



SUPPORT FOR PRIMARY  
EYE CARE DEVELOPMENT

# LOCSU Annual Report 2009



“The support of LOCSU has been invaluable in allowing us to move our ideas forward. The Enhanced Service templates and supporting information have allowed us to focus our efforts and with LOCSU help we have been able to make strong links with various organisations throughout the area and now we are making progress towards a workable scheme.”

**Angela Henderson, North of Tyne LOC Chair**

“LOCSU has been most supportive, by email, phone call and face to face at meetings. It has indeed been team work between LOCSU and our LOC.”

**Rena Souten, Calderdale and Kirklees LOC Chair**

“From the outset Norfolk LOC decided to support the formation of LOCSU and has been making the required financial commitment ever since. After the first year of operation we questioned the value of the subscription in terms of the benefits that we had received and decided to ask for an explanation. Georgina Gordon joined us at a committee meeting to explain how far the unit had come and the plans for the coming year, from which we decided to continue our support. How glad we are now that we made that choice.”

This year we have had enormous assistance with negotiations over the formation of glaucoma shared care schemes that are now beginning to show signs of becoming a reality. Initially NHS Norfolk took a strange approach to the increased referrals that resulted from the NICE Guidance causing friction with the LOC and the local hospital consultants but with direct assistance from David Craig and Bob Hughes, and by introducing the Enhanced Care Pathways for the management of Ocular Hypertension and Suspect glaucoma, developed by LOCSU, we have managed to resume a friendly relationship and the promises of future discussions on other topics. This result would have been difficult to achieve without the help and support that we received from LOCSU.

**Peter Hutchinson, Norfolk & Waveney, LOC Chair**

“Without the support and professionalism of the LOCSU service, we as an LOC would not have been in a position to advance the pilot schemes that we are working on, including it is hoped, a glaucoma refinement protocol in light of the NICE guidelines.”

**Ted Thomas, Derbyshire LOC Secretary**

“The LOC has been committed to supporting the LOCSU through the levy since it was set up and it is encouraging to see practical help and resources emerging from LOCSU.”

**Peter Rocket, Wolverhampton LOC Secretary**

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## Chairman's Foreword



To paraphrase the song, "what a difference a year makes"!

Just over a year ago in my Chairman's Forward to LOCSU's first Annual Report, I posed the question, "what do you want us to do?" Well at the 2008 National Optometric Conference and subsequently you certainly told us and from my Colleagues' reports that follow I am sure you will agree that we listened and then delivered.

2007/08 was of necessity a period of start up, feet finding and consultation. 2008/09 saw the establishment of a very clear and transparent business plan focussed on uniting the optical sector, speaking with one voice at a local and national level, helping the sector expand eye care services in the community and representing the views of the national optical representative and negotiating bodies where it most counts. The business plan can be seen on the LOCSU website and is referred to throughout this Annual Report as it underpins all our activities.

Over the past year, as has been widely reported, LOCSU has written and published a suite of clinical pathways for enhanced services. These pathways have been extremely well received and appreciated within and outside the optical professions as offering comprehensive but practical deliverables for LOC's and with accompanying business cases and presentations have hit the nail on the head for both LOC's and PCT's. This work culminated in recognition from the National Institute for Clinical Effectiveness (NICE) which has publicly praised the pathway for Glaucoma Referral Refinement and Ocular Hypertension. Such praise does not come lightly and it is very much to the credit of LOCSU's Clinical Group that NICE described the pathway as "flawless".

Throughout the year and beyond, LOCSU has sought to build constructive working relationships, indeed "partnerships" with colleagues working in the NHS including a new understanding with the Central (LOC) Fund and ongoing discussions with a number of potential "partners". This working together can only be of benefit to the sector and therefore to LOC's and the practitioners they represent.

Taking pleasure at progress should not in any way lead to complacency but on the contrary can strengthen the ambition to do even better in the future. I know all involved with LOCSU, led Georgina Gordon, Head of Unit, with her small but focussed team, have that ambition. I thank them and all who have contributed to LOCSU for everything that they have done and, for what I know they will do in the future for the benefit of LOC's and the whole optical sector.



## Head of Unit Report

The last year has been extremely busy for the Support Unit as more LOCs sign up and become permanent members of the LOCSU family, so our workload has expanded. Every day brings new challenges with numerous phone calls and email requests for assistance, from both LOC members and indeed from the core of professionals who work in practices up and down England and Wales. I think it is a growing sign of the success of the Unit that I and the Associates have to work hard every day to meet the demands placed on us. It has been a pleasure working with you all and I look forward to the coming year.



One of the prime objectives that the Support Unit was charged with was to offer a range of training opportunities to LOCs. Practice Based Commissioning Workshops took place in every region in England and these were well received. However, over time it became apparent that what LOCs really wanted was hands on practical help.

New training packages have commenced that include offering programmes to new committee members of LOCs, and refreshers for long standing committee members. The first such training event took place on 30th July 09. Photographs from the event are reproduced in this report, as is some of the feedback from participants. The event was very well received. Places for the second event on the 22nd October were filled very quickly. We will run these events throughout the year as demand requires. Further plans are being developed to hold an event specifically for Chairs of LOCs and a separate event for Treasurers and one for Secretaries.

