

## Report on optical sector developments and trends

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### Purpose

1. The purpose of the paper is to update Council on recent developments in the optical sector and wider environment and to identify the trends and the implications for regulation.
2. This paper builds on the briefing paper presented to Council at their meeting in October 2013 to inform the development of the Strategic Plan 2014/17.<sup>1</sup>

### Executive Summary

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3. This paper looks at developments and trends that have occurred within the optical sector and broader external environment over the last year. We have summarised the main developments and analysed the regulatory implications.
4. The NHS is under increasing financial strain and with a growing and ageing population, demand for optical services is likely to increase. In terms of optometry, the profession has already evolved with optometrists and dispensing opticians taking on enhanced roles in the delivery of eye care. With the appropriate training and clinical governance arrangements, optometrists can play a valuable role in the identification and management of chronic and acute disease, working both independently or in collaboration with ophthalmologists. Dispensing opticians can also play a valuable role in delivering low vision services to the increasing number of patients who need them.
5. Significant inroads have already been made, particularly in Scotland, Wales and Northern Ireland, in delivering more care in the community, away from secondary care. Although changes in England have been somewhat slower, there is hope that further progress will be made following NHS England's call to action on improving eye health and reducing sight loss.
6. In terms of developments within the sector, technological innovation is likely to challenge the boundaries of existing scopes of practice and will have an impact on the types of services provided by optical businesses. Changing consumer behaviour, particularly the expected growth of online sales, is also having an effect on businesses models and the ability of optical businesses to attract and retain patients and consumers.

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<sup>1</sup> [http://www.optical.org/en/about\\_us/strategic\\_plan/index.cfm](http://www.optical.org/en/about_us/strategic_plan/index.cfm)

7. In relation to the broader health and regulatory environment, the future of the draft bill on the regulation of health and social care is uncertain as it has not been scheduled in the current parliamentary timetable. This means that the widely anticipated changes to the regulatory system will not be implemented for some time.
8. In terms of implications for us a regulator, we will need to take account the changes that are occurring both within the optical sector and the broader external environment. We must ensure that our system of regulation is fit for purpose and helps facilitate changes that would benefit patients and the public. Our standards strategic review will be the main vehicle for ensuring that our standards and the wider system of regulation help, rather than hinder, developments that would be in the interests of patients and the wider public.

## Analysis

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9. This section of the paper looks at: how society is changing, including changes in demographics which will impact on the optical sector; developments within the optical sector across the UK; and developments within the broader regulatory and health environment. In the next section, 'Trends', we will consider the implications of these changes.

### A. How society is changing

10. The population of the UK is currently around 64 million and it is predicted that this is likely to increase to around 70 million by 2028. Growth of the UK population in 2013 was higher than the European Union (EU) average and highest of the four most populous EU member states.<sup>2</sup>
11. Older people are set to make up an increasingly high proportion of the population. In 2013, the population of the UK aged 65 and over was 11.1 million (17.4 per cent of the UK population), an increase of 290,800 from mid-2012. It is projected that by 2035, over 65s will make up 26 per cent of the population in Wales, 25 per cent of the population in Scotland and 23 per cent of the population in England and Northern Ireland.<sup>3</sup>
12. The fastest population increases have been in the 'oldest old' (those aged 85 and over). Between 1985 and 2010, the percentage of the population aged 85 and over increased from 1 per cent to 2 per cent, with the number aged 85 and over more than doubling from nearly 0.7 million to over 1.4 million by 2010. By 2035 it is projected that the number of people aged 85 and over will be

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<sup>2</sup> Office for National Statistics

<sup>3</sup> Office for National Statistics (ONS) (2012), *Population Ageing in the United Kingdom, its Constituent Countries and the European Union*, London: ONS.

almost 2.5 times larger than in 2010, reaching 3.5 million and accounting for 5 per cent of the total UK population.<sup>4</sup>

13. Net long-term migration to the UK was estimated to be 243,000 (a 38 per cent increase) in the year ending March 2014, a statistically significant increase from 175,000 in the previous 12 months. EU citizens - including an increased number from Romania and Bulgaria - accounted for two-thirds of the growth from the previous figure of 175,000.<sup>5</sup>
14. Migrant communities are likely to have different experiences of accessing and using health services in their own country of origin. In some countries, for example, patients go straight to specialist services rather than general practice as the first port of call. Also, some migrant groups, for example the Roma community, may have little contact with mainstream health services and generally have poorer health outcomes. Understanding the behaviours and needs of different communities will be key in helping these communities to access and use health services. Mechanisms at a local level, such as eye health networks in England, will be important in identifying and supporting local commissioning bodies to deliver services that meet local needs.
15. The NHS is facing significant challenges both now and in the future. A report by the Nuffield Trust, *Into the Red*, states that after holding up well under austerity since 2010, the NHS' finances are starting to come under severe financial pressure. The report states that the Government's aim to move more care into the community, to reduce the burden on hospitals, has proved elusive. With the demand for NHS services increasing, the report predicts that the NHS will face a funding crisis within the next two years.
16. In terms of optometry, a growing and ageing population is likely to lead to an increase in demand for optical services and will squeeze the demand on NHS resources. It is estimated that partial sight and blindness in adults costs the UK economy around £22 billion per year.<sup>6</sup>
17. The European Forum Against Blindness and Deloitte analysed the economic impact and burden of cataracts, diabetic retinopathy, glaucoma and wet age-related macular degeneration in 11 European countries,<sup>7</sup> including the UK. The study found that these four conditions lead to a significant reduction in wellbeing; equivalent to 123 million workdays lost per year.<sup>8</sup>

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<sup>4</sup> *ibid*

<sup>5</sup> Office for National Statistics (ONS) Migration Statistics Quarterly Report, August 2014

<sup>6</sup> NHS England, Improving eye health and reducing sight loss – a call to action, 2014

<sup>7</sup> The study, covered Denmark, France, Germany, Ireland, Italy, Poland, Slovakia, Spain, Sweden, Switzerland and the UK.

