



SUPPORT FOR PRIMARY
EYE CARE DEVELOPMENT

LOCSU Annual Report 2010



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CHAIRMAN'S REPORT

Never has the optical sector, speaking with one voice at national and local level, been more important than it has this past year and going forward and LOCSU is very much at the heart of this activity, indeed it is one of its core purposes.

From the Optical Bodies, most successful campaign to retain the GOS budget as a central budget through to ensuring that PCT's do not make unreasonable demands on local contractors, LOCSU has been the thread that has bound the profession together through the LOC's. High-level advice to LOCs communicated by regular 'Hot Briefs' is now the norm and ensures that all are aware of what has actually been agreed with the Department of Health, other Government Departments and Primary Care Commissioning; rather than local PCT-wide and sometimes bizarre interpretations of legislation, contract wordings and other documentation.

When the Optical Bodies some four years ago established LOCSU it was an act of faith for LOCs to join and pay to fund its operations. The faith of the LOCs who joined from the start was crucial and now the vast majority of LOCs and all the ROCs are members as LOCSU has come of age.

The work of LOCSU in expanding eye care services in the community,



providing advice and help to LOCs, facilitating training, and all other activities are well documented by colleagues throughout this Annual Report. Please do take the opportunity to read about it all and make sure that your LOC is not missing out by not accessing what LOCSU has to offer.

The past few months have been a difficult period for LOCSU with our Head of Unit, Georgina Gordon, on extended sick leave. I know all join with me in wishing Georgina a speedy return to good health and we look forward to welcoming her back in due course. When it became clear that Georgina would be off for a lengthy period, the AOP stepped into the breach by seconding Richard Carswell, their Deputy Chief Executive as part-time Acting Head of Unit. Our grateful thanks are due to the AOP for seconding Richard, and to

Richard for agreeing to take on the role. Richard's vast knowledge and experience in the sector is of great benefit to LOCSU at this time.

LOCSU has always relied on its Associates to engage directly with LOCs, develop its pathways and to take on a wide and varied range of tasks. In the past few months their help has been even more crucial in the absence of a full-time Head of Unit and they have more than delivered. I would not usually pick out individuals but I cannot over-stress the volume of work gladly taken on by Katrina Venerus and Jane Bell. We are indebted to them, not only for the time they give to LOCSU, but also to the cheerful and skilful manner in which they take on the work. Nothing is too much trouble for them.

With a new Coalition Government in place and cuts in Government Departments costs of between 25% to 40% that will have been announced by the time this Annual Report is published, speaking with one voice at national and local level is the only way to go, and LOCSU and the newly-formed Optical Confederation are key to this. As the Prime Minister often says, "we are all in this together" and with your continuing support LOCSU will remain at the heart of optical togetherness.

Alan Tinger, Chairman

HEAD OF UNIT'S REPORT

It has been gratifying to welcome so many LOCs into membership of LOCSU during the last year. In addition to the three Welsh Regional Optical Committees, eighty one of the eighty five LOCs in England now subscribe to LOCSU. This is a pleasing recognition of the importance of LOCSU's role, now made all the more significant by the coalition Government's approach to the National Health Service. If GP commissioning is to assume the importance intended by the Government, LOCs will be entering new territory. It will be LOCSU's task to hold their hand, as they do so.

The bulk of LOCSU's activities can be attributed to three main areas: the giving of advice to LOC/ROCs; the facilitation of LOC/ROCs' dealings and negotiations with PCT/LHBs; and the development of clinical pathways. As far as the giving of advice is concerned, LOCSU receives numerous enquiries for information and assistance from LOC/ROCs each weekly, and whilst the volume of enquiries naturally ebbs and flows, it is certainly enough to keep the whole team busy! LOCSU is fortunate to be assisted by its experienced Associates, who skilfully and conscientiously field the majority of the enquiries. LOCSU is very grateful for their contributions, including their visits to a great number of LOCs in the past year.

The LOCSU Clinical Advisory Group has continued its work in developing best practice clinical pathways for enhanced services



which has seen the launch of a Children's Pathway early this year and, more recently a pathway for Low Vision. LOCSU has worked with a number of stakeholders in developing its pathways and we are grateful to all involved for their input.

This year also saw some minor amendments to the IOP and Visual Field Refinement pathways, in response to updated College guidance on Glaucoma, and LOCSU were delighted when the Joint College Committee agreed to endorse the LOCSU pathways as best practice. The IOP and Visual Field Refinement pathways have been a great success, being well received not only by LOCs, but also by PCTs and GP commissioners. It is an example of the value of collaboration, catalysed in this instance – but not exclusively, it is fair to say – by LOCSU. Again, LOCSU is grateful to all involved for their cooperation in this important area.

The commissioning of an increasing number of enhanced

services by PCTs based on the LOCSU pathways in the past year is very encouraging, and we have included the results of the Enhanced Services Survey April 2010 later in the report. Members of the LOCSU team have assisted LOCs/ROCs with developing business cases, attending local negotiations and advising on specifications issued by PCTs for new services, and you find some examples of this in the 'Spotlight on LOCs' and 'LOCSU in Wales'. There is no doubt that evidence emerging from recently commissioned services will provide LOCs/ROCs with more powerful arguments when presenting future business cases.

LOCSU is also active in engaging with colleagues in the wider NHS to promote the role optometrists can play in providing eyecare services beyond GOS. In the past year we have presented the Glaucoma Pathways directly to PCT commissioners at all 10 of the NHS PCC Regional Eyecare Networks, and, more recently, we have presented to GP, Dental and Pharmacy leaders at the Healthcare Professionals Commissioning Network. As a result of presenting to these networking groups, the LOCSU team now receive regular enquires and requests for advice from commissioners; this gives the professions an opportunity to influence local decision making. LOCSU was also represented at this year's UK Vision Strategy Conference.

LOCSU's role in communicating with LOC/ROCs has become all the

HEAD OF UNIT'S REPORT

more vital in light of the recent changes to the NHS proposed by the coalition Government. Although negotiations at a national level are handled by the optical bodies, it is down to LOCSU to ensure that what is agreed by the optical bodies and, say, the Department of Health is then communicated effectively to LOCs/ROCs.. I cannot stress too much that LOCSU is fully conscious that communications lie at the heart of its activities.

The campaign to contact Members of Parliament and parliamentary candidates, to introduce them into the 'world of optometry and optics' was driven by LOCSU on behalf of the optical bodies. The visits of MPs and candidates to optical/optometric practices were an undoubted success in helping to sensitise the politicians to the sector's contribution to public health, the value of GOS to the National Health Service, and

the importance of developing local enhanced eye care services.

Another example of collaborative working was National Eye Health Week, to which LOCSU made an important contribution.

Training and development of LOCs is another key focus area for LOCSU and we have continued to offer Training Days for LOC officers in London during the past year. These LOC Training Days have been well attended and received excellent feedback, but we became aware of the need for a dedicated resource to concentrate on training and development. Consequently, LOCSU took steps to engage a training specialist in and has since recruited Gill Brabner as Head of Training and Development to lead this project. To inform the direction of the intended training programme, LOCSU recently undertook a survey of LOCs. We will use the results of the survey to ensure that

all work commissioned reflects the views and wishes of our members.

It is pleasing to report that the National Eye Health Epidemiological Model (NEHEM) is operational again; and LOCSU continues to provide some financial support for the project. LOCSU is currently in discussion with a university about how to make this valuable tool more effective.

Finally, I would like to take this opportunity to thank the Central (LOC) Fund for its sincere and fruitful cooperation with LOCSU. I believe that our 'cross-fertilisation' is useful to all concerned. Similarly, it is helpful that the Primary Health Network (which offers additional support to several LOCs) has a formal relationship with LOCSU. This allows us to exchange ideas and to learn from each others' experience.

**Richard Carswell,
Acting Head of Unit**

PATHWAYS PROGRESSING

Background

The rise in enquiries relating to the Enhanced Service Pathways received by the LOCSU team in the past 12 months shows clearly that awareness of the LOCSU pathways has increased significantly in the year. Following the positive feedback the enhanced services pathways received from both LOCs and commissioners alike, the clinical advisory group (CAG) has gone on to develop further clinical pathways for Children's Vision, Low Vision and People with Learning Disabilities.

Commissioning of Enhanced Services

We are pleased to report that the past 12 months has seen a rapid upsurge in the commissioning of local enhanced optometric services across England. In particular, the revised IOP and Visual Fields refinement pathways, launched by LOCSU in May 2009 and later endorsed by the NICE Clinical Guideline Development Group and the Joint College Committee, are being used as a solution to the increase in ophthalmology referrals which followed the publication of NICE guideline CG85: Glaucoma.

During the past year the majority of LOCs have requested advice from the LOCSU Team on some aspect of enhanced services commissioning. The level of support required by LOCs varies depending on circumstances and experience of local officers. In some cases, LOCs need help with writing and presenting business cases to PCTs and PBC groups, whilst for others, it may be a simple but urgent query that requires a prompt email or telephone response. Increasingly LOCs are looking for assistance from LOCSU in reviewing service specifications and contracts for enhanced services that have been commissioned locally. There are very few PCTs where staff are experienced in commissioning enhanced services from community optometrists, therefore inappropriate clauses in service specifications and service level agreements are relatively common.