## Feedback Quotes from Training Days

*'I think this training day is a great idea and should now continue as the norm'*

*'Long Live LOCSU!'*

*'Knowledgeable, experienced speakers'*

*'A good refresher for more experienced LOC members and a great introduction for newer members'*

*'Would recommend the LOCSU training day to my associates'*

*'Excellent day, opened my eyes to the wider picture'*

*'It's given me a better understanding of what LOCSU does and guided me into moving into commissioning for more services'*

At the National Optometric Conference this year we will launch the first meeting of the LOCSU Affiliates, this will be a support network specifically for administrators and business managers who do not have a professional optometric qualification. Through setting up this network, we aim to support and strengthen the role and skills of the administrator group.

We have endeavoured this year to enhance and strengthen our communication mechanisms. We continue to produce regular newsletters, and last year launched a range of advisory notes that have proved to be very popular. March 09 also saw the launch of the now famous 'Hot Briefs'. At the time of writing, we have already issued eleven briefs in the 09 series. The briefs are confidential to LOCs and are not for external consumption. The Hot Briefs are specifically designed to keep the professions abreast of current thinking, decision making and action amongst the optical bodies. They are aimed at providing up to the minute insider knowledge on what is going on. The Hot Briefs along with our other newsletters, have been welcomed and we will endeavour to maintain the high standard that has been set.

## Clinical Innovation

Under the auspices of the Clinical Advisory Group (CAG), we have developed four clinical pathways covering glaucoma referral refinement, cataract referral and ocular hypertension, post operative cataract and primary eye care assessment and referral service (PEARS). A significant amount of time has been focused on honing and developing the pathways to ensure that they were of the highest quality possible. Further on in this report, the section headed 'Pathways to Success' is a detailed account of how LOCs around the country have progressed in relation to utilising the pathways. This is not an easy challenge and making progress with the NHS is a slow journey, but we are well on the way.



**Dr David Colin-Thomé, National Clinical Director for Primary Care**

Our original glaucoma pathway was rewritten in light of the National Institute of Clinical Excellence (NICE) guidance (April 09) and our efforts to produce a first class pathway for the profession has been rewarded by the clinical leadership of NICE commending the pathway and seeking agreement to reference it in their guidance to PCTs on commissioning. This is a significant achievement and paved the way for progress to be made in commissioning glaucoma and ocular hypertension services in many areas.

*'Wiltshire Area Health Authority was broken down into many primary care groups, which formed into three Primary Care Trusts and has now formed into Wiltshire PCT, a process which has been repeated all over the country. Wiltshire LOC, of which I have been a member for some time, also covers Swindon PCT. Salisbury Plain creates a gaping hole in the centre of the County so the population is served by three acute centres, Salisbury (South Wilts), Bath (North and West Wilts) and Swindon (Swindon and East Wilts). Since Action on Cataracts in 2000 the various PCTs became interested in developing cataract pathways. All three areas have now developed a cataract pathway - all different due to ophthalmological input from each centre. This variation in process has created a tricky situation for all the optometrists who work near the borders.'*

*Following the emergence of Lucentis and subsequently the NICE guidance on wet macular degeneration two similar pathways have been developed for rapid ophthalmological assessment of the macula in both the Swindon and Bath areas.*

### Post LOCSU

*Following the NICE guidance on ocular hypertension and the tsunami of patients arriving at the already overstretched eye departments, there has been sudden interest from PCTs on how to manage the problem. It can take over a year to agree protocols with the local ophthalmologists and then get agreement for it through the commissioning structure of the PCT. Not anymore! The LOCSU glaucoma protocols have the backing of our National bodies and optometric profession giving the PCTs confidence in the system. This is a strategy from a national body so there are no border problems. When I made contact with LOCSU I was sent a clear copy written protocol and a Powerpoint presentation explaining the system of referral. I was then sent the business case which can be adapted and adopted by any PCT. It was written in such a way that progress through the PCT approval procedure is smooth. Ophthalmologists appear to be happy with the system because it fits the NICE guidelines and will reduce the number of new referrals coming into the department. There were a few issues that I needed help with which were sorted out with a quick telephone conversation and E-mail. It's been so much easier than developing the cataract pathways. We have not got the referral system in place yet but discussions are moving on in one area and at an advanced stage in another. There is future in sight-with LOCSU.*

**Keith Pearce, Wiltshire LOC Committee Member**

## Business Plan 09/10

Our business plan, which is published on the LOCSU website, is focused through five interrelated programmes which are:

- uniting the optical sector
- speaking with one voice at a national level
- expanding eye care services in the community
- excellence in local representation
- making efficient use of resources for maximum benefit.

