

Let battle commence

This year's AOP National Optometric Conference attracted the highest number of delegates to date, with more than 180 people making the trip to York. **Emma White** reports on the move against changes to the GOS

The key focus of the event on October 5 was to encourage practitioners to work together in order to best deal with current government plans to reshape General Ophthalmic Services in England.

Ahead of the conference opening, three parallel sessions were held: 'An introduction to negotiation' by **Jennie Scott-Reid** (independent development consultant); 'Rapid search techniques for the busy clinician' by **Bruce Evans** (director of research at the Institute of Optometry); and 'Cooperation between ophthalmology and optometry' by **Richard Smith** (consultant ophthalmologist).

AOP chairman **Lynn Hansford** welcomed delegates to the event and presented the first keynote speaker **Lester Ellman**, chief negotiator of the British Dental Association.

Drawing a comparison between legislative proposals for optometry and dentistry, Ellman said that there should be a perception of the improvements to be achieved before change is made to primary care services.

He warned professionals not to trust the Government's 'honey words' and promises in proposals and said that dentistry was now coping with bad workforce planning, dentist shortages, panic recruitment of overseas practitioners and a cash-limited system.

'We left it too late to act and contest the changes being made to dentistry. Don't make the same mistake. You must scream, scream and scream again before the law is changed,' he said.

Ellman's speech was followed by an annual general meeting to discuss the central local optometric committee fund.

PRIMARY CARE TOOLKIT

Optometric adviser **Simon Browning** then stepped on stage to present the Primary Care Toolkit for Optometry.

Practitioners can use the toolkit to approach commissioners to pitch them for the delivery of modern services.

Browning stressed the importance for practitioners, LOCs and commissioners to work together, which he said the toolkit

would help them to do.

'We need to make sure primary care is understood by the Department of Health, and we need to look upon changes positively as commissioners want to modernise services – it is an open door.

'Change isn't necessarily a bad thing. In terms of developing services, a lot of money can be freed up,' he said.

Browning joined a panel discussion after his speech on primary care with **Susan Hoath**, associate director of strategic planning and service improvement for the Bedford PCT, ophthalmologist **Richard Smith** and **Trevor Warburton**, AOP chairman of the professional services committee.

Browning pointed out that GPs would get a percentage share of savings gained from frontline services which gave them an incentive to consult optometrists.

One audience member expressed concern that optometrists taking on additional services may be 'dumped with extra responsibilities', especially if 'back-up from hospitals disappears'. Browning said: 'This is not a law. You don't have to be involved but don't be surprised if PCTs come in and take over a service for you.'

Other queries concerned 'choose-and-book', connection to the internet and payment for referrals. 'Choose-and-book



The panel discussed the implications of the legislative changes in an open forum



Lester Ellman: 'We left it too late to act... Don't make the same mistake'

is a nightmare for GPs as well,' he said.

After lunch, Browning and Hoath presented a practical workshop on the Primary Care Toolkit in a parallel session that also included 'Good record-keeping' by **Fiona Mitchell**, head of defence for the AOP and 'Post-payment verification' by **Richard Hampton** from the NHS fraud and security management service.

READING THE SMALL PRINT

Hansford next presented an introduction to the Health Improvement and Protection Bill and said that buried in the small print were four clauses that had the potential to change the way optometry was delivered.

Under the clauses, PCTs would be able to choose who they accept vouchers from and the bill would allow the GOS budget to be devolved to local level, she said.

'By devolving the budget, PCTs will be able to provide different services, but they are pressured. To expect optometry to be top priority is optimistic in the extreme,' she added.

Hansford said the other fear was the proposal to cap the GOS budget. 'What will happen when the money runs out, and will there be pressure on us to deliver fewer NHS services?' she said.

'There are currently few restrictions on where a practice is opened and this competition is the driver for excellence, but the new legislation could change all this and affect patient choice,' said Hansford.

Referring to the successful Primary Eyecare Acute Referral Scheme (PEARS) in Wales and the planned GOS contract in Scotland, Hansford said that the AOP was not resisting change, but wanted to be advised to ensure the profession got the

best GOS to give patients the best care.

'The current GOS system is indeed archaic, but it does not need a change like this. It does not need the restriction of patient care and choice. Our campaign is designed to secure proper dialogue.'

AOP chief executive **Bob Hughes** followed with his speech 'Winning the battle of ideas locally' in which he talked about working together in the campaign against proposals, winning friends and being effective.

'My plan is to campaign for the best possible outcome to release the profession to best use its talents to help patients,' he said. 'We are meeting the minister, local lobbyists, attending party conferences and arranging questions in Parliament, but that is only part of it.'

Hughes stressed the need for practitioners to influence local opinion formers by arranging to meet their local MPs to discuss how proposals might damage eye care in their areas.

A question and answer session on the bill and the campaign followed, including Hansford, Hughes, FODO executive director **David Hewlett**, ABDO chief executive **Sir Anthony Garrett** and AOP deputy chief executive **Richard Carswell**.

Expressing concerns about the potential for optical funds to be wasted, Garrett said: 'There are some PCTs who will handle GOS funding badly and that is what bothers me.'

Hewlett questioned the sense in dividing funds: 'It cannot be sensible to devolve a tiny budget of £300m to a local level,' he said.

One audience member asked for clarity on what was wanted from the bill. 'A proper review and no destruction of the GOS system,' a panel member responded.

Another audience member suggested approaching the wide-scale media for greater coverage. 'We've thought about it, but we're not at that stage,' replied Hughes.

Meanwhile, Oxford-based optometrist **David Spicer** asked the panel what should be in the 'contingency plan' should the bill's clauses remain unchanged. 'We're not thinking about losing,' said Hughes.

The final speech by the chief executive of the pharmaceutical services negotiating committee, **Sue Sharpe**, looked at the lessons optometry could learn from the pharmaceutical contract.

She advised optometrists to take a proactive approach when dealing with the Government and concentrate only on 'crucial issues' in negotiations.

'We encouraged customers to send letters to their MPs which were incredibly effective. MPs received more letters about threats to pharmacy than they did about the Iraq war. They realised pharmacy had the capacity to fight and you can do the same,' she said.