Enhanced Services Survey

To allow LOCSU to measure the success of the Enhanced Services Project a short online survey was sent to LOC Chairs and Secretaries in April 2010 gathering information on local enhanced services activity. The survey was specifically to LOCs in England as the negotiations on enhanced services in Wales are more centralised. A total of 48 (58%) of the 82 LOCs in England fully completed the survey. LOCSU would like to thank all of the LOC officers who took time to complete the survey.

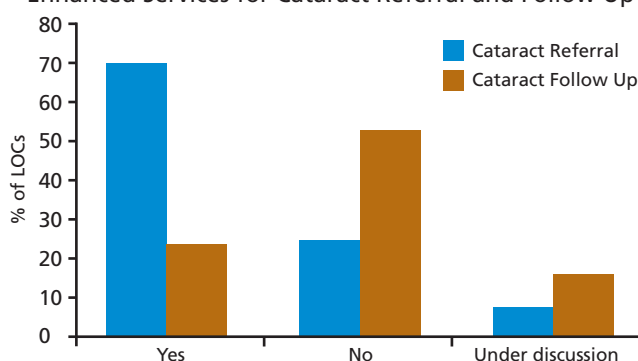
Enhanced Services Survey Results

Some of the key findings of the survey are summarised below.

Cataract Referral and Follow Up Enhanced Services

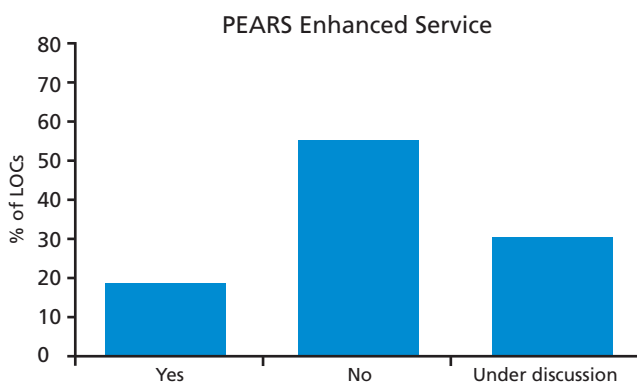
Local enhanced services for Cataract Referral have been the most common of the eyecare pathways to be commissioned historically. 69% of the LOCs who responded to the survey have a Cataract Referral pathway in place, with another 8% under discussion. Interestingly, only 25% of LOCs have a Cataract Surgery Follow Up pathway.

Enhanced Services for Cataract Referral and Follow Up



Primary Eyecare Assessment and Referral Service (PEARS)

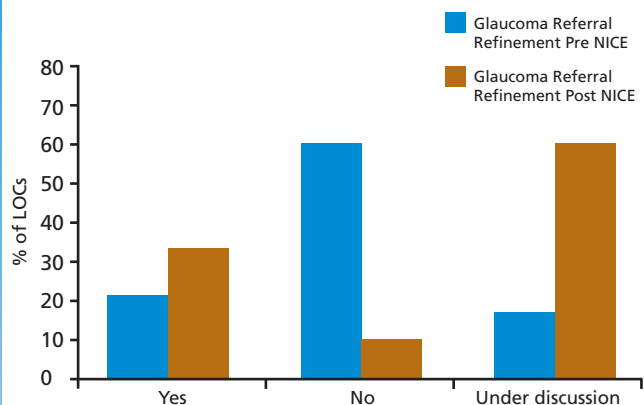
A number of LOCs have Primary Care based enhanced services for diagnosis and treatment of minor eye conditions, often known as 'Red Eye' pathways. Following the evidence which emerged from the Welsh PEARS scheme, and the subsequent development of the LOCSU package, there has been greater interest from commissioners in exploring the potential benefits of these pathways. 17% of LOCs reported that they have a PEARS type scheme in place, with a further 31% in discussion with commissioners re local implementation of PEARS.



Glaucoma Referral Refinement and OHT Monitoring

The survey compared the commissioning of Glaucoma Referral Refinement pathways pre and post the publication of the NICE guidance. The findings show that the percentage of LOCs with Glaucoma Referral Refinement in place or under discussion has risen from 38% 'pre NICE' to 90% 'post NICE'. The survey also shows a healthy interest in the commissioning of an OHT Monitoring Enhanced Service, with a total of 42% of LOCs reporting active local discussion around this pathway.

Enhanced Services for Cataract Referral and Follow Up



Conclusion

The survey has shown an increase in the number of community optometry-based enhanced services being discussed and commissioned by PCTs. As more PCTs use the model enhanced service pathways developed by LOCSU, there is an opportunity for LOCs to provide standardised quality eyecare in the community. It is clear however, that local commissioning has caused an inconsistency in the fees paid to optometrists providing enhanced services.

LOCSU will continue to work with LOCs who are striving to achieve commissioning of local enhanced services. LOCSU will also develop tools to facilitate audit of commissioned services, with a view to gathering evidence to support business cases for other areas.

Katrina Venerus, LOCSU Associate

Spotlight on LOCs in England

The LOCSU team has been impressed by the energy and enthusiasm shown by LOC officers across the country, despite some of the challenges the professions face at a national and local level. We have seen great commitment to raising the profile of eyecare and developing the role of optometrists locally, and now have many examples where the determination of individuals involved has started to pay off. Unfortunately there isn't space in this report to feature every single LOC, but we hope the following provides a flavour of the success achieved and challenges faced around the country.

EAST MIDLANDS

Derbyshire

More than a year after it was initially proposed to Derbyshire County PCT, the LOC finally saw the PEARS pilot commence in January 2010. The pilot, based on the LOCSU pathway, started with the optometry practices in the Dronfield area, and the PCT's aim was to roll the service out across Derbyshire assuming successful evaluation of the pilot. Katrina Venerus, LOCSU Associate has worked closely with Ted Thomas and his Derbyshire LOC colleagues throughout the past 18 months on the project, and has assisted with the development of the business case through to implementation of the service. Although local GPs welcomed the service, the volume of patients being referred to community optometrists has been disappointing in the early days. The LOC and PCT are working with GP practices and Pharmacists to improve awareness of the service, and expansion of the pilot to include other areas in Derbyshire is being considered. Meanwhile Derby City PCT has been looking at developing an IOP Refinement service and LOCSU has answered a number of queries from the PCT commissioner in recent months. Plans are now in place to roll this service out in Derby in October 2010.

"The experience that Derbyshire LOC has had in its relationship with LOCSU has meant that, in our opinion, it is essential that all LOCs engage with them, as the knowledge that they bring to the negotiating table is unrivalled within the realm of optometry in the UK. It has been an absolute pleasure working together."
Ted Thomas, Derbyshire LOC Secretary

Nottinghamshire

Following the publication of CG: 85 Glaucoma by NICE in April 2009, John Duffy Chair of Nottinghamshire LOC and his colleagues began discussions on referral pathways with local PCTs. This work led to the commissioning of IOP and Visual Fields refinement enhanced services based on the LOCSU pathways by Nottingham City PCT in January 2010, followed by Notts County PCT in April 2010. The LOC arranged some local training

and made the WOPEC distance learning modules available to participating optometrists who wished to refresh their knowledge. Local discussions have moved on to OHT and Stable Glaucoma Monitoring, and John and his colleagues are working with commissioners and the local eye hospital with a view to developing a community service. There are issues surrounding qualifications optometrists may require to monitor patients with stable glaucoma independently of an ophthalmologist, which will need to be resolved to allow this project to progress.

EAST OF ENGLAND

Norfolk and Waveney

Peter Hutchinson and colleagues at Norfolk and Waveney LOC have been in discussion with NHS Norfolk and the local hospital trust regarding redesigning pathways for Glaucoma for over a year, and having persuaded the PCT that the initial proposals were unworkable, the LOC now have an agreement that an IOP and Visual Fields Refinement enhanced service based on the LOCSU pathways will be implemented. Service Specification and fees are currently under negotiation. LOCSU's Katrina Venerus provided detailed comments on the initial proposal

and has been a source of advice as the project progressed.

Separate to the continuing work on Glaucoma, the LOC was asked by commissioners at NHS Norfolk to meet with them in June this year to discuss linking eyecare to the PCT's strategic plan. Jane Bell, LOCSU Associate was able to give advice on how to tackle this valuable opportunity. Following the meeting, Peter was asked to suggest ideas for service improvement proposals that would fit with the QUIPP Agenda. Katrina helped Peter to draft a business case for a PEARS enhanced service in a short timescale given by the PCT, and this is currently being considered by the commissioning board at NHS Norfolk.

"Norfolk & Waveney LOC have found invaluable the assistance provided by LOCSU in negotiating enhanced service contracts with NHS Norfolk. Our enquiries have always been dealt with promptly and with enthusiasm by each member of the LOCSU team. The answers provided have been accurate and authoritative supporting a strong negotiating stance. We are in no doubt that LOCSU is an essential asset for our future work"
Peter Hutchinson, Norfolk & Waveney LOC Chair

LONDON

Barnet Enfield & Haringey (BEH)

In autumn 2009, following productive meetings with commissioners at NHS Enfield BEHLOC Chair Sue Leighter contacted LOCSU for assistance with a business case based on the Cataract Referral Refinement pathway. Jane Bell LOCSU Associate helped Sue to draft a comprehensive document which was submitted to the PCT. After some delays due to staff changes in the organisation, the PCT set up a working party in Spring 2010 to plan the implementation of a service for July 2010. The LOC was bitterly disappointed to hear just 2 days before the launch event for the service that commissioning intentions at NHS Enfield had changed and that a single provider community ophthalmology model was being considered. Sue and her colleagues are now hoping to explore what opportunities they may have for collaborating with ophthalmologists to provide such a service.