The following extract is from the 09/10 business plan:

· roll out the Enhanced Services Project for 2010	· provide hands-on support to LOCs in developing tender documents, contracts and winning services
· respond to LOC requests and queries within 24 working hours	· issue briefings on national opportunities to be seized
· alert LOCs/ROCs to all local tendering opportunities	· establish an accessible national baseline of enhanced services
· upgrade the National Eye Health Epidemiological Model (NEHEM)	· agree a national model contract for enhanced services
· provide LOCs/ROCs with 'core presentations' for promotional purposes	· carry out and feedback regular surveys
· agree targets for further expansion if LOCs wish	· provide bespoke support to LOCs/ROCs struggling with benchmarks
· provide regular induction training for all new LOC/ROC Chairs and members	· establish an affiliates programme
· produce confidential 'Hot Briefs'	· support LOCs/ROCs with advice on lobbying local councils' overview and scrutiny committees
· produce four 'best practice' bulletins	· improve the LOCSU website
· produce a costed business plan and annual report	· ensure cost-effective levy collection to minimise costs
· manage LOC/ROC contributions effectively on behalf of the sector	· actively seek efficiencies and cost reductions

I and the Associates continue to make regular visits to LOCs, and we will continue to commit to visit any LOC that requests personal input.

Bespoke advice and commissioning guidance has been given during the last year to the majority of LOCs. Support for LOCs has ranged from simple telephone conversations to in-depth, multiple visits that have included co-writing business cases, preparing for presentations to PCTs, and indeed, undertaking the presentations with and on behalf of LOCs. The Unit has continued to provide a great deal of generic advice also on a daily basis to members who contact us with a wide range of queries.

During this year, I have also taken a LOCSU stand to major Optical Conferences including the College of Optometrists, Optrafair and the ABDO conference. This has proved to be a successful strategy with over 300 visitors to the LOCSU stand at Optrafair and the College. Many of those visitors utilised the opportunity of a LOCSU 'surgery' to have in-depth discussions and problem solving sessions. This is something I will continue to do so look out for us at the main conferences and pre-book meetings if you want to discuss a specific issue.



LOCSU Planning Event August 2009

Finally, I would like to thank all Unit staff and Associates, past and present, for their outstanding contributions to LOCSU. We look forward to working with all LOCs/ROCs in the year to come.

*Georgina Gordon*

“ PCTs are becoming commissioning only bodies and therefore as from April 2010 all their community provider services (e.g. Nursing, intermediate wards) are being transformed into separate bodies. World Class Commissioning will mean that services are procured using new rules and procedures and optometry will not be immune. On a local level, GPs and Pharmacists are forming themselves into companies to be able to compete on a larger scale and Local Optical Committees should consider this as well. Hence, the LOCSU initiative to facilitate this. **David Parkins, Chair of the Professional Executive Committee (PEC), Bexley Care Trust.** ”

“ Dudley LOC have found LOCSU invaluable. From the initial assistance with writing a business plan through the work on pathways, to the regular newsletters and advice sheets, LOCSU input has been invaluable. We believe that LOCSU has probably saved the LOC hundreds of man hours, probably thousands of pounds. With even more LOC work already in the pipeline, LOCSU will probably need to recruit extra staff. **Charles Barlow, Dudley LOC Secretary** ”

“ South Tyne & Wear LOC Committee Members have kept involved in dialogue with local healthcare professionals and managers at all levels in order to keep the groundwork as solid as possible so that we would be in a good position to progress and adapt the relevant parts of our Business Plan, if and when an opportunity arose. Our local LOCSU Associate has been, and continues to be, vital in our quest to develop these opportunities and has engaged in significantly effective work on our behalf. The harmony that has developed between the work of our other national organisations and LOCSU has also been of great help at our local level - we thank the central management teams of all these sister/ brother organisations, as well as the central LOCSU team, for responding quickly to our need for advice on a number of occasions. **Tom Hedley, South Tyne & Wear LOC Chair** ”

## Pathways to Success

### Background

LOCSU's clinical advisory group (CAG) was established by the Head of Unit to develop a number of standardised national eyecare pathways and supporting documentation, which could be used in the commissioning of local enhanced services. Trevor Warburton was appointed as Chair of the group. Four clinical pathways were originally developed: PEARS (Primary Eyecare Assessment and Referral Service), Cataract Referral, Post Operative Cataract, and Glaucoma Referral Refinement. Following the National Optometric Conference in November 2008, LOCSU began to work with a number of LOCs who were keen to be early adopters of the pathways. To assist LOCs further in selling enhanced services at a local level, a Powerpoint presentation was developed for each pathway, along with an accompanying script for the presenter.

In April 2009, NICE published: CG85 Glaucoma: diagnosis and management of chronic open angle glaucoma and ocular hypertension. The Unit responded to the guidance by developing a set of 3 pathways:

- Level 1 – Intra Ocular Pressure and Visual Field Refinement
- Level 2 – Ocular Hypertension Monitoring
- Level 3 – Ocular Hypertension and Suspected COAG Diagnosis.

Supporting documents and a Powerpoint presentation were again developed.



