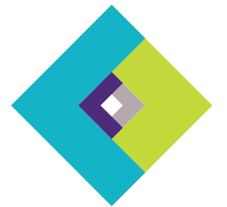


# Shaping Transformation

**Annual Review**  
**April 2021 – March 2022**



**LOCSU**

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# Foreword from Dr Joy Tweed

Chair, LOCSU

As the recently appointed Chair of LOCSU, I am honoured to introduce this review of the organisation's activities during the period from April 2021 to March 2022.

Its contents reflect the continuing pandemic recovery, alongside recognition of the considerable work in progress to ensure the Primary Eye Care community is well-positioned to navigate the NHS transition period.

Indeed, the rapid rollout and remarkable achievement of the COVID-19 Urgent Eyecare Service (CUES) has formed a strong foundation and springboard on which we are building through deep engagement with the key stakeholders in the sector.



In Recovery and Transformation, we look at the outcomes of LOCSU's work with the National Eye Care Recovery and Transformation Programme (NECRTP) as we seek to influence the future of Primary Eye Care Delivery and ensure that the exceptional skills and resources within our community are fully utilised to benefit patients and meet the ambitions of the NHS Long Term Plan in the Emerging Healthcare Landscape.

Optometry First represents a central pillar of our approach. It is designed to extend the scope of services delivered in primary care, simultaneously lifting the outpatient burden on hospital eye departments and providing a truly patient-centric service closer to home.

This review also includes a look back at the Training and Development programme delivered and facilitated by LOCSU over the reporting period. Innovations this year include the peer discussion sessions, which offered new channels for knowledge-sharing around best practice applications of LOCSU clinical pathways. Similarly, the Treasurers' Forums allowed occupants of this vital LOC post to share their experiences and offer support to peers. Alongside the continuing success of the LOC induction course, the Leadership Programme and the continuing professional development courses delivered with WOPEC, these peer sessions contribute to the continuous improvement of skills and networks in our community. These are critical to the future of eye care delivery.

Equally important is the recognition of best practices and innovation on the ground. Over the past year, LOCSU has collated and published a wide range of case studies that showcase the skills and achievements of LOCs around the country. When we succeed in delivering exceptional patient care, it is only right that we celebrate this, while also sharing how it came about so others can take inspiration.

This report also looks at the governance landscape. Strong governance sits at the heart of healthcare, underpinning trust while facilitating effective delivery. LOCSU works to ensure that LOCs and the stakeholders they represent can meet governance requirements and that LOCs operate consistently as they engage with the larger stakeholder groups inherent in Integrated Care Systems.

I am looking forward to meeting many of you at the National Optical Conference in October. My aim is to support you to capitalise on all the opportunities we have coming our way, so that we can make this sector the best it can possibly be. We know that there is much work to do, but I am confident that we are ready for change. This annual review shows that we have strong foundations on which to build, and I look forward to exploring the future with you all.

# Optometry First

## A New Model for Eye Care Delivery in England

Optometry First seeks to broaden the scope of care delivered in primary care beyond the existing sight testing service and release capacity within the specialist services for more complex care. The aim is to fully utilise the existing primary eye care workforce, estate, and equipment to do the following:

- **New Patients** – optimise first contact care to fully resolve eye care problems where clinically appropriate and, when not possible, signpost or refer to the most clinically relevant service to ensure resolution as early as possible in the patient journey
- **Follow-up Patients** – provide services to monitor and manage people with long-term conditions considered low risk and not needing ongoing secondary care intervention



It aims to improve the efficiency and accuracy of case-finding, reduce the need for hospital attendance and improve patient experience and opportunity for self-care.

Optometry First utilises the core competencies of optometrists, supported by their practice teams, and higher qualified primary care practitioners and the multidisciplinary hospital ophthalmology team where necessary, across a network of local optometric practices and the hospital eye service.

Optometry First does not require optometry higher qualifications for rapid initial deployment, but can be enhanced by embracing all skills already available within primary care teams. Where necessary, clinical care will be supported by advice and guidance and remote review from higher qualified primary care optometrists or the hospital eye service for more complex cases to support co-management without the patient having to attend a hospital.

A fundamental change is that patients with defined long-term eye conditions are managed within primary care optometry, working collaboratively with the hospital eye service.

Optometry First is not simply a collection of pathways but a principle of “optometry first” with the primary care professional empowered to exhaust their full capability, working to the top of their licence, to best meet the patients’ individual needs, ensuring they see the right person, in the right place, at the right time.

## Strong Interest in Early Adoption of Optometry First

Following a call for expressions of interest in piloting Optometry First, NHS England received interest from 17 of the 42 ICSs across all seven NHS regions. LOCSU was invited to help identify the three best-positioned systems to test the Optometry First model.

The selection criteria included:

- Having substantive scope for improvement
- Clinical support & dedicated Joint Clinical Leadership
- Financial Commitment
- Willingness to work with NHSE for sub-specialty coding and National KPIs

As a result of the selection process, the three early adopters of Optometry First are Bassetlaw (North East & Yorkshire Region); Isle of Wight (South East Region); and Sefton (North West Region).

# Training and Development

## New Opportunities for Knowledge-Sharing

During 2021-2022 LOCSU has delivered and supported a full programme of training and development to ensure LOC members can strengthen their skillsets, share knowledge, and network with peers in the industry. This is central to building a strong pipeline of LOC talent ready to take on leadership positions and play important roles during this critical period of recovery and transformation.

LOCSU offers a variety of training and development routes, ranging from the formally accredited clinical training courses, delivered by the Wales Optometry Postgraduate Education Centre (WOPEC), to the informal Treasurers' Sessions.



Whether formally or informally structured, all options offer the opportunity to collaborate and share best practices alongside ideas for improvement. LOCSU works to ensure that courses and sessions are supported with post-event resources to capture key points and encourage continuous development.

## Treasurers' Sessions Offer Valuable Discussion and Guidance Forum

The programme of regular Treasurers' Sessions was initiated in response to the recognition that the Treasurer role is often viewed as distinct from other LOC positions and needs specific support in a peer group where experienced participants can share their knowledge with new post-holders.