City and East London

Mushir Bakhsh and colleagues at City and East London LOC have experienced a variation in the approach of the 3 PCTs in their locality, Hackney, Newham and Tower Hamlets, in recent times. Back in 2008, a successful cataract referral scheme was launched across the whole LOC area, but progress for community optometry has been limited since then. Tower Hamlets developed a Low Vision



Spotlight on LOCs in England

"BEHLOC were delighted with the prompt and helpful response from LOCSU and even though the service has not been commissioned feel that LOCSU are a fantastic resource for the LOC."
Sue Leighter, BEHLOC Chair

service but Hackney and Newham have yet to follow suit and a proposal for a red eye pathway submitted in Hackney was rejected by the GPs on the PCT's executive committee.

Earlier this year NHS Tower Hamlets, NHS Newham and the NHS City & Hackney began to work collaboratively in carrying out eye care needs assessments to establish the needs of the local population with regard to eye care services. As part of this work they made use of the National Eye Health Epidemiological Model (NEHEM) in to order to estimate the prevalence of the four major eye conditions covered by the model: AMD, cataracts, glaucoma and low vision. Establishing the prevalence of these 4 conditions has traditionally been difficult due to the fact there have been relatively few detailed studies regarding prevalence of the conditions for Inner North East London. Using the model gave the PCTs the opportunity to not only gain an insight into prevalence

within their local PCT area, but also to compare estimates with the wider population. The NEHEM tool has helped the PCTs identify the eye conditions which have an above average prevalence in the area, and work has commenced to improve pathways for those conditions.

In July 2010 the LOC was asked to attend a meeting with commissioners from the 3 PCTs, optometric advisor and local ophthalmologist from Moorfields Eye Hospital, with a view to exploring the possibility of setting up an IOP Refinement pathway. Mushir contacted LOCSU to seek advice on how to approach the meeting and Katrina Venerus agreed to go along with Mushir to provide support. Statistics provided by Moorfields suggested that they were not experiencing the same increase in activity in glaucoma clinics that other secondary care eye departments across England had seen in the past year, despite the fact that the PCT's eye care needs assessment had identified a higher than average prevalence of glaucoma in the area. It was agreed that the PCT would investigate the local situation in more detail before proceeding any further with service development.

Kingston Richmond & Twickenham (KRT)

In 2009, NHS Kingston together with GPs, the LOC and local Ophthalmologists set up a review group to redesign ophthalmology care pathways for Kingston patients. Joanne Boyd KRT LOC Chair and Maureen Taylor LOC

"I am so glad that I got in touch with LOCSU as I found it really helpful to have support in a difficult meeting. We need skilled negotiators to be working with us to make progress, so it is important that LOCSU continues to provide this resource"
Mushir Bakhsh, City and East London LOC

Administrator contacted LOCSU in March this year following an indication from NHS Kingston that they were interested in exploring the viability of commissioning a Glaucoma Referral Refinement pathway in the community. Katrina Venerus LOCSU Associate set up a teleconference with Joanne and the PBC Lead and PCT commissioner to allow a discussion to take place. Following the teleconference, Katrina agreed to help draft a business case for an IOP Refinement enhanced service and was in regular contact with Joanne, Maureen and the commissioners to answer questions that arose when the proposal was submitted. One of the key issues was that the PBC group wanted to limit the number of optometrists providing IOP refinement in NHS Kingston to three, but were persuaded by Katrina's advice that the recommended and most cost effective model was to have maximum participation from

optometry practices to allow patients to have IOP Refinement at the time of their sight test. The LOC/PBC tender was chosen by the PCT in preference to tenders from Moorfields Eye Hospital and Newmedica, and plans for implementation are now being discussed so that the service can be launched as soon as possible.

"Katrina Venerus has been extremely helpful with her knowledge and information, through which she gained respect from PCT Commissioners and the GP lead. Her support to LOC Chairman and Administrator has been unstinting and this scheme would not have progressed without her input. We are indebted to her."

Joanne Boyd Kingston
Richmond and
Twickenham Chair



NORTH EAST

Durham

NHS Durham & Darlington had looked to be potential innovators in developing optometry enhanced services, and members of Durham LOC along with LOCSU Associate Katrina Venerus, worked closely with PCT commissioners back in 2008 -09 exploring service redesign based on the LOCSU PEARS pathway. Sadly, organisational pressures resulted in the eyecare projects being put on hold for a time but work resumed when IOP Refinement was identified as a priority under the QUIPP agenda in 2010. LOCSU and the Durham LOC committee were disappointed with the Any Willing Provider (AWP) procurement process the PCT published in July 2010, and the onerous governance requirements contained in the service specification compared to neighboring PCT areas. Katrina has provided comments and advice on the service specification and governance requirements for the Durham committee to consider. The LOC are keen to resolve the issues as soon as possible to allow implementation of the service to go ahead.

North of Tyne

As the home territory of LOCSU Associate Katrina Venerus, North of Tyne LOC has benefited from Katrina's efforts to build relationships with commissioners at NHS North of Tyne and local PBC groups, with the intention of sharing lessons learnt and outcomes of local projects with

the wider LOC base that LOCSU serves.

The work done to develop a PEARS pilot based on the LOCSU pathway with 3 PBC groups across the area was put on hold late 2009 as it became apparent that tackling the upsurge of ophthalmology referrals 'post NICE' had become the priority for the PCT. The North Shields PBC group supported a business case for IOP Refinement in North Tyneside, and a pilot was launched in July 2010. LOC Chair Angela Henderson organised a refresher course and optometrists completed the LOCSU distance learning modules. It is anticipated that the early findings of this pilot will support a business case to roll out the service across the whole of North of Tyne in 2011. Katrina has been working closely with the commissioners to ensure appropriate data collection and processes are in place to support adequate audit.

Despite over 80 optometrists attending a training launch event for the North of Tyne Children's Pathway in October 2009, the start date of January 2010 promised by the PCT was delayed due to an issue with internal PCT processes, which resulted in a new business case having to be submitted. With the support of the PCT's Associate Director of Primary Care it is expected that this service will eventually commence in October 2010. NHS North of Tyne is another area looking to link ophthalmology redesign and development of eyecare pathways to their Strategic Plan and the Ophthalmology Redesign Group are looking to

Spotlight on LOCs in England

explore the potential of the LOCSU OHT Monitoring pathways and to resume the earlier work on establishing a PEARS service as the next projects.

"The assistance that LOCSU have given our LOC in terms of model pathways and a hands-on independent approach by LOCSU associate Katrina Venerus has proven invaluable in developing closer working relationships with the PCT. By developing enhanced services in this manner, it has created much more of a "no secrets" approach that has also allowed us to work together in developing local policies and procedures for GOS in partnership with the PCT and Secondary Care"

Angela Henderson, North of Tyne LOC Chair

Zoe Richmond, which included Tees LOC Secretary Julie Breen and a number of her colleagues. A business case proposal supported by a local PBC group was submitted to commissioners and was approved initially for Redcar and Cleveland, but then it was agreed the service should be provided across the whole Tees area. The Tees commissioners agreed to fund Goldmann tonometers for GOS contractors with the initial aim of encouraging optometrists to participate in the IOP Refinement scheme, so as to maximise the deflection of unnecessary ophthalmology referrals. In addition, it was felt that the investment in Goldmann tonometers would be a way of ensuring community optometrists would be in a position to provide OHT monitoring in the near future. Refresher training in Goldmann tonometry was arranged for optometrists in conjunction with the equipment company. LOCSU Associate Katrina Venerus provided a range of support for the development of the Tees service, which has included giving a presentation to commissioners and advising on the business case. NHS Tees are now revisiting their cataract pathways, again using the LOCSU models as a basis for service redesign.

"Without the benefit of LOCSU's elegantly simple pathway and assistance from Associate Katrina Venerus the process of developing an enhanced service would have taken so much longer. As it is, we have an IOP refinement scheme that's been up and running for over 6 months now."
Julie Breen, Tees LOC Secretary

area and as a result have been successful in engaging Makerfield MP Yvonne Fovargue to raise awareness of the crucial importance that early detection of eye conditions through regular eye tests has in reducing the number of people with avoidable sight loss.

As part of her strive to progress local eyecare services, Janet is in regular contact with LOCSU Associate Katrina Venerus to discuss local issues and Katrina has provided significant support to assist the LOC. This support includes the preparation of bespoke information for enhanced services business cases and a review of, and full written response to, the proposal from a PBC group for a community ophthalmology service. ALW have recently had implementation of their proposed IOP and Visual Fields pathway put on hold as a

Tees

In November 2009 the PCTs in the Tees area were among the first in England to launch an enhanced service based on the LOCSU IOP Refinement Pathway. A Glaucoma Working Group was established in May 2009 by Optometric Advisor

NORTH WEST

Ashton Leigh & Wigan (ALW)

Janet Green LOC Chair and the ALW committee have been working extremely hard to increase the profile of optometry in their

local PBC consortium has developed a Community Ophthalmology Service and is promoting this model of provision. Not to be deterred, Janet is working to engage the other consortia in the area to raise awareness of services optometrists can offer.

