



BIOS | BRITISH AND IRISH
ORTHOPTIC SOCIETY

Implementing the NHS Long Term Plan: Proposals for possible changes to legislation

The British and Irish Orthoptic Society is the professional body for orthoptists and was founded in 1937. It is also a registered charity and a company limited by guarantee. BIOS is affiliated to the Allied Health Professionals Federation, a group made up of 12 bodies representing more than 158,000 workers in the UK. BIOS is also a member of the International Orthoptic Association and OCE. BIOS members in the UK are also automatically trade union members of the British Orthoptic Society Trade Union (BOSTU).

We are broadly in favour of the direction of change signalled in these proposals as they represent a welcome shift in emphasis towards greater collaboration and integration of services. The suggested changes would, if not strictly essential, greatly assist in the implementation of the potentially ambitious aims set out in the Long Term Plan.

Promoting collaboration

BIOS welcomes the proposed move away from competition and the increased emphasis being placed on collaboration. We are supportive of the proposal to remove the need for the CMA to review mergers, particularly where there is evidence that there are benefits in terms of improved services. We would be keen to see what the process would be for some independent oversight to ensure the interests of patients and staff are being considered, particularly if in future NHS England and NHS Improvement are to merge.

We are in favour of the removal of NHS Improvement's powers to enforce competition, as there are many cases where competition has limited benefit to patients. Indeed, unnecessary competition can lead to higher costs and a reduction in efficiency, negatively impacting on patient care.

Anything that has the effect of promoting joined-up provision will be welcomed by our members, so long as necessary oversight is maintained.

Getting better value for the NHS

BIOS are very strongly in favour of removing the requirement to undertake a competitive procurement process. The current process can have extremely damaging consequences, far outweighing any benefits. Many services could be better commissioned through a simple best value test without the need for a costly process, with private providers likely only to pick the

most profitable services. Where there is a choice, such a process encourages the prioritisation of cutting costs at the detriment of service quality.

Increasing the flexibility of the national payment systems

We agree with the proposal to increase the flexibility of the national NHS payments system. There is a definite need for such a system to incorporate differences such as population density and local costs. However, if the power to apply to NHS Improvement to make local modifications is removed, we would want to ensure that there remained scope for providers to raise concerns if they believe that the tariff prices are inappropriate in their context.

Integrating care provision

We agree that it should be possible to establish new NHS trusts to deliver integrated care. Currently, the split between hospital and community care is having a negative impact on patient care. Such trusts should be run in a way that involves a wide variety of healthcare professionals. However, we would support the stance promoted by the AHPF that Boards should, as a matter of course, include Allied Health Professionals, as the third largest group within the NHS workforce. Indeed, many Orthoptists work across hospital and community services, in areas such as stroke rehabilitation, and would provide a valuable contribution in the integration of care provision.

Managing the NHS's resources better

We would support powers to direct mergers or acquisitions where it has a clear benefit in terms of patient care. There is the potential for this to prevent over-bureaucracy and support joined-up service provision but we would want to know more detail about the process through which these decisions are to be made and how the views of the NHS workforce are to be taken into consideration. In particular, we would expect a requirement that NHS Improvement are able to demonstrate potential benefits beyond the desire to save money.

Every part of the NHS working together

BIOS are strongly supportive of the general principles of greater collaboration between providers and commissioners. However much greater level of detail is required as to how joint decision-making committees would function in.

As above, we would be keen to have some assurance that joint-committees would have representatives from the Allied Health professions, as they are key to the implementation of integrated care.

Shared responsibility for the NHS

We agree that there should be a duty on all NHS organisation to promote better health for everyone, better care for patients and to use NHS resources efficiently. In particular, the aim in the Long Term Plan to move towards ICP/ICS and the shift towards integrated care systems and commissioning based on pathways will require this. We would be keen to see how this will be measured and enforced to ensure that this is a meaningful commitment.

Planning our services together

We strongly agree that NHS England and CCGs should be able to work more closely to commission care, to make possible integrated care. This should also include local authorities to ensure that there is a joined-up approach.

Joint-commissioning leads to more consistent and deficient referrals between services for patients, reducing health inequalities. For example, in Lancashire joint-commissioning of school-entry vision screening has enabled a standardised, quality service across the county, ensuring that children from all socio-economic backgrounds receive vision screening and timely referral for the treatment they require.

Joined up national leadership

We welcome any proposal that enables greater collaboration between arms-length bodies to provide clear accountability and more joined-up planning. In particular, this would ensure that particular professions or pathways are not overlooked in planning.