

## **Memorandum of Understanding between NHS England and the Clinical Council for Eye Health Commissioning (CCEHC)**

This Memorandum of Understanding (MoU) sets out an agreed arrangement between NHS England and the CCEHC and outlines our shared purpose and agreed principles for engagement.

It is acknowledged that this Memorandum of Understanding places no obligation on either party to consult on matters other than when the parties deem it appropriate to do so. Likewise either party will not use the name or logo of the other without the prior written consent of that party.

This MoU will be subject to review on an annual basis and either party may withdraw from the MoU by giving 3 months' notice to the other.

### **1. Shared purpose**

Our shared purpose is to ensure sustainable high quality eye health services in England, which are available to patients at the point of need, including the prevention of eye disease and conditions leading to sight loss.

The transformational change needed across the eye health system will be delivered more effectively through cooperation and collaboration between commissioners and providers, with an expanding continuum of work across the primary / secondary care interface to meet growing need.

Demand for eye care services is increasing due to the ageing population, chronic disease and the availability of new treatments which combine to generate capacity issues for the NHS and specifically within the hospital eye service (HES). At a time of great challenges and opportunities for the NHS, it is essential to optimise high quality, efficient care and support with optimal outcomes for patients and populations in England.

National leadership is essential to bring all relevant groups together to develop, design and deliver an integrated service that functions efficiently.

NHS England recognise the collective skills and expertise of the CCEHC and where it considers appropriate will seek their specialist input to inform commissioning decisions around the development of eye health services.

The CCEHC will support NHS England in its role by providing strategic clinical leadership and expert advice as requested to commissioners (Regional Teams, LEHNS, CCGs) and providers (e.g. hospital trusts, community providers, local authorities, and the voluntary sector) with the aim of:

- Supporting the optimisation of service delivery, across the system and particularly within the HES.
- maximising the use of capacity and skills across primary, community and hospital care (including the voluntary sector)

- supporting the restructuring of the commissioning and delivery of hospital and community eye health services while increasingly shifting the focus to prevention of eye disease
- promoting the monitoring of eye health outcomes via the national eye health indicator and the VISION 2020 UK portfolio of wider eye health indicators, and
- Promoting transparency through the development and sharing of quality data relating to eye health.

NHS England directly commissions primary eye care services via the General Ophthalmic Services contract with Clinical Commissioning Groups being responsible for the commissioning of some primary Eye care services and all secondary care services. NHS England is responsible for the strategic direction of the NHS as expressed in the Five Year Forward View and provides support and guidance to CCGs in order for them to commission services effectively.

As part of NHS England's strategic oversight of NHS Commissioning eye health issues relating to both the Five Year Forward View and Sustainability and Transformation Partnerships, NHS England has the option of engaging with the CCEHC on issues where clinical input is deemed necessary. Similarly, the CCEHC will be well positioned to raise issues of mutual concern that will benefit from national input to form solutions. Together they will work to promote good clinical practice in the delivery of ophthalmic services and will co-operate in order that effective clinical commissioning is embedded as far as possible into the future strategic direction of the NHS.

## **2. Joint working**

NHS England and the CCEHC agree to:

- Work together openly, transparently and constructively to improve eye health outcomes and access
- Promote high quality accessible eye health services that address local health inequalities
- Support sharing of good practice.

NHS England and the CCEHC will work together with the CCEHC providing NHS England with expert, up to date and evidence based clinical and professional opinion and advice.

The CCEHC remains an independent advisory body and NHS England is accountable to Parliament as a departmental arms length body. This MoU does not prevent either organisation acting independently as appropriate. The CCEHC acknowledges that NHS England seeks the views of a range of non-statutory bodies and acknowledges it does not give any primacy in its advisory role.

The CCEHC and NHS England recognise that organisational priorities will differ, but differences will be handled with maturity and integrity on both sides and without impeding joint work and progress on other issues.

The CCEHC recognises that no use of the NHS England Logo on publications can take place without the prior written consent of NHS England and shall consult with NHS England before deciding whether to give any publicity to the matters covered by this MoU.

In particular, the CCEHC will:

- Include NHS England representation at its open session of Council meetings
- Provide expert, timely, evidence-based recommendations and advice to NHS England, to inform NHS policy and commissioning strategy for eye health services both on request and on its own identification of priorities and gaps
- Support the development of models of care and guidance on care pathways to support commissioners and providers in designing local services to address growing needs, capacity issues and to improve the quality, effectiveness and outcomes of patient-centred care
- Support NHS England by providing fair, timely and unbiased advice on policy issues
- Keep a register of members' declarations of interest and actively manage conflicts of interest which may arise in its advice / guidance to NHS England.

NHS England will:

- Support the work of the CCEHC where possible and facilitate communication to commissioners
- Engage with the CCEHC, where appropriate, to obtain CCEHC's advice in order to inform decisions around effective commissioning of services at a strategic level.