"LOCSU and Katrina Venerus in particular have been able to supply support and advice we have needed due to our complicated local politics involving PCT, OA and consortiums. LOCSU give a continuously positive approach when the horizon for enhanced schemes would appear to be impossible. ALW LOC feel without LOCSU's support any discussions or negotiations we have with the NHS hierarchy would be a lot less professional and even more frustrating."
Janet Green, Ashton Leigh & Wigan LOC Chair

Heywood Middleton Rochdale and Bury (HMR&B)

HMR&B LOC had become largely inactive in recent years until they contacted LOCSU for support in reorganising and moving

forward. Keen local practitioner Paul Cheetham, now elected as Chairman, met with LOCSU Associate Trevor Warburton to discuss the approach to arranging an AGM, adopting a new constitution, holding elections; and implementing a statutory levy. This all ran smoothly and Trevor attended the AGM and acted as returning officer whilst a new committee was elected. Paul and the new committee are now in active discussions with their PCTs, with an IOP Refinement enhanced service already being commissioned. Information and advice had been provided from the LOCSU team to assist local service development.

"The information and guidance received from LOCSU, and in particular from Trevor Warburton, has been invaluable for the development of our LOC. Knowing that we can turn to LOCSU for help at any time is giving us the confidence to explore further opportunities for local enhanced services."
Paul Cheetham, Heywood Middleton Rochdale and Bury LOC

Cumbria

Following on from an earlier visit by Georgina Gordon, LOCSU Associate Mike Broadhurst visited Cumbria LOC in June 2010 to help members work through an LOC developmental framework to try to identify LOC roles and responsibilities, examining relationships both internal and external and providing SWOT analysis. The aim of this piece of work was to enable the LOC to determine what was working well, what could be improved, and then to agree new objectives for the following 5 years. The process was then laid out to allow plans to be reviewed on the progress and to assess what success would look like. Following the meeting, several areas of improvement have been worked upon, including looking at developing a website and creating a better relationship with phthalmologists. Meanwhile, in July this year a commissioner from NHS Cumbria contacted Katrina Venerus at LOCSU to ask for advice on implementing the IOP Refinement pathway. Katrina provided an outline business case and background information for the commissioners to consider, and Cumbria LOC has been informed that the PCT are looking to progress with development of an enhanced service before the end of the year.

Spotlight on LOCs in England

"Cumbria LOC are extremely pleased with the help and support provided by the LOCSU Associates Mike Broadhurst and Katrina Venerus."
David Nicolson, Cumbria LOC Secretary

Manchester

Over time, Manchester LOC already has developed an excellent relationship with Manchester Royal Eye Hospital (MREH) and the PCT, and a Glaucoma Refinement Scheme has been in place locally for 8 years. Following the publication of NICE guidance on Glaucoma the PCT decided that they wanted a Gold Standard OHT scheme, and the first enhanced service based on the LOCSU OHT pathway was commissioned. Feedback from Manchester LOC and the Eye Hospital in Manchester as early adopters of the pathway resulted in some helpful modifications to the final draft of the LOCSU documents. The LOC and MREH worked closely with NHS Manchester on implementation of the pathway, and arranged a training event for optometrists followed by a practical exam in the use of Goldmann tonometry. In recognition of the innovative partnership working demonstrated in this project, Paul Showman, Manchester LOC Chair, accepted a Heroes in Health award on behalf of Manchester LOC, Manchester Royal Eye Hospital and Manchester PCT at a ceremony at Manchester

Town Hall in July 2010. Eyecare continues to maintain a high profile in Manchester with a cataract accreditation event in September being next on the agenda.

"LOCSU has been extremely helpful for the development of our current and new enhanced service schemes. Pathways supplied to the LOC have been fine tuned to our needs which saved the LOC a lot of time and effort. We are impressed at the speed at which LOCSU reacts to our often tight time frame demands."
Paul Showman,
Manchester LOC Chair

South Central Buckinghamshire

Members of Buckinghamshire LOC have been working with NHS Milton Keynes on the development of an enhanced service for IOP Refinement for several months and LOC Secretary Angela McNamee has been in regular contact with the LOCSU team to discuss various elements of the service being proposed. The PCT is now in the process of drafting a contract for the service and advice on the PCT model has been provided by LOCSU. LOCSU Associate Katrina

Venerus attended the LOC's AGM in May to share examples of enhanced services being commissioned in other LOC areas and feedback from the evening was very positive.

"As a new LOC secretary, I've found the help and support that I've received from LOCSU invaluable."
Angela McNamee,
Buckinghamshire LOC Secretary

Hampshire

LOC members, Bruce Fitzgerald & Roisin Carruthers have attended several glaucoma pathway meetings with the PCT over the last 12 months, supported by LOCSU Associate Jane Bell. As a result of these meetings, NHS Hampshire have agreed to continue the IOP referral refinement enhanced service beyond the initial pilot phase and are now considering developing OHT, suspect glaucoma and stable glaucoma monitoring pathways, to follow on from the success of IOP Refinement. The PCT are also exploring the potential benefits of other eyecare pathways and information has been provided by Jane on PEARS and cataract referral refinement to assist the project.

SOUTH EAST COAST

East Sussex

East Sussex LOC voted to join LOCSU at their AGM in April 2010, and the newly appointed chair Vicki Macken contacted LOCSU shortly after taking up her post for advice on a service specification produced by Brighton & Hove PCT for an IOP Refinement enhanced service. LOCSU Associate Jane Bell reviewed the documents and found a number of concerns, including a major flaw in the clinical pathway which was the result of misinterpretation by the commissioners. The specification was amended and the service is now up and running in the Brighton area, with 17 practices signed up.

Commissioners at the two East Sussex PCTs entered further discussions with the LOC as they were keen to use community optometrists in a shared care scheme for patients with stable glaucoma; however, the local consultant wanted a technician based service, using an HRT and Medisoft software to identify remotely which patients had become unstable, even though it was not designed for that use. Again, Jane was able to advise on the specification produced by the PCTs, and highlight that it was not compliant with NICE guidance; in fact it appeared that the proposal had been written for Newmedica who provide glaucoma services from a mobile unit staffed by technicians. Not to be deterred, Vicki and her colleagues have been in discussion with the commissioners again and are

hopeful that the service proposal will be amended so that it would be viable for community optometrists to participate.

"I would like to thank Jane Bell very much for her assistance and we are very grateful that she picked up the issues in the pathway that had been overlooked in the IOP Refinement Specification"
Vicki Macken, Chair East Sussex LOC

West Sussex

Lynn Stacey, Chair of West Sussex LOC asked for LOCSU's advice on a Community Eye Service specification that had been sent to the LOC by NHS West Sussex early in July 2010. At first glance, the specification appeared to offer significant opportunities for the LOC as it recognised the expertise & potential value of community optometrists within the eye care pathways, and even mentioned independent prescribing optometrists. However, as the model proposed by commissioners was for a single provider consultant led service; which was to include cataract extractions, as well as glaucoma referral refinement, monitoring of stable glaucoma and a low vision service, meant that the opportunities for community optometrists to be providers became less clear. Jane Bell and LOCSU colleagues provided detailed comment and

advice on the specification for the LOC to take back to the commissioners. It became apparent that if the LOC was to bid for the service under the Any Willing Provider (AWP) procurement route they would have to form a company and secure the services of an ophthalmic surgeon or work in partnership with other service providers. The LOC is considering their options to decide a way forward.

SOUTH WEST

Cornwall & Isles of Scilly

When Georgina Gordon visited the Cornwall & Isles of Scilly LOC in April 2010 to discuss their current position and future plans, LOC Chair Alison Williams highlighted that she and her colleagues had been in conversation with local ophthalmologists around developing improved patient pathways for glaucoma and cataract but progress with the PCT had been slow. However, when NHS Cornwall & the Isles of Scilly became aware of the LOCSU Glaucoma pathways as a potential solution to the rise in ophthalmology referrals experienced following the publication of NICE guidance, they began to work on a service specification for an IOP Referral Refinement service. Alison contacted LOCSU for advice on the service proposal issued by the PCT and Associates Jane Bell and Trevor Warburton reviewed the documents and raised a few issues for the LOC to take back for further discussions with the

Spotlight on LOCs in England

commissioners. The LOC and PCT are working towards implementation of the service by October 2010. Following the launch of the IOP Refinement Service, work will start on a service specification for an OHT monitoring service based on the LOCSU Level 2 pathway, and it is anticipated that this will be launched early in the new year.

"I would like to thank the LOCSU Associates for their prompt help with the IOP contract and service specification."
Alision Williams, Cornwall & Isles of Scilly Chair

Devon

Devon LOC Chair Pam Adams and Secretary Fiona Hiscox contacted LOCSU for advice as they were concerned about the LOC's relationships with their local PCTs. Difficulties arose in the area when NHS Devon announced plans to introduce a new referral pathway for ophthalmology referrals which would incorporate a paper triage system at a referral centre, and involved replacing the GOS 18 with a new referral form. A major concern was that the NHS Devon had developed this proposal without consulting with the LOC, Hospital Eye Services or surrounding PCTs. Georgina Gordon visited Devon LOC to begin a relationship mapping exercise to help the committee review their current position and to agree a way forward. Following

this exercise Pam and Fiona and their colleagues have been able to work with NHS Devon, Torbay Care Trust and NHS Plymouth to produce the Devon Area Partnership Agreement. The document describes the expectations of all parties in terms of working relationships and communication channels and will encourage collaborative working in future projects.