The sessions took place through online channels during 2021/22, run in the evenings, with a choice of three sessions each time to allow maximum flexibility for attendees. LOCSU acts as facilitator for the sessions, which are open forum so attendees can bring any questions for discussion and get practical tips from other participants.

LOCSU Information Officer Lisa Stonham reflects on the benefits of the sessions: "They are a useful addition to the support that LOCSU gives LOCs. They provide a supportive and collaborative environment for treasurers to share best practices and new ideas. The buddy system, which pairs a new treasurer with a more experienced one, is especially valuable for those settling into a new treasurer role."

A further advantage the sessions have delivered is as an early warning system for issues that may be affecting one or two LOCs, but that have not yet had a wider impact. This allows LOC Treasurers to see over the horizon and prepare for future challenges.

After each session, LOCSU collates and distributes notes so there is an accessible record of discussions. Those who have not been able to join the sessions can therefore still benefit.

Just some of the topics covered this year were succession planning for the Treasurer role; ensuring LOCs have at least dual access to LOC funds; and a session with Katrina Venerus of PCSE who outlined the functions of PCSE online and eGOS, as well as answering specific questions from LOCs.

The value of Treasurers' Sessions grows in proportion to the number of participants, and these have been rising over the course of the year. LOCSU aims to engage all Treasurers with the sessions and follow-up resources as part of its continuing guidance and support.

Lisa Stonham concludes: "The sessions are proving their value. They help to grow expertise within the Treasurer community and create connections that will bear fruit in future."

## LOC Induction Courses: A Focus on Proactive LOC Membership

The LOC induction programme is designed to introduce new LOC members to the roles, duties and responsibilities of LOCs. The aim is to help new members quickly adapt to their position and become effective contributors to their committee. It is also an excellent opportunity for LOCSU to update inductees on the latest developments in the NHS Long Term Plan and how it is affecting the sector on the ground.

### Five Ways to Wellbeing

LOCSU aims to ensure that the induction programme is always relevant and engaging. This year, the November course webinar took place during National Self-care Week. Course Leader, Simone Mason, LOCSU's Digital Learning Support Officer (DLSO) took this opportunity to create an ice-breaker exercise around the Government's "5 ways to wellbeing" initiative. This holds that there are five steps everyone can take to improve mental health and wellbeing, these are: connect; be active; take notice; keep learning; and give. For the ice-breaker candidates were asked to share what they did in any of the areas to support their own wellbeing. When the delegates shared their approach to wellbeing it was easy to spot similarities which helped to make connections between delegates, providing a basis for conversations.

This year induction courses were held in June and November 2021, with 37 inductees taking part.

Jo Lindley is an optometrist based in Surrey. She became a member of Surrey LOC in 2020 and attended the LOC induction course in June 2021. She tells us what she gained:

"The LOC induction course was an excellent foundation for becoming an active and informed LOC member. When you join a LOC there is a lot to learn and the induction course is a great way to get to grips with the purpose of LOC activities, how LOCs are funded and what we are trying to achieve.

"The course had a strong emphasis on the importance of making a contribution, offering detailed information on how to go about this. There are also some very helpful practical resources such as the jargon-buster, which really helps de-code the extensive terminology used in the NHS.

"The induction course also looked at the challenges of succession planning. There is so much knowledge in LOCs, but it tends to be in people's heads, which is a risk when it comes to future planning. It is something that we have worked to address in Surrey LOC since taking part in the course.

"I'd recommend that every new LOC member completes the induction course and I'll be encouraging our new recruits to take part. We are here to make a difference and shape the future, so it makes sense to learn the best ways to go about it!"

Since Simone Mason started the course in February 2018:

- 76% of LOCs have attended the online facilitated LOC Induction Course
- 53% of LOCS have sent members year on year, indicating the recognised value of the course.

Simon Brooks also attended the June 2021 induction course and has applied what he learned. He has useful advice for new LOC members: "Choose an area of your professional or personal expertise and try and get involved with that in a proactive way. There are many avenues to explore, which could be education, eye health, business development, IT support, etc. It can be confusing at first; as a new member you will sit in meetings and encounter issues that are approaching conclusion, some that are halfway through, and some that are new. I suggest you concentrate your efforts on the things that are just beginning, as those that are in the process of being wrapped up will soon be history."

Simone Mason, LOCSU's Digital Learning Support Officer, who leads the LOC induction course, notes: "The induction course does so much more than simply transfer knowledge. It is an excellent opportunity for networking and ideas generation, helping to build a proactive and collaborative community of LOC members across the country. This will become increasingly important as we enter a phase where a single ICS may be working with up to four LOCs that previously worked with the CCGs in the region. Collaboration will be paramount as LOCs decide how to share activity among themselves to engage successfully with the ICS."

## LOC Leadership Course

The LOC Leadership Course is a key pillar of LOCSU's approach to fostering progression for senior members in the profession. In 2021 ten candidates were nominated by their LOCs to develop their leadership skills through participation in the course, so they can become instrumental in shaping the growth and direction of the optical sector at local and national level.

LOCSU commissions WOPEC to deliver the 20-credit postgraduate programme which follows an intellectually rigorous programme covering a broad range of topics. Each participant completes an essay on a topic they feel is important to their LOC and the sector as a whole. As Simone explains: "The topics chosen reflect the challenges facing LOCs and provide timely insight into current issues."

This year's topics included: Engaging new LOC members; social media; the impact of the pandemic, and an exploration of the pros and cons of virtual versus face-to-face meetings.

Successfully undertaking the LOC Leadership Course requires considerable commitment but also delivers huge personal returns. Sukhi Drake is Secretary at Solihull LOC. She undertook the Leadership course from March to June 2021 motivated by a desire for personal development and aiming to discover new ways to develop the services offered through Solihull LOC.

For her essay assignment Sukhi explored the impact of the pandemic and the effect of different leadership styles during the crisis.

“It was a good way of consolidating my learning about effective team leadership and team building. It was a useful point of reflection to consider how different leadership styles were used in decision making in a crisis scenario.”

Sukhi Drake, Secretary Solihull LOC

Sukhi found that undertaking the leadership course has given her good insight into the qualities needed and issues to be aware of for leaders during the current period of transformation: “it is important to be aware of the impact of social media and also issues around mental health in the current uncertain climate,” she notes. “This can have a huge impact on the people who work around you and good leadership means being alert to the possible reasons behind behavioural changes, understanding where they might come from and being able to offer support. I think empathy is a hugely important skill that leaders should nurture.”

