15th April, 2020

AIO Post-Covid-19 Manifesto

THE PROBLEM

Primary care optometry:

- An under-utilised resource with extensive clinical capabilities.
- Workforce eager to assist in ophthalmic co-management.

The GOS contract:

- Impractical tool for eyecare; Post-code lottery of additional schemes.
- Poor financial reimbursement for clinicians.

Hospital Eye Service:

- Running at maximum capacity.
- A backlog of patients await the lifting of Covid-19 restrictions alongside regular flow.

THE SOLUTION

Primary care optometry:

- Establish virtual clinics for optometrists to examine routine patients, feed data back to HES.
- Co-manage stable patients building stronger, supportive relationship with HES.

The GOS contract:

- Re-design system to pay for individual components of examinations (basic vision check; ocular health check; referral refinement; emergency checks / MECS; co-management; etc.,).
- Establish and organise schemes on a national level (in line with dentistry and pharmacy).

Hospital Eye Service:

- Focus on managing newly diagnosed, progressive and surgical cases.
- Review data collected in virtual clinics and co-manage with primary care optometry.

THE BENEFITS

Primary care optometry:

- Efficient use of clinical skills and abilities of workforce.
- Improved and cost-appropriate remuneration based on individual patient needs.

Patients:

- Greater level of treatment available in primary care.
- Individual needs met with tailored examination.

Hospital Eye Service:

- Workload eased.
- Better allocations of costs; more targeted referrals by primary care optometrists

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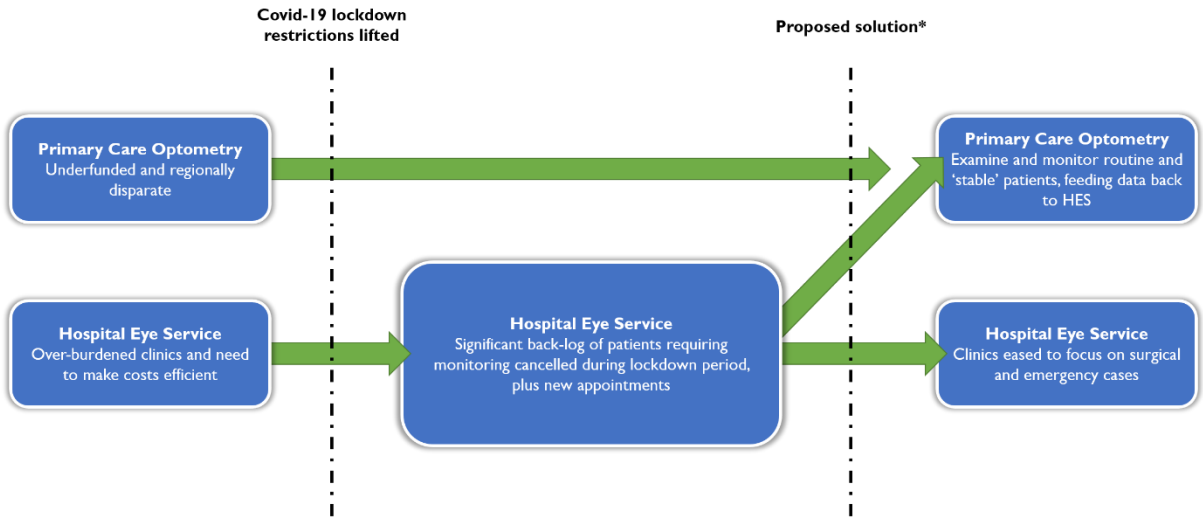
INTRODUCTION

The Coronavirus Pandemic has been the catalyst for a complete rethink by the AIO Council; on the future of optics in general and independent practice, particularly within England.

The current working arrangement between NHS England and Optometry is broken, as evidenced by an anachronistic, inappropriate and unrealistic GOS contract and fee (this is less so in Scotland and Wales, where there is a better understanding and appreciation for the role of optometry).

There seems to be minimal understanding within the NHS and the wider community of the work that optometrists do, the contribution that they make today, but more importantly the unrealised potential already within their training and scope of practice that would not only revolutionise eyecare, but also save the NHS a fortune.