### **3. Key contacts**

Details of key contacts within NHS England and the CCEHC are contained in appendix A.

### **4. Roles and responsibilities**

Details of the roles and responsibilities of NHS England and the CCEHC are contained in appendix B.

### **5. Liability**

This MoU is not legally binding and shall not give rise to any rights including intellectual property rights or liabilities for any party.

Nothing in this MoU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

### **6. Duration and review**

This MoU takes effect from the date of signing and will remain in force until it is terminated or superseded by a revised document.

This MoU will be reviewed every year. Each review will:

- Report on actions arising from the implementation of this MoU in the preceding two years
- Review the effectiveness of this MoU in achieving its aims and make amendments where necessary
- Identify areas for future collaboration
- Ensure the contact information for each organisation is accurate and up to date.

**7. Signature**

**Signed for and on behalf of NHS  
England**

Signed



Name: David Geddes  
GMC 3253722

Title: Director of Primary Care  
Commissioning

Date: 4/11/18

**Signed for and on behalf of the CCEHC**

Signed



Name: Parul Desai

Title: Chair of the CCEHC

Date: 7/11/18

## Appendix A

### Key contacts within NHS England and the CCEHC

#### 1. NHS England

Dr David Geddes,  
Director of Primary Care Commissioning  
Operations and Information Directorate  
NHS England  
Quarry House, Quarry Hill, Leeds, LS2 7UE  
M: 07496 250190  
[david.geddes@nhs.net](mailto:david.geddes@nhs.net)

David Brown  
Senior Manager - Optical Services Commissioning  
Operations and Information Directorate  
NHS England  
Quarry House, Quarry Hill, Leeds, LS2 7UE  
T: 0113 825 1678  
[david.brown68@nhs.net](mailto:david.brown68@nhs.net)

Alison Davies, BM, FRCOphth, MD,  
Moorfields Eye Hospital,  
T: 020 8725 2325  
[alison.davis20@nhs.net](mailto:alison.davis20@nhs.net)

#### 2. Clinical Council for Eye Health Commissioning

Primary contact:

Parul Desai, Chair of the CCEHC  
Moorfields Eye Hospital NHS Foundation Trust, City Road, London EC1V 2PD  
T: 020 7566 2039  
[parul.desai@nhs.net](mailto:parul.desai@nhs.net)

David Parkins, Vice-Chair of the CCEHC  
The College of Optometrists, 42 Craven Street, London E14 6GX  
T: 020 7839 6800  
[olivier.deneve@college-optometrists.org](mailto:olivier.deneve@college-optometrists.org)

Secretariat:

Olivier Denève  
The College of Optometrists, 42 Craven Street, London E14 6GX  
T: 020 7766 4383  
[olivier.deneve@college-optometrists.org](mailto:olivier.deneve@college-optometrists.org)

Jo Longden  
The Royal College of Ophthalmologists, 18 Stephenson Way, London, NW1 2HD  
T: 020 3770 5351  
[jo.longden@rcophth.ac.uk](mailto:jo.longden@rcophth.ac.uk)

## Appendix B

### Roles and responsibilities

#### 1. NHS England

NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.

NHS England shares out more than £100 billion in funds and holds organisations such as Clinical Commissioning Groups to account for spending this money effectively for patients and efficiently for the tax payer. It is the role of CCGs to directly commission most hospital care while NHS England commissions the majority of primary care services.

We have devised a strategic vision for the NHS, along with our partners in health, called the [Five Year Forward View](#). And now, with our partners, we are delivering that vision.

This vision shows that we are getting serious about prevention, identifying and delivering improvements in health care, redesigning the NHS so it continues to meet the needs of patients, ensuring the NHS is financially sustainable and engaging the public in this whole process.

We strongly believe in health and high quality care for all, now and for future generations.

#### 2. Clinical Council for Eye Health Commissioning

The Clinical Council for Eye Health Commissioning (CCEHC) is the national clinical voice for eye health in England.

The CCEHC brings together the leading professional, patient and representative bodies involved in eye health, providing collective expertise to commissioners, providers, clinicians and policy-makers on the commissioning of eye health services, including social care and ophthalmic public health in England.

The CCEHC's recommendations and advice are provided in the best interest of patients, on the best evidence available and independent of any professional or commercial interests.

The CCEHC brings together the following organisations in the sector:

- Association of Directors of Adult Social Services
- Association of British Dispensing Opticians
- British and Irish Orthoptic Society
- College of Optometrists
- Faculty of Public Health

- International Glaucoma Association
- Macular Society
- Optical Confederation (including the Local Optical Committee Support Unit)
- Royal College of General Practitioners
- Royal College of Ophthalmologists
- Royal College of Nursing (ophthalmic section)
- Royal National Institute of Blind People
- Vision UK