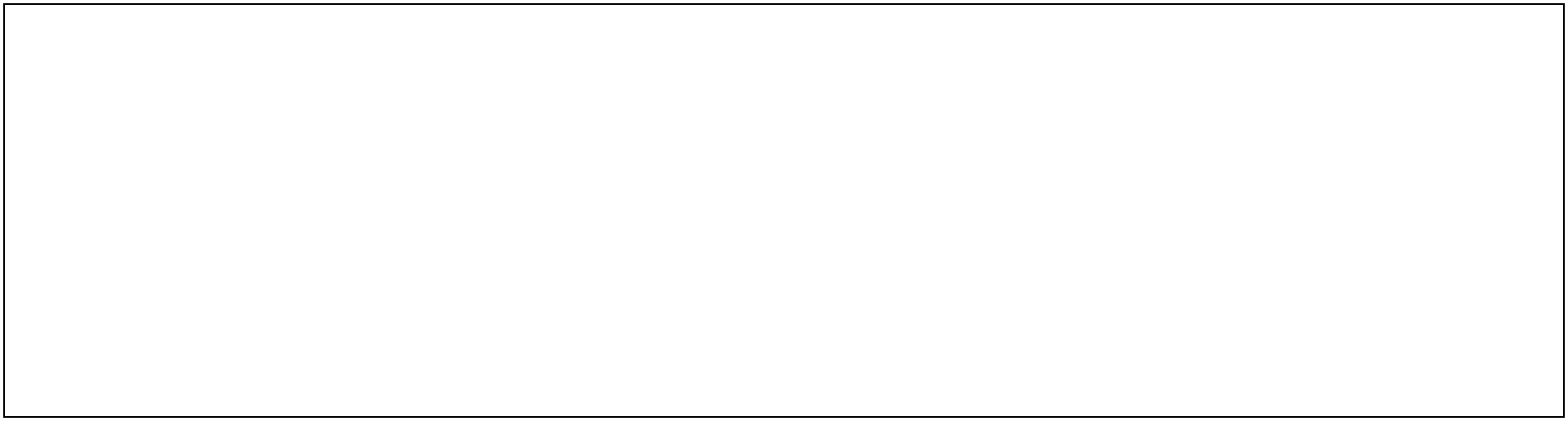
Impact Assessment Screening Tool

Name of policy or process:	*Business standards implementation*
Purpose of policy or process:	To develop and introduce a set of standards for our business registrants as part of our regulatory functions. These will outline the minimum standard of practice in running a business
Team/Department:	Standards & CET
Date:	21 November 2018
Screen undertaken by:	Natalie Michaux
Approved by:	Marcus Dye
Date approved:	6 February 2019
Instructions:	• Circle or colour in the current status of the project or policy for each row. • **Do not miss out any rows**. If it is not applicable – put N/A, if you do not know put a question mark in that column. • This is a live tool, you will be able to update it further as you have completed more actions. • Make sure your selections are accurate at the time of completion. • Decide whether you think a full impact assessment is required to list the risks and the mitigating/strengthening actions. • If you think that a full impact assessment is **not** required, put you reasoning in the blank spaces under each section. • You can include comments in the boxes or in the space below. • Submit the completed form to the Compliance Manager for approval.