Sukhi embarked on the leadership course at the suggestion of her LOC and encourages others to consider it: “I would not have looked at taking the course except for the suggestion and support from my LOC, but having completed it I definitely recommend it to anyone looking to develop their skills in the sector.”

Alvaro Borges, Chair of Gloucestershire LOC also undertook the leadership course and echoes Sukhi’s recommendation, saying: “There is no more profitable investment than investing in yourself. You won’t regret it!”

Alvaro was motivated to take the leadership course in response to the turbulence he witnessed in the pandemic. He recalls: “Both performers and contractors were in many instances lost in those new circumstances and the need for leadership and someone to guide them during those incredibly difficult times was obvious to me. Having taken the position of LOC Chair the year before meant that I was already looking to be more involved in the leadership of the committee.”

Since completing the course Alvaro has taken what he learned back to his LOC and applied it to their activities: “We successfully applied for funding of higher qualifications for local practitioners, in the domains of IP, Medical Retina, Glaucoma and Low Vision. There are now 20 local Optometrists and Dispensing Opticians signed up for the post-graduation courses.”

## **WOPEC: New Training Modules and Refreshed Courses Extend CPD Provision**

At the formal end of LOCSU’s training and development provision are the accredited courses and sessions offered in partnership with WOPEC. These are designed to support the implementation and delivery of extended primary care pathways and are available to Optometrists and Dispensing Opticians through their LOCs. Each course or session attracts CPD points.

During 2021-2022 two new courses were launched and virtual peer review discussion sessions took place.

### **Virtual Peer Discussions Explore the Best Use of Extended Primary Eye Care Services**

During December 2021 and February 2022, WOPEC and LOCSU jointly delivered 90-minute peer discussion sessions for LOCs. Each discussion explored three clinical cases from primary eye care practice featuring aspects of LOCSU clinical pathways such as Children’s Vision, Minor Eye Conditions, or Glaucoma Referral Filtering and Monitoring. The aim of each session was to reflect on how to deliver excellent patient care through the effective application of extended primary eye care services.

Each session was limited to six participants and was facilitated by a WOPEC clinical lead or LOCSU optical lead to ensure the opportunity for robust and inclusive debate. The peer discussion sessions proved to be useful and engaging, and LOCSU will now work with WOPEC to develop “off-the-shelf” resources to enable LOCs to independently deliver their own CPD-accredited peer discussions.

Commenting on this initiative, Zoe Richmond said: “Peer discussions are an excellent way to apply theory to practical cases and explore the best ways to implement pathways to ensure exemplary patient care. This is also a new format for CPD that puts the emphasis on collaborative learning, something that will appeal to many LOC members.”

### **New Maculopathy Module and Lecture Series Launched**

In December 2021 WOPEC and LOCSU launched a Maculopathy OCT interpretation lecture series intended for optometrists involved in Maculopathy referral filtering and monitoring services as well as Urgent Eye Care services (MECS and CUES).

The series aims to improve the efficiency and accuracy of case-finding for AMD (wet active) for both new and review patients, thereby improving the speed of diagnosis and treatment to prevent sight loss.

Interest in the course was immediate, with half of LOCs contacting LOCSU for access codes within the first week. During the 2021-2022 period, 458 candidates registered for the course and 123 CET certificates were awarded.

## A Collaborative Approach to Eyecare Services for People With a Learning Disability

LOCSU partnered with SeeAbility, a charity that supports people who have learning disabilities or autism and sight loss, as well as several subject matter experts to refresh its module covering Eyecare Services for People with a Learning Disability.

This truly collaborative effort has resulted in a module that is essential for practitioners wishing to make their practice accessible for people with learning disabilities. Completion of the module is also a pre-requisite for practitioners who want to deliver the LOCSU community learning disability pathway and the NHS England Special Schools eyecare Service.

This course is free to eye care practitioners, eye care administration staff, and other healthcare professionals and is funded by LOCSU, WOPEC, ABDO and SeeAbility.

There was strong early interest in the course and from launch (in 2021) to 2022 period, 229 candidates registered for the course and 34 CET certificates were awarded.

Experts involved in developing the module:

- Rachel Pilling, Professor of Special Needs and Learning Disability Eye Care Bradford University, Consultant Ophthalmologist Bradford Teaching Hospitals NHS Trust
- Dr Maggie Woodhouse, Senior Lecturer, Head of the Down's Syndrome Vision Research Unit Cardiff university
- Lisa Donaldson, Optometrist, Head of Eye Health and Clinical Lead Special Schools Eye Care Service SeeAbility
- Marek Karas. Senior Optometrist SeeAbility
- Mitchel Rueben and Martyn Howlett Senior Dispensing Opticians SeeAbility Special Schools Eye Care Service

Training  
**WOPEC codes**

Covid-19

**PPE**

**LOC Support**

**CET payments**

Other queries

**QIO**

**PCSE**

**PCSE payments**

**Clinical Pathways**

**MECS pathway**

**LOCSU in Numbers:** The most common enquiries in each category is shown in the larger type.



# Recovery and Transformation

## Driving the Future of Primary Eye Care Delivery

We are at a pivotal point in the progression of primary eye care in England. As the NHS undertakes radical transformation to meet the changing needs and expectations of the population it is essential that the sector has the strongest possible representation. This will unlock its full potential and allow it to take its place as an intrinsic element of future public healthcare delivery.

We are building on strong foundations. The primary eyecare sector's response to the COVID crisis proved its willingness, appetite, and ability to deliver outstanding patient care via the Covid Urgent Eyecare Service (CUES). CUES demonstrated the sector's ability to relieve pressure on secondary care while supporting patients closer to home, which is one of the guiding principles of the NHS Long Term Plan.



As a result of CUES, the depth of clinical skills available in primary eye care and its clear capacity to add value far beyond the GOS was recognised by numerous NHS stakeholders. This opened doors for stronger engagement on the role of primary eye care in overall NHS patient care delivery, which LOCSU is pursuing through its close involvement with the National Eye Care Recovery and Transformation Programme (NECRTP).