### Commissioning

The route to commissioning enhanced services varies depending on local circumstances. Some LOCs have a strong relationship with their Primary Care Trust (PCT) and have regular meetings where they are able to present ideas for enhanced services. Other LOCs clearly have a more difficult task. For these LOCs, it is important to get to know the local practice based commissioning (PBC) groups. Getting support from a PBC group for a local enhanced service means that a joint proposal can be presented to the PCT, which is more likely to be approved than an idea coming from the LOC alone.

*I would on behalf of Leeds LOC like to thank LOCSU for their support and particularly for the production of templates which has made development of the business plans we are working towards far simpler and quicker.*  
**Darran Aveyard, Leeds LOC Chair**

The following examples are a *sample snapshot* in August 09 of LOCSU activity. Many more LOCs have had detailed discussions with the Unit regarding implementing the pathways.



Jane Bell LOCSU Associate

#### Calderdale & Kirklees

A cataract referral and post operative service was proposed by the LOC in November 2008, supported by secondary care. As one of the first areas to look at implementing the LOCSU cataract pathways, Calderlees & Kirkdale LOC provided helpful feedback on the documents LOCSU had produced. Following this feedback some minor amendments were made to the cataract referral and post op forms. A member of the LOCSU team assisted with the business case for the enhanced service and attended meetings with commissioners to support the LOC. Further advice from the Unit has been requested and the LOC are now negotiating fees.

#### Cheshire

Following the publication of NICE Guidance on glaucoma in April 09, the LOC, assisted by LOCSU, have agreed a glaucoma referral refinement pathway with Central and Eastern Cheshire PCT to be implemented in Autumn/Winter 09. It is anticipated that an OHT monitoring service will follow in early 2010. Negotiations are also under way regarding implementation of the Cataract Post Operative pathway, but this service development has been delayed due to the PCT's decision to use the staff resources they have to prioritise Glaucoma Referral Refinement.

#### Derbyshire

In late 2008, a PBC group in Derbyshire identified an issue with an increasing number of ophthalmology referrals and began to look for a primary care solution. The group decided to pilot a referral refinement service (similar to PEARS) in a local primary care centre, which would employ an optometrist on a sessional basis. In early 2009, the LOC invited a member of the LOCSU team to present the details of the Enhanced Services project to committee members. On hearing the details of the LOCSU pathways, the LOC were keen to put forward a proposal for a PEARS service to be provided by optometrists in their own practices. A LOCSU Associate attended the local eyecare commissioning forum along with the LOC Secretary to present the PEARS proposal, after which a PCT commissioning

manager agreed to help with a business case for a PEARS pilot. LOCSU, the LOC, and the PCT manager worked together to ensure the development of a robust business case, and funding was approved in May 2009. Implementation of the new service has taken some time due to internal restructuring in the PCT, but the eagerly awaited launch is anticipated late October.

#### **Dorset**

Dorset was amongst the first areas to introduce what we would now term 'enhanced services', a number of years ago. Following the introduction of new General Ophthalmic Services mandatory and additional contracts in August 08, the PCTs made it clear that they wished to review all of the current enhanced services. The direct referral of glaucoma and ocular hypertension suspects became a priority following the publication of NICE guidelines on glaucoma as the existing enhanced services were not compliant. The LOCSU glaucoma referral refinement and OHT pathways were presented to NHS Bournemouth and Poole and a service level agreement was produced by the PCT following discussions with stakeholders. The LOC with LOCSU assistance negotiated several improvements to the agreement.

#### **Dudley**

Dudley LOC was the first LOC to request help from LOCSU on commissioning one of the new pathways in November 2008. The LOC had undertaken recent discussions with the PCT and secondary care regarding a possible glaucoma referral refinement pilot, so for them the LOCSU pathways came along at the right time. The Unit provided a draft business case for the proposed service and then met with the LOC to look at the fine detail. It was highlighted by LOCSU that as a consequence of NICE guidance on glaucoma due to come out in April 2009, the pathways would need to be reviewed, but as the PCT were keen to see a business case at that stage, a proposal was presented. As predicted, the proposal was put on hold until the NICE guidance was confirmed. Further local discussion took place following publication of the revised LOCSU pathways which were developed in response to NICE guidance. The LOC finally managed to get agreement from commissioners in August 09 and plans for local implementation are now underway.



Training Day 30th July 2009

#### **Durham**

In 2008, a PBC group in Durham working with a management company identified an ophthalmology referral refinement service as a service improvement project, intending to use local optometrists to provide the service. On receiving advice from LOCSU regarding the enhanced services project, the LOC decided that they would be able to provide the service themselves, rather than be merely sub contractors for the management group. As this was a new service, the PCT's response was to set up a clinical advisory group to develop a service specification before proceeding to commissioning. This group eventually met in April 2009. In recognition of the LOCSU pathways, a member of the LOCSU team was invited to attend the Durham group and has been in close correspondence with the commissioning manager regarding the specification for a PEARS service. The specification has now been extended to include glaucoma referral refinement. A six month pilot is proposed in two PBC areas with plans for expansion across Durham and Darlington, assuming the evaluation report is successful.