A) Impacts	High Risk	Medium Risk		Low Risk	? or N/A
1. Reserves	It is likely that reserves may be required	It is possible that reserves may be required		No impact on the reserves / not used	
2. Budget	No budget has been allocated or agreed, but will be required.	Budget has not been allocated, but is agreed to be transferred shortly	Budget has been allocated, but more may be required (including in future years)	Budget has been allocated and it is unlikely more will be required	
3. Legislation, Guidelines or Regulations	Not sure of the relevant legislation	Aware of all the legislation but not yet included within project/process	Aware of the legislation, it is included in the process/project, but we are not yet compliant	Aware of all the legislation, it is included in the project/process, and we are compliant	
4. Future legislation changes	Legislation is due to be changed within the next 12 months	Legislation is due to be changed within the next 24 months	Legislation may be changed at some point in the near future	There are no plans for legislation to be changed	
5. Reputation & Media	This topic has high media focus at present or in last 12 months	This topic has growing focus in the media in the last 12 months	This topic has little focus in the media in the last 12 months	This topic has very little or no focus in the media in the last 12 months	
6. Resources (people & equipment)	Requires new resource	Likely to complete with current resource, or by sharing resource	Likely to complete with current resource	Able to complete with current resource	
7. Sustainability	Less than 5 people are aware of the process/project, and it is not recorded centrally nor fully	Less than 5 people are aware of the project/process, but it is recorded centrally and fully	More than 5 people are aware of the process/project, but it is not fully recorded and/or centrally	More than 5 people are aware of the process/ project and it is clearly recorded centrally	
	No plans are in place for training, and/or no date set for completion of training	Training material not created, but training plan and owner identified and completion dates set	Training material and plan created, owner identified and completion dates set	Training completed and recorded with HR	
8. Communication (Comms) / Raising Awareness	No comms plan is in place, and no owner or timeline identified	External comms plan is in place (including all relevant stakeholders) but not completed, an owner and completion dates are identified	Internal comms plan is in place (for all relevant levels and departments) but not completed, and owner and completion dates are identified	Both internal and external comms plan is in place and completed, owner and completion dates are identified	
	Not sure if needs to be published in Welsh	Must be published in Welsh, Comms Team aware.		Does not need to be published in Welsh.	

Please put commentary below about your Impacts ratings above:
As well as the potential impacts on internal GOC policy and processes, we have considered the draft Standards and potential impacts on all possible stakeholders, including patients and the public and those with protected characteristics and additional needs, and have made changes to the Standards to ensure that these groups' interests and needs are appropriately reflected. In particular, we have made amendments to ensure that accessibility to premises is explicitly referenced in the Standards, as well as making it clearer that when communicating with patients, access needs should be taken into account to ensure that the patient can receive communication in a way they understand.



B) Information Governance	High Risk	Medium Risk		Low Risk	? or N/A
1. What data is involved?	Sensitive personal data	Personal data	Private / closed business data	Confidential / open business data	
2. Will the data be anonymised?	No	Sometimes, in shared documents	Yes, immediately, and the original retained	Yes, immediately, and the original deleted.	
3. Will someone be identifiable from the data?	Yes	Yes, but their name is already in the public domain(SMT/Council)	Not from this data alone, but possibly when data is merged with other source	No – all anonymised and cannot be merged with other information	
4. Is **all** of the data collected going to be used?	No, maybe in future	Yes, but this is the first time we collect and use it	Yes, but it hasn't previously been used in full before	Yes, already being used in full	
5. What is the volume of data handled per year?	Large – over 4,000 records	Medium – between 1,000-3,999 records		Less than 1,000 records	
6. Do you have consent from data subjects?	No	Possibly, it is explained on our website (About Us)	Yes, explicitly obtained, not always recorded	Yes, explicitly obtained and recorded/or part of statutory duty/contractual	
7. Do you know how long the data will be held?	No – it is not yet on retention schedule	Yes – it is on retention schedule	Yes – but it is not on the retention schedule	On retention schedule **and** the relevant employees are aware	
8. Where and in what format would the data be held? (delete as appropriate)	Paper; at home/off site; new IT system or provider; Survey Monkey; personal laptop	Paper; Archive room; office storage (locked)	GOC shared drive; personal drive	other IT system (in use); online portal; CRM; Scanned in & held on H: drive team/dept folder	
9. Is it on the information asset register?	No	Not yet, I've submitted to Information Asset Owner (IAO)	Yes, but it has not been reviewed by IAO	Yes, and has been reviewed by IAO **and** approved by Gov. dept.	
10. Will data be shared or disclosed with third parties?	Yes, but no agreements are in place	Yes, agreement in place	Possibly under Freedom of Information Act	No, all internal use	
11. Will data be handled by anyone outside the EU?	Yes	-	-	No	
12. Will personal or identifiable data be published?	Yes – not yet approved by Compliance	Yes- been agreed with Compliance	No, personal and identifiable data will be redacted	None - no personal or identifiable data will be published	