## The National Eye Care Recovery and Transformation Programme: Aims and Objectives

The NECRTP has evolved following the integration of the various NHS England improvement programmes into the national Pathway Improvement Programme. This covers Eye Care alongside Musculo-Skeletal, Cardiology, and Urgent & Emergency care and aims to avoid duplication of effort by coordinating resources so that transformation occurs across the whole pathway. Eye care transformation will be a vanguard for wider NHS transformation.

The NECRTP has three core aims:

- To improve experience, outcomes, safety, and quality of care for patients in a sustainable and efficient way
- To set out a bold but grounded digital approach to transforming eye care to improve clinical outcomes, patient experience, and productivity

- Crucially, in doing so, NECRTP will also create a replicable model for NHS digital transformation identifying the opportunities that improvement should embrace and mechanisms for scaling their adoption across a federated system

These aims will be underpinned by a digital methodology that applies the culture, processes, operating models, and technologies of the internet era to respond to the raised expectations of the general population and of professionals within healthcare.

## LOCSU's Involvement with NECRTP: Action and Influence

LOCSU has been a proactive force within NECRTP from the outset.

Since April 2021, LOCSU's Clinical Director Zoe Richmond has been seconded to NHS England two days a week as a Clinical Lead directly supporting the programme. In this position she is powerfully placed to deliver clinical leadership and act as the voice of primary care optometry, underlining the core expertise within LOCs and the sector.

This close integration between LOCSU and NECRTP facilitates a clear route from the expertise and experience of primary care stakeholders on the ground, through LOCs, to a position of national influence. It is the best possible scenario for primary eye care and will help to realise our vision of ensuring that the skills and opportunity in primary care are fully utilised and expended before decisions are made to refer to secondary care.

LOCSU's close relationship with the national programme has provided a further route of influence for all sector bodies to help ensure we deliver a strong and unified message to those outside the sector about its potential.

The NECRTP also prioritises clinical leadership at region and system level, recognising the vital role played by local clinical leaders and their geographically relevant expertise in local service delivery.

### Key NECRTP-Related Achievements: Recognition, Resources & Reporting

#### Inclusion in NHS England Planning Guidance

The first major outcome of the programme's work and lobbying of NHS stakeholders was the inclusion of eye care in NHS England's priorities and operational planning guidance for 2021–2022. This is the first time that eye care has been specifically referenced within planning guidance and reflects recognition of its enormous potential to deliver NHS objectives. NHS England also published eye care planning implementation guidance as an official annexe to the main priorities and operational planning guidance. The NECRTP and LOCSU were instrumental in informing the content of this guidance and the recommendations within it, ensuring the primary eye care has a voice at the highest level.

An important feature of the planning and implementation guidance was its use of the term "eye care" rather than "ophthalmology". This appropriately recognises all the providers of eye care across primary, community and secondary care settings.

#### Specification and Development of Optometry First Framework

Optometry First is a comprehensive new care model fully utilising Primary Care Optometry in the delivery of first contact care to resolution and continuity of care for people with a long-term eye condition, working in partnership with the hospital eye service.

The NECRTP is working in partnership with LOCSU and early adopters to explore the optimal operational model and financial model to enable the spread of best practice. Read more about Optometry First on page 4.

#### Development and Launch of Future NHS Eyecare Hub

The Future NHS Eyecare Hub is designed as a knowledge-sharing resource to support the implementation of NHS England recovery guidance on improving eye care services. It contains straightforward guidance, advice, case studies and materials such as pathways, protocols and patient leaflets, alongside the full Optometry First toolkit. It also acts as a forum for discussion, support and networking between all who are involved in delivering or overseeing eye care across England.

#### EeRS Rollout

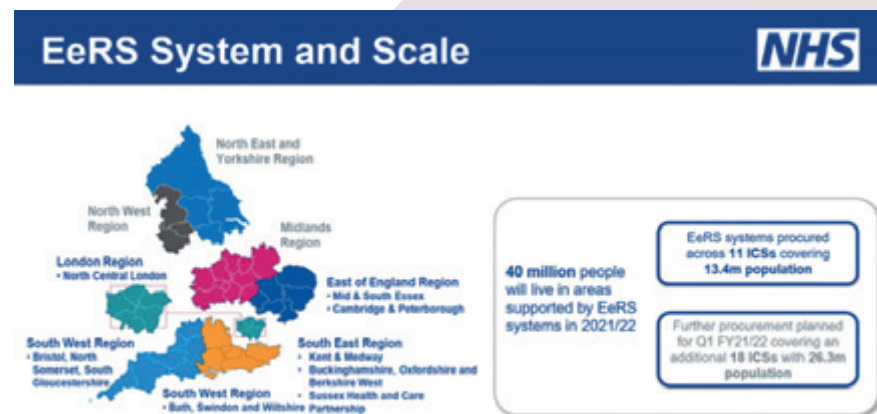
Under the principle of leveraging digital tools to create end-to-end eye care transformation, the NECRTP has been supporting the adoption and scaling of the Eye care electronic Referral System (EeRS) to enable electronic referral and image sharing. Rollout is progressing in all seven regions. To assist adoption, working closely with the sector's IT committee, NHSx is developing a common API standard and data model with the aim to minimise double-keying during data entry and simplify system integrations in primary care.

#### Reporting and Knowledge-Sharing

To support LOCs during this important recovery and transformation period, LOCSU created a dedicated web page containing regular reports from NECRTP along with news from other stakeholders, FAQs and updates on events.

*"The national eye care programme is the essential mechanism through which LOCs can influence the direction and delivery of extended primary eye care services across England. Working within the programme and engaging with regional leaders and LOCs we are ensuring that the key messages are heard at the right level to help shape the future of the sector, for the benefit of the people we serve."*

Zoe Richmond, LOCSU Clinical Director commenting on the relationship between LOCSU and the NECRTP.



# Case Studies

## Showcasing LOC Innovation and Expertise

LOCSU aims to highlight the work of LOCs by promoting their innovative initiatives and sharing best practices. This year LOCSU has published a regular cadence of case studies designed to celebrate success and inspire LOCs with ideas for their own area. They also demonstrate to wider audiences how the resources and expertise available in primary eyecare can solve many public healthcare challenges.

