

AOO NEWS

ASSOCIATION OF OPHTHALMOLOGISTS (UK)

FIRST EDITION MAY 2007

The History of the Association

The Association of Ophthalmologists (UK) was set up in 2004 by ophthalmologists to represent all grades of ophthalmologists working in the NHS as well as private practice. It is an independent, non-profit organisation which aims to provide ophthalmologists with a strong, professional voice in order to guide the development of public policy for ophthalmic care in the UK, for the benefit of both patients and the profession. The Association will work alongside and complement the activities of the Royal College of Ophthalmologists.

In this fast changing climate of the Health Service it is crucial that our thinking develops centered around patients, and outcomes. Only when we engage with our patients and their agents, the Commissioners, will we be able to think of new ways of designing services such that more efficient ways of working develop. New ways of working will release funds so that new treatments can be implemented.

Currently systems and incentives are in place that could be interpreted as perverse incentives, that will inhibit genuine redesign

of services. Any new service design needs to be supported by open and transparent financial and clinical governance foundations.

The Association thinks that teams working across the traditional primary and secondary care boundaries will be able to deliver this. Clear clinical accountability lines must be present, and clear financial agreements must be in place for proper integrated care to be delivered. Working in isolation in primary care is therefore not a good example of properly integrated care.

There are currently some models being introduced around long term conditions that do not provide better use of resources, and will therefore not release the necessary cash for new developments and different demands for services. ■

The AOO and the future



Successive governments have made profound changes to the way all aspects of healthcare in the UK are

managed and funded. There are new initiatives to bring primary and secondary care not only closer to each other but also nearer to the patient. As a group, ophthalmologists, need to be able to take an advisory role to make sure that these changes are clinician rather than politician or civil service led. To

this end you will see from this news letter that members of the executive have been actively involved in workshops, focus groups, stakeholder meetings and all the multitude of gatherings that are called to discuss the best way forward to implement the political imperative from central government. We of course work closely with other interested ophthalmic organisations such as the Royal College and the BMA ophthalmic group committee and more recently the Ophthalmic Lead Clinicians forum. The AOO however is the only specialist ophthalmic association that can act for all

ophthalmologists in all aspects of our practice both in the NHS and the private sector. You will see also from this newsletter how we have worked on your behalf in the matter of ophthalmic networks that BUPA and PPP are trying to force us into. There are many challenges to our branch of the profession, but I believe that the Association has a very strong and enthusiastic team to look after your interests as we go into the future. ■

Richard Packard
Chairman of AOO

EXUCUTIVE TEAM

Richard Packard
Chairman

Tayo Akingbehin
Vice Chairman

Nigel Kirkpatrick
Treasurer

Bola Odufuwa
Secretary

Hooman Sherafat
Communication / Recruitment
Newsletter Editor

Suri Dhanoa
Communication / Recruitment

NON-EXUCUTIVE TEAM

Paul Rosen
Co-founder

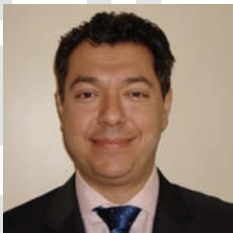
Massoud Fouladi
Ex-Chairman / Co-founder

Tristian Rueser
Ex-Treasurer / Co-founder

Address for correspondence:

Karen Ramsden
Secretariat
Lansdown Lodge,
Lansdown Road,
Cheltenham GL51 6QL

Tel: 01242 522475
Email: info@aoo.org.uk



Hooman Sherafat
Newsletter Editor
hooman@aoo.org.uk

"As a member of the founding executive of the Association of Ophthalmologists, I would like to thank all the Association's members for their ongoing support. In 2002 we embarked on the challenging task of creating an organisation to represent all UK ophthalmologists."