<sup>8</sup> Cost of Blindness study, European Forum Against Blindness and Deloitte, 2014

18. Eye health is linked to many other factors such as smoking and obesity and long-term illnesses including diabetes and dementia. It is important, therefore, for us to understand trends in relation to these risk factors:
  - 18.1 it is estimated that one in four adults and one in five children (aged 10-11) are obese<sup>9</sup>;
  - 18.2 in 1996 the number of people diagnosed with diabetes was 1.4 million, this increased to 2.9 million in 2012. It is estimated that by 2025 around five million people will have diabetes<sup>10</sup>;
  - 18.3 some groups, such as African-Caribbean and Asians, are more likely to develop certain eye conditions such as glaucoma and diabetic retinopathy and there is often a lack of awareness in these groups that they are more susceptible<sup>11</sup>;
  - 18.4 the number of people with dementia is rising and it is predicted this trend will continue. In 2015, it is predicted there will be 856,700 people with dementia in the UK. This is set to increase to 1,142,677 by 2025<sup>12</sup>; People with dementia can experience problems with their sight, such as visual hallucinations, which can impact on their quality of life;
  - 18.5 there is evidence to suggest the number of young people smoking is increasing.<sup>13</sup> Smoking also tends to be more prevalent in some migrant communities. Smoking is linked to the development of wet Age Related Macular Degeneration (AMD); and
  - 18.6 there is some evidence to suggest that short sightedness (myopia) is increasing, particularly in children and younger people. This may be linked to increasing use of technology such as smart phones and computer screens.

### ***Implications for the optical sector***

19. The population is increasing and the demographics are changing, this will have implications on the sector in terms of meeting the rising demand and ensuring services meet the needs of a diverging population.
20. Moving forwards, we can play a role in helping to meet these challenges. Through the professional standards we set, we can encourage registrants to expand their skills for the benefit of patients and the public. Optometrists and dispensing opticians can play a crucial role in providing enhanced services in the community and help to move resources away from overstretched areas such as hospitals, ophthalmology departments and GP practices.

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<sup>9</sup> NHS choices

<sup>10</sup> Diabetes UK, *Diabetes in the UK 2012*

<sup>11</sup> The College of Optometrists, *Britain's Eye Health in Focus: A snapshot of consumer attitudes and behaviour towards eye health*, 2013

<sup>12</sup> Alzheimer's Society, *Dementia UK: second edition*, 2014

<sup>13</sup> Cancer Research, *Smoking, Drinking and Drug Use Among Young People in England*, 2013

21. We know, however, from engagement with our stakeholders, that optometry is not always viewed by the public and other health care practitioners as part of the primary care system. This is partly due to the way eye care is delivered in a commercial high street environment. However, over the last year there has been a shift by some of the multiples in their approach to promoting good eye care in their advertising rather than just 'sight tests'. For example, Vision Express ran a high-profile campaign encouraging the public to look after their eyes throughout their whole life.

## **B. How consumer behaviour and the marketplace is changing**

22. Research shows that the economic climate has hampered consumer spending on optical appliances over the past two years. The YouGov (2013) Opticians market report <sup>14</sup> found that spending on optical services and products has continued to fall in the last two years (and indeed every year since 2010), with 24 per cent of those in need of eyewear correction saying that they will be more careful in spending on optical goods in the future and 12 per cent saying that they will delay spending on eye tests or optical goods to save money.
23. The rise in the cost of living is likely to have encouraged more people to seek savings by buying contact lenses online. Overall, there has been a growth in on-line sales of contact lenses. The market for contact lenses is also expanding as a result of product innovation. This has made it possible for more people to wear contact lenses.
24. Research carried out in 2013 by the Association of Contact Lens Manufacturers (ACLM) and the optical sector magazine, Optician, suggests that 10 per cent of UK contact lens wearers purchase their lenses online. This is low compared to countries such as Sweden, where the figure is around 40 per cent. The figures also suggest that contact lens wearers who buy online only tend to attend a check-up every 20 months despite an acknowledgment that they should have annual check ups.
25. The ACLM figures also suggest that 41 per cent of contact lens wearers would consider buying online in the future, with an even higher figure for wearers of daily disposables. This suggests that the current 10 per cent figure quoted above is likely to rise.
26. In terms of risk, the ACLM report states that most contact lens wearers surveyed would prefer to buy from the same place they go for their check up and there were concerns about the safety and legality of buying on-line.

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<sup>14</sup> YouGov (2013), Opticians 2013, YouGov Plc.

Through our public perception research we intend to explore consumer behaviour particularly around on-line purchasing of contact lenses.