The case studies focus on the drivers for change, the areas where primary care optometry is under-utilised, and the measurable impact in the areas where services have been implemented. They also detail the continuous improvement activities undertaken by LOCs to refine commissioned services.

The case studies published this year cover CUES/MECS, Cataracts, Glaucoma, and Stroke Risk Identification.



## MECS/CUES: The Introduction of Electronic Triage and Ophthalmology Referral Feedback Enhance Services in Devon and Manchester

A core objective of MECS and CUES is to reduce pressure on urgent care departments by managing a greater proportion of patients in primary eyecare. Once implemented, it is always valuable to seek ways to refine and enhance these services and this is exactly what Devon and Manchester LOCs succeeded in doing. Their achievements are documented in case studies published during the year. In Plymouth, Devon, a review of the introduction of an electronic triage system to an already successful MECS found that approximately 20% of people presenting to MECS were subsequently care-navigated to another service or managed with simple self-care advice.

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*“We have proven the efficacy of the service, which will make future commissioning decisions robust, and we will take the learnings from our data to develop the next generation of community provision.”*

Max Halford, Chair of Devon LOC and Primary Eyecare Devon MECS CGPL

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The case study documents the process and findings that indicate electronic triage is a valuable complement to MECS.

[Read the case study](#)

Manchester CCG was one of the first areas to commission the COVID Urgent Eyecare Service (CUES), which was launched in May 2020. Manchester LOC, alongside Manchester Royal Eye Hospital (MREH) and Primary Eyecare Services, worked together to identify that locally implemented referrals feedback could further reduce secondary care presentations through co-management of the patient by redirecting the referral back into primary care for assessment and management within CUES.

This was achieved through integrating the IT system used in Manchester for the provision of CUES with the NHS e-Referral Service (e-RS), allowing it to be used in primary eyecare, with secondary care providers able to access clinical referral information. The case study details the benefits this approach has delivered, from improving optometrist skills and confidence to increased management of patients within primary care

[Read the case study](#)

## Cataracts: Demonstrating Primary Care Cataract Options

An ageing population and delays caused by COVID-19 means demand for cataract care is set to rise by an estimated 20% in the next ten years. Traditional care models are hospital-based and heavily reliant on consultant teams. Post-operative care places unmanageable pressure on hospital out-patient services.

LOCSU has worked with LOCs and Primary Eyecare Services (PES) to publish three case studies that clearly demonstrate the core skills possessed by optometrists and the significant potential of primary eyecare to effectively deliver pre- and post-operative cataract care.

'The Role of the Optometrist in Cataract Care' uses the example of Manchester Cataract Service to highlight the role of optometrists across the entire cataract care pathway.

The case study underlines the value of collaboration across primary and secondary care. It shows how the use of optometrists across the entire pathway leads to:

- Excellent care delivered closer to home for the patient
- More appropriate use of hospital appointments
- Shorter waiting lists for those needing more complex care
- Correct use of resources

[Read the case study](#)

To emphasise the proven benefits of primary care-delivered post-operative cataract services, LOCSU worked with Wakefield LOC and the Mid-Yorkshire Trust to publish a case study on their implementation of the service in the region. It explores how a close relationship between optometrists and ophthalmologists led to the development of an effective model that released nurse practitioners, optometrists and consultants to use their time for other procedures.

[Read the case study](#)

LOCSU also published a case study exploring how LOC Company Primary Eyecare Services worked with an independent sector provider of NHS Cataract Surgery (Optegra) to establish a national contract to provide post-cataract assessment in a primary care-led service encompassing 1,800 optometry practices and undertaking 15,000 post-operative appointments in primary care with potential to increase hospital capacity by 3,000 new patient appointments per annum.

[Read the case study](#)

### **Glaucoma: Reviewing and Enhancing Glaucoma Provision To Prepare for Future Demand**

Glaucoma services currently account for over 20% of outpatient activity in hospital eye services, with demand predicted to grow by 44% by 2035. To support recognition of the value of commissioning Enhanced Case Finding (ECF) alongside repeat measures, LOCSU published a case study exploring how it utilises primary care expertise to:

- Reduce avoidable referrals
- Release capacity in hospital glaucoma services
- Help prevent irreversible sight loss

The case study highlights how studies show ECF is cost-effective and reduces false negative referrals. It emphasises that new models for glaucoma are needed and explains how primary care optometry can support recovery and transformation of current services.

[Read the case study](#)

Supporting the principle of glaucoma service provision in primary care, LOCSU also published a case study exploring how 'Independent Evaluation Leads to Improved Glaucoma Monitoring Service in Devon.'

"We have moved to pro-active management within the service rather than being reactive when problems occur." Deborah Bill, Clinical Governance and Performance Lead, Primary Eyecare Devon.

The study shows how the recommendations made during an independent audit of a glaucoma service were translated into actions that improved patient record collection accuracy from 88% to 100% and raised levels of governance and compliance.

[Read the case study](#)

### **Stroke Risk Identification: Leveraging Primary Eyecare To Deliver Adjacent Healthcare Services**

The accessibility of primary eye care settings and the skills of our clinical teams offers considerable opportunities to provide a broader range of services within optical practices. Cheshire LOC, in conjunction with Cheshire East ICP and with the support of five local practices, has taken part in a 12-month NHS England-funded trial to reduce stroke rates across East Cheshire.

The trial saw five practices equipped with a Kardia Mobile Heart monitor and compatible mobile app which detects the ECG and assesses the risk of atrial fibrillation (AF) – which is an indicator of increased stroke risk – in patients aged 60+.

During the trial:

- 31 patients referred for further investigation on the discovery of suspected AF
- 12 patients who were already that they had AF had it confirmed
- Scope to offer AF testing to companions and carers of patients was identified

This case study underlines how providing services such as AF screening in primary eye care settings aligns with the NHS long term plan to deliver care closer to home and to make every contact count.

[Read the case study](#)

The range of case studies published this year emphasises the incredible scope and potential of primary eyecare to deliver exemplary care, close to the patient, that relieves pressure on hospitals and releases resources for other services.