Dorset

LOCSU Associate Jane Bell is Dorset LOC Chair and as such is in close contact with the PCTs in this area. In autumn 2009, NHS Dorset & NHS Bournemouth & Poole decided to work together to instigate a joint Any Willing Provider (AWP) procurement process for a Community Ophthalmology Service (COS). NHS Bournemouth & Poole had based their service specification on 2 small part time Primary Care Ophthalmology Services that they were currently commissioning in GP Health Centres whereas NHS Dorset wanted a full time service that included acute conditions. Discussions were ongoing throughout the first half of 2010, but NHS Bournemouth & Poole decided to withdraw from the whole process in because of concerns about how it would affect their contract with the Royal Bournemouth Hospitals NHS Trust. Jane and her colleagues at Dorset LOC considered forming a Limited Company and applying for AWP status to bid for the COS, but they had deep concerns about governance issues and directors' responsibilities. As an alternative to submitting their own bid, the

LOC approached the NHS Trust and the current Primary Care Ophthalmology services providers to discuss whether a collaborative approach could work. It has now been agreed that the ophthalmology providers will submit a bid for the COS, with a recommendation for continuation and updating of the current community optometry enhanced service pathways which include glaucoma referral refinement, monitoring of OHT, suspect glaucoma and stable glaucoma patients.

Wiltshire

Wiltshire LOC member Keith Pearce has shown great drive and determination in leading his LOC's efforts to develop enhanced services with commissioners at each of the three local PCTs, Swindon, Banes and Wiltshire. Work to redesign glaucoma and OHT pathways commenced in summer 2009 and with Keith helping the PCTs to build their business case. Keith corresponded regularly with LOCSU Associate Katrina Venerus to discuss best practice and developing services based on the LOCSU pathways to ensure that a robust business case would be produced. Keith attended the LOCSU Lead Assessors Day in Cardiff in December 2009 and in May 2010 he went on to organise the first session of Objective Station Clinical Examinations (OSCEs) to take place outside the university post-graduate centre. Referral Refinement was implemented in NHS Swindon in June this year with NHS Banes next to launch in September with Referral

Refinement and OHT Monitoring, and NHS Wiltshire expected to follow soon.

"During the process of developing our enhanced services members of the LOCSU team were always available to provide advice either by telephone or e-mail and they always responded quickly. The nationally agreed protocols were clear, evidence based, easily explained and accepted by the PCT officers and local ophthalmologists, and neighbouring PCTs have now started the process of adopting the pathways. The accreditation process is also clear, well thought through and also very well supported by WOPEC."

Keith Pearce, Wiltshire LOC



WEST MIDLANDS

Coventry

Coventry LOC Secretary Susan Bowers was invited to work with NHS Coventry on exploring opportunities for redesigning local eyecare pathways in late 2009 and Katrina Venerus LOCSU Associated provided detailed support to help Susan develop proposals for a number of enhanced services. IOP Refinement was considered by the PCT as the pathway which would have the greatest potential in terms of cost savings and a draft service specification for the enhanced service was issued by NHS Coventry in March 2010, on which Katrina provided comments for LOC to take back to commissioners. NHS Coventry then began to work more closely with neighboring PCT NHS Warwickshire as it was felt that a common approach across the Arden cluster would be preferred, and Warwickshire were close to launching their service. Implementation of the enhanced service in Coventry was delayed due to staff changes at the PCT but it is anticipated that the scheme will be launched in autumn 2010.

Warwickshire

In early 2009, Warwickshire LOC members Jayne Dunn and Chris Grey were invited by the Primary Care Commissioner at NHS Warwickshire to participate in the PCT's Commissioning Board. This led to redesigning glaucoma pathways being identified as a priority for the organisation. Chris and Jane met with a local

"As a new LOC secretary two years ago, I needed lots of help and support from LOCSU and they have been invaluable. We are about to get our first enhanced service scheme and have starting planning the next. Just the moral support alone is sustaining when you hit PCT brick walls, but the technical support from people like Katrina Venerus and the whole LOCSU team is leading the development of enhanced services in England."

Susan Bowers, Coventry LOC Secretary

ophthalmologist to discuss a proposal for referral refinement and were very encouraged by the positive response they received; with the consultant suggesting that developing the skills of local optometrists would enable a stable glaucoma monitoring service to be provided in the community. All stakeholders were involved in the development of protocols, and the PCT eventually agreed in February 2010 to commission an IOP Refinement service to be delivered by local optometrists. LOCSU Associate Katrina Venerus provided advice for the LOC on various elements of the service

Spotlight on LOCs in England

proposal and the procurement process originally undertaken by the PCT. This resulted in the PCT rationalising the procurement process to one that was far less onerous for local optometrists, therefore helping to maximise the number of practices participating in the scheme. Training sessions for optometrists were provided by Warwick Hospital Eye Department in June 2010 led by Senior Hospital Optometrist Peter Pawson, with LOC secretary Francesca Marchetti giving a short lecture on Goldmann technique and the referral protocols. The Warwickshire IOP referral refinement service went live in July 2010, and neighbouring PCT NHS Coventry is expected to follow with implementation of the same service very soon.

"Advice from LOCSU was very important in giving us an overview of the situation in other PCTs so we could negotiate and move forward realistically and with confidence in the development of this local enhanced service"
Chris Grey, Warwickshire LOC

Worcestershire

The past year has been extremely busy for Peter Smith, Worcester LOC Secretary and his colleagues as NHS Worcester began a review of local eyecare pathways. The PCT established an Ophthalmic

Commissioning Group in July 2009, which LOC representatives were invited to attend, with the intention of developing both an IOP Refinement enhanced service and a cataract post-op service to be provided by community optometrists. LOCSU pathways and business case information were provided to support local discussions. Peter contacted LOCSU for advice on the service specification for IOP Refinement issued by the PCT in January 2010 which resulted in Associate Katrina Venerus providing a detailed list of comments for the LOC to take back for discussion with the commissioners. After further negotiation, IOP Refinement was launched in Worcester in May 2010.

NHS Worcester then began to look at developing a community eyecare triage service and Katrina provided advice and documentation for Peter on the LOCSU PEARS pathway. A proposal similar to the Somerset ACES scheme was developed and should be launched late 2010. Commissioners also revisited the work done previously on Cataract Follow Ups which has resulted in a service specification for a Cataract Post Op enhanced service being issued in August 2010. LOCSU Associate Jane Bell was on hand to review the documents and provide advice for the LOC, and the service was launched the following month.

"Worcestershire LOC has been grateful for prompt and wise counsel from LOCSU Associates Jane bell and Katrina Venerus on several matters over the past year, and looks forward to an even closer relationship with LOCSU as enhanced services become more established."
Peter Smith, Worcester LOC Secretary

Yorkshire and the Humber Calderdale and Kirklees

A Cataract Referral Refinement enhanced service based on the LOCSU pathway went live on the 1st June 2010 in Calderdale. The implementation of this service has taken a staggering 18 months, and the LOC (particularly Andrew Thornton, LOC Cataract Lead), must be congratulated for their determination to see it through. Mike Broadhurst, LOCSU Associate provided support for the LOC in early 2009 and attended the pathway redesign meetings, but when LOC and PCT started to negotiate fees for the pathway, the service development stalled as the LOC and PCT were unable to come to an agreement. Negotiations resumed in early 2010 and Katrina Venerus provided assistance for Andrew and his colleagues by advising on their discussions with the PCT around fees and the detail of the

service to be provided. Although negotiations have at times been difficult, collaborative working has resulted eventually in a patient focused pathway.

Calderdale and Kirklees LOC have received further bespoke support from Katrina who helped them with a Relationship Mapping exercise. Led by Chair Rena Souten, the committee were keen to ensure that they were working to their full potential and it was agreed that Katrina would visit them to help them review their current position, identify strengths and weaknesses, and to establish a set of objectives moving forward. This is an ongoing piece of work and LOCSU will provide support at various stages as agreed with the LOC.

Leeds

In 2009, NHS Leeds and secondary care ophthalmology providers identified glaucoma as a priority for service redesign. As a result of this, Leeds LOC put their work on developing a PEARS proposal for commissioners 'on hold' and prepared a business case on Glaucoma Referral Refinement based on the LOCSU pathway. Darren Aveyard, Leeds Chair and his LOC colleagues used the templates provided by LOCSU to draft the initial business case, and then spent several months working with local commissioners, Optometric Advisor Steve Clark and secondary care colleagues discussing fees and various other elements of the service proposal before agreement for implementation was reached. LOC Officer Paul Appleson has coordinated refresher training for

local optometrists to complement the LOCSU distance learning modules and a launch date of October 2010 is anticipated. Members of the Leeds team have been in contact with LOCSU Associate Katrina Venerus during the past year to discuss a number of questions and points that required clarification to allow the project to proceed.

Sheffield

Sheffield LOC Chair Mike Daybell and his colleague Shirley Blundell contacted LOCSU for advice in December 2009 when they discovered that NHS Sheffield had published an Any Willing Provider process for a Children's Pathway that was to be commissioned from local GOS contractors. Shirley and colleagues had worked closely with the PCT to develop the enhanced service based on the Sunderland pathway and the clinical guidelines, plus service specification, had been agreed. It came as a surprise to the LOC when they discovered that NHS Sheffield were asking Optometrists to complete a pre-qualification questionnaire which ran to several pages and included producing evidence of a raft of clinical governance policies and a copy of the last 3 years, practice accounts. After meeting with the LOC team, to discuss the issues, LOCSU Associate Katrina Venerus agreed to contact NHS Sheffield on behalf of the LOC to highlight that this procurement process was not the normal approach adopted by PCTs commissioning enhanced services from optometrists and after some correspondence, a meeting to agree a way forward was

arranged. Once the PCT's procurement lead fully understood the obligations of the GOS contract and how this linked to the service being provided, she was happy to revise the procurement process and has since issued a simple application form. The enhanced service will now commence in September 2010 in time for the new school year.