#### **Hampshire**

In June 2009 a LOCSU team member was asked to assist in amending a business case and service specification for a Southampton PBC group's shared glaucoma and ocular hypertension management scheme to ensure it was NICE compliant and was as cost effective as possible. By the end of July a different PBC group in the area had attained PCT approval for an IOP referral refinement enhanced service and LOCSU assisted Hampshire LOC in developing the service specification. LOCSU gave further advice to the LOC on the Service Level Agreement issued by NHS Hampshire and the PCT agreed to the amendments suggested. The speed of implementation of this service is an excellent example of a partnership working between an LOC & PCT. Having been impressed by LOCSU's input, NHS Hampshire invited the Associate to contribute to the development of an overarching pathway for glaucoma across Portsmouth, Southampton, the Isle of Wight and Hampshire.

#### **Kent**

The LOC has been working with the PCT on the development of a PEARS pilot in Medway for the past two years. As the project finally approached implementation, the PCT wanted the LOC to demonstrate how audit of the service would be handled. LOCSU worked with the LOC and PCT lead on the dataset for audit and the development of a user friendly spreadsheet. The six participating optometrists gained accreditation through Cardiff University and the service commenced on 1st May.

#### **Leeds**

The LOC requested help from LOCSU in relation to setting up a company to contract with the PCT. A meeting took place between LOCSU and the LOC Chair to advise on this and other matters concerning enhanced services. Development of a PEARS enhanced service was decided as the priority by Leeds as a GP group had recently set up an ophthalmology triage in a primary care centre, and the LOC wished to propose an optometry based service. Help in working towards a business case was given by the Unit. Following the publication of NICE guidance, the PCT and secondary care have identified glaucoma as a priority so the PEARS proposal is 'on hold'.

The LOC are now rapidly preparing the final business case on Glaucoma & OHT referral refinement to present to NHS Leeds.

### Norfolk & Waveney

NHS Norfolk requested a discussion with the LOC and secondary care on possible pathways for glaucoma referral refinement, as a result of the upsurge in referrals post NICE. Email and telephone advice was given to the LOC by the LOCSU team in relation to the development of a business case for glaucoma referral refinement based on the LOCSU pathway. NHS Norfolk is currently considering the proposal and is also looking to develop pathways for the diagnosis and management of patients with ocular hypertension and the management and treatment of patients with stable glaucoma.

### North of Tyne

Due to a historical lack of engagement with the PCTs North of Tyne, the LOC decided to approach the PBC groups with a proposal for a PEARS pilot. Meetings with GP groups took place in Newcastle, Northumberland and North Tyneside, supported by a LOCSU Associate. West Northumberland PBC group responded enthusiastically and agreed to audit ophthalmology referrals to provide information for a joint business case with the LOC. Following a number



Katrina Venerus, LOCSU Associate

of meetings and presentations to various PBC groups, North East Newcastle and North Shields PBC groups also agreed to pilot the service. Due to the support of the PBC groups for the proposal, the Head of Planned Care at the PCT agreed to assist with the business case for a PEARS pilot in each of the 3 localities. LOCSU is working with the LOC, PCT and PBC Leads on the business case, and it is anticipated that the business case will be heard by the PCT commissioning panel in October.

### North Wales

The Support Unit was asked by the Chair of North Wales Regional Optometric Committee (ROC) for help with the development of an enhanced service for glaucoma monitoring. ROC representatives have attended a number of meetings with the Local Health Board (LHB) and Trust regarding glaucoma shared care, but the sticking point is the absence of funding for equipment. The LHB has indicated that if it could be proven that it was cheaper to do every other follow up appointment for stable glaucoma patients in the community optometric practice, then funding might be available for equipment. A LOCSU Associate reviewed the documentation provided by the ROC, and produced a paper for the LHB to consider. As anticipated it was difficult to demonstrate potential cost savings in shared care of stable glaucoma, as appointments take a considerable amount of time. Two key benefits of the primary care proposal were highlighted in the LOCSU paper as care closer to home and reduction in secondary care consultations. Discussions between the ROC and the LHB continue following the publication of NICE guidance in April 2009.

### South Tyne and Wear

The LOC worked successfully with the PCT and secondary care in 2008 on the development of the Children's Vision Pathway, and is keen to continue this collaborative work. Whilst earlier in the year the LOC had begun to look at developing a proposal for a LOCSU PEARS scheme, it has become apparent in recent months that improving OHT and Glaucoma pathways is a more immediate priority at a local level. The LOCSU team has assisted the LOC sub group with development of a business case for the LOCSU Level 1 pathway and has facilitated a meeting to bring

together LOC and secondary care to agree a joint approach. NHS South of Tyne and Wear is interested in the service as there has been a significant increase in ophthalmology referrals since the publication of the NICE Guidance, but progress is slow due to staffing issues. The LOC aims to get support from local PBC Groups to add further weight to the business case.

### Stockport

In conjunction with the LOC, the PCT have a 3 phase plan for community eye care services. Phase 1, in response to the NICE guidance, is IOP refinement. The LOC, assisted by LOCSU, submitted a business case to the PCT which has been approved. Phase 2 is OHT monitoring and phase 3 is to consider a PEARS scheme. At the LOC AGM the local practitioners voted unanimously to support LOCSU and to contribute at the agreed rate. The levy is paid regularly to LOCSU each month by the payment agency on behalf of the LOC.

