



Clinical Governance

SUGGESTED RESPONSE TO PCT / HEALTH BOARD REQUESTS FOR CLINICAL GOVERNANCE INFORMATION

16 February 2009

Under the various guises of Standards for Better Health, the Care Quality Commission and the GOS contract, some PCTs and Health Boards have been erroneously trying to impose extensive clinical governance requirements (often developed for other contractor professions) and clinical governance reporting regimes on GOS contractors. **These should be politely but firmly resisted and taken up with your LOC.**

Problem

The Department of Health has imposed a responsibility on PCTs / Health Boards to implement clinical governance and report annually to the Care Quality Commission on *Standards for Better Health* whilst at the same time refusing to pay any kind of fee for clinical governance or clinical governance reporting in optics - unlike for other professions where previous fees for example for clinical audit and "quality" have now been incorporated into their base fees.

Our Position

The optical professions fully embrace and adhere to the principles of clinical governance. Indeed, the optical professional and representative bodies have produced our own toolkit for clinical governance, *Quality in Optometry* www.qualityinoptometry.co.uk.

However **clinical governance is not a contractual or other legal requirement on GOS contractors** and, unlike other professions, we are not remunerated (through GOS fees) for it. The Department of Health has confirmed that there is no clinical governance requirement in the GOS regulations or contract.

Contractual Obligations

This does not however mean that there are not duties in the new contract (as there were under the old GOS) on which it would not be unreasonable for PCTs to request information for example in respect of infection control and decontamination arrangements (Clause 28.1.1) and compliance with relevant Health and Safety Executive and MHRA requirements (Clause 28.1.2). It does not matter that these

issues are also included within *Quality in Optometry* and might in other circumstances be considered clinical governance matters, they are nevertheless contractual obligations.

In common with other contractor professions, GOS contractors in England are also required by regulations (Clauses 58-59) to provide information which is “*reasonably required for the purposes of, or in connection, with the contract*” or “*any other information which is reasonably required in connection with the PCT’s functions*”. The key test here is “reasonableness”. In such cases contractors should of course comply with specific, reasonable requests by PCTs and Health Boards.

Requests for Extra-contractual Information

However, in respect of requests for information beyond these reasonable contractual requirements (which were negotiated with the national representative bodies), or for blanket *Standards for Better Health* or other clinical governance reporting, the optical professional and representative bodies recommend that contractors should only comply if they are paid adequate local fees (or equivalent) agreed in advance by their PCTs / Health Boards. It is sensible for such fees to be agreed on behalf of all local contractors by the LOC / ROC (in England and Wales).

In our view fees should fully reflect the time and work involved in providing the information. From a recent survey of LOCs, it would seem that the majority are rightly not prepared to undertake such additional reporting without being adequately remunerated.

Below is a suggested response to take if your PCT or Health Board asks GOS contractors to undertake clinical governance procedures or reporting beyond the requirements of the GOS contractual framework.

In specific cases, including what might be considered “reasonable” in particular cases, please contact your LOC or representative body for advice.

Sir Anthony Garrett
General Secretary
**Association of British
Dispensing Opticians**

Bob Hughes
Chief Executive
**Association of
Optometrists**

David Hewlett
Chief Executive
**Federation of Ophthalmic
& Dispensing Opticians**

Georgina Gordon
Head of Unit
**LOC Central
Support Unit**

SUGGESTED RESPONSE

“We are more than willing to provide information in respect of our GOS contractual obligations, for example in response to specific requests in respect of infection control and decontamination arrangements, compliance with relevant Health and Safety Executive and MHRA requirements, or on numbers of GOS complaints in accordance with our contract. However we cannot cope with blanket requests for information or requests to complete long proformas which exceed our contractual obligations . We simply cannot afford to do this, however willing we might be.

As you will be aware, general clinical governance requirements do not constitute part of the General Ophthalmic Services contract or regulations, and are not therefore a contractual requirement for ophthalmic contractors. This has recently been reconfirmed by the Department of Health and our representative and professional bodies.

As optometrists, dispensing opticians and optical practices we fully recognise the importance of good clinical governance; and a national toolkit for optometric practice (*Quality in Optometry*) has been developed and agreed as the national clinical governance scheme for the profession. It is available at www.qualityinoptometry.co.uk.

The information in this framework – which goes beyond that which is required in our GOS contract - is compiled for our benefit and that of our patients. If you would like us to share this additional information with you, we would be more than willing to do so but we would expect an appropriate fee to be paid. As normal, we would expect this to be agreed with our Local Optical Committee on behalf of all contractors locally.”