



Improving IP Optometrist Access to FP10

At a glance

A case study reviewing access of FP10s for Optometrists with an independent prescribing qualification working within a locally commissioned urgent eye care service.

Challenge

In April 2021 only 27% of IP Optometrists reported having access to FP10 pads.¹

Result

Perfected processes leads to improved access to FP10s to allow more patients with urgent eye care needs to be managed to resolution in primary care.

Introduction

The COVID19 pandemic saw a significant increase in the population of England with access to urgent eye care on the high street; access to MECS and CUES has increased by 11% from 63% in April 2020 to 74% in November 2021.

The CUES service specification published by NHS England & Improvement in April 2020 recognised the benefit IP optometrists working within the CUES service; IP optometrists broaden the range of conditions that can be fully treated and managed to resolution within primary care, reducing the need for onward referral to general practice or secondary care.

In some areas, Pharmacy dispensing services have enabled optometrists to provide eligible NHS patients with medications from the core formulary. Unfortunately, the pharmacy dispensing services does not enable IP optometrists to utilise their wider range of prescribing rights, as this requires the provision of FP10 prescribing pads.

IP Optometrists access to FP10 pads across the country is variable depending on local agreement, although this is now improving. A survey carried out by LOCSU in April 2021 showed that only 27% of CCGs who had commissioned either MECS or CUES had also enabled access to FP10 pads for the local IP Optometrists within the service.

¹ LOCSU NHS CUES Urgent Care Service – audit (April 2021)



What Was Done?

The NHS 2021 – 22 planning guidance summary (annex) published in March 2021 made a recommendation to ensure all optometrists with IP qualification who are working within an urgent eyecare service (MECS or CUES) to have access to FP10.

In March 2022 NHSEI called for extended services to be optimised in primary care optometry. The National Eye Care Recovery and Transformation Programme (NECRTP) published guidance recommending that NHS commissioners make better use of the existing expertise in primary eye care, including a recommendation to “Ensure all Optometrist Prescribers have access to FP10 NHS prescription forms.”

Zoe Richmond, LOCSU Clinical Director and Clinical Co-Lead for the National Eye Care Recovery and Transformation Programme (NECRTP) said about the guidance

“The low hanging fruit for eye care recovery and transformation is to increase the activity and improve the outcomes within existing contracts. LOCSU’s Optical Lead team worked closely with LOCs to ensure the immediate opportunity to increase system support through existing contracts was not overlooked”

The addition of a prescribing element to a MECS contract would better utilise the IP optometrist’s skills. LOCSU encourages LOCs and commissioners to continue to work together to optimise existing contracts to provide both in year and future sustained recovery. This should include making arrangements to enable access to FP10 prescription forms for those with the necessary qualification.

In May 2022 LOCSU reported 81% of CCGs have a live urgent eye care service from primary eye care. For IP optometrists working in one of the CCG areas without a locally commissioned service, or in an area with a commissioned service but without a higher tier IP element, there is currently no route to access FP10 pads.

Optometrists who have completed the independent prescribing course to support the delivery of eyecare are becoming frustrated with the lack of FP10 provision when they practice in an area where there is no MECS or there is MECS without an IP element.

Gemma McDermott is an IP Optometrist from Driffield Yorkshire working in both primary and secondary eyecare, her optical practice has an elderly patient base and is located approx. thirty miles from the nearest hospital. She said

“After completing the IP course in February 2021 I was frustrated to find out that I could not fully utilise my prescribing skills as I could not access an FP10 prescription form. This is particularly an issue when the patient is exempt from NHS prescription charges as many are unwilling or unable to pay privately for their prescription. Therefore, I have to refer the patient to Ophthalmology or to their GP to access the medication, which is a waste of time and money both for the NHS and the patient. The full optimisation of the current MECS contract to include an IP element would empower me to manage a larger range of eye conditions within the specified IP formulary, providing care to patients in their local community and subsequently reducing the pressure on secondary care.”



FP10's can be sourced either, directly from the CCG or via a primary eyecare company who have set themselves up as a "Parent organisation" with NHS Business Services Authority (NHSBSA).

In April 2021, the NHS CUES Urgent Care Service Audit carried out by LOCSU, showed the East of England NHS region had the highest provision with 58% of IP optometrists working within a MECS or CUES service having access to FP10s. Unfortunately, at this time, the Southwest and the Southeast LOCs reported there were no IP optometrists with access to FP10 pads within their locally commissioned extended primary care services.

Access to FP10 pads is reliant on a number of factors:

- The area having CUES or MECS with IP element commissioned
- The commissioner agreeing to fund the FP10 supply to Optometrists, then completing and submitting the required forms
- The optical practices and the IP optometrist completing the admin process. Access to the FP10 pads requires a non-clinician within the practice to be involved in the pad ordering
- NHSBSA and Xerox engagement and processes

Cheshire Optometrist, Jane Smellie, qualified as an independent prescriber in July 2020 CUES was launched in Cheshire in the summer of 2020 and the CCG enabled the provision of FP10 via the CUES provider company. Jane started the application process in October 2020 and received her FP10 in June 2021. Although Jane reports that she found the process of obtaining an FP10 "complicated and protracted", the process was worth completing as since receiving her FP10 pad she is now able to fully manage many more patients within the primary care setting, reducing the number of patients referred to secondary care. Jane's practice borders Shropshire which does not fund FP10's for their patients, creating a local inequality of care. People registered with a GP in Shropshire can, however, choose whether to pay for a private prescription, request the medication from their GP or attend secondary care.

The largest LOC provider company, Primary Eyecare Services (PES), have recently undergone a review of the FP10 provision and now have a more clearly defined process and support mechanism in place to guide the CUES optometrist through the process.

Wendy Craven, PES Clinical Director said that

"After a CCG has agreed to fund the FP10 pads and they have submitted the initial form to NHSBSA, it can now be as little as 2 weeks until the IP optometrist receives their FP10 pad. We've learnt that delays in acquiring the FP10 pads can be due to the numerous steps requiring action from several different organisations. By supporting practices through each step and liaising with the other organisations involved we have been able to facilitate and streamline the process of ordering the FP10 pads."



Outcome

Perfected processes have resulted in improved access to FP10s with 65% of CUES services provided through PES now with FP10 availability, (data correct in May 2022). Access to FP10s enables IP optometrists to treat and manage patients fully within the primary care setting, who would otherwise have needed to be referred to hospital eye service or involve the GP with prescription request.

Conclusion

The past 12 months has seen a significant shift in the access to FP10's for IP optometrists in areas that have CUES or MECS commissioned. Implementation of the NECRTP guidance on optimising current contracts should continue to see access improve. Allowing more patients to be fully managed in primary care supports the NHS Long Term Plan aims of delivering care closer to home and out of hospital.

This integrated approach to urgent eyecare with non-prescribing optometrists directing to a neighbouring optometrist with an independent prescribing qualification demonstrates optometry working better together, for the benefit of patients.

Hospital services are also redirecting to optometry services more routinely, which supports the broader integration of care, and transformation of eyecare services, to build a sustainable model for the future.