13. Individuals handling the data have been appropriately trained	Some people have never trained by GOC in IG.	All trained in IG but over 12 months ago		Yes, all trained in IG in the last 12 months	

Please put commentary below about reasons for Information Governance ratings:

C) Human Rights, Equality and Inclusion	High Risk	Medium Risk	Medium Risk	Low Risk	? or N/A
Main audience/policy user	Public			Registrants, employees or members	
Participation in a process (right to be treated fairly, right for freedom of expression)	Yes, the policy, process or activity restricts an individual's inclusion, interaction or participation in a process.			No, the policy, process or activity does not restrict an individual's inclusion, interaction or participation in a process.	
The policy, process or activity includes decision-making which gives outcomes for individuals (right to a fair trial, right to be treated fairly)	Yes, the decision is made by one person, who may or may not review all cases	Yes, the decision is made by one person, who reviews all cases	Yes, the decision is made by an panel which is randomly selected; which may or may not review all cases.	Yes, the decision is made by a representative panel (specifically selected). No, no decisions are required.	
	There is limited decision criteria; decisions are made on personal view	There is some set decision criteria; decisions are made on 'case-by-case' consideration.	There is clear decision criteria, but no form to record the decision.	There is clear decision criteria and a form to record the decision.	
	There is no internal review or independent appeal process	There is a way to appeal independently, but there is no internal review process.	There is an internal review process, but there is no way to appeal independently	There is a clear process to appeal or submit a grievance to have the outcome internally reviewed and independently reviewed	
	The decision-makers have not received EDI & unconscious bias training, and there are no plans for this in the next 3 months.	The decision-makers are due to receive EDI & unconscious bias training in the next 3 months, which is booked.	The decision-makers are not involved before receiving EDI & unconscious bias training.	The decision-makers have received EDI & unconscious bias training within the last 12 months, which is recorded.	
Training for all involved	Less than 50% of those involved have received EDI training in the last 12	Over 50% of those involved have received EDI training, and the training are booked in for all others involved in the next 3 months.		Over 80% of those involved have received EDI training in the last 12	

	months; and there is no further training planned			months, which is recorded.	
Alternative forms – electronic / written available?	No alternative formats available – just one option	Yes, primarily internet/computer-based but paper versions can be used		Alternative formats available and users can discuss and complete with the team.	
Venue where activity takes place	Building accessibility not considered	Building accessibility sometimes considered		Building accessibility always considered	
	Non-accessible building;	Partially accessible buildings;	Accessible buildings, although not all sites have been surveyed	All accessible buildings and sites have been surveyed	
Attendance	Short notice of dates/places to attend	Medium notice (5-14 days)of dates/places to attend		Planned well in advance	
	Change in arrangements is very often	Change in arrangements is quite often		Change in arrangements is rare	
	Only can attend in person	Mostly required to attend in person		Able to attend remotely	
	Unequal attendance / involvement of attendees	Unequal attendance/ involvement of attendees, but this is monitored and managed.		Attendance/involvement is equal, and monitored per attendee.	
	No religious holidays considered; only Christian holidays considered	Main UK religious holidays considered	Main UK religious holidays considered, and advice sought from affected individuals if there are no alternative dates.	Religious holidays considered, and ability to be flexible (on dates, or flexible expectations if no alternative dates).	
Associated costs	Potential expenses are not included in our expenses policy	Certain people, evidencing their need, can claim for potential expenses, case by case decisions		Most users can claim for potential expenses, and this is included in our expenses policy; freepost available.	
Fair for individual's needs	Contact not listed to discuss reasonable adjustments, employees not aware of reasonable adjustment advisors.	Most employees know who to contact with queries about reasonable adjustments		Contact listed for reasonable adjustment discussion	
Consultation and Inclusion	No consultation; consultation with internal employees only	Consultation with employees and members	Consultation with employees, members, and wider groups	Consultation with policy users, employees,	

				members and wider groups.	

