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Equity and excellence: Liberating the NHS

Following the recent proposals set out in the Government White Paper and the publication of the report of the review of the arms-length bodies, I wanted to outline the position of the General Optical Council (the Council) in relation to those areas where we believe that the Council, as the national regulator for the optical professions, has an interest.

The majority of the proposals contained in the White Paper are concerned with changes that will affect those working in primary and secondary medical care, and there is almost no explanation of how these changes will affect other healthcare professions, including those working in optics.

While it is not the primary role of the Council to become involved with issues relating to the commissioning or provision of optical services, many of the changes proposed may have an impact on the Council's ability to ensure that our responsibilities for maintaining the safety of patients and the public, and maintaining public confidence in the optical professions can be fulfilled

In this context, it is important to note that the Council is a UK-wide regulator for the optical professions, while the proposals in the White Paper relate to England only. It will be important for us to ensure that we are able to provide consistent regulation to all UK administrations during and after the proposed changes have been implemented.

With this in mind, we have identified those areas of the White Paper where we believe that the Council should be involved in the transition from the current arrangements to any new arrangements. Involving us appropriately will ensure that the role of the regulator is understood and taken into consideration when any relevant changes are planned and implemented.

Particular areas where the Council would wish to ensure that we are involved in the transition to the new arrangements are as follows:

Links

The abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) will remove an important link between the national regulator and those working with optical providers across England. Currently, the Council helps assure that those wishing to provide optical services through the NHS are fit to practise by providing PCTs with checks of fitness to practise history before they are included on a performers list. It is not clear what is proposed in relation to the PCT lists, but since much of the information they provide, is also on our own Register, we would be happy to discuss ways in which our information could be enhanced to provide a single source of data for all commissioners in the future.

More generally, PCTs, SHAs and the Council share information on a regular basis relating to complaints about optical providers, which ensures that issues relating to fitness to practise are dealt with effectively.

It is unclear from the information provided whether these important roles will be undertaken by the new NHS Commissioning Board, local and national HealthWatch, or local authorities in their new public health roles. We believe that it is important that these aspects of the PCT and SHA roles should not be lost, and would wish to be included in any discussions about how these areas of work will be taken forward.

We also note the proposals for expanding the roles of both the Care Quality Commission and Monitor. While it does appear to be the case that these changes would not have any effect on the optical professions, we would expect to be kept informed of their development to ensure that there are relevant information links between these bodies and the Council where these are necessary.

Standards

The Council, in its role as the national regulator, currently sets standards for both clinical competence and personal professional conduct for its registrants. These are in addition to standards and guidelines set by the optical professional and awarding bodies. The White Paper outlines how the role of the National Institute for Clinical Excellence will be expanded to "...create a comprehensive library of standards for all of the main pathways of care". If it is the case that the creation of these standards will affect the optical professions, we would wish to be included in any work in relation to this.

Education

It is also suggested in the White Paper that education commissioning will be led nationally by the healthcare professions. Although mention is made of doctors, dentists, healthcare scientists and pharmacists, provision for optometrists (who currently receive funding for their continued education and training through the PCTs) is not explicitly indicated.

The Council has rules regarding the completion of ongoing training and development by its registrants. Any changes to the way in which funding is received by them will need to be discussed with the Council prior to implementation, to ensure that the safety of the public is not put at risk through an inability of registrants to continue to demonstrate their continued education and training.

Access to records

In its role in investigating allegations of impaired fitness to practise, the Council requires that patients and registrants allow access to both their optical records, and on occasion their medical records. We note that the White Paper proposes that patients are given greater control of their records, and while we welcome this, we would expect to be involved in the work to take this forward, to ensure that the Council's ability to carry out its statutory functions is not impeded.

ALB review

Finally, the abolition of the Appointments Commission, and the changed status of the Council for Healthcare Regulatory Excellence, will have a significant impact on how the Council undertakes its statutory duties. As such, we are committed to working with these bodies during the transition to ensure that the changes do not prevent the Council from protecting the public.

We note that a number of consultations have been published by the Department in relation to aspects of the White Paper, but these concentrate primarily on primary and secondary medical care. We therefore hope that this letter indicates our desire to ensure that the optical professions, and the Council as their regulator, are not forgotten as the proposals develop and the new structures emerge.

It would be helpful if we were able to engage with your officials as early as possible in relation to the areas of work I have outlined. We would therefore ask that you encourage your officials to consider issues affecting optical professions and their regulation and to work with us as the plans for transformation are further developed.

If you require any further information or clarification in relation to the Council's position as described above, please do not hesitate to contact me.

I look forward to hearing from your colleagues in due course.

Anna Bradley
Interim Chair