GOC response to NHS Change: 10 Year Health Plan

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

The General Optical Council (GOC) regulates optometrists, dispensing opticians, students and some optical businesses. As the regulator for the optical professions, we protect the public by setting standards for the performance and conduct of our registrants, approving qualifications leading to registration, maintaining a register of individuals and bodies corporate, and investigating and acting where our registrants' fitness to practise or carry on business may be impaired.

We note the findings of Lord Darzi's *Independent investigation into the NHS in England,* which are echoed by the Government's three big shifts: hospital to community, analogue to digital, sickness to prevention. The regulatory framework operated by the GOC is already supporting registrants to help achieve all three shifts and we recognise there is opportunity to do more.

Our registrants' roles in delivering safe and effective eye care are evolving, with many taking on additional qualifications, such as independent prescribing and glaucoma management. Our new education and training requirements (ETR) for optometrists and dispensing opticians introduced in 2021 anticipated the shift from hospital to community. They are extending registrants' scope of practice, building greater patient experience and have a greater focus on key skills such as professional judgement, patient-centred communication, management of risk and diagnostic, consultation and clinical practice skills. The ETR facilitate greater utilisation of primary eye care services by commissioners. This combined with greater integration between primary and secondary pathways would help alleviate overstretched areas such as general practice, hospital eye services and A&E.

A challenge is that the funding of pre-registration qualifications does not reflect the cost of provision or reflect their strategic significance to the UK economy and society. In the context of concerns about workforce capacity, especially in some parts of the UK, applications and admissions data show that interest in studying these subjects far outstrips available places, but our intelligence is that funding is acting as a brake on expansion of places by existing providers and a barrier to entry for new providers. We have responded to a recent Office for Students consultation on funding and held follow up meetings, including with DHSC and NHSE. We hear that the prominence of various professions in key government documents like the 10yr plan is taken as a signal of their strategic significance by funding bodies, but optometrists and dispensing opticians have historically not received the public recognition they merit. Therefore, giving greater prominence in the 10yr plan to the contribution that optometry and dispensing optics can and is making towards the three shifts should support better funding for these qualifications.

Submitted 2/12/24

One of the vision groups that has been established to support the development of the 10yr plan is focused on accessing high quality and effective care. A modern and flexible system of regulation is a key contributor to this objective, but the legislation that underpins the work of the nine health and social care regulators is outdated and unwieldy. Therefore, we would like to see a commitment to reform all the health and social care regulators' legislation continuing work under the last government that had cross-party support. This reform programme would ensure more consistency and maintain effective public protection, while giving regulators greater freedom to respond to future challenges in a quicker and more effective way. Since creating a more modern and agile system of regulation can act as a powerful enabler of change, we wish to see regulatory reform explicitly recognised in the 10yr plan.

One of the main changes we would like to achieve within legislative reform is an extension to our system of business regulation. In relation to our sector, most care is delivered in private settings i.e. in a high street opticians/optometrist practice delivering NHS contracts. However, not all optical businesses are currently required to register with the GOC, which causes confusion and has created a regulatory gap. Our research shows that we regulate about half of all optical businesses in the UK. We want to extend regulation to include all optical businesses carrying out certain functions, such as the testing of sight. In addition, we wish to modernise our approach to regulation, for example, by improving access to consumer redress and introducing a head of optical practice role responsible for systems, policies and culture in businesses. The connection to the 10yr plan is that a stronger and more effective system of clinical governance will help instil confidence in a system where registrants diagnose, treat and manage more eye conditions in communities.

We are currently consulting on detailed proposals to extend and modernise business regulation following a call for evidence that demonstrated strong stakeholder support for closing the regulatory gap and expect to agree a blueprint for reform in 2025 (Project: Business regulation | General Optical Council).

We would also like the plan to include a commitment to supporting and developing the NHS workforce. Our 2024 registrant survey found that 42 per cent of respondents in England experienced harassment, bullying or abuse from patients and service users in the previous 12 months, with around 26 per cent also experiencing discrimination from the same groups. Experiences of these behaviours at the hands of their managers and colleagues is also too high. This could be having a significant effect on registrants' longer-term career plans, with 16 per cent planning to leave the profession in the next 12-24 months. In addition, 31 per cent of respondents in England were finding it difficult to provide patients with a sufficient level of care in the last 12 months. Further, there is a correlation between registrants experiencing these issues and finding it difficult to provide sufficient care.

We know this is an issue across healthcare and that the NHS Staff Survey results also show concerningly high levels of bullying, harassment and discrimination experienced by staff. The workforce must be appropriately supported, and these issues addressed, to deliver on these priorities. In October 2023 we published a joint statement alongside organisations from across the optical sector committing to a

zero-tolerance approach to bullying, harassment, abuse, and discrimination across all working environments. Our draft strategic plan for 2025-30 outlines our commitment to continuing work in this area to improve the wellbeing of our registrants and ultimately improve public protection.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

One challenge in moving more care from hospitals to communities is that many people are unaware they can go to an optometrist with an eye problem. Our most recent public perceptions survey shows that only 31 per cent of people in England would go to an opticians/optometrist practice if they woke up with an eye problem, whereas 30 per cent would go to a GP practice/surgery and 11 per cent to a pharmacist. Our data shows there could be some public awareness campaigns that make a difference, for example, those who would go to an opticians/optometrist practice if they woke up with an eye problem is significantly higher in Scotland (44 per cent), Wales (43 per cent) and Northern Ireland (41 per cent).