Please put commentary below for Human Rights, Equalities and Inclusion ratings above:
As well as the potential impacts on internal GOC policy and processes, we have considered the draft Standards and potential impacts on all possible stakeholders, including patients and the public and those with protected characteristics and additional needs, and have made changes to the Standards to ensure that these groups' interests and needs are appropriately reflected. In particular, we have made amendments to ensure that accessibility to premises is explicitly referenced in the Standards, as well as making it clearer that when communicating with patients, access needs should be taken into account to ensure that the patient can receive communication in a way they understand. We have also reviewed the Standards in terms of protected characteristics and are satisfied that the Standards themselves (as well as the implementation of them) do not adversely impact on any particular group or place barriers to their accessing good quality care; indeed we consider the contrary to be the case as we have taken action (in response to consultation feedback and internal review) to explicitly ensure that this cannot occur by virtue of complying with the Standards. We therefore consider that the Standards will have a number of positive impacts, particularly in relation to patient care, but also in relation to supporting staff with any additional needs to perform their roles well and with confidence. Full impact assessment should be undertaken.

Policy – Impact Assessment

Step 1: Scoping the IA

Name of the policy/function:	**Business standards implementation**
Assessor:	**Marcus Dye/Natalie Michaux**
Date IA started:	**21 November 2018**
Date IA completed:	**6 February 2019**
Date of next IA review:	**March 2021**
Purpose of IA:	**To identify and mitigate any unintended impacts of the standards on key demographic groups**
Approver:	**Marcus Dye**
Date approved:	**6 February 2019**

Q1. Screening Assessment

- Has a screening assessment been used to identify the potential relevant risks and impacts? Tick all that have been completed:
  - ☐ Impacts
  - ☐ Information Governance (Privacy)
  - ☐ Human Rights, Equality & Inclusion
  - ☐ All completed and full impact assessment undertaken

Q2.About the policy, process or project

- What are the main aims, purpose and outcomes of the policy or project?
- You should be clear about the policy proposal: what do you hope to achieve by it? Who will benefit from it?

Aims: To ensure that the final version of Standards for Optical Businesses are understandable to a range of stakeholders, make GOC expectations clear, are implementable and effect positive behavioural change in the professions
Purpose and Outcome: Publish final Standards for Optical Businesses
Who will benefit: Patients and the public, optoms and DOs, business registrants

Q3. Activities or areas of risk or impact of the policy or process

- Which aspects/activities of the policy are particularly relevant to impact or risk? At this stage you do not have to list possible impacts, just identify the areas.

Activity/Aspect
• Failure to gain registrant support and buy-in
• Increase in business registrant complaints as a result of new Standards

• Accessibility of business standards document
• Wide tranches of optical businesses not regulated
• Potential negative impact on certain groups within sector i.e. domiciliary businesses
• Potential additional cost impact to certain business registrants
• Inability to apply Standards in practice
• Businesses do not have sufficient time to implement before come into force
• Stakeholders unaware of publication of new business standards
• Standards do not reflect current good practice across healthcare sectors or reflect outcomes of healthcare reviews

Q4. Gathering the evidence

- List below available data and research that will be used to determine impact of the policy, project or process.
- Consider each part of the process or policy and identify where risks or implications might be found for: 1) Impacts; 2) Information Governance and Privacy implications; and 3) Human Rights, Equality and Inclusion.

Available evidence – used to scope and identify impact
Information gained as part of quantitative and qualitative consultation exercises which asked specific questions on impact, risk and EDI impacts. Undertook enhanced activities to ensure feedback was obtained from all potential stakeholders, including patients and the public. Evidence base for Standards collated during development Outcomes and recommendations of recent healthcare reviews i.e. Francis Draft Standards checked by Legal and Compliance teams for potential implications Informal engagement activities with organisations and businesses

Q5. Evidence gaps

- Do you require further information to gauge the probability and/or extent of impact?
- Make sure you consider:
    1) Impacts;
    2) Information Governance and Privacy implications; and
    3) Human Rights, Equality and Inclusion implications.