### Tees

Tees LOC has a variety of enhanced services across the four PCTs it works with, and the aim of the LOC is to standardise best practice across the area. Early in 2009 the LOC requested advice from the Support Unit on the Cataract Referral and Post Op pathways as the local pathways were being reviewed by the PCT. An Associate then met with the PCT commissioner to discuss the LOCSU pathways, and service redesign began. Following publication of the glaucoma referral refinement and OHT monitoring pathways by LOCSU, a glaucoma sub group was set up by the Optometric Advisor to develop a business case for the Level 1 IOP refinement pathway. All LOCSU supporting material for this enhanced service has been provided and regular email/telephone advice has been given by the LOCSU team. A start date of November 1st has been proposed.

### Wakefield

The LOC has presented proposals to the PCT for Glaucoma Referral Refinement and Cataract Referral. LOCSU assisted the LOC with development of the proposals and has attended meetings with local commissioners. The PCT is currently considering business cases for both services.

### Wolverhampton

Following the publication of the NICE guidance on glaucoma, local secondary care colleagues requested a discussion with the LOC regarding referral refinement pathways. LOCSU has provided telephone/email advice, and a proposal for an enhanced service is being drawn up with initial agreement from ophthalmology.

### Worcester

The PCT and secondary care requested discussion with the LOC in March regarding a cataract post op service. Telephone and email advice on the potential business case was provided by LOCSU. The PCT then decided to set up an ophthalmic commissioning group, involving the LOC and other stakeholders before progressing any further with enhanced services. This group met first in July, and identified glaucoma pathways as a key priority, as well as development of a cataract post op service provided by community optometrists. All performers and optometrist contactors in the county have been invited to a familiarisation and accreditation session for both the post cataract service and an IOP refinement service, which is based on the LOCSU pathway. Both services are expected to commence in late October 2009.

## National Eye Health Epidemiological Model (NEHEM)

Information and data are key to good planning and commissioning – LOCSU's core business. October 2008 saw the launch of the National Eye Health Epidemiological Model (NEHEM) to an invited audience of PCT, Local Health Board and Strategic Health Authority leads. Commissioned by optical professional and negotiating bodies and generously funded by the Central (LOC) Fund from PHAST (Public Health Action Support Team), the model provides figures on which both commissioners of eye care services and those bidding to provide eye care services can base their assessments of need and quantify the level of services necessary to meet that need. NEHEM data is presented on a website ([www.eyehhealthmodel.org.uk](http://www.eyehhealthmodel.org.uk)) and access is open to all users for commissioning purposes.



NEHEM Launch Event

The model estimates the prevalence of four conditions: Cataract, Age-Related Macular Degeneration, glaucoma and low vision (i.e. the number of those in the population who have the condition). Visitors to the NEHEM website can choose to access data by the following population groups: Primary Care Trust / Primary Care Organisation (both pre and post 2006), Local Health Board and Strategic Health Authority, Local Authority and UK nation. In addition, local population splits by age, ethnicity and gender, are available (as appropriate for the condition).

As part of LOCSU's programme to support the world class commissioning agenda, and supporting LOCs to lead on bids to provide enhanced services, LOCSU took on the management of the NEHEM website and now handles all enquiries.

We are delighted to have been able to advise many LOCs, PCTs, SHAs, Low Vision Centres and eye health / eye care charities since the launch. We can also report that the data has been used by many of those organisations to fulfil their commitment to implement the goals of Vision Strategy UK.

However, management of the website has not been without difficulties. It was found that some labelling of data was misleading (and therefore the data were misinterpreted) and the data on low vision contained errors. The website was offline for a number of weeks in early summer whilst remedial works were carried out. This caused problems as demand for the data was (and remains) high. During this period we ensured that all enquirers were either advised of the remedial works or provided with bespoke advice and correct data within 24 hours (Monday - Friday) of the enquiry. Works were completed in June when the website went online again.

Further work to improve access to and interpretation of the data on the website is ongoing. This work is again being funded by the Central (LOC) Fund. The work does not require the website to be offline but we hope that, when it is completed (the provisional completion date is November 2009), users will find the website much more accessible and user-friendly.

Work is also underway with the UK Vision Strategy team to explore whether data from Future sight loss UK (launched at the Vision 2020 UK conference in June) can be used to further enhance NEHEM for local and national use.

In the meantime we hope that LOCs and ROCs (as well as Primary Care Organisations, Strategic Health Authorities and national governments) will continue to use this important resource. We welcome all comments and enquiries via the NEHEM website.

## News from Wales

In October 2006, Optometry Wales made their submission for the Welsh Assembly Government's Eye Care Review. This document became the basis for a Welsh Assembly Government review which although never published is still very much on the agenda of some Assembly Members within the Welsh Assembly Government. The Assembly asked for a business justification case, this was created entirely by LOCSU and has been put forward to the chief accountant and subsequently the Health Minister in Wales. With the recent recruitment of a new LOCSU team member dedicated to Wales, it is hoped that Optometry Wales and LOCSU will be able to push for the new contract for opticians in Wales to create a world class service in Wales.