AIO is consulting with its members on a bullet-point manifesto for the post Covid-19 era as summarised below:



*In summary:

- National scheme; eradicate postcode lottery
- Breakdown of services offered, e.g.
    - Basic vision check and refraction
    - Ocular health check
    - Virtual monitoring clinic
    - Referral refinement
    - ..
- Adequate remuneration

THE ISSUES

The GOS fee…

- Is based on an outdated notion of 'sight testing'. There has been **progressive scope creep** over many years with no structured analysis, change control or relative increase in funding.
- Is a **blunt instrument** inappropriate for the individual needs of the patient.
- Is **inadequately funded** and falls significantly short of covering the cost of delivery.
- Doesn't provide for a detailed eye examination, leading to great **inconsistency of delivery**.
- Demonstrates tacit acceptance by NHSE that the cost of testing will be subsidised by the **sale of eyewear,** further blurring the line between clinical practice and retailing.

The CCG structure…

- Is responsible for a **postcode lottery** in terms of eye health care services in England.
- **Lacks central co-ordination within the NHS**, relegating optometry to second-class citizenship compared to dentistry and pharmacy despite playing a significant role in detection and monitoring of pathology.
- Requires optometrists to **undertake unnecessary training** (for glaucoma referral refinement, cataract referral and MECS) for competencies in which they are already qualified.
- **Is apparently irrelevant when a pandemic strikes, since practitioners are asked at a national level to offer emergency appointments** (even where the necessary Minor Eye Conditions Scheme (MECS) has yet to be established).

Ignorance about the world of optics…

- Means that the average member of the public, apparently ignorant to the role of optometrists and dispensing opticians, will present at hospital or their GP practice if they have a problem with their eyes.
- Extends to health care professionals, who generally seem equally ignorant of the roles and abilities, leading to an **under-utilisation of the optical workforce**.
- **Ultimately is costing the NHS a fortune.**

THE WAY FORWARD

The structure

- Responsibility for eye health care should be **taken away from the CCGs** in England and **centralised with NHS England** (in keeping with dentistry and pharmacy).
- The Hospital Eye Service (HES) should be prepared to **establish virtual clinics** within primary care optometry, to allow their 'stable' patients to be monitored by optometrists in their practices, leaving the cases requiring intervention to still present at the HES. As well as **relieving the burden on hospital clinics, ease of access for patients would be greatly improved also**.
- The present **GOS contract should be fully overhauled** to better reflect the post-Covid-19 era, plus facilitate such virtual clinics: a new, menu-driven approach for the delivery of eye health care should be introduced as set out below.

- Practices should be at liberty to **elect which NHS eye care services they wish to deliver**.
- The **NHS should take responsibility** alongside all representative organisations in the world of optics to educate its employees, other health care providers and the public at large about long-term eye health care as set out below; **ultimately leading to better and increasingly efficient utilisation of the optical workforce**.

Eye healthcare services

- Should be clearly articulated, with a separate fee negotiated and provided for each service. This could include:
    - **Simple vision test** and refraction (i.e. retain the present GOS for this).
    - **Detailed ocular health checks** through the use of ophthalmoscopy and advanced imaging; tonometry; visual field assessments; all in order to diagnose and monitor pathologies (both ocular and systemic).
    - **Additional 'bolt-on' services** such as:
        - Glaucoma referral refinement
        - Cataract referral
        - Minor Eye Condition Schemes
    - The establishment of **virtual clinics** where 'stable' cases can be reviewed in primary care optometry.
    - An **itemised 'bill'** can then be generated for the patient at the end of the appointment, clearly delineating which services have been provided.
    - This model contains all of the services offered at present, yet is **more efficient** in its structuring, allowing for **individualised care for patients** with **fair and appropriate remuneration** for the clinician involved.
    - Additional services could then be added to relieve the burden on the Hospital Eye Service (HES) as they appear.
- Should be **available across England** as a **single proposition** (NHS England should be prepared to learn from the models currently employed in Scotland and Wales).
- This approach, combined with effective education of health care professionals and awareness in the general public, has the potential to take enormous pressure off hospital eye departments and GP practices and save the NHS a considerable sum.

WHY IS THIS URGENT?

- Optometrists and dispensing opticians are presently in turmoil:
    - They want to utilise their full clinical skillset to help patients and support fellow professionals in the HES
    - *But* they do not feel adequately funded by the NHS for the present services they provide
- Considering the above, there is a significantly growing movement amongst clinicians considering abandoning the NHS contract due to the inadequate fee and disproportionate expectations from it.
- Emerging from the Covid-19 pandemic the NHS and HES are going to be stretched and exhausted. A significant backlog of patients will have accumulated, all of whom will need examining. The proposed scheme would help to facilitate the co-management of patients within primary care optometry and ease the burden on the HES.