If yes, note them here:

Have not had much information from unregistered businesses. Potential need to engage further with insurance bodies.

Had a large response to the consultation from businesses but on current info it would appear that while businesses are raising concerns about impact, there is little specificity about type of impact and this may require further exploration with businesses.

Q6. Involvement and Consultation

Consultation has taken place, who with, when and how:

June-August 2018 – full public consultation

Summary of the feedback from consultation:

Overall, reception of draft *Standards* was positive, with 79% of respondents agreeing that the GOC's expectations of optical businesses are clear and 88% stating that the *Standards* are clear and easy to understand for registrants.

Most individual registrants, businesses and professional associations were broadly supportive, with a frequent comment being that they reflect 'what businesses do anyway', but the draft business standards were poorly received by a small number of businesses and professional associations.

Link to any written record of the consultation to be published alongside this assessment:

https://www.optical.org/download.cfm?docid=DF94AD66-C26A-4FC8-97444EE2EB408214

How engagement with stakeholders will continue:

Meetings with key stakeholders to address issues identified above before publication and targeted communications post-publication

Step 2: Assess impact and opportunity to promote best practice

- Using the evidence you have gathered what if any impacts can be identified. Please use the table below to document your findings and the strand(s) affected.
- What can be done to remove or reduce any impact identified?
- Consider each part of the process or policy and identify where risks might be found for equality, human rights and information governance and privacy.
- Ensure any gaps found in Q5 are recorded as actions and considerations below.

Use the table below to document your strengthening actions (already in place or those to further explore or complete).

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
Clarity and accessibility of the Standards – language used	82% of individual registrants thought language was easy to understand in comparison with smaller percentage of business registrants. If there is significant concern in relation to the specificity or complexity of the language, the standards may not be able to be applied in practice One in seven businesses disagree that the language is easy to understand – either too broad or too specific Concern that the use of qualifiers could potentially be open to different interpretations and create loopholes for businesses e.g. 'suitable', 'appropriate'	• Analysing and reviewing all feedback received and making use of GOC Committees and the round-table with business registrants to resolve concerns and consider pragmatic solutions • This discussion needs to take account of the fact that these standards are intended to act as a framework for registrants to apply professional judgement in the specific situations arising in their practice context rather than a handbook for FtP and therefore need to avoid being overly prescriptive • Motivation behind standards is not to catch people out – it is to promote high standards within the sector – making this clear as part of our comms messaging
Accessibility	Application – suggestion to consider development of supporting guidance or signposting to create greater depth and/or clarity	• Considering individual responses to identify specific areas of concern where further guidance may be necessary – we will only produce this where it meets the requirements of our Standards framework
Accessibility	Suggestion of document in large print	• Commissioning designers to produce accessible versions of the Standards

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
	for partially sighted readers – in the absence of this the document may not be understood or useable by a section of the stakeholder base	• Ensuring accessible formats are available upon publication of the final Standards • Accounting for accessibility issues in EDI checks by Compliance team
Potential gaps in Standards	Enforcement of the Standards is not clear to registrants which may mean incentive to register voluntarily is not evident	• Reviewing of illegal practice cases to ascertain how much of our work in this area can be promoted to registrants • Considering incorporating promotion of this as part of wider GOC comms plan for this work • Review need for registrant-facing documentation on how Standards are used across regulatory functions
Potential gaps in Standards	Online businesses are not covered appropriately by the Standards, leading to a patient safety risk where such businesses are used	• Review Standards to ensure that they can be applied to online businesses and the expectation is clear that they will adhere to them • Seek further input from businesses as part of Companies Committee and business round-table
Potential gaps in Standards	Data protection and GDPR is insufficiently covered, meaning registrants are unclear about the GOC expectations in this area	• Review Standards relating to compliance with relevant legislation with Legal and Compliance teams to ascertain whether there is potential for confusion in this area or whether additional clarification should be provided
Potential gaps in Standards	Confidentiality and reporting in the public interest are insufficiently covered, leading to registrants failing to adequately protect public safety	• Analysing and reviewing all feedback received and making use of the committees and round-table with business registrants to resolve concerns and consider pragmatic solutions • Developing supporting guidance – separately to the business standards work – on breaching confidentiality to go out to public consultation in 2019 • Making explicit reference to overriding confidentiality to support future guidance
Potential gaps in Standards	Content in individual standards states not disparaging other	• Analysing and reviewing all feedback received and making use of committees and round-table with