Message from **Outgoing Executive**

"We believe that healthcare is a professional rather than a commodity service. Like other professionals, clinicians should be able to influence the way their services are organised and delivered. As professionals our aim is to deliver excellent care for our patients and we see clinician engagement necessary to achieve this goal. This engagement takes many forms and the AOO provides just one channel through which ophthalmologists can voice their views and influence policies at national level. The need for such an influential role has never been greater now with the changing trend in healthcare delivery in the UK.

From the beginning we have made sure that we worked synergistically with our College

and we are delighted by the support the College leadership have given us during this critical period.

I would like to congratulate the new executive of AOO for what they have already achieved over their first six months in office and wish them success in this challenging time.

Finally I would like to thank those companies that assisted the AOO at the outset Bausch & Lomb, Alcon and Pfizer. Bausch and Lomb, AMO and Rayner are currently helping us to rebuild our profile and make our presence greater at events like the College meeting."

Massoud Fouladi

TREASURER'S REPORT

The AOO has been established as a "not for profit" company to represent the interests of ophthalmologists in the UK. The fledgling company was given a generous contribution of sponsorship from 3 major UK Ophthalmic suppliers, namely Bausch & Lomb, Pfizer and Alcon with the intention of supporting major meetings.

Since the adoption of new board members in 2007 we are aiming to provide 3 income streams to support our activities. These are:

- 1) Membership subscriptions which are currently held at £50 per annum. With our promotional stand at the college meeting we wish to embark on a major membership drive to include all grades of ophthalmologist working in the UK. The income from these subscriptions is directed towards support of board members attendance at meetings to represent the interests of all grades of ophthalmologists in both NHS and independent practice.
- 2) Fighting fund donations. We have asked consultants to donate £125 toward a fighting fund to allow us to provide effective opposition to the development of managed care in private practice.
- 3) Sponsorship by ophthalmic industry. Major contributions from the ophthalmic companies allow the AOO to host an annual dinner and major meetings throughout the year to promote debate in our profession. Generous donations from Bausch and Lomb, Rayner and AMO have contributed to the dinner at the College meeting on 22nd May.

The AOO remains in good financial balance with current assets around £20,000 and we aim to maintain an efficient control on resources. A full financial statement will be provided in the autumn at the time of the AGM. ■

Nigel Kirkpatrick

Treasurer

The healthcare market in the UK is changing. We have seen this in the NHS, and recently in the private sector too. There is a major focus on prices, although BUPA have made an attempt at introducing quality as well. It is thought that the concept of networks will provide the solution to more affordable private healthcare. However, networks restrict choice. Restriction of choice is never good in any market. It does not provide enough stimulus for improvement of care.

BUPA'S APPROACH

The Association is not convinced that an approach that excludes any party in healthcare provision from discussions about how to shape the future is the right approach. We have found BUPA willing to be engaged in talks about how private ophthalmic care can be redesigned so that more efficient delivery will be possible. We understand that BUPA are now continuing

their network, but have indicated that the way forward should be an inclusive one. They have specifically said they did not want to exclude the consultants from discussions around quality and value. They have, in fact been very encouraging in supporting the notion that consultants should take the lead, rather than the hospital providers.

AXA PPP APPROACH

AXA PPP have chosen a totally different approach. They have purposefully excluded consultants from any discussions. Their idea of networks is one where patients get referred directly to a hospital. The hospital will then decide who is the best consultant for the patients' particular problem. The hospital will thus decide which consultant will treat the patient. This referral route looks very similar to the one in the NHS, and one wonders why patients who pay-directly

or indirectly through their employer—a hefty amount for their insurance, should be restricted in their choice. In any market, restriction is thought to be not in the best interests of consumers. The AXA PPP way of working will interfere with the doctor patient relationship to such an extent that members will have to think carefully if that is the way they would like to proceed.

BUPA HOSPITALS

BUPA hospitals are introducing a centralised appointments system. This means that any appointments at their hospitals can only be made through a call centre, based in Manchester. We are aware that referrals are being directed by the call centre, not necessarily to the patient's best interest. One of the policies is that "patients will be given

the earliest appointment possible", no matter who with. This again means that patients will have no choice as to whom will see and treat them. We would advise you not to take part in this scheme, and indeed set up some alternative arrangement for appointments.