"It is vital that we continue to document the innovation and expertise intrinsic in LOCs and the sector as a whole. Our focus on collating and publishing case studies means that we have a robust bank of evidence to support engagement with ICSs as we campaign for wider commissioning of our care pathways." Zoe Richmond, LOCSU Clinical Director.

# The Emerging Healthcare Landscape

Throughout 2021–22, LOCSU has supported LOCs in understanding ongoing health and care reform and considering how to offer solutions to national objectives and regional and local priorities. This support has taken the form of guidance, support meetings, optical lead support and engagement, as well as consultation and other engagement.

As the Long Term Plan 2019 (LTP) made clear, new models of health and social care are required to meet the population's needs now and in future.



England's ageing population, the growth of chronic conditions and co-morbidities, and deployment of new technologies and treatments are all contributing factors to health care challenges, many of which are highly pertinent to eye health. To meet these challenges, the LTP stressed the need for greater preventative, integrated, collaborative, and out-of-hospital care, as tools for dissolving siloed thinking and provision and ensuring optimal patient outcomes.

## [The NHS Long Term Plan](#)

To cement these methods in health and social care the LTP called for new legislation. As of March 2022, this legislation is close to receiving Royal Assent as the Health and Care Act 2022.

Some of the reforms this Act will introduce include:

- **New bodies, including Integrated Care Systems, are expected to become legal entities from 1 July 2022:** ICSs are large, holistic commissioning and provider bodies with much greater scope and size than CCGs. ICSs include acute hospital providers, local authorities, social care, voluntary, community, and primary care providers and services. ICSs will have much larger geographies, remits, and budgets than CCGs whose allocative functions ICSs will assume. Through ICSs, the present commissioner/provider split will be erased

- **Triple Aim and Duty to Collaborate:** There will be a new legal duty on health bodies to collaborate and implement the Triple Aim of better health and wellbeing for everyone (with a reduction in health inequalities); better quality of health services for all; and sustainable use of NHS resources
- **Changes to procurement:** The Competition and Markets Authority will no longer influence how the NHS 'organises' itself. This is a major move away from the 'best value' competitive procurement regime introduced by the Health and Social Care Act 2012. A new health services provider selection regime will be introduced. What this looks like is not presently confirmed
- **Secretary of State for Health and Social Care new powers:** Sec State will be granted many new powers, including legal power to:
  - Create new trusts
  - Intervene in local service reconfiguration changes
  - Direct NHS England on public health
  - Issue guidance on the Duty to Collaborate

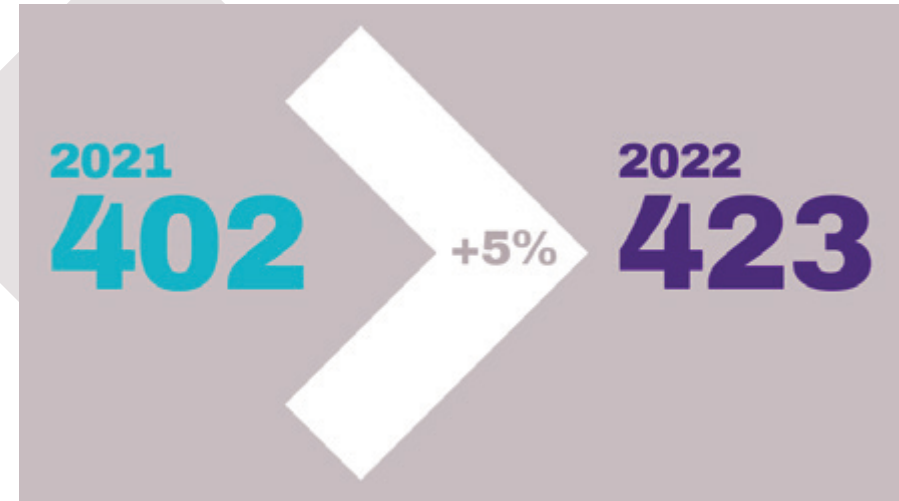
When combining the proposals for legislation with other drivers of change such as the ongoing ophthalmology transformation project, England's healthcare landscape will soon look significantly different. LOCs and the primary eyecare sector will see these changes first hand.

Likely affected areas relevant to LOCs will include:

- **Place:** Place-based commissioning will see barriers to commissioning removed and the introduction of a more flexible approach to meeting patient need. Place is not specifically defined but will likely be very local, meaning LOCs must play a key role. Place will also introduce a shift from activity-based funding towards outcome-based payments
- **Extended primary care contracts:** these will be more encompassing in scope, higher in value, and longer term. The erosion of the commissioner/provider split (through the roll-out of ICSs), and changes to procurement will have major impacts on service contracts across the system

- **Primary Care Networks (PCNs):** PCNs will have a prominent role in local decision-making and contractual requirements
- **Engagement:** New health bodies will cut across LOC boundaries. Larger LOCs will have several ICSs and many PCNs within their geographies
- **Regional collaboration:** LOCSU established regional forums in anticipation of these reforms. Regional forums are ideally suited to developing strategies based on shared learning across large geographies

Following the implementation of the Bill into law as an Act, LOCSU will continue to support LOCs in explaining both their own role as networks of eyecare leaders as well as the role of the primary eyecare sector in meeting key aims.



LOCSU in Numbers: Live services in CCGs across England.

# Evolving Governance 2021–2022

With Richard Knight, Head of Policy

Strong governance is essential to the success of primary eye care. Consequently, developing, promoting and supporting best practice governance is a core element of LOCSU's role.

In 2021, we began to emerge from the pandemic and embark on a recovery trajectory. Simultaneously, the legislation needed to support the requirements of the NHS Long Term Plan went through the parliamentary process.



In times of both disruptive and constructive change, governance takes on even greater importance. The creation of much larger stakeholder groups, in the form of Integrated Care Systems, means it is critical that all entities in primary eyecare demonstrate robust and effective governance processes so that they present a credible, valuable solution to the challenge of integrated patient care.

Alongside its work to support sector-wide governance, in 2021–2022 LOCSU also devoted significant resources to supporting LOC governance. This resulted in the publication of the LOC Guide, which is a single point of reference advising LOCs on all aspects of duties and operations.