"Katrina Venerus and the team at LOCSU were quick to respond to our request for assistance. Katrina was very approachable and supportive in checking out documents and providing professional advice on issues relating to the PCT's procurement processes. Katrina also accompanied me to a meeting with the PCT's procurement team where her knowledge proved to be very useful in helping the LOC to reach an agreement with the PCT. I felt able to ask for help at any point and really appreciate the input we received from LOCSU."
Shirley Blundell, Sheffield LOC

LOCSU in Wales

LOCSU has had an increased presence in Wales since the recruitment of Sali Davis, who combines her role of providing LOCSU support to ROCs in Wales with that of Chief Operating Officer for Optometry Wales. In order to help ROCs develop, Sali arranged a facilitated strategic planning 'away day' for each area at which goals for the next four years were set. Each ROC now has a defined set of workstreams through which commissioning and support for practitioners in Wales can be realised.

Contractors and Performers in Wales now receive regular communication from the LOCSU office by way of quarterly newsletters sent out by Sali on behalf of the ROCs, and the Optometry Wales website has been revised to include links to the OW Facebook page and Twitter Pages. The website also contains a forum for ROC members to use to keep up to date with the latest developments as well as acting as a platform for exchange of ideas and clinical debate.

The NHS in Wales has undergone a period of change in the past year with the previous 22 health boards now reduced to just 7. LOCSU and Optometry Wales were keen to engage commissioners in the consolidated organisations at the earliest opportunity and so arranged meetings with all 7 health boards to present the benefits of enhanced services based on the LOCSU pathways to the newly appointed Directors and Chief Executives. Feedback from these presentations has been positive, with health boards forming Eyecare Liaison Groups to

"When South East Wales ROC was approached by Cwm Taf Local Health Board recently to discuss the issues arising from NICE CG85 on Glaucoma, we were immediately able to respond with a solution in the shape of the LOCSU pathways Glaucoma levels 1a and 1b, and a local enhanced service went live on Oct 1st. The costings and evidence behind the LOCSU pathways were invaluable. Having been met with only superficial interest when we have spoken to LHBs in the past to try and get enhanced services commissioned, I was extremely pleased (and relieved !) to finally get one off the ground: I think it is no coincidence that it was the first time we had used a LOCSU based scheme. Many thanks for the help."
Ian Jones, South East Wales ROC

review the pathways and explore opportunities for service redesign, aiming to build on the success of the Welsh Eye Care Initiative and the PEARS and Low Vision schemes already established. The groups are made up of Optometrists, Ophthalmologists, Orthoptists and key Health Board personnel. Also in the past 12 months, the Children's Vision in Wales (C.V.W) steering group has expanded and has begun to explore the possibility of the LOCSU Children's Pathway being adopted across Wales. Sali and her colleagues have held a number of productive meetings with local Orthoptists on this initiative.

Finally LOCSU has collaborated with Optometry Wales and the RNIB to arrange a number of facilitated patient focus groups across Wales to try to find out what their experience of primary and secondary care eye services are like. The results of this work will be fed into a report commissioned by the Health Inspectorate for Wales in time for the Welsh elections in May 2011.

Sali Davis
Chief Operating Officer
LOCSU Wales

IT for Enhanced Services

Since LOCSU first became involved in designing enhanced service pathways, we have been aware that one of the problems with existing local schemes is difficulty in auditing the results. Audit needs to be considered before a project is implemented, and manual systems can be labour intensive. In December 2009, LOCSU commissioned Webstar Health, a company with long experience of enhanced services in pharmacy, to develop a simple web-based system for reporting and auditing results for the Level 1a IOP Refinement pathway. LOCSU Associates Lyndon Taylor and Trevor Warburton worked closely with the Webstar team in the design of the IT product, and a pilot was launched in the Stockport PCT area in February 2010, with the neighbouring Tameside & Glossop PCT joining them in July. A key benefit of this system is that inputting the data is not an additional chore, but is all that needs to be done. The system then generates reports, referrals and payments lists, and the collection of data for audit happens as a by-product. The development phase is now complete and so the product is available to any other areas that may wish to use it.

Security is provided by a 3-part login process, similar to that employed by many internet banking systems, and the process has been carefully thought out in order to minimise the data entry at any given point. The system is not really an electronic record, more of an electronic report. Hence it is entirely reasonable to delegate the completion of the reports to reception staff. As a safeguard, before finally completing the process, the system requires the practitioner to check a summary of the entries and then enter their personal digital sign off number (DSN) – like a PIN. The system does have some decision support built in – such as flagging when patients meet the Colleges' age group criteria or large differences in pressure between the 2 eyes.

As Stockport and Tameside & Glossop PCTs both operate referral processing centres, the system has been configured to make the referrals available electronically to the centres. In cases where there is no referral centre, it is a simple case of printing the forms and posting to the GP.

Generation of payment lists is performed by Webstar



Patient ID	Name	Date	Time	Location	Status
1000001	John Smith	2010-01-01	10:00	Stockport PCT	Completed
1000002	Jane Doe	2010-01-01	10:05	Stockport PCT	Completed
1000003	John Smith	2010-01-01	10:10	Stockport PCT	Completed
1000004	Jane Doe	2010-01-01	10:15	Stockport PCT	Completed
1000005	John Smith	2010-01-01	10:20	Stockport PCT	Completed
1000006	Jane Doe	2010-01-01	10:25	Stockport PCT	Completed
1000007	John Smith	2010-01-01	10:30	Stockport PCT	Completed
1000008	Jane Doe	2010-01-01	10:35	Stockport PCT	Completed
1000009	John Smith	2010-01-01	10:40	Stockport PCT	Completed
1000010	Jane Doe	2010-01-01	10:45	Stockport PCT	Completed

Health, who provide the payment details for each practice to the PCT for approval prior to passing to their payment agency. In the case of Stockport and Tameside & Glossop, patients can attend anywhere within the 2 PCTs and the system will allocate the cost to the correct PCT for payment purposes.

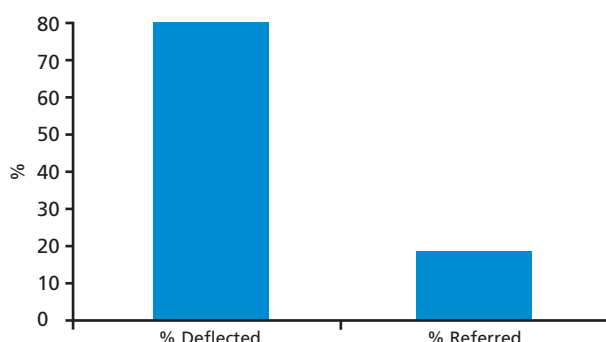
The system is easy for practices to use and the huge benefit to the PCTs is that no manual data processing is required, either for payment or audit. Signing up to the very simple service level agreement (SLA) is via a pop up form on first use, in the manner of signing up to a software end-user licence agreement. The SLA references a protocol which can be downloaded from the system. In the event of changes to the protocol the SLA can be made to re-appear so that the contractor can confirm agreement once more. A patient leaflet explaining the reasons for repeating pressure measurements is also provided for download from the main menu.

Initial results are very encouraging. In the first 6 months of operation in Stockport, 311 patients were rechecked under the Level 1a scheme and 240, or 77%, were deflected from the referral that would otherwise have occurred as a result of NICE. To put this into perspective, figures¹ suggest that there were around 34,000 GOS sight tests and 13,900 private sight tests² carried out in the area in a similar period in 2009 – a total of almost 48,000.

59% were deflected by just one repeat, with a further 18% deflected by the 2nd repeat. Only 40% required a 2nd repeat measure. The savings are considerable, with Stockport projecting savings of around £80,000

IT for Enhanced Services

Referrals & Deflections



- 1 The NHS Information Centre
General Ophthalmic Services: Activity Statistics for England and Wales,
Year ending 31 March 2010
<http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/eye-care>
- 2 Optics at a Glance 2009
Optical Confederation
August 2010

and increasing as more practices use the system. Currently 77% of the practices in the area are using the system, including all but one of the larger practices. The annual cost of the IT system will be around 10% of the savings.

Overall, the pathway can be considered a great success and the Webstar Health system is a great time saver for the PCT as well as enabling the provision of good quality audit data. LOCSU would like to thank Gillian Miller, commissioning manager at Stockport PCT, for her support throughout the development period.

Trevor Warburton
LOCSU Associate

NHS Primary Care Commissioning Regional Eyecare Networks



Primary Care Commissioning

As part of our work in promoting the benefits of enhanced services based on the LOCSU pathways, members of the LOCSU team attended meetings of all 10 NHS Regional Eyecare Networks in England during autumn/winter 09-10, on the recommendation of John Hearnshaw, Specialist Advisor Eyecare at NHS Primary Care Commissioning (NHS PCC).

