

Winning the business

Optometrist and LOCSU operations manager Sali Davis (pictured) gives practitioners expert tips on winning new local enhanced services to take advantage of changes in the NHS

LOCAL OPTICAL Committees (LOC) and Regional Optical Committees have a great track record in 'winning the business', with a total of 46 new local enhanced services negotiated in 2010/11 alone. However, this is only the tip of the iceberg, and the changes in the NHS create a huge opportunity to open up conversations with the new commissioners about delivering more eye care services in primary care. In this article I'll address how optical committees can 'think' even more like NHS commissioners and examine what opportunities are presented when the new clinical commissioning groups start to operate fully next year.



real terms, this means that, in many areas, there are less resources.

QIPP

Quality, Innovation, Prevention and Productivity (QIPP) is a large-scale transformational change programme which attempts to tackle the need to deliver efficiency savings while maintaining or improving quality.

To do a good job, clinical commissioners need to understand what a good eye care and sight loss prevention strategy, which will deliver QIPP objectives, looks like.

Effective eye care commissioning

strategies incorporate three essential elements, which together deliver QIPP:

- Achievement of integrated care pathways covering the entire 'patient journey'
- The commissioning of innovative service models to produce high value care and ensuring management in the appropriate setting
- Definition of eye care and sight loss as defined as a public health priority.

Any successful bid for funding for a local enhanced service will need to demonstrate specifics on how it delivers the above criteria.

Downside risks

Commissioners have to balance the clinical and local need for any service with the cost of investing in the service. In an uncertain world, the possibility that costs increase and savings are not delivered is given much attention as 'downside risks'.

Therefore, it is important that all business cases provide details on potential risks and how they will be managed. Consider this example: An LOC proposes a new PEARS service. The proposal means shifting work from the secondary care hospital service to optometrists in a primary care setting to improve outcomes, save money and ensure that expertise are deployed appropriately at the best point in the patient's journey. The LOC must consider the implications from the commissioner's perspective mainly:

- What would be the impact on the current hospital service?
- Are there any financial costs in terms of de-commissioning the existing service?
- Will there be any other specific costs in terms of set up for the new service, eg,

Continued on page 18



Reflecting the context of commissioning

The ageing population

It is important that LOCs recognise the context within which commissioners are operating when preparing their approach for proposing a new eye care pathway locally. A 'hot topic' on the commissioners' agenda is the need for their commissioning plans to cope with the ageing population, on a fixed NHS budget. It should be no surprise that NHS resources are increasingly scarce – despite the increase in numbers of older people, and that drug costs have risen. In

new equipment or providing information to patients about the new service? How will this be funded and who will be responsible for this?

- Are there any clinical risks involved in moving patient care from one professional group to another?

While this level of detail would not be appropriate in an initial presentation to commissioners, it is important to be ready for this line of questions.

How will this context change after 2013?

Although the main context will not obviously change from next year, the need to plan healthcare for an ageing population and manage the financial risk of planning services will be key drivers for the new GP commissioners. But as clinicians, they will obviously engage and examine in more depth the clinical rationale and arguments in an LOC's proposal.

The language of commissioners

As well as reflecting the national and local context, it is important that LOCs looking to 'win the business' reflect the language commissioners are familiar with in their proposals. Language and words play a crucial role in making messages credible and engaging with the commissioning audience. LOCSU has recently been working with Paul Mullin, managing director of Equip Consulting, to make sure all its business cases wholly reflect the context and language of the commissioning environment.

Keeping it local – the challenge for LOCs

LOCSU has developed a range of commissioning tools – including business cases for all pathways – and information on the national context. Nevertheless, when proposing a local service work needs to be done by the LOC to ensure that the presentation reflects local eye health needs as well as any local issues or concerns. This could mean going more 'in depth' than you may have previously thought.

What if you are not well connected to commissioners?

Where there is no pre-existing relationship with commissioners, a preliminary meeting is needed to establish links, share a few facts and figures about eye care pathways in place elsewhere in the country and discuss where community optometrists might

add value locally. The aim is to generate enough interest attuned to local priorities to take forward a discussion on what service/s could be worth pursuing.

- More information and advice on how you can 'win the business' is available at www.locsu.co.uk
- For specific queries contact Ms Davis on salidavis@locsu.co.uk



Presenting your proposal – some reminders

1. Identify and have a positive relationship with as many key decision makers/influencers as possible, including CCGs chairs, consultant ophthalmologists, commissioning managers.
2. Has a local eye health needs assessment been carried out and/or a local eye care strategy been produced? Your business case needs to link very closely to both where they exist.
3. Get support from LOCSU to plug local data into the business case template and check the proposal sounds sensible and is good value.
4. How is the local hospital eye service performing regarding volumes and waiting times? You need to understand what the pressure points are from different perspectives.
5. Commissioners always prefer clinicians to agree on a service delivery model, so as far as possible try to get the ophthalmologists support for your proposal – or at least know, and be able to deal with, their concerns and reservations. Remember, a PEARS service, for example, can be tailored to meet local needs in terms of which eye conditions or symptoms it covers.
6. Discuss the proposal at an early stage with local patient/public groups to get their buy-in.
7. Survey local practices before you submit the proposal so that you can add a map showing the spread of optometrists willing to provide the service to demonstrate patient choice and ease of access.
8. Be prepared to explain how the quality and governance of services delivered by optometrists can be assured. Quality in Optometry and the LOCSU training and accreditation for the individual pathways are good examples for demonstrating to commissioners how you can deliver consistent standards.
9. Once you have presented your business case, keep following it up to check progress/if the commissioner needs any further information. In an over-loaded system, it's very easy for proposals to get lost or slip to the bottom of the pile.
10. Remember some commissioning groups will have their own detailed business case templates for proposals that they are seriously considering. Be prepared to cut and paste from the LOCSU examples – and remember, you can ask LOCSU for help at any time.