LOCSU's Head of Policy, Richard Knight, shares his thoughts on how a strong approach to governance has continued to support the sector in the past year.

## Governance Underpinning Rapid Response and Continued Performance

“The response to the pandemic and subsequent recovery has been a very positive story for LOCs and primary eyecare. It became necessary to bring in new kinds of governance for clinical practices and regimes, acting according to rapidly evolving regulations and guidance. The strong foundation of governance already in place in the optical sector meant that it was able to maintain continuity of service in a way not possible in many other healthcare settings.

“As a result of the unprecedented adoption of the Covid-19 Urgent Eyecare Service – commissioned rapidly by 80% of CCGs – members of the public were able to access quality eyecare in a safe environment. Patients using CUES avoided hospital attendance, relieving pressure on secondary care settings at a critical time.

“Now, the continued success of CUES and the ongoing provision via MECS is demonstrating the value of primary eyecare, and we are seeing the NHSEI National Eye Care Recovery & Transformation Programme calling for greater use and optimisation of these contracts to meet the requirements specified in the Long Term Plan.”

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*“Without the robust governance already in place, we would not have seen the speed of development and willingness to commission CUES from CCGs. Now, as we start to work with far larger stakeholder groups, governance will once again be central to producing credible, constructive propositions to cement the role of primary eyecare in integrated patient care pathways.”*

Richard Knight, LOCSU Head of Policy

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## LOC Guide Provides Clear Information and Guidance for LOCs

“LOCSU provides considerable guidance to individual LOCs on issues that arise on an ad hoc basis, often via email in direct response to queries. We recognised that there would be enormous value in drawing this guidance together in an accessible format to ensure effective knowledge-sharing and enable all LOCs to make use of it to answer common questions.

“As a result, this year LOCSU published the LOC Guide.

“The Guide is comprehensive, bringing together everything LOCs and their members need to know to act confidently and in accordance with best practices. This single point of reference simplifies and clarifies the roles and responsibilities of LOCs and the procedures they should follow to ensure effective operations.

“It was also important to recognise that the pandemic brought about changes to the ways LOCs operate, predominantly with the introduction of remote meetings, and guidance needed to be revised to reflect this.

“The guide includes template policies for everything from handling complaints and managing conflicts of interest to establishing a disaster recovery plan and complying with data protection and privacy regulations. This helps to improve consistency across LOCs and lifts the administrative burden associated with developing and managing policy documents.

“The guide was shared with all LOCs in a single document format in November and its contents are also available on the LOCSU website in chapter format. Producing the guide and updating advice to reflect the changing environment was a significant undertaking – ably led by LOCSU Information Officer Lisa Stonham – and we are confident that it will continue to deliver value and clarity for LOCs in future.”

### Consultations

LOCSU responded to the following consultations during 2021–2022:

- NHS Provider Selection Regime
- Caldicott Principles
- HSC Committee Call for Evidence
- Royal College of Ophthalmologists Management of Angle-Closure Glaucoma
- DVLA Amending the Road Traffic Act 1988
- NHS Standard Contract 2022-23
- NHS National Tariff Consultation 2022-23
- EBI Cataract, Glaucoma and Diabetic Review
- NHS Provider Selection Regime – supplementary consultation



# Finance Review

April 2021 – March 2022

## Principal Activity

LOCSU's purpose and principal activity is to support Local Optical Committees (LOCs) across a spectrum of activities. This support is delivered through practical hands-on engagement via a network of leads, as well as through services provided to LOCs remotely by the national team. The members of LOCSU (its "shareholders") are the 3 optical sector bodies, being Association of Optometrists ("AOP"), FODO – The Association for Eye Care Providers and The Association of British Dispensing Opticians ("ABDO").

LOCSU is funded almost entirely by levy payments from LOCs, and the audited figures in this review show how this funding has been used.



LOCSU is the sole shareholder (via an intermediate company) of 92 primary eyecare companies. The majority of these companies have now consolidated their operations within Primary Eyecare Services Limited, which is also owned by LOCSU. Primary eyecare companies act as contracting bodies which sit between commissioners and individual practices. The results of primary eyecare companies are not consolidated within these audited figures.

## Financial Results

The audited results for the year ended 31 March 2022 are shown below. These are compared to the audited results for the prior year.

The result for the year ended 31 March 2022 is a surplus of £428,000 on a turnover of £1,497,000 (compared with a deficit of £204,000 on a turnover of £939,000 in the prior year). Company reserves at the end of 31 March 2022 are £1,373,000.

The increase in levy income from 2021 to 2022 is due to the levy holiday that LOCSU announced at the outset of the COVID-19 pandemic. The levy holiday was for a period of four months from April to July 2020, and 2022 therefore reflects a full 12-months of levy income as compared to 8 months in the prior year. Other income to LOCSU consists of reimbursement from NHSE for seconded members of staff working within PCSE and the National Eye Care Recovery and Transformation Programme. The overall increase in income for the year has resulted in the surplus presented.

## Directors

The directors who served during the year were:

**Mr M M Fegan, Chair**  
Resigned 28 April 2022

**Mrs H Alderman**  
Resigned 15 June 2021

**Mr C P Bill**

**Mr M J Cody**  
Resigned 30 November 2021

**Mr P G Hampson**  
Appointed 2 December 2021

**Mr D D Hewlett**

**Mr M I Jkinson**

**Ms S E Joyce**  
Appointed 5 August 2021

**Mr S N McAndrew**  
Resigned 5 August 2021

**Miss D H McGill**

**Mrs A P Page**

**Mr A E Sampson**  
Appointed 15 June 2021

**Ms E J Spofforth**

**Mr T J Warburton**  
Resigned 20 October 2021

Throughout the last three years LOCSU has been able to ensure that business continued as usual, adjusting delivery where required. As the impact of the pandemic eased, more regular in person activity could take place resulting in travel and meeting costs returning to the pre-pandemic level. The NOC was deferred until the fall of 2022 to allow for an active, in person, networking event to take place as a direct response to LOC needs and to enable the agenda accommodated full understanding of the NHS reforms as the detail was not readily available in spring 2022. As such there are limited costs incurred in this financial period.