NHS PCC provides commissioning, contracting and communications support for SHAs, PCTs and the Department of Health in relation to all primary care services. The Regional Eyecare Network meetings are held four times per year to bring together Optometry Leads and Advisors from the various PCTs within the region, and hence are important groups for LOCSU to communicate with on behalf of LOCs. NHS PCC is funded by PCTs so the Networks are only open to subscribing PCTs (not LOCs or the optical bodies). It is therefore a great privilege that LOCSU has been allowed to present to the Networks and spread a common message across the country.

A presentation on the LOCSU pathways, with particular reference to the IOP/Visual Fields

Refinement pathway was given to each group, and whilst some areas had already started to work on enhanced services based on the LOCSU pathways, a number of other PCTs began to explore the potential benefits of collaborating with their LOCs to implement the pathways at a local level, as a result of what they heard at the meetings.

LOCSU now regularly receives direct enquiries from PCT commissioners in relation to the commissioning of enhanced services and we are delighted to be able to help LOCs and commissioners work together in improving local services.

We would like to thank John Hearnshaw and the Regional NHS PCC teams for the valuable opportunity they provided us and look forward to continuing our working relationship in the coming year.

Katrina Venerus
LOCSU Associate

TRAINING FOR ENHANCED SERVICES

Glaucoma Training

The 2009 National Optometric Conference saw the launch of a comprehensive training and accreditation package to support the LOCSU Level 1 a&b (IOP and Visual Field Refinement) and Level 2 (OHT Monitoring) enhanced service pathways. Barbara Ryan and Nik Sheen of the Wales Optometry Postgraduate Education Centre (WOPEC), Cardiff University, worked closely with LOCSU Associates Trevor Warburton and Katrina Venerus to develop this innovative learning tool. The package, which was peer reviewed by members of the NICE Guideline Development Group, consists of distance learning lectures on cd - rom, covering referral criteria, optic nerve assessment, visual fields tonometry; and assessment of the angles. In addition there are short videos on Goldmann tonometry, including calibration, and Van Herick's technique. Practitioners use an access code provided by LOCSU to log on to the WOPEC website and request their cd-roms. Once they have completed a module, answers are submitted online, and instant results are provided. A template for a practical skills assessment has been designed to complement the distance learning, and a Lead Assessors Training Day was held to allow these assessments to take place at a local level where that is considered to be more practical.

In the 9 months following the launch of the training modules, over 600 people have registered for the course and 20-30 cd-roms are being requested each week.



Lead Assessor Training Day

In order to facilitate local skills assessment days it was decided that a number of Lead Optometric Assessors would be required. A Lead Assessor Training Day was held at Cardiff University in December 2009 where candidates were trained in setting up assessment days, confidentiality issues and carrying out assessments, as well as being assessed themselves.

LOCs were asked to nominate one Optometrist to attend the first Lead Assessor Day, if they so wished, and a total of 34 optometrists attended what turned out to be a highly successful day, expertly executed by Barbara, Nik and their colleagues at WOPEC. It is anticipated that each Glaucoma Level 1 and Level 2 local assessment day will have two trained lead assessors. One lead assessor should be from the geographic area where the assessment is taking place and one from outside the geographic area. Practical skills assessments have taken place in Wiltshire and Staffordshire, and as more areas look to commission Level 2 OHT Monitoring, a sharp rise in the demand for assessments is expected.

Cataract Training

Following on from the success of the Glaucoma modules, LOCSU commissioned WOPEC to devise distance learning modules to support the Cataract Referral and Follow Up pathways. The cataract package mirrors the format of the glaucoma package and consists of a mixture of lectures and videos on cd -rom and will be available from October 2010.

Katrina Venerus
LOCSU Associate

QUALITY IN OPTOMETRY



QiO is a joint venture of all the optical bodies – ABDO, AOP, FODO and College, and as the principal beneficiaries are optical contractors, LOCSU is now providing the funding for the continuing development of the project.

The last 12 months have been a busy year for the Quality in Optometry (QiO) development group which, in addition to representatives from the optical bodies, has a representative from the Optometric Advisors' Group and a PCT Board Member optometrist who can provide a PCT perspective. In December 2009, the revision of Level 1 of QiO was completed and launched. This level now exactly mirrors the NHS Primary Care Commissioning recommended inspection pro-forma for contract compliance visits. It provides help and links to resources that will allow a contractor to demonstrate compliance with their contract.

Also launched at the same time was a spreadsheet tool for basic audit of clinical records. More recently, this has been developed as an online tool and formed the first element of the new audit section. Next up in the audit section was an infection control audit. Many unsuitable audits had been appearing from PCTs, so this one was developed purely for optometry. It is pitched at QiO Level 2, which is for enhanced services and/or funded clinical governance. In the meantime, Levels 2 and 3 of the standard QiO were also revised, with Level 2, like infection control, being aimed at enhanced services or funded clinical governance. Level 3 is developmental and is for the personal use of contractors who wish to develop their practice. If a PCT wished to have a report or any compliance of this section it would most certainly need funding.

The final section to have been added in the past year is a further audit, this time on Information Governance (IG). An IG audit is to allow the contractor to easily generate a statement of

compliance with data regulations through such as The Data Protection Act 1998, the common law duty of confidentiality and the Freedom of Information Act 2000. It consists almost entirely of items that feature within Level 1 and so are contract compliance issues. The difference is that it draws them together. So although the component parts are Level 1, the requirement to produce a single statement of compliance is a Level 2 activity. Areas that use any form of IT reporting may find that PCTs wish to build in some degree of information governance assurance. The recently published Eye Care Services IG Toolkit from Connecting for Health should be firmly resisted as it is nothing more than a re-badged pharmacy tool and is inappropriate for optometry. The old (legacy) QiO levels, whilst still available on the website, are increasingly out of date and will be withdrawn at the end of the year.

Trevor Warburton
Chairman
QiO Development Group



FINANCIAL REVIEW

LOC CENTRAL SUPPORT UNIT

Summary audited statement of financial activities for the year ended 31st March 2010

INCOME & EXPENDITURE ACCOUNT

	2010	2010	2009	2009
	£	£	£	£
LEVY RECEIVED		900,960		728,223
EXPENDITURE				
Recruitment costs and payments to staff and consultants	251,348		269,469	
COSTS SUB-CONTRACTED FROM AOP:				
Office accommodation	57,300		53,400	
Insurance	-		2,191	
Staff costs	85,446		70,555	
Telephone, fax etc	5,068		4,693	
Printing, postage and stationery	14,614	162,482	15,271	146,110
Parliamentary lobbyists (Luther Pendragon)	57,500		-	
Travel and subsistence	5,314		6,773	
Entertaining	1,025		-	
Board attendance & expenses	4,822		16,709	
Advisor attendance & expenses	95,666		104,167	
Office expenses	10,736		14,837	
Insurance	6,619		-	
Staff training	8,065		-	
IT services and accreditation projects	84,133		-	
Training event and road show	2,984		13,370	
Conference expenses	31,466		-	
Legal and professional fees	5,738		43,999	
Auditors remuneration	13,067		11,043	
Sundry expenses	3,343		-	
Bank charges	425		168	
Depreciation	12,023		11,778	
TOTAL COSTS		<u>756,702</u>		<u>638,423</u>
OPERATING SURPLUS FOR THE YEAR		144,258		89,800
Bank interest receivable		-		2,359
SURPLUS FOR THE YEAR BEFORE TAX		<u>144,258</u>		<u>92,159</u>
Taxation		-		4,885
SURPLUS FOR THE FINANCIAL YEAR		<u><u>144,258</u></u>		<u><u>97,044</u></u>

BALANCE SHEET

FIXED ASSETS	£	£	£	£
Tangible assests		12,976		24,023
CURRENT ASSESTS				
Debtors	7,989		7,525	
Cash at bank and in hand	<u>397,339</u>		<u>178,474</u>	
	405,328		185,999	
CREDITORS: Amounts falling due within one year	<u>150,979</u>		<u>86,955</u>	
NET CURRENT LIABILITIES		254,349		99,044
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>267,325</u>		<u>123,067</u>
RESERVES				
Income and expenditure account				
Balance brought forward	35,317		26,023	
Surplus for the financial year	144,258		97,044	
Transfer from/(to) Enhanced IT Project reserve	<u>87,750</u>		<u>(87,750)</u>	
Balance carried forward	267,325		35,317	
Enhanced IT Project reserve	-		<u>87,750</u>	
MEMBERS' FUNDS	<u>267,325</u>		<u>123,067</u>	

NOTE:

These summarised financial statements are an extract from the statutory financial statements for the year ended 31st March 2010 which have been audited by Menzies LLP, who gave an unqualified audit report on 3rd October 2010. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

The financial result for the year ended 31st March 2010 was a surplus of £144,000 (2009 £97,000). The reserve for the Enhanced Services IT Project of £88,000 was transferred back the Income & Expenditure Account as £84,000 was spent on the project during the year.

Turnover for the year was £901,000 (2009 £728,000) as the majority of LOC's and all the ROC's now subscribe to LOCSU (0.5% statutory levy on GOS payments).

Expenditure for the year was £757,000 (2009 £638,000) and included £84,000 incurred on the Enhanced Services IT Project and £58,000 on Parliamentary Lobbying in the lead up to the General Election.

