

2 Woodbridge St, London, EC1R 0DG Chair: Paul Carroll Tel: 02075492059 Email: tonystafford@aop.org.uk Secretary: Tony Stafford

Helen Miscampbell Dental & Eye Care Services Department of Health & Social Care 39 Victoria Street London SW1H 0EU

By email

23 March 2020

Dear Helen

GOS fees 2020/21

We write in response to your letter of 16 March 2020 advising that Ministers have regrettably decided the NHS sight test fee in England should remain at its current level for 2020/21. This means a fifth consecutive year of a freeze in sight test fees.

Our priority at this stage is to support patients, eye care providers and the wider NHS through the current national COVID-19 crisis. At the same time we have to make clear that we cannot possibly agree to a fifth year of consecutive freeze on behalf of contactors who provide an essential public health and care service, and have been under as much pressure as other parts of the NHS for several years. For the avoidance of doubt therefore, this is not an agreed outcome and the Department will have to impose this 'no increase' fee upon us.

Your letter acknowledges that the decision not to raise fees was a difficult one, and said that Ministers had taken into account the lack of available evidence about the impact of the GOS fee freeze. You also said that the optical sector had been invited to put forward such evidence. This is, unfortunately, inaccurate and misleading. We put forward all the evidence requested as we have done many times before and this does not reflect the substance or tone of our discussions with NHS England.

As you know, we had asked for a 2.5% increase in the sight test fee as a partial correction to help ease the growing difficulty practices have experienced as a result of a real-terms cut in fees since 2016. The OFNC bid letter of 12 December 2019 spelt out the significant impact the freeze was having on practices – we enclose a copy for reference.

In terms of the evidence, the NHS can also see from its own limited data that the number of sight tests per optometrist has reduced over time. As we have explained, this is because as the population ages, test times increase as do the associated costs. With our population growing older this is set to continue, putting further pressure on practices as the GOS test remains grossly underfunded.

We discussed in detail how the main gap in evidence is a consequence of the NHS decision in 2005 to end the agreed data collection surveys which informed past fee negotiations. This is something the OFNC has repeatedly offered to work with NHS England to address but those offers have not been taken up. This short-sighted approach continues to endanger the viability of GOS services for patients and the public.

At our December 2019 meeting with NHS England we were asked to provide a summary of the benefits that would flow from the 2.5% fee increase we had proposed. We provided that information in January and will publish both submissions alongside this response for transparency as we always do. This will enable the sector to see how we have made NHS England fully aware of the significant stress practice owners are experiencing, and of the potential impact on the sector's capacity and willingness to deliver the NHS Long Term Plan.

Your letter advised that, ahead of next year's fee negotiations, Ministers have specifically asked the sector to consider the impact of the ongoing freeze in fees, particularly on smaller providers, and to provide evidence on this. We are concerned that Ministers may have misunderstood the situation. As we explained at our meeting in December many providers, of all sizes, are under pressure and we would welcome a collaborative approach from NHS England to restart the data collection process to evidence that. It would be meaningless in this context to single out one type of practice; practices of all kinds operate in a competitive market and are all suffering from the underfunding of fees across the whole sector. While we recognise that the current coronavirus crisis takes priority, we would hope that a meaningful data collection process could begin as soon as practicable to inform the fees for 2021-22.

We thank you for confirming a 2% increase for the CET allowance and pre-registration trainer's grant, which we accept.

Looking forward, our December submission included a proposal that the OFNC, NHS England and DHSC should enter into a new strategic conversation about how the NHS, and now more specifically the Ophthalmology Outpatient Transformation programme and the prevention agenda, could make greater use of the skills and infrastructure in community optical practices, to meet growing demand and reduce pressures on secondary care and GPs. All of this can of course be readily accommodated within the existing POS structure which was reviewed in 2006 specifically for this purpose.

We have received a positive response from NHS England to open discussions about this and we hope the Department will also support and engage with this. We look forward to taking this forward as soon as the current difficult circumstances allow. At this stage we are of course focused on helping patients and the NHS through this difficult time and are currently in discussion with NHS England on how the sector can help to manage the pressures caused by the pandemic, including a national framework for regional/STP/ICS mobilisation.

Yours sincerely

Tony Stafford, OFNC Secretary