27. There are likely to be opportunities to significantly expand the online supply of contact lenses and glasses, in markets across Europe. This could have implications for patient safety in terms of the quality and suitability of the products provided. Research we commissioned in 2013<sup>15</sup>, found that patients who buy contact lenses on-line are more likely to miss an aftercare appointment. The research also suggested that risks can arise in relation to the remote substitution of contact lenses, as the patient should be present so the lenses can be properly fitted.
28. There is some evidence to suggest that some on-line companies are selling patients contact lenses without asking for a valid prescription.<sup>16</sup> A study in the US that nearly half of prescription spectacles (both single and multi-focal) delivered directly by online vendors did not meet either the optical requirements of the patient's visual needs or the physical requirements for the patient's safety.<sup>17</sup> However, similar studies in the UK have not been found.
29. The consumer body, Which?, surveyed over 5,000 members about their experiences of going to an opticians in the last three years for eye tests and to buy glasses and/or contact lenses. They found that there were big differences between opticians. Overall, local independent opticians came out top in terms of customer satisfaction such as customer services, staff skill and communication. However, some of the supermarket chains and multiples also scored well in terms of offering convenient appointments, good products and value for money.
30. We are currently undertaking a public perception research project (please see paragraphs 71 and 72) which will further explore consumer behaviour and the regulatory implications.

### **C. The optical sector and public health**

31. As stated in section A, the make-up of the population is changing which is impacting on the demand for health and care services. In terms of public health, there is an increasing emphasis on healthcare professionals to work together and optometrists and dispensing opticians can play an important role in disseminating public health messages and signposting patients to other services. Eye health is linked, for example, to smoking and diabetes so patients could be directed to smoking cessation services or given information on the links between diabetes and eye health (including conditions such as diabetic

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<sup>15</sup> Europe Economics *Health Risk Assessment of Illegal Optical Practice, August 2013*

<sup>16</sup> Which? '10 things to watch when buying glasses online', 23 May 2012

<sup>17</sup> Europe Economics *Health Risk Assessment of Illegal Optical Practice, August 2013*

retinopathy). Boots opticians have developed an Eye Kiosk in some of their stores which gives an eye screening test and patients can also get measurements for their blood pressure and weight.

32. The Royal National Institute of Blind People (RNIB) has been awarded around £270,000 of a £4m fund to support proposals in the health and social care sector by the Department of Health. RNIB will use the grant to develop a “new and innovative” approach to health and social care through its Early Intervention and Rehabilitation in Eye Care Services project. The project is centred on the establishment of an Adult Sight Loss Pathway in England.
33. Public Health England (PHE) has issued a statement reporting that, according to a report carried out with Moorfields Eye Hospital and UCL Institute of Ophthalmology, diabetic eye disease is no longer the leading cause of blindness in adults of working age in England and Wales. The leading cause of blindness is now inherited retinal disorders. It suggests that national diabetic eye screening programmes and improved glycaemic management may have contributed to reducing sight-loss as a result of diabetes.
34. Blind Children UK launched a campaign to help raise awareness of sight loss amount young children. There has been a 9 per cent rise since 2006 in the number of children *registered* blind or partially sighted. The biggest rise is amongst those under the age of five (a 12 per cent rise since 2006).<sup>18</sup> A quarter of the parents surveyed by Blind Children UK said that they had to wait longer than a year to have their child diagnosed with a vision impairment. However, the rise relates to the number of children *registered* blind or partially sighted and does not necessarily signal an increase in prevalence. There are also likely to be differences in patient experiences in different parts of the UK, for example, there are variations across England in whether children, over the age of five, are screened at school for sight loss.
35. Brake, the road safety charity, is calling on the government to introduce compulsory regular eyesight testing for drivers. Brake want the Government to introduce a requirement for drivers to prove a recent, professional eye test when applying for a provisional licence, and at least every ten years thereafter. A survey conducted by Brake, Specsavers and RSA Insurance Group indicated that:
  - 25 per cent of drivers admitted they had not had their eyes tested in more than two years;
  - one in five (19 per cent) have put off visiting the optician when they noticed a problem; and

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<sup>18</sup> Data from NHS England, the Welsh Assembly, the Scottish Government, the Northern Ireland Health and Social Care Trusts and the Office for National Statistics.

- one in eight drivers (12 per cent) who know they need glasses or lenses to drive have done so without them in the past year.

## D. What we know about the profession and how it is changing

### *Registration figures*

36. As at 31 December 2013, there were 13,589 optometrists and 6,244 dispensing opticians on the GOC's register, with the registrant profile as follows:

|                             | Male | Female | Under 25 | 25-39 | 40-54 | 55+ |
|-----------------------------|------|--------|----------|-------|-------|-----|
| <b>Optometrists</b>         | 44%  | 56%    | 5%       | 43%   | 29%   | 23% |
| <b>Dispensing opticians</b> | 43%  | 57%    | 2%       | 38%   | 40%   | 20% |

37. As at 31 December 2013, the GOC's specialty register contained the following numbers of practitioners:

- 37.1 contact lens dispensing opticians: 1,283;
- 37.2 independent prescribing<sup>19</sup>: 233;
- 37.3 supplemental prescribing: 8; and
- 37.4 additional supply: 23

38. There continue to be more female optometrists and dispensing opticians on the GOC register (in 2012, 55 per cent of optometrists were female and 45 per cent male, and 59 per cent of dispensing opticians were female and 41 per cent male).<sup>20</sup>

39. It is notable that the number of independent prescribers on the GOC register continues to rise from 160 on 7 January 2013 to 233 on 31 December 2013.