Now that LOCSU has moved on from its formative years and is established with an annual business plan published on the website, the Board has concluded that it is appropriate to have a reserves policy to ensure continuity of business in the event of unforeseen circumstances. The policy is to have reserves equivalent to three months budgeted costs. The current reserves are ahead the policy and the Board will take this into account in setting the budget for next year.

WHO'S WHO –LOCSU BOARD MEMBERS



Alan Tinger

FODO representative, Appointed 27 June 2007.

Appointed Chairman 18 September 07

Alan Tinger is a Chartered Accountant and a Companion of the Chartered Management Institute.

In optics he is currently a Consultant to Optical Businesses, Member of the Executive of the Federation of Ophthalmic & Dispensing Opticians, Financial Consultant to the General Optical Council and Chairman of the LOC Central Support Unit. He was formerly Finance Director of Miller & Santhouse Plc, a Stock Exchange Listed Company and the then third largest chain of Opticians which was sold to Boots Opticians in 1990 and Managing Director and part owner of Galaxy Optical Services Limited, Suppliers and Consultants to Tesco Opticians.

Outside optics he is currently a Non-Executive Director of a number of Companies, Chairman of a Registered Housing Association and Trustee of several Welfare Charities. He has been Managing Director of a Listed Company and Partner in a Firm of Chartered Accountants.



Bob Hughes DSc (Hons)

AOP Chief Executive, Appointed 26 June 2007

Bob Hughes has been Chief Executive of the Association of Optometrists (AOP) since the beginning of 2005, having served for seven years in the same position at the Federation of Ophthalmic and Dispensing Opticians (FODO).

He played a key role in the establishment of the new School of Optometry at Anglia Ruskin University in 1998, and was awarded an Honorary Doctorate in Science by the University. Previously he was the Conservative Member of Parliament for Harrow West and served in Government as a Whip and as Cabinet Office Junior Minister for Science, Public Services and the Civil Service. Before that, he worked in Film and Television as an Editor and Director.



Graham Ackers

LOC Representative, Appointed 6 March 2008

Graham is a dispensing Optician/CLO and General Manager of Thomas H Coliison Ltd, a family owned group in the South East. He serves on Vision 2020 UK, Optical Consumer Complaints Service, and Honorary Treasurer of Surrey LOC

WHO'S WHO –LOCSU BOARD MEMBERS



Ian Jones

LOC/ROC Representative, Appointed 6 March 2008

Ian Llewellyn Jones graduated from Aston University in 1983 and returned to Wales to practice in and around Cardiff. He was employed by two notable opticians in the area, firstly Ben Lewis, an AOP stalwart, who had a great influence on his career and forward thinking. He then joined Mansour Megji.

He spent a brief, but career enhancing, period with Richard Roberts of GOC fame and finally was engaged by the Davies partnership of the Rhondda in 1997, becoming a Director when the business incorporated in 2003. This has been a most beneficial period both professionally and politically: a long-standing Secretarial position with the Bro Taf LOC became the Chair of South East Wales ROC in 2007 with the mentorship of Lionel Davies. He currently holds the Chair of the Welsh Optometric Committee. He is active within the many circles of Welsh Optometric politics and is a member of the Advisory Committee for the Welsh Optometric Post Graduate Education Centre in Cardiff: he has also sat as an assessor within the unit.

He has been Wales and the Marches LOC Board Member for LOCSU since early 2008. Relaxation is on foot or on two wheels, generally above 2000 feet on a mountainside or ridge.



Hendrena Souten

LOC Representative, Appointed 6 March 2008

Rena has been involved in all areas of optical organisations; from chairing the AOP, Vision Aid Overseas and her local optical society through to chairing her LOC. She has been a member or officer of an LOC or AOC for almost all of her optometric career. She practises in a house practice in Huddersfield, with her husband, who is a dispensing optician. Rena is a keen croquet player and Vice Chairman of Governors at her local primary school.



David Hewlett

FODO representative, Appointed 26 June 2007

David Hewlett is Chief Executive of the Federation of Ophthalmic and Dispensing Opticians which represents the UK optical market. Before that he worked for 25 years in central government primarily in the Departments of Health and Social Security where he was the senior policy-maker on family health services, GP commissioning, *A Primary Care Led NHS* and National Health Service Frameworks. Prior to that, David trained as a medieval linguist, lecturing at Montpellier and Cambridge Universities. He has a background in and experience of running small businesses.

WHO'S WHO –LOCSU BOARD MEMBERS



Sir Anthony Garrett CBE
ABDO Representative, Appointed 26 June 2007

Sir Anthony joined ABDO on the 1st March 1999. He worked for the Conservative Party for 27 years where he rose to head of the organisation in the Central Office, overseeing a major reorganisation.

Since joining ABDO he has overseen the re-location of the Association's headquarters to 199 Gloucester Terrace (from Hurlingham) as well as the formation of the ABDO College at Godmersham, Kent, which opened its doors to students in 2001. In addition to organisational matters, he has concentrated upon improving the profile of the profession and sought closer co-operation with other optical bodies.



Robin Banks
AOP Representative, Appointed 26 June 2007

Robin Banks was AOP councillor for Kent and S.E. London from 1998 and was an AOP director and Chairman of the finance committee until May 2009. Retired from full time independent practice he continues to work occasionally as a locum optometrist as well as undertaking a number of AOP and LOC advisory posts. Enjoys driving vintage buses.



Mike Cody
ABDO Representative, Appointed 26 June 2007

Mike Cody is a contact lens optician with 20 years experience in optics. He manages the contact lens business for an independent, family owned group. He is a past director of the ABDO and also sits on Staffordshire loc as the ABDO representative. He also organises CET for ABDO area 5.

INVITED OBSERVERS



Bryony Pawinska
Chief Executive, College of Optometrists
College Observer

Bryony Pawinska has held a number of CEO posts in the field of education, joining the College of Optometrists in 2003. Bryony has overseen the modernisation of the College's governance and the introduction of a new, world class pre registration scheme. Bryony has an MA in Education and a postgraduate Diploma in Learning and Management. In 2007, she was made a CQI Quality Leader of the Year. Bryony is Secretary of the World Council of Optometry Legislation, Registration and Standards Committee and Company Secretary of the European Academy of Optometry and Optics. She is also a Fellow of the RSA and a Liveryman of the Spectacle Makers Company. In October 2010, Bryony was awarded an honorary DSc from Anglia Ruskin University.



Keith Chapple
Central (LOC) Fund

Keith Chapple has been in independent practice, working as a sole practitioner since 1975. He went to College in Cardiff, called College of advanced technology originally, but soon changed to Institute of science and technology. He qualified in 1970, gaining FSMC first, followed by FBOA.

He was solely responsible for bringing back into business the then defunct East Sussex LOC, and jointly responsible for doing the same with West Sussex LOC. He was Chairman of East Sussex for its first three years and Vice Chair of West Sussex for its first five years.

He was Chairman of the Brighton and Hove AOP branch for about twelve years, until they had to wind it up due to lack of interest from local practitioners.

He has been an administrator of the Central (LOC) Fund for about 12 years, and has been its Chairman for the past year.

He still serve as a member of East & West Sussex LOC's, and is a firm believer in paying for professionals to take over responsibility for the posts of Secretary and Treasurer.

LOCSU STAFF AND ASSOCIATES



Georgina Gordon
Head of Unit

Georgina was appointed as the first Head of the LOC Support Unit in September 2007. She has a substantial track record in the NHS having held both clinical and general management Board level positions.



Sali Davis
LOCSU/Chief Operating Officer Optometry Wales

After graduating from Cardiff University with a Masters in Legal Aspects of Medical Practice, Sali worked for the Royal College of General Practitioners for four years as a Policy Officer before working for Deloitte and Touche LLP as a Project Manager. She has a keen interest in Welsh politics and has led a successful primary care mental health bursary scheme designed to promote and raise the profile of primary care led mental health teams across Wales.

SUPPORT UNIT ASSOCIATES



Trevor Warburton

Trevor is an optometrist in independent practice in Stockport and a Clinical Advisor to the AOP Legal Department. He is Chair of his local LOC.



Jane Bell

Jane is a self employed optometrist with over thirty years experience. She is Chair of her local LOC.



Katrina Venerus

Katrina is an optometrist in independent practice in Newcastle upon Tyne and an Optometric Advisor for NHS South of Tyne and Wear.



Lyndon Taylor

Lyndon is an optometrist. He is working towards integrating optometry into NHS IT systems.



Mike Broadhurst

Mike is an optometrist in independent practice and provides the Secretariat for his local LOC. He is also an Optometric Advisor.



Bruce Gilson

Bruce is a self-employed optometrist in independent practice across Buckinghamshire. He also chairs his local LOC.

COMPANY INFORMATION

Company Secretary:	Alan Lester
Registered Office:	61 Southwark Street London SE1 0HL
Registered Number:	6294720
Auditors:	Menzies LLP Victoria House Victoria Road Farnborough Hampshire GU14 7PG
Bankers:	HSBC Bank plc 28 Borough High Street London SE1 1YB
Solicitors:	Bracher Rawlins Fox Court 14 Gray's Inn Road London WC1X 8HN

CONTACTS

LOC Support Unit
61 Southwark Street
London
SE1 0HL

www.locsu.co.uk

Head of Unit

Georgina Gordon – 0207 202 8151 or **georginagordon@locsu.co.uk**

Executive Assistance – 0207 202 8151 or **info@locsu.co.uk**

LOC Support Unit
61 Southwark Street
London
SE1 0HL

www.locsu.co.uk