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
	registrants – feeling that it should be equally applicable to businesses and that this is within their control	business registrants to resolve concerns and consider pragmatic solutions
Flexibility to accommodate a changing wider healthcare environment	49% do not know and only 38% say they are flexible enough to accommodate a changing wider healthcare environment – could mean that standards are not usable by certain areas of optical professions or that they become outdated very quickly	• Concerns relate to the impact of this on online businesses and the perceived threat they pose to the industry; the extent to which standards may be able to reflect future changes, particularly in relation to technology • Revision of standards to ensure explicit reference to technology and online services is incorporated, as well as removal of links and named statutes (so far as possible) to avoid dating the document
Application	Lack of understanding to whom the Standards apply (including locums and their responsibilities, references to pre-reg students and staff in public-facing roles) and therefore businesses may not apply the Standards appropriately	• Review definitions of staff alongside expectations of businesses to see if any are incompatible • Make specific reference to locums and what the business should provide them with as well as what the business should expect from them
Barriers to compliance	Commercial pressures to achieve sales targets may prevent individual registrants from being able to adhere to their own standards and those of the wider business	• Ensure that there is clarity regarding the business' responsibility to adhere to their own standards and that the standards as drafted do not inhibit commercial prosperity in and of themselves
Barriers to compliance	Prohibitive cost and burden of implementation from a	• A number of areas have been identified in relation to imposing potential additional costs on registrants and these are:

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
	financial perspective may result in deregistration and therefore potential lowering of standard of patient care	- The requirement for staff to have criminal record checks; - The requirement for businesses to have public liability insurance; and - The requirement for regular audit of patient records. • Standards to be amended to clarify intention not to impose any new burdens over and above those already required by law and to make clear to businesses that the expectation is for them to exercise judgement as to what's appropriate for their particular business context – therefore no additional cost implications • In terms of audit, make clear that this is a general expectation across healthcare but businesses would only be expected to do it so far as is appropriate and proportionate, so no additional cost implications • Legal advice sought on above and supports approach
Barriers to compliance	Cost of implementation from a time perspective, increasing burden	• Review standards to see if there is anything in there that is additional to what we have required under the previous Code of Conduct and to look at where others have flagged perceived additional costs and evaluate them to see if they are such • Follow up such perceptions at round-table and committees • Use this to take a decision on appropriate implementation time
Barriers to compliance	Staffing pressures may render Standards practically unimplementable, lowering standard of patient care	• Analysing and reviewing all feedback received and making use of committees and round-table with business registrants to resolve concerns and consider pragmatic solutions
Wider implications	Staff training and supervisory arrangements	• Analysing and reviewing feedback received to ensure that expectations are clear • Seek legal advice on the compliance of any new wording with the GOC supervision policy
Wider implications	Under half of respondents think this will have a positive	• Analysing and reviewing all feedback received and making use of the committees and round-table with

