



The Royal College of Ophthalmologists' response to NHS England's consultation: Building a strong, integrated care system across England

January 21

Introduction

The RCOphth is the professional body for ophthalmologists and trainees in the UK. We work to ensure quality of patient care through maintaining high standards in ophthalmology and the wider eye service. We work closely with health policy and clinical leaders across the sector to help shape eye services for the benefit of patients.

We are working with NHS England on the outpatient transformation programme for ophthalmology, to develop and implement integrated services to meet growing demand. We welcome the opportunity to respond to this consultation, to ensure that the wider system supports these long term improvements.

Response to consultation questions

1. *Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?*

Agree

The Royal College of Ophthalmologists agrees with the proposal to give ICSs a statutory footing from 2022, alongside other legislative proposals.

The national policy decisions and key priorities that drive an England-wide health system and patient centred strategy should be reflected at a local level to avoid unnecessary variation, reduced service provision and reduced impact on nationally agreed targets.

2. *Do you agree that option 2 (statutory corporate body) offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?*

Agree

The RCOphth agrees with this. We believe providing place-based accountability and decision making through local partnerships will enable improved integration of services and population-based patient outcomes. True and transparent system collaboration underpinned by robust statutory change will ensure that the most appropriate services and patient care pathways are identified and will lead to the right commissioning of the right services to meet local population demand.

3. *Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?*

Disagree

Local-based partnership working must have clear minimum standards to facilitate improved local delivery of efficient health systems. It is important to set clear standards around the minimum requirement of involvement of local stakeholders and organisations. It is crucial that there is wide-membership, of all relevant organisations and patient groups, in the governance of the local systems, through accountable boards and groups to remove bias and ensure balanced and credible decision making.

To provide a balanced approach to end-to-end care of patients and effective pathways, membership must include a strong secondary care provider voice to provide clinical leadership and accountability equal to that of primary care providers. The secondary care provider representation explicitly defines how secondary care fits into the delivery, clinical governance and planning of the system provision. Patients and patient representatives should also have a strong and equal partner footing. In addition, it is important to include where appropriate non-GP primary care leadership; for eye care this means primary care optometrists.

We believe that where appropriate, private providers are included in the commissioning of local services and provision of capacity. This needs to be within a robust governance framework, in collaboration with secondary and primary care providers, patient groups and other relevant organisations. To enable this, there must be transparent and robust policies and policing of potential conflicts of interest.

4. *Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?*

Agree

It is crucial that highly specialised areas of ophthalmic services, such as ocular oncology should continue to be directly commissioned by NHSE.

For specialised services we agree that transfer of commissioning to local ICS's has advantages in providing a more coordinated care pathway suitable for the local population and provider landscape. However, specialised services should only be transferred if they have very robust standards and checks put in place. The transfer process must ensure there is protection of funding for specialised care and that this does not disappear into more general services. The ICS must also ensure that local providers are not permitted to offer specialised care that is beyond their competence or scope of contracts.

For more information please contact policy@rcophth.ac.uk