Over the last 15 years successive governments have fundamentally altered the way that healthcare has been delivered in this country. Many of these centrally driven policies have seemingly been foisted with little consultation on hard working health service employees. This lack of consultation with professionals has been particularly felt by ophthalmologists at a time when there is increasing evidence to suggest that the significant reductions in waiting times are due to the earlier initiatives within the NHS (eg Action on Cataracts) rather than recent ISTC programmes.

The lack of consultation over new ways of delivering ophthalmic care to our patients has led to considerable but unnecessary ill feeling amongst healthcare professionals. The lack of proper audit of work of these new surgeons and organisations with no thoughts given as to what would happen to patients once they had had their "minor" cataract operation if all

did not go well was bound to cause friction. There was no integration into local health economies, and thus a lack of communication between healthcare professionals locally and central government, causing confusion about ownership of patients with complications.

It became apparent that as the Royal College was, because of its charter, unable

to act as our advocate with sufficient teeth, a new organisation was needed. This organisation was in born in an environment described as "constructive discomfort" by various policy makers. Our voice as ophthalmologists could not independently be aired. The Association of Ophthalmologists was born to fill this vacuum.

It is now clear what our role must be:

- be the independent voice for ophthalmologists
- undertake activities that are complementary to the role of the Royal College
- ensure a minimum standard of care for our patients
- assist the government in formulating new ways of delivering care, and
- help the DoH with the implementation of new policies.

As a role model of what might be achieved we need to look across the Atlantic at the American Academy of Ophthalmology. The Academy offers its members professional advocacy on their behalf on both the political and educational fronts and is a force for good for both doctors and their patients.

Although we have only been in existence for 3 years we have been able to influence the thinking about, and the strategic planning of the commissioning of eye care services. The latest toolkit, published under direction of the Department of Health has been rewritten significantly since their first drafts. It is likely that our Clinical Guide to Commissioning Eye Care,

published 2 months prior to the DOH's toolkit's appearance in January this year will have had a great influence on the DOH thinking on this important topic. Our document on commissioning, which is being picked up around the country by PCT commissioners, will have a lasting effect on how we deliver eye care in the short, the mid term and hopefully the long term. The AOO would encourage you, by working across primary and secondary care boundaries, to use all the skills that exist in your localities to make eye care affordable and also as accessible as possible to your patients. By creating an atmosphere of openness and partnership amongst all stakeholders, to include the government, NHS,

Ophthalmologists, Patients and the Industry, which is possible both in publicly funded as well as privately funded healthcare systems. We would like to see an end to the days of forcing policies into healthcare, it would be much more preferable where all parties could talk to each other to find win-win solutions rather than outcomes that create ill will. We are convinced that healthcare professionals of the 21st century can do this, but it will take leadership. Leadership that the Association of Ophthalmologists can provide as we cradle the concept of a new alliance between all the various stakeholders encouraged by the association. ■

A clinical guide to commissioning Ophthalmic care



Commissioners of ophthalmic care will need to have robust mechanism for commissioning and monitoring ophthalmic care from a range of providers in both community and hospital settings. To ensure that patients get the high quality care expected by all, the AOO has drawn on best practice guidelines, nationally and internationally and have developed a "Guide to Ophthalmic Services Commissioning". The AOO strongly urges all commissioners of ophthalmic care to use this guide as part of a benchmark to be met by providers. We recommend that all ophthalmologists should share this document with their local PCTs. Copies of this document can be obtained at our website: <http://www.aoo.org.uk/pdf/commissioner-guide.pdf>

SAS Ophthalmologists

As a group SAS doctors have been under represented on professional bodies. Things however are changing. The Association of Ophthalmologists has representation by the group on its executive board. Wider membership of the group is vital to ensure a strong voice.