Optometry Wales and LOCSU have worked together this year along with the RNIB to push forward plans for a Children's Screening pilot which will use a software programme to pick up vision defects in school children across Wales. Triaging will take place in Optometric practices.

The Welsh Eye Care Initiative continues to provide an extended eye examination for at risk groups along with the successful low vision service, which brings care and treatment back into the community. This has generated wide interest amongst practicing opticians in Wales.

Diabetic screening in Wales does not involve Optometrists at the screening stage however referrals of other pathology occur through the Welsh Eye Care team and Optometry Wales with the support of LOCSU will continue to develop this pathway.

In collaboration with LOCSU, Optometry Wales and the RNIB hosted a Joint Eye Care Forum Conference in September showcasing examples of collaborative working in Wales. North Wales, South East Wales and South West Wales ROCs hosted plenary sessions. The event was attended by the Rt Hon Rhodri Morgan First Minister for Wales who praised the efforts of Optometry Wales and the ROCs.

In August of this year, Optometry Wales and LOCSU recruited their first full time member of administrative staff. This post is funded by LOCSU. Sali Davis will work for both Optometry Wales as their Chief Operating officer and LOCSU and her remit will be to raise the profile of Optometry Wales and to further the opportunities for optometrists in Wales. In her first three months, Sali will be visiting and working with each ROC giving a presentation at each board meeting about the future of Optometry Wales and commissioning opportunities in Wales.

## FUNDING



Training Day 30th July 2009

LOCSU services are commissioned by LOCs/ROCs on the basis of a 0.5% nationally agreed statutory levy on GOS payments.

In 2008-9 much of our time had to be spent supporting LOCs in establishing and collecting the levy payments. Given the small HQ staff, this was not an effective use of resources. At the start of the financial year 2009-10, therefore, LOCSU recruited Resource Network Limited – a small management consultancy firm with extensive experience working with NHS bodies, to assist LOCs/ROCs on a regular basis in managing their subscription processes.

Since their engagement in March 2009, Resource Network have worked with 43 LOCs, supporting and advising them regarding contributions.

Although working with some LOCs/ROCs had not been without difficulty, most LOCs/ROCs have found Resource Network's contribution of significant benefit and Resource Network continue to build good relations with contributors. The Company also provides monthly reports to LOCSU summarising income against plan which has saved a lot of staff time on cash management at LOCSU itself.

Currently seventy of the total of eighty five LOCs (one of whom is moribund) and ROCs contribute to LOCSU and a further eight have elected to do so. Sadly one LOC has decided to withdraw, hopefully temporarily (although their members still ring LOCSU for advice and to access opportunities) and we do hope to welcome them back in the future.

The financial result for the year was a surplus of £97,000 (2008 £26,000) of which £88,000 has been transferred to a Reserve for the Enhanced IT Project to reflect the timing of the project including training. This left a net surplus for the year of £9,000 in line with LOCSU's policy not to build large reserves.

## Summary Financial Statements

### LOC CENTRAL SUPPORT UNIT

Summary unaudited statement of financial activities for the year ended 31st March 2009  
(prior period comparison covers the period from 27th June 2007 to 31st March 2008)

#### INCOME & EXPENDITURE ACCOUNT

	2009	2009	2008	2008
	£	£	£	£
<b>LEVY RECEIVED</b>		728,223		427,208
<b>EXPENDITURE</b>				
Recruitment costs and payments to staff and consultants	269,469		178,488	
<b>COSTS SUB-CONTRACTED FROM AOP:</b>				
Office accommodation	53,400		25,260	
Insurance	2,191		-	
Staff costs	70,555		66,180	
Telephone, fax etc	4,693		2,280	
Printing, postage and stationery	15,271	146,110	9,031	102,751
Travel and subsistence		6,773		12,245
Board attendance & expenses		16,709		3,871
Advisor attendance & expenses		104,167		20,737
Office expenses		14,837		2,731
Staff training		-		2,188
Training event and road show		13,370		30,257
Legal and professional fees		43,999		30,943
Auditors remuneration		11,043		8,500
Bank charges		168		-
Depreciation		11,778		3,589
<b>TOTAL COSTS</b>			638,423	396,300
<b>OPERATING SURPLUS FOR THE YEAR (PERIOD)</b>		89,800		30,908
Bank interest receivable		2,359		-
<b>SURPLUS FOR THE YEAR (PERIOD) BEFORE TAX</b>		92,159		30,908
Taxation		4,885		(4,885)
<b>SURPLUS FOR THE FINANCIAL YEAR ( PERIOD)</b>		97,044		26,023