### *Sight tests*

40. The latest *General Ophthalmic Services: Workforce Statistics for England and Wales*, 31 December 2013, from the Health and Social Care Information Centre reveal that there were 11,457 ophthalmic practitioners in England and 781 ophthalmic practitioners in Wales registered to provide General Ophthalmic Services (GOS), an increase of 2.9 per cent and 3.5 per cent respectively since 2012.

<sup>19</sup> Independent prescribing also includes supplemental prescribing and additional supply.

<sup>20</sup> GOC Annual Report 2012/13

41. *General Ophthalmic Services, Activity Statistics: England, 2013/14*, found that GOS sight tests had risen by 448,000 or 3.6 per cent during 2013/14 (this is the biggest increase since 2009/10) to 12.8 million. These 12.8 million include the following:
  - 41.1 5.6 million sight tests were for those aged 60 or over;
  - 41.2 sight tests for children increased from 2.3 million in 2012/13 to 2.5 million (a 8.2 per cent increase);
  - 41.3 428,000 sight tests (3.3 per cent ) were domiciliary tests; and
  - 41.4 the balance of sight tests was for the remaining categories of those entitled to NHS sight tests such as students, adults receiving income support/tax credits, adults suffering from diabetes/glaucoma and those requiring complex lenses.
42. Statistics for Northern Ireland show that there were 643 ophthalmic practitioners in 2013. This is an increase of 23 or 3.7 per cent from 2012. There were 445,750 GOS sight tests in 2013/14 (an compared to 437,700 sight tests in 2012/13).
43. *Eye Care Statistics for Wales, 2013/14*, includes statistics for GOS as well as other parts of the service such as Eye Health Examination Wales (EHEW). Key facts from this report include:
  - 43.1 758,572 GOS sight tests were carried out during this period a slight decrease of 1.2 per cent from the previous year; and
  - 43.2 96,487 examinations were carried out under EHEW.
44. *Optics at a Glance 2012*<sup>21</sup> estimated that there had been 6.3 million private sight tests in the UK between April 2011 and March 2012. With 15.4 million NHS sight tests in the same time period, this meant that there were 21.7 million sight tests overall performed in the UK; an increase of approximately 600,000 from the previous year.
45. Data for Scotland for 2013/14 has not yet been released.
46. News of a new optometry course being planned by the University of Hertfordshire provided a focus for concern about the potential oversupply of optometrists and downward pressure on salaries. A petition was launched to stop the University of Hertfordshire offering a new optometry course and to introduce a cap on the number of optometry students in the UK. There were over 2,500 signatures. There is likely to be a continued focus on this issue, although there is by no means a consistent trend across the UK. In many rural

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<sup>21</sup> Optical Confederation (2012), *Optics at a Glance 2012*

areas there is a demand for more optometrists. A range of factors will influence the future supply and demand for optometrists and dispensing opticians.

## **E. How technology is changing**

47. Over the past few years the sector has seen many advances in new technology, for example there have been changes in the equipment available in practises which helps to better track changes in eye health over time. It is likely that technological developments will continue and in future we may see the development of more remote diagnosis and treatment. For example:
- 47.1 OCT cameras provide 3D images of patients' retinas and will help optometrists to diagnose ocular changes on the high street whereas previously a patient would have needed to go to hospital to see an ophthalmologist; and
  - 47.2 smart contact lenses are being developed to monitor the glucose levels of diabetics.
48. In relation to our role as the regulator, we need to be aware of these developments and ensure that regulation is flexible enough to allow changes that will benefit patients and the public. Our strategic review of standards for optometrists and dispensing opticians will ensure that we take account of the changes to scopes of practice across the UK and our standards remain relevant and up-to-date.

## **F. Developments in service delivery that will affect the profession and regulation**

### **England**

49. Changes in the NHS in England, due to the Health and Social Care Act 2012, led to the abolition of primary care trusts (PCTs) and the creation of NHS England Area Teams and clinical commissioning groups (CCGs). Commissioning is split between:
- 49.1 NHS England - primary care ophthalmic services;
  - 49.2 CCGs - community-based eye care services and secondary ophthalmic services; and
  - 49.3 local authorities - responsibility for public health promotion activity and supporting and providing services for those registered as blind or partially sighted .
50. Local eye health networks, supported by NHS England, were established across England in 2013. The aim of the networks is to improve eye health by supporting and working with CCGs and health and well-being boards to develop and design eye health services that meet national and local needs.

51. Despite these developments, the access to, and provision of, eye health services in England remains variable. Some CCGs, for example, have commissioned Primary Eyecare Assessment and Referral Service (PEARS) which aim to avoid unnecessary hospital appointments through early diagnosis by optometrists with enhanced training and skills. CCGs currently spend a combined total of around £1.5 billion in eye care services.<sup>22</sup>

### ***General Ophthalmic Services (GOS) contract***

52. General Ophthalmic Services (GOS) contracts are held centrally by NHS England, which holds a central performers list, and managed through the Area Teams.
53. In July 2014, the Government announced a 1 per cent increase in fees for services provided under the GOS contract. However, this offer was rejected by the Optical Fees Negotiating Committee (OFNC), the negotiating body for the optical sector. Stakeholders, such as the Optical Confederation, stated that many optical practices had met all the costs of modernisation themselves and would need help to deliver on Government commitments, for example delivering more care in the community.