Regional representation would be an excellent way to increase engagement with the group and interested doctors are invited to contact info@aoo.org.uk for further information.

The College have recently inaugurated a forum for staff and associate specialist ophthalmologist members. The chairman of the group, Jonathan Eason will represent the group on Council and members of the group will be co-opted to the College's standing committees and sub-committees. The group meet quarterly to discuss issues pertaining to the grade. **There will be an SAS forum at the Congress on Tuesday 22 May 5.00 - 6.00 pm when College Officials will be present to take questions.** The BMA staff and associate specialist doctors are looking for examples to demonstrate the importance of SAS doctors to the health service. It would seem that at last our engagement is being sought and we should grasp this opportunity. ■

Suri Dhanoa

MTAS Crisis

The highly publicised and debated crisis surrounding the MTAS process, understates the tremendous disappointment experienced by the large body of enthusiastic, committed and motivated junior doctors hoping to embark on a specialist training programme in ophthalmology. Although the empathy of the public and professional bodies has been loudly broadcasted, there remains little change in the fact that after years of commitment and medical school training, a significant proportion of junior doctors will face the disappointing prospect of a lack of career progression.

Whilst the matter continues to be debated, we would be very interested in hearing your views or experience on this issue.

Please e-mail your comments to: hooman@aoo.org.uk, where we would hope to provide a summary of your views in our next newsletter. The AOO would be highly receptive to an expressed interest on holding a funded debate on this important topic. ■

POST CCST OPHTHALMOLOGISTS

The plight of accredited UK ophthalmologists without consultant posts, remains a serious concern. After at least 10 years of postgraduate training and commitment to the profession, accredited ophthalmologists are finding themselves in a position of great uncertainty. They are left facing a future that lacks a clear career pathway and financial insecurity.

There appears to be a reluctance by trusts to commit to financing new consultant posts, and yet the training system continues to generate highly trained ophthalmologists. Although the government's emphasis has been to support the provision of plurality of providers, in practice tradition has dictated that legitimate qualifications, training and experience of trained ophthalmologists is not recognised, unless they hold a substantive NHS consultant post. This is demonstrated by the unchallenged right of some private insurance companies to be in a position to dictate criteria for recognising specialists as providers, when in fact this must be the remit of the professional

medical bodies. In the current climate this will lead to the exploitation of individuals at the expense of the profession as a whole.

Clearly there is a need for trainees and newly accredited ophthalmologists to explore unconventional and uncharted career pathways outside the traditional system, at the cost of great risk and uncertainty. This may well be perceived as opportunistic in the short term but is likely to be divisive and damaging to the profession in the long term. Post CCST Ophthalmologists deserve to be treated as professionals and have the right to expect the support of the profession and the politicians to be given the opportunity to use the highly specialised skills that they have acquired.

The AOO is actively seeking the best interest of its members who find themselves in this predicament and will be holding a series of consultations about the way forward on these matters in the coming months. ■

MEETINGS ATTENDED

- 05/03/07 • GLAUCOMA STAKE HOLDERS MEETING
- 13/03/07 • PRACTICE BASED COMMISSIONING PROGRAMME SECONDARY CARE EVENT
- 04/04/07 • A UK STRATEGY FOR VISION
- 17/04/07 • FEDERATION OF SURGICAL SPECIALTIES ASSOCIATION (FSSA)
- FEDERATION OF INDEPENDENT PRACTITIONERS ORGANISATION (FIPO) MEETINGS

Next meeting & AGM

24TH NOVEMBER 2007
KING'S FUND
11-13 CAVENDISH SQUARE
W1G OAN
TOPIC: CONSTRUCTIVE
DEBATE ON AN ISSUE CLOSE
TO THE MIND OF OUR
MEMBERS - TO BE SPECIFIED

Sponsors



Association of
Ophthalmologists (UK)

Lansdown Lodge, Lansdown Road, Cheltenham GL51 6QL
Email: info@aoo.org.uk www.aoo.org.uk