#### BALANCE SHEET

	£	£	£	£
<b>FIXED ASSETS</b>				
Tangible assests		24,023		35,801
<b>CURRENT ASSESTS</b>				
Debtors	7,525		4,541	
Cash at bank	178,474		73,700	
	185,999		78,241	
<b>CREDITORS: Amounts falling due within one year</b>		86,955		88,019
<b>NET CURRENT LIABILITIES</b>		99,044		(9,778)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		123,067		26,023
<b>RESERVES</b>				
<b>Income and expenditure account</b>				
Balance brought forward		26,023		-
Surplus for the financial year		97,044		26,023
Transfer to Enhanced IT Project reserve		(87,750)		-
Balance carried forward		35,317		26,023
<b>Enhanced IT Project reserve</b>		87,750		-
<b>MEMBERS' FUNDS</b>		123,067		26,023

#### NOTE:

These summarised financial statements are an extract from the statutory financial statements for the year ended 31st March 2009 which have been audited by Menzies LLP Chartered Accountants and Registered Auditors, who gave an unqualified audit report on 28th October 2009. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

## Who's who – LOCSU Board members



**Alan Tinger**  
**FODO Representative**  
**Appointed 27 June 2007**  
**Appointed Chairman 18 September 07**

Alan is a Chartered Accountant and a Companion of the Chartered Management Institute. In optics he is currently a Consultant to Optical Businesses, a Financial Consultant to the General Optical Council and a member of the Executive of the Federation of Ophthalmic & Dispensing Opticians.



**Graham Ackers**  
**LOC representative**  
**Appointed 6 March 2008**

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



**Ian Jones**  
**LOC/ROC representative**  
**Appointed 6 March 2008**

Ian Jones has been involved in Optical Committees in South Wales in one form or another since graduating from Aston University in 1983. He is now a Director with the Davies and Jones Optometrists group in South Wales, a member of the Welsh Optical Committee and Chairman of the South East Wales Regional Optical Committee, having been Secretary for eight years.

## Who's who – LOCSU Board members continued



**Hendrena Souten**  
**LOC representative**  
**Appointed 6 March 2008**

Rena has been involved in all areas of optical organisation; from chairing the AOP through to chairing her LOC. She has been a member or officer of an LOC or AOC for most of her optometric career. She practises in a house practice with her husband, who is a dispensing optician.



**David Hewlett**  
**FODO representative**  
**Appointed 26 June 2007**

David is Chief Executive of the Federation of Ophthalmic and Dispensing Opticians whose members represent over 75% of the UK optical market and provide over two thirds of eye examinations.



**Bob Hughes**  
**AOP representative**  
**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).



**Sir Anthony Garrett CBE**  
**ABDO representative**  
**Appointed 26 June 2007**

Sir Anthony is the General Secretary of the Association of British Dispensing Opticians, one of the founding members of the LOC Support Unit.

## Who's who – LOCSU Board members *continued*



**Robin Banks**  
**AOP representative**  
**Appointed 26 June 2007**

Robin was an AOP director from 2002 and AOP Chairman of Finance from 2004 until this May. Retired from full time independent practice he continues to work as a locum optometrist on an occasional basis, as well as holding a number of LOC and AOP posts.



**Mike Cody**  
**ABDO representative**  
**Appointed 26 June 2007**

Mike is a contact lens optician with 20 years' experience in optics. He manages the contact lens business for an independent, family-owned group. He sits on Staffordshire LOC.

## Invited Observers



**Bryony Pawinska**  
**College Observer**

Bryony has held a number of CEO posts in the field of education, joining the College in 2003. In 2007 she was made CQI Quality Lead of the Year. Secretary of WCO Legislation, Registration and Standards Committee, Secretary of the ECOO Professional Services Committee, and Company Secretary of the new European Academy of Optometry and Optics. Fellow of the RSA and Liveryman of the Spectacle Makers Company.



**Roy Brackley**  
**Central (LOC) Fund Observer**

Roy is a self-employed optometrist. He is also Secretary/Treasurer of the Central (LOC) Fund, Secretary/Treasurer of the Essex LOC, Optometric Adviser to Waltham Forest PCT and Redbridge PCT and interim adviser to Mid-Essex PCT and Havering PCT.

## Who's who - 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.



**Patricia O'Sullivan**  
**Deputy Head of Unit**

Patricia O'Sullivan was seconded to the LOC Support Unit in March 2009, from the Association of Optometrists, where she had been Head of the AOP's Primary Care/Professional Services Department. Patricia has a wealth of experience in providing advice and support for LOCs/ROCs and individual practitioners who are involved in the development of enhanced services.



**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.



### Katrina Venerus

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



### Jane Bell

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



### Lyndon Taylor

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



### Bruce Gilson

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



### Mike Broadhurst

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



### Rebecca Sparks

Rebecca has thirteen years experience at Board level in the NHS, including as a Chief Executive.



### Harold Atkinson

Harold worked as a Dispensing Optician and an Optometrist. He has worked in both independent and corporate practice.

## 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](http://www.locsu.co.uk)

### Head of Unit

Georgina Gordon – 0207 202 8151 or [georginagordon@locsu.co.uk](mailto:georginagordon@locsu.co.uk)

Executive Assistance – 0207 202 8151 or [info@locsu.co.uk](mailto:info@locsu.co.uk)



**NOTES**

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