### ***NHS England: Improving eye health and reducing sight loss – a call to action***

54. Eye health services in England are under increasing strain. Between 2003/04 and 2012/13 total spend on eye health services in England increased by 90 per cent, from £1.2 billion to £2.3 billion (primary and secondary care).<sup>23</sup>
55. In July 2014, NHS England *launched Improving eye health and reducing sight loss – a call to action*. Call to action engagements have been held for general practice, community pharmacy and NHS dental services and the final strand of the campaign is focusing on improving eye health and the provision of NHS eye health services. NHS England are planning on publishing a strategic framework for the commissioning of primary care services in autumn 2014.
56. In their call to action on eye health, NHS England outlined a number of challenges facing eye health services in the future including a growing and ageing population, health inequalities and a constrained financial outlook based on increased demand on NHS resources. Taking these factors into account, NHS England wanted to stimulate debate on how a more preventative approach, early accurate detection by primary care services and effective management in the community could tackle health inequalities, improve

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<sup>22</sup> NHS England, *Improving eye health and reducing sight loss – a call to action*, 2014

<sup>23</sup> *ibid*

outcomes and reduce unnecessary hospital admissions. Their aim is to review the current system of eye health services which should help to inform and develop a long term sustainable plan for the future.

57. We supported the call to action in its aim to improve optical services and welcomed any developments that would benefit patients and the public and help improve health outcomes. From our perspective, we must understand the changes that are occurring in the NHS and in optics in order to implement a system of regulation that protects the public and enables developments that would benefit patients and the public.
58. We also said that it is worth exploring how optometrists and dispensing opticians can work alongside other healthcare professionals to deliver enhanced services in the community and help move resources away from overstretched areas such as hospitals, ophthalmology departments and GP practices. Optometrists, with the appropriate training, can play a valuable role in the identification and management of chronic and acute disease alongside ophthalmologists. Dispensing opticians can also play a valuable role in delivering low vision care to patients.

## **Wales**

59. In September 2013, the Welsh Government launched a five year plan to improve eye health (*Together for Health: Eye Health Care Delivery Plan for Wales 2013-18*). Implementation of the Plan is now well underway and in 2014-15 the Welsh Government will be investing £3.5 million in primary care services in Wales. The amount outlined for primary eye care services is estimated to be around £600,000 and will be accessible through the Eye Health Examination Wales (EHEW). These funds will help develop a more joined up and enhanced system of primary care to help reduce unnecessary hospital admissions and manage more patients in the community.
60. The Welsh Eye Care Service (WECS) is seen as the flagship of the Plan. The WECS is an enhanced service that allows optometrists greater clinical freedom and scope to manage their patients in primary care. Currently, around 90 per cent of optometrists in Wales are accredited (through the WECS) to provide enhanced services.

## **Scotland**

61. The Scottish Government remains committed to prioritising eye health and building on the developments that have already happened in improving eye care services. They have updated the *Scottish Vision Strategy (2013/18)* which

outlines the second phase of the cross-sectoral strategy for tackling preventable sight loss.

62. The strategy notes the future challenges for Scotland in delivering eye care services that meet the need of a growing and ageing population. Demographics continue to shift towards an ageing population at an even greater rate than in England. By 2020, there is likely to have been a 30 per cent increase in the population aged over 60 compared with 2000. Optometry Scotland estimate that by 2020 there will be a 70 per cent increase in cataracts, 38 per cent in age related macular degeneration (AMD), 40 per cent in glaucoma and up to 200 per cent in diabetes compared with 2000.
63. Over the past five years there has been a significant push towards developing and embedding community optometry to help relieve the pressure on general practice and secondary care. The profession is continuing to develop their skills and, in 2014, the Scottish Government enacted new prescribing legislation to facilitate the prescribing process for optometrists. This means that optometrists with an independent prescribing qualification are issued with a prescribing pad which allows them to prescribe eye-related medicines to patients under the NHS without them having to visit their GP. Around 20 per cent of Scottish optometrists are now IP qualified with a further 20 per cent in training.
64. In terms of wider political developments, in September 2014 the Scottish referendum on independence was won by the 'no' vote. However, following the result there is the prospect of further devolution which may have an implication on the regulatory system.

## **Northern Ireland**

65. In 2012, the Department of Health Social Services and Public Safety (DHSSPS) launched a five year strategy for eyecare services (*Developing Eyecare Partnerships Improving the Commissioning and Provision of Eyecare Services in Northern Ireland, (DEP)*). DEP aims to facilitate an integrated approach to the development of eyecare services in Northern Ireland. DEP adopts a pathway approach to this integration across all sub-specialties where appropriate, from primary care through to specialised secondary care utilising the expertise of a varied skill mix. Supporting these pathways will be the use of new and emerging technologies with seamless communication between those providing the care. The resultant will be a patient-centred service with emphasis on clinical leadership, training and development giving improved patient experience and outcomes. Information technology is a major enabler for the delivery of DEP

66. There have been several developments over the last 12 months or so. For example, a local enhanced service for suspect Ocular Hypertension referrals has been launched and is working well. Initial data shows that cases which would have been originally referred to secondary care for suspect OHT in line with NICE CG85 are being successfully deflected by the repeat measurement of Intra Ocular Pressures, reducing false positive referrals and associated patient anxiety. In addition the Health and Social Care Board have registered a number of Independent Prescribing (IP) Optometrists and who have now been issued with NHS prescription pads.
67. In September 2014, a pilot project was launched in 13 community optometry practices in one locality of the Southern Local Commissioning Group (LCG) area. The Southern Primary Eyecare Assessment and Referral Service (SPEARS) will enable accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior, non-sight threatening eye problems who would otherwise visit their GP, the Emergency Hospital Eye Service or, an Ophthalmology out-patient clinic.

## **G. Public awareness of regulation and the GOC**

68. The Francis Inquiry report suggested that regulators should raise public awareness of their role and public perception research is increasingly being seen as a research priority by the other health and care regulators and the Professional Standards Authority (PSA).
69. Research conducted by Healthwatch found that the health and care complaints system in England is 'utterly bewildering' for people. They found that 75 types of organisations in England had a role in complaints handling and support, from local councils and CCGs to national regulators. Healthwatch stated that lessons should be learnt from the Francis Inquiry and the current complaints system should be simplified so it is easier for the public to know where to go if they want to raise a complaint.
70. In our Strategic Plan 2014/17 we highlighted the need for us to introduce a research programme to understand the views and experiences of members of the public if we are to fulfil our statutory role in protecting and promoting the public's health and safety. Our Strategic Plan outlines one of our strategic objectives as an *'improved evidence base – ensuring that our work is informed by an understanding of the public's perspective and how optical care is changing'*.
71. We have commissioned ComRes, a market reserach agency, to design, conduct and analyse a public perception research study for us. This will be the

first time that we have commissioned such a project and we intend to repeat this on an annual or biennial basis so we can track findings over time.

72. Our public perception research will be linked to the aims set out in our Strategic Plan and we will explore the following themes:
  - 72.1 how often people get their eyes tested and why (this might include looking at why some members of the public might be deterred from seeing an optician or might not understand the benefits of having their eyes examined at appropriate intervals);
  - 72.2 the use of independents/multiples/supermarket opticians and reasons for choice;
  - 72.3 purchasing and spending habits including on spectacles, sunglasses and contact lenses, both onsite and online;
  - 72.4 satisfaction with the services they receive; and
  - 72.5 awareness of, and expectations of, us as a regulator (this might include our role in handling complaints and how we sit alongside the other regulated professions such as medical practitioners and dentistry).
73. Once the research is complete we will present the findings to Council at their meeting in February 2015.

#### **H. Regulatory update (health care and other regulatory bodies)**

##### ***UK Law Commissions' draft Bill on the regulation of health and social care professions***

74. In April 2014 the UK Law Commissions produced a draft Bill intended to replace the legislation covering the UK's nine healthcare regulators – including the Opticians Act – with a single statute to promote consistency and ensure the overall aim of public health and safety.
75. The future of the Bill is now uncertain as it is not scheduled in the current parliamentary timetable or for pre-legislative scrutiny. If there is a new Government, following the election in May 2015, there is no guarantee that they will introduce a Bill.
76. This has direct implications for us as our ability to progress and implement key strategic projects, such as business and student regulation, is dependent on legislative change. We expected the Law Commissions' draft Bill to be the vehicle for this change.
77. In the meantime, the Department of Health is reviewing the draft Bill and consulting with stakeholders. We have been attending meetings with the

Department and the other healthcare regulators to review the provisions of the Bill and discuss key issues. Some of the other regulators are expected to have section 60 orders to deal with urgent issues that cannot wait for the legislation. For example, the General Dental Council (GDC) are expected to be given a case examiner function to speed up their fitness to practise process and the General Medical Council (GMC) and PSA are to be given powers to reform and modernise the GMC's fitness to practise processes.

78. The Department is supporting a Private Members Bill entitled 'Health and Social Care (Safety and Quality)', which is due to have its second reading in November 2014. If passed, the Bill will amend the objectives of all the healthcare regulators and enable automatic erasure from a register for individuals tried and convicted of certain serious crimes.

### ***Statutory duty of candour for health and adult social care providers***

79. From October 2014, NHS providers in England, who are required to register with the Care Quality Commission (CQC), will be required to comply with the duty of candour. This means providers must be open and transparent with service users about their care and treatment, including when it goes wrong. The duty is being introduced as part of the fundamental standard requirements for all providers. It will apply to all NHS trusts, foundation trusts and special health authorities from October and the Government plans to implement the standards for all other providers by April 2015, subject to parliamentary approval.
80. The GMC published a consultation on 22 August 2014 (*Reviewing our indicative sanctions guidance and the role of apologies and warnings*). The consultation is a major review of the guidance they give to fitness to practise hearing panels. These panels decide what action should be taken against doctors who do not meet their professional standards. The consultation is looking at what action the GMC can take against registrants when they believe that a doctor may be putting the safety of patients, or public confidence in doctors, at risk.

### ***Whistleblowing in the NHS***

81. In August 2014, the NHS announced that Sir Robert Francis QC, who led the Francis Inquiry, would now be leading an independent review (*'Freedom to speak up'*) into whistleblowing in the NHS. The aim of the review is to create a more honest and open culture in the NHS. The review will provide independent advice and recommendations to ensure that:
  - 81.1 NHS workers can raise concerns in the public interest with confidence that they will not suffer detriment as a result;

- 81.2 appropriate action is taken when concerns are raised by NHS workers;  
and
- 81.3 where NHS whistleblowers are mistreated, those mistreating them will be held to account.

## **Key developments with the other health and care regulators**

### ***Professional standards***

- 82. Over the past two years, many of the other regulators have reviewed and published new professional standards for their registrants including, the GDC (2013), General Osteopathic Council (GOsC) (2012) and Health and Care Professions Council (HCPC) (2013).
- 83. In 2014, the Nursing and Midwifery Council (NMC) publically consulted on a new model of revalidation and a new code of conduct for nurses and midwives. The code of conduct sets out the standards of conduct, performance and ethics for nurses and midwives. The NMC decided to review their code of conduct partly due to events following the mid-Staffordshire enquiry. The draft code covers areas such as care, compassion, communication, teamwork, professionalism and complaints handling. From December 2015, all nurses and midwives will revalidate against the requirements of the new code.

### ***General Dental Council investigations***

- 84. In February 2013, the PSA published a report into the GDC, following concerns that were raised by the former Chair of the GDC upon her resignation in May 2011. The concerns were in relation to deficiencies of the GDC's Investigating Committee which may have impacted on its efficiency and effectiveness.
- 85. Since the report was published further concerns were raised by a whistleblower. As a result, the GDC commissioned their own independent review looking at the guidance and processes of the Investigating Committee. The review found no evidence that the independence of the Investigating Committee had been compromised but identified a number of serious concerns about the GDC's Investigating Committee.
- 86. Following this, the PSA received further concerns from a whistleblower and in May 2014 launched another investigation into the management and support processes of the GDC's Investigating Committee and whistleblowing policy. The PSA will present their findings to the Health Select Committee.

### ***Rise in registrants' fees***

87. The GDC announced a consultation on a proposed rise in the annual registration fee from £576 to £945 (a rise of 64 per cent). The GDC argued that the increase, which would bring in an estimated extra £18m in income, is needed to cover the rising cost of the GDC's fitness to practise caseload. However, this increase has been met with strong opposition from stakeholders such as the British Dental Association (BDA). On 17 October 2014, the BDA initiated judicial review proceedings against the GDC. They have accused the GDC of failing to provide clear evidence of the policy or business case.
88. After consultation with stakeholders earlier in the year, the NMC decided to raise their registrant fee from £100 to £120.

### ***GMC consultation to raise public confidence in doctors***

89. In August 2014, the GMC launched a major consultation designed to improve the protection of patients and public confidence in the medical profession. New measures proposed suggest that doctors will be expected to apologise to any patients that they have caused harm to, with failure to do so a major influence on the level of sanction they'll face in a fitness to practise hearing.
90. The new proposals mean that doctors could face punishment if found accountable of misconduct even if they have been found to have subsequently improved their practice. The public consultation, which ends in November 2014, will also look at whether more serious action should be taken when a doctor does not report a colleagues fitness to practise and also how best to protect the public when a doctor is found to have bullied colleagues and put patients at risk or discriminated against others in both their professional and personal lives.

### ***Changes to workers in the EU and from outside the non-European Economic (EEA) area***

91. The NMC will introduce a new registration process for nurses who trained outside the EEA in autumn 2014 which will help enhance public protection. The new process will be underpinned by an online application process and a two part competence test, which will replace the current overseas nursing programme and adaption to midwifery programme.
92. The GMC have increased their powers in relation to language testing. The GMC can now direct any doctor working in the UK to undergo a language assessment should a serious concern be raised about their ability to communicate effectively in English, whether to patients or colleagues.

## **I. The European agenda**

93. We are a member of the Alliance of UK Health Regulators on Europe (AURE), which brings together nine health and social care regulators in the UK to work collaboratively on issues in Europe affecting health and social care regulation.
94. We are also a member of the Joint Optical Committee for the European Union (JOCEU), working alongside the optical professional bodies.
95. The revised European directive on the recognition of professional qualifications was finalised in December 2013 and must be implemented by member states by January 2016. As part of the transparency initiative connected to this directive, the European Commission is launching a process to assess the proportionality of the regulation of qualifications governing access to professions or professional titles. The professions that are regulated will be undergoing a proportionality check to assess whether the objectives that led to regulation are still applicable. The mutual evaluation process involves peer review between member states to better understand how the general interest is safeguarded and to assess if certain regulatory aspects are still necessary. All professions will eventually be reviewed by means of a written procedure. 'Optician' is one of the first six chosen professions and member state representatives will meet on 24 November to discuss this, at which a representative of the GOC will be present. We are leading the UK submission to explain our regulatory framework on behalf of the Department for Business, Innovation and Skills (BIS).

**J. Learning from the Professional Standards Authority (PSA) review of the GOC and any other relevant bodies**

96. We have maintained our performance as an effective regulator across each of our regulatory functions and we have continued to meet all of the PSA's Standards of Good Regulation in 2013/14. We were one of four regulators (along with the GMC, the HCPC and the GOsC) to meet all the standards.
97. In terms of our performance, the PSA:
  - 97.1 welcomed our new fitness to practise rules that came into force on 1 April 2014 to help ensure cases are progressed more quickly at each stage of the FTP process;
  - 97.2 welcomed our collaborative and innovative approach in working with the GOsC to develop a system for peer review of fitness to practise cases that have concluded;
  - 97.3 noted our efficient processing of registration and retention applications, particularly as we have had an 8 per cent increase in the size of our register during 2013 (approximately 2,000 additional registrants);

- 97.4 praised our enhanced CET scheme as being proportionate in relation to the risks associated with optometry;
- 97.5 welcomed our proposed strategy for dealing with illegal practice; and
- 97.6 praised our research and policy in relation to business regulation and student regulation.
98. However, they were concerned that the time taken for an interim order has increased from 12 to 18 weeks and warned us that we may be at risk of failing to meet this standard in the future if our performance does not improve in this area. They also noted the delay to our standards project and, although understanding the reasoning that the scope has increased post-Francis, expected us to have no further delays in completing this project.
99. Overall the PSA praised the all regulators for working constructively with the Law Commissions and the Department of Health on proposals to reform the legal framework of professional regulation in the UK and also for considering the recommendations from the Francis Inquiry report. However, the PSA noted that there is still weakness in the regulators' fitness to practise function, registration function and in implementing an effective system of data security. Progress will be reviewed in all these areas in the 2014/15 performance review report.
100. The PSA noted that many of the regulators are reviewing their professional standards and highlighted a number of areas of good practice that should be considered to ensure the reviews are well informed. The PSA noted that all the regulators should actively engage and consult stakeholders, particularly hard to reach groups, in reviewing their standards. They said that all the regulators should be considering external developments such as the Francis Inquiry in the revision of their standards. They also said that all the regulators should analyse information from across their functions to inform their standards review, for example there may be learning from fitness to practise cases that could inform or strengthen current standards.
101. Activities of other regulators over recent years that we may be interested in include: producing guidance registrants about use of social media (GDC and NMC); support for students with mental health conditions (GMC); the GDC's work with Groupon to avoid advertising illegal tooth whitening; and the GMC's pilot Doctors' Support Service.

## **K Trends**

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102. The following trends emerge from our analysis of the developments in the optical sector over the last year:

- 102.1 the population of the UK, and particularly the number of those aged over 65, is likely to increase over the next five to ten years. This will have a significant effect on the demand for optical services;
- 102.2 our data from 2013 shows that the number of independent prescribers on our register continues to rise (currently 233 registrants). However, the number of contact lens dispensing opticians and registrants with a qualification in supplementary prescribing and additional prescribing remains more or less the same as in 2012;
- 102.3 there continue to be more female optometrists and dispensing opticians on the GOC register. We will continue to monitor the demographics of our register and consider any possible regulatory implications;
- 102.4 engagement with our stakeholders indicates that there is a growing recognition that the optical sector is facing substantial change and there is not a consensus about what this will mean for the optical professions and the system of regulation;
- 102.5 there is evidence of anxiety among individual optometrists and dispensing opticians about their career prospects and salary levels;
- 102.6 we have seen significant progress in the development of community of eye care services in Northern Ireland, following the positive changes seen in Scotland and Wales in recent years. Overall, progress in embedding enhanced services is happening more rapidly in Scotland, Wales and Northern Ireland than in England, although in all the nations developments occur in some areas faster than others. However, following the call to action by NHS England, progress in improving the delivery of eye health may now gather momentum in England.
- 102.7 it seems unlikely that there will be significant changes to the GOS contract in England;
- 102.8 there are signs of movement towards more efficient and strategic commissioning of eye care services in England, with the twenty five local eye health networks having the potential to play an important role in promoting links between CCGs and the health and wellbeing boards established by local authorities;
- 102.9 it is likely that we will continue to see more empowered consumers comparing prices and shopping around, aided by the information available online and easily accessible via smartphones;
- 102.10 It is likely that online sales of both contact lenses and glasses will continue to grow. Consumer behaviour, coupled with the internet as a delivery channel, will probably continue to put pressure on traditional business models with consumers becoming harder to retain through, for example, direct debit schemes; and
- 102.11 optical businesses are likely to respond in a variety of ways: promoting trust in their brands (which might mean emphasising their commitment to eye health and high-quality aftercare); seeking to attract consumers and retain those who have eye examinations (through the bundling of

products and services); and seeking cost savings (which might mean greater deployment of technology, such as autorefraction).

103. As the regulator for the optical professions across the UK, we need to take account of these trends in protecting and promoting the health and safety of the public:

103.1 through our standards strategic review, we will ensure that our standards of ethics, performance and competence are flexible enough to enable developments in the delivery of eye care that are in the interests of patients and the wider public. In particular, we need to make sure that we are equipping student optometrists and dispensing opticians with the skills and knowledge they will need in the optical sector of the future, and that our system of continuing education and training will continue to be fit for purpose;

103.2 we need to make sure that competitive pressures do not lead to any diminution in professional conduct and that we deal with complaints quickly and effectively;

103.3 we must sustain our efforts to influence the reform of the legislative framework that governs optics and the other health and care professions. We hope to see a more flexible system that will enable us to be more responsive to changes in the sector and ensure that regulation helps, rather than hinders, developments that would deliver public benefit;

103.4 more specifically, we have identified the need for a new system of business regulation that provides a level playing field for optical business, with common standards that are proportionate to the risks associated with business practices; and

103.5 in order to anticipate and respond to changes in the optical sector, we need to improve our strategic capability. This means implementing our stakeholder engagement strategy, developing our capacity for 'horizon-scanning', implementing our research programme and improving our analysis of performance data, including trends in complaints.