for LHBs to produce an additional administrative amalgamated list of all individual practitioners who are registered on their ophthalmic list and perform NHS ophthalmic services?**

Please see response to Q8 above.

**Question 10: Do you agree with the proposal to include student optometrists registered with the GOC, within the supplementary ophthalmic list, to ensure appropriate oversight and governance arrangements are in place?**

No. The GOC is proposing to move away from student registration and place a regulatory requirement on universities regarding their placements, so placing student on the supplementary list would seem to be contrary to these changes and may create challenges in the future.

**Question 11: Do you agree with the proposal for LHBs to produce an administrative list of all dispensing opticians who provide NHS services in their area?**

Yes, ABDO would fully support this and welcome what we see as a progressive step forward in recognizing dispensing opticians as part of the primary care clinical team. However, we would point to our response to Q8 and suggest that a national list would be a better way forward.

**Question 12: Do you agree that all NHS funded contractors / opticians, should offer core clinical hours as agreed between the contractor and by their LHB to ensure suitable access to patients?**

If this is a suggestion that there is a nationally agreed core hours for optical practices to offer NHS services then we would disagree with this suggestion.

A key element of the best possible patient care is for providers to be able to offer a model of care that works for their local community. This, for example, may reflect working time arrangements in a local area such as demand at weekends and evenings and local practices are well placed to make these decisions based on their patients' habits.

We are also aware that there are challenges for practices in recruitment in Wales and many practices rely on locum usage. If there was a set core clinical hours this may deter practices from being able to offer NHS services as they cannot guarantee clinical staff would be always available at the set times each week. It may also deter practitioners from returning to work who cannot cover these set hours but would be available at other times.

We would be supportive of a more flexible approach whereby practice can discuss and agree with their LHB the core clinical hours they can offer and have a recognition that this may change dependent on clinical workforce availability.

**Question 13: Do you agree with our proposal to remove the advance notice requirements that contractors must provide to Local Health Boards prior to undertaking mobile services?**

Yes, this is an outdated and restrictive requirement that is of no benefit to patients or contractors.

**Question 14: Do you agree with our proposal to expand further the provision of mobile eye care services to qualifying patients who are unable to receive care in an optometry practice?**

Yes, a move to ensure equity of access for all patients should be welcomed.

However, we are concerned that the modelling that has been employed to underpin the revised fee structure is insufficiently robust and this may lead contractors to withdraw from the service as they are likely to find it financially impossible to deliver.

If this were to happen, then in fact the new proposals would decrease the availability of mobile eyecare and introduce greater inequality into the Welsh eyecare system.

**Question 15: Do you agree with the additional safeguarding measure proposed? We would welcome your views as to whether practitioners should register with and maintain annually the DBS Update Service or alternatively for practitioners to have a new DBS certificate every three years?**

ABDO has always supported practitioners registering with DBS and utilizing the DBS update service and therefore we would support this proposal.

**Question 16: Do you agree with the proposal to impose a requirement on NHS contractors / opticians to use electronic referral methods where available to ensure timely access to eye care services?**

This question raises a range of complex issues.

At the present time we are not confident that an electronic referral method exists in Wales which is fit for purpose and would be happy to work with the Welsh government to ensure that one is developed that is:

- open to all GOC registrants i.e. recognises the duty of dispensing opticians to refer and therefore allows equity of access.
- available to both practice and mobile based clinicians.
- has proven failsafe provision in built.
- integrates with existing PMS in practices at no addition cost to contractors including time cost associated with “double keying” of clinical information.

**Question 17: Do you agree with the proposals to improve governance and quality standards for Optometry in Wales? Please elaborate if you think this is reasonable and proportionate. You are welcome to comment on each item in isolation (from a-d on the list on page 21) or provide a general response across the range of proposals.**

Governance and quality standards are to be welcomed provided that they are proportional to the benefits they bring.

ABDO members have long experience in working with the proven Quality in Optometry (QIO) framework which has delivered improvements in standards in a simple, accessible, proportionate manner without excessive burden on the time of practice teams.

These sectors agreed, QIO returns have been undertaken for many years on a three-year cycle and we cannot see what additional benefits there would be to moving to a different format and on an annual basis?

**Question 18: Do you agree that eligible patients should be entitled to a free optical appliance across all prescription ranges with a duty placed on contractors to support this free provision?**

ABDO totally supports the provision of high quality eyecare to patients and an expectation that where financial support is required to provide this, the NHS system should step in.

The reduction in voucher values means that contractors will be placed in the position of needing to find cheap, lower quality eyecare products (frames and lenses) whilst trying to maintain their wish to provide the best possible clinical care for their patients. We believe that the “cost plus” exercise that was undertaken to support the reduction in voucher payments was flawed and would be happy to work with Optometry Wales and the Welsh government, and other sector body colleagues to review these arrangements.

We feel that there is a real risk that contractors will look to more unqualified and less experienced staff to undertake dispensing to patients where it would have been more appropriate to use appropriately qualified clinicians to ensure the best possible visual outcomes.

Unfortunately, the move to improve clinical outcomes from the sight test seems to have focused solely on the actual sight test and not considered the provision of quality spectacle dispensing where this is required to meet patient needs.

The increase in the fee for the sight test should only be considered as a move to address historical underfunding. The fact that if this proposal goes through contractors will have to further cross subsidize dispensing from the sight test fee (something the Welsh government has sought to address in these reforms) is a disappointing retrograde step.

An excellent sight test followed by the supply of cheap, poor quality, ill-fitting spectacles, and the impact this has on patients (and in particular children) is not an outcome ABDO would support and we urge the Welsh government to review this aspect of their proposals.

**Question 19: Do you agree with the proposal to extend the eligibility criteria to certain prisoners on leave?**

We fully support this proposal.

**Question 20: Do you agree with the proposal to extend the eligibility criteria for under 18-year-olds who are care leavers or are in the care of local authority.**

We fully support this proposal.

**Question 21: We would welcome your thoughts as to whether you think there are any other benefits or disadvantages not mentioned in the consultation? Please explain what these might be and provide evidence to support your response.**

We recognise the work that has been undertaken in this consultation and fully understand and support the need to utilize the skills and resources that exist in primary eyecare.

We do have concerns that at this stage much of the information we would hope to have seen in order to shape our response is not yet available i.e. clinical manuals; more data around the cost plus calculations etc.

Additionally, we have concerns, outlined in previous responses, that the change in voucher values will have significant detrimental impact on the quality of, and access to quality spectacles and registrant led dispensing in Wales.

**Question 22: The Welsh Government is committed to creating an environment where everyone will want to use the Welsh language. We would like to know your views on the effect the new legislation could have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?**

We have no specific comments on this point but would be supportive of working with the Welsh Government to ensure that clinical services are offered in the patient's own language where possible.

**Question 23: Please also explain how you believe the proposed legislation could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Please see response to Q22

**Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here:**

ABDO is happy for you to share its responses.