The survey data suggests some people's reasons for not going to an opticians/ optometrist practice include concerns that are unfounded. These include that they might not be seen on the same day, might have to pay for treatment, or that medication could not be prescribed to treat the problem (How can the optical sector help change public perceptions of eye care? | GeneralOpticalCouncil). If awareness was improved and more people went directly to an optometrist with an eye problem, it would relieve unnecessary pressure on GPs and hospitals.

Our registrant surveys show that the optical workforce is widening its skills and optical businesses are expanding their clinical services. The challenge for the sector now is to ensure these messages are filtered down to the public. The pharmacy sector has recently benefited from a public awareness campaign (Pharmacy First) highlighting the range of conditions that pharmacists can now treat without the need to see a GP. It would be great to see better promotion of what optical practices can offer and to give the sector greater prominence. We note that in February 2022, the Optometry First model was developed between the professional representative bodies and NHS England, with the intention of a call to action to urge commissioners to take advantage of the clinical expertise and infrastructure within optometry. This included diagnosis, treatment, follow-up to surgery, and the co-management of long-term conditions within primary care.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

We are aware of concerns that primary and secondary care records are not integrated, and that optometrists, GPs and ophthalmologists are not able to easily communicate using technology connected to patient records. This has potential regulatory implications since timely sharing of information is important in delivering safe and effective care. Some optical professional bodies suggest that increased IT connectivity will reduce referrals into the hospital eye service (e.g. FODO (2023),

The future of primary eye care – principles and priorities FODO - The Association for Eye Care Providers | Policymakers | Policy | Future of primary eye care).

In connection with this, another area which can be challenging for our registrants is that optometrists often do not get feedback following referrals to secondary care. Again, this has potential regulatory implications since making appropriate referrals is included within our standards of practice. A 2021 study found that the referral reply rate was significantly lower in England than it was in Scotland, and concluded that, "Replies from HES [hospital eye service] to COs [community optometrists] are important for patient care, benefitting patients and clinicians and minimising unnecessary HES appointments" (Shah, R., Edgar, D.F., Khatoon, A. *et al.* Referrals from community optometrists to the hospital eye service in Scotland and England. *Eye* **36**, 1754–1760 (2022) https://doi.org/10.1038/s41433-021-01728-2). Feeding back to optometrists in the community through better use of technology will likely have the effect of improving patient care and reducing unnecessary referrals into secondary care, thereby relieving pressure on hospital eye departments.

Other challenges in making better use of technology in health and care include making sure that staff have the necessary skills and experience to use technology, appropriate procurement and understanding the results that it generates. Our ETR support technological literacy upon qualification while our standards of practice and CPD requirements support registrants to use technology in their practice. We have just published our new standards (to take effect on 1 January 2025) which include keeping updated on developments in digital technologies and applying professional judgement when utilising the data they generate to inform decision making.

Over recent years, we have seen optical coherence tomography (OCT) machines become increasingly embedded within community practices which has led to significant benefits for patients as it allows clinicians to detect eye health conditions, such as glaucoma, more easily at an early stage. Use of artificial intelligence (AI) has the potential to deliver huge benefits to patients, but it requires careful balancing of responsible innovation with regulation to ensure safety and public trust. Use of AI among our registrants is in its infancy, but promises to improve diagnostic ability so eye diseases, such as wet age-related macular degeneration (AMD) and diabetic retinopathy, are found at an earlier stage. This could help to reduce the burden on secondary care as more conditions could be diagnosed in community settings.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

The NHS recommends that everyone should have an eye test every two years, but a challenge is that it appears that not everyone is aware of this or may face barriers in accessing those services. Our most recent public perceptions research shows that 79 per cent of the public have been for a sight test / eye examination in the last two years, with this figure dropping to 62 per cent for patients who had four or more markers of vulnerability. This still leaves a significant proportion of the population who have not had their eyes tested in the last two years and are missing out on opportunities for early identification of eye diseases and other general health conditions. Many of these groups will be eligible for free NHS sight tests.

Our public perceptions survey also shows that some groups of patients face higher barriers to accessing services and get worse outcomes. For example, people from ethnic minorities are less likely to get their sight tested, and people with disabilities are more likely to report things going wrong during their visit. External surveys have highlighted the impact of the cost-of-living crisis as a barrier to accessing eye care.

Our new draft strategy for 2025-30 includes a strategic objective to create fairer and more inclusive eye care services. We will work with stakeholders across eye care to reduce barriers and improve access.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long term change, that will take more than 5 years**

Quick to do

Raising public awareness that minor eye problems can be diagnosed and treated at an opticians/optometrist practice, learning from the Pharmacy First initiative, would help alleviate pressure on GPs and hospitals. We could assist in tracking increased awareness through our existing annual public perceptions survey.

In the middle

Reform to healthcare regulators' legislation would make them more agile in supporting change across their activities. As outlined above, in the GOC's case, our proposals to extend and modernise business regulation would act as an enabler of the planned shift to provide more eye care services in communities. We would welcome clarity from government on its commitment to and timetable for legislative reform. It is recognised that revising the legislation of all nine regulators is a complex exercise that will take time to deliver, but we urge that decisions on relative priorities reflect the contribution of our sector to achieving the 10yr plan.