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
	impact on business owners and directors, and almost a fifth predict a negative impact	business registrants to resolve concerns and consider pragmatic solutions • Posing questions to Companies Committee membership and round-table on where they feel impact could be negative and why
Patient perceptions - areas considered important by them	Standards will not focus on areas that patients consider pivotal to their experience	• Review standards to ensure that all important elements raised by patients are covered by the standards in sufficient depth and proportionately • These are: equipment and tech is modern and up-to-date, staff talk to me in a way I can understand, I receive clear info about what I will have to pay (above 50%), premises are clean, tidy and easy to access, information about me and my health is kept private, if there is a problem there is a clear way for me to complain/have problem resolved, I can take someone with me to my appointment if I want/need to
Trust in technology	Potentially misplaced trust and overreliance on competence of technology by patients may obscure poor practice Regulation of technology is a gap in optics	• Ensure standards adequately target the need for businesses to ensure that equipment is appropriate and staff are trained to use it to promote the right patient outcomes • Reinforce need for legislative reform with Department of Health (wider GOC project)
Patient perceptions	Only just over half know how to make a complaint	• Review section of standards relating to complaints and consider other mechanisms/routes to raising awareness of making a complaint and the respective roles of the GOC and OCCS • Raise with FTP team potential need to render materials more accessible for those that have additional needs
Implementation – some respondents felt additional help would be needed to implement the Standards	Demand for supporting guidance that the GOC does not have remit (under the Standards framework) to produce	• Analysing and reviewing all feedback received and making use of committees and round-table with business registrants to resolve concerns and consider pragmatic solutions to ensure that the standards are clear enough to avoid the need for supplementary guidance in many cases • Promoting standards framework alongside publication of final standards

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
Rationale for Standards potentially unclear	Stakeholders find it difficult to understand need for change and resist – leading to poor support for standards and knock-on effect on patient care	• Continue to engage with stakeholders bilaterally as throughout consultation • Promote compliance and adoption of standards via business round-table who are keen to keep engaging with the GOC about this • Consider further as part of design of comms plan and include more innovative comms to better reach registrants
Applicability of standards in relation to locums and their responsibilities as opposed to staff	Expectations of businesses are unrealistic in some areas and do not appropriately accommodate differing statuses of staff, and therefore fail to mitigate risk posed by them	• Review standards to ensure that they are achievable and relevant to all staff and, where they are not, revise them to be more specific as to whom they apply
Applicability	Current draft means non patient-facing staff who make decisions impacting on patient care would not be covered – meaning quality of patient care could be compromised	• Review section which describes public-facing staff and consider revising definition of who is covered by the Standards
Applicability by GOC staff	Difficulties in implementation and cases coming to the GOC are not investigated appropriately	• Comprehensive training for GOC staff and committee/panel members in advance of publication to ensure there are no such difficulties • Support to be provided to GOC staff working within the FTP team during the implementation period
Applicability	Lack of a level playing field in the absence of statutory registration of all businesses	• GOC seeking legislative reform more widely to try and bring all optical businesses within our regulatory remit and have written to DH to express our position
Applicability	GOC legislation preventing some businesses from registering so a proportion of the sector are excluded by	• GOC seeking legislative reform more widely to try and bring all optical businesses within our regulatory remit and have written to DH to express our position

Activity/ Aspect	Potential/actual Impact	Strengthening actions to remove or reduce impact. For actions, include timeframes.
	campaigns to promote voluntary registration. This could provoke challenge by such businesses who may perceive it as favouritism by the GOC towards registrable businesses	
Applicability	Does not take account of multi-disciplinary working	• Review sections of Standards relating to referrals and ensure that, where appropriate, staff registered with other regulators are acknowledged as potentially being part of the care pathway
Applicability	Unclear whether standards should apply to manufacturers and hospital settings	• Ensure definitions in introduction are clear about the purpose of the standards and therefore to whom they apply • Promote widespread applicability as part of comms plan
Applicability - A small number expressed some concern that the draft Standards may mislead the public into assuming that they are adhered to by all businesses and not just those who are registered.	Patients and the public are misled in choosing an optical care provider and are unclear about how to hold them to account	• Ensuring our communications are clear around the remit of the Standards and linking with initiatives to encourage voluntary compliance • Working with patient interest and advocacy groups to promote standards to their stakeholders

Step 3: Monitoring and review

Q6. What monitoring mechanisms do you have in place to assess the actual impact of your policy?

Fortnightly monitoring of risk by the Standards project group (with representation from teams across the GOC including Legal and Compliance)

Monthly monitoring of project as a whole by SMT as part of performance monitoring, looking at risk, cost, timeliness and quality of delivery

Please provide a review date to complete an update on this assessment (three months from initial completion).

Date: