

Response ID ANON-PPEY-CUQW-X

Submitted to **Engagement on proposed revisions to Clinical Reference Groups in specialised commissioning**
Submitted on **2016-03-10 10:42:21**

Clinical Commissioning Policies

1 What is your name?

Name:
Bernard Chang

2 Who are you responding on behalf of?

Who are you responding on behalf of?:
The Royal College of Ophthalmologists

3 Job title:

Job title::
VP and Chair of Professional Standards

4 What is your email address?

Email:
Bernard.chang@nhs.net

5 Do you have any comments on the proposed revisions set out in section 2 of the engagement guide around the resourcing of CRGs, the remuneration of members or the number of members in each CRG?

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As well as being Chair of Professional Standards at RCOphth, I am also the Yorkshire and Humber Ophthalmology Senate representative. All the proposals set are good but needs to be put into practice. In my region, the actual engagement e.g. during the designation process was lacking. It is important to recognise the amount of time and administrative support required for the work and NHSE also needs to help convince Trusts to release the experts for work on the CRGs if specialised commissioning is to work better. NHSE may need to consider remuneration for the employers to this end as well as the travel expenses etc.

Clinical Commissioning Policies (continued)

6 Do you have any comments on the proposed revisions set out in sections 3 – 8 of the engagement guide relating to the numbers and remit of the CRGs within each National Programme of Care?

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The proposed revisions seem sensible. In ophthalmology though there was an issue with funding for children with refractory uveitis which demonstrated that CRGs do not necessarily have the level of influence needed to carry out its proposals. This caused concern amongst ophthalmologists in general- why the work and recommendations of its CRG could be disregarded.

7 Are there any other changes or revisions that NHS England should consider to the role, function or membership of CRGs?

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This has been answered above whereby to get the best people to join the CRGs, adequate time and recognition needs to be given apart from the admin support. Closer collaboration with bodies like Royal Colleges would allow for better engagement.

8 Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed revisions that we have described?

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One would hope it would reduce inequalities BUT there is still the overarching issue of limited funding which can lead to specialties like ophthalmology being given less priority as conditions though sight threatening are not life threatening.

Clinical Commissioning Policies (continued)

9 Before completing the survey you must declare any financial or other interests in any specialised services.

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I have no financial interests to declare.

The Royal College of Ophthalmologists represents ophthalmologists who are the medically and surgically trained eye care professionals. The RCOphth sets and promotes standards of care for eye conditions.