With the exit of CegedimRx from the optical market in 2020–21, development and licence fees for the provision of the Optomanager platform and National Data Repository are no longer incurred.

The above savings has contributed to the surplus in the year and this combined with a full year of income results in the surplus presented.

The strong reserve position that has been built in recent periods ensures that LOCSU has a financial stability to enable the continued delivery of support to LOCs even during difficult periods such as that faced during the height of the COVID-19 pandemic. This also allows for flexibility in responding to new requirements for support where needed.

LOCSU will undertake a strategic review and needs assessment in conjunction with LOCs and stakeholders to ensure reserves are appropriately invested directly into LOCs. Primary eye care and the NHS is in a state of transition; utilisation of reserves will ensure that all LOCs are fully supported to maximise opportunities for the benefit of professionals and practices across the country.

## Income

|                     | 2022              | 2021            |
|---------------------|-------------------|-----------------|
| Levy received       | £1,353,679        | £837,747        |
| Other income        | £143,029          | £101,740        |
| <b>Total income</b> | <b>£1,496,708</b> | <b>£939,487</b> |

## Balance

|                          | 2022            | 2021              |
|--------------------------|-----------------|-------------------|
| Income                   | £1,496,708      | £939,487          |
| Expenditure              | £1,068,562      | £1,143,318        |
| <b>(Deficit)/Surplus</b> | <b>£428,146</b> | <b>(£203,831)</b> |

## Expenditure

|  | 2022              | 2021              |
|--|-------------------|-------------------|
| <b>Personnel costs</b>                                       |                   |                   |
| Staff costs including directors and payments to consultants* | £575,666          | £540,978          |
| Adviser attendance and expenses**                            | £268,391          | £251,108          |
| AOP staff support  | £81,942           | £88,722           |
| Board attendance expenses                                    | £361              | £0                |
| <b>Total personnel costs</b>                                 | <b>£926,360</b>   | <b>£880,808</b>   |
| <b>NOC and conferences</b>                                   | <b>£303</b>       | <b>£22,296</b>    |
| <b>Training (staff and LOCs)</b>                             | <b>£14,442</b>    | <b>£34,990</b>    |
| <b>Office accommodation and office costs</b>                 | <b>£47,168</b>    | <b>£60,275</b>    |
| <b>Legal and professional costs including audit</b>          | <b>£13,230</b>    | <b>£18,460</b>    |
| <b>Website and communication costs</b>                       | <b>£20,054</b>    | <b>£16,355</b>    |
| <b>General expenses including travel</b>                     | <b>£19,434</b>    | <b>£8,701</b>     |
| <b>Depreciation</b>  | <b>£7,227</b>     | <b>£9,543</b>     |
| <b>Project costs</b>   |                   |                   |
| IT development and Optomanager licences                      | £0                | £65,300           |
| National Data Repository                                     | £0                | £7,965            |
| Enhanced services training packages                          | £18,676           | £16,308           |
| Support to LOCs to engage with LOC-online                    | £1,668            | £2,317            |
| <b>Total project costs</b>                                   | <b>£20,344</b>    | <b>£91,890</b>    |
| <b>Total expenditure</b>                                     | <b>£1,068,562</b> | <b>£1,143,318</b> |

\* Reflects staff and director salaries/payments plus NI and pension, it also includes recruitment costs and staff (health) insurance. The consultants are external consultants and for this period includes Cream Design for their communications work, and independent contractors fulfilling the interim clinical director role.

\*\* Contains fees to both Advisors and Optical Leads (contract rate plus expenses).

## Balance Sheet

|  | 31 March 2022     |                   | 31 March 2021     |                 |
|--|-------------------|-------------------|-------------------|-----------------|
| <b>Fixed assets</b>                            |                   |                   |                   |                 |
| Tangible assets                                |                   | £8,631            |                   | £14,247         |
| <b>Current assets</b>                          |                   |                   |                   |                 |
| Debtors  | £343,846          |                   | £345,500          |                 |
| Cash at bank and in hand                       | £1,192,333        |                   | £764,478          |                 |
| <b>Current assets total</b>                    | <b>£1,536,179</b> |                   | <b>£1,109,978</b> |                 |
| Creditors: Amounts falling due within one year | (£172,063)        |                   | (£179,624)        |                 |
| <b>Net current assets</b>                      |                   | <b>£1,364,116</b> |                   | <b>£930,354</b> |
| <b>Total assets less current liabilities</b>   |                   | <b>£1,372,747</b> |                   | <b>£944,601</b> |
| <b>Reserves</b>                                |                   |                   |                   |                 |
| <b>Income and expenditure account</b>          |                   |                   |                   |                 |
| At the beginning of year                       |                   | £944,601          |                   | £1,148,432      |
| (Deficit)/Surplus for the year                 |                   | £428,146          |                   | (£203,831)      |
| <b>Members' Funds</b>                          |                   | <b>£1,372,747</b> |                   | <b>£944,601</b> |

These summarised financial statements are an extract from the statutory financial statements for the year ended 31 March 2022 which have been audited by Menzies LLP, who gave an unqualified audit report on 11 November 2022. The auditors have confirmed to the directors that these summarised accounts for the periods ended 2021 and 2022 are consistent with the statutory financial statements.

# Our People

## Head Office

**Richard Whittington,**  
Chief Executive Officer

**Zoe Richmond,**  
Clinical Director

**Richard Knight,**  
Head of Policy

**Lisa Stonham,**  
Information Officer

**Jacque Fooks,**  
Office Manager

**Simone Mason,**  
Digital Learning Support Officer

## Optical Leads

**Alvaro Borges**

**Danielle Ellis**

**Sarvat (Bobby) Fida**

**Max Halford**

**Fionnuala Kidd**

**Julia Maiden**

**Nizz Sabir**

**Amar Shah**

## Board

**Mike Fegan,**  
LOCSU Board Chair  
(resigned 28 April 2022)

**Henrietta Alderman,**  
AOP Chief Executive  
(resigned 15 June 2021)

**Adam Sampson,**  
AOP Chief Executive  
(appointed 15 June 2021)

**Trevor Warburton,**  
AOP Representative  
(resigned 20 October 2021)

**Peter Hampson,**  
AOP Representative  
(appointed 2 December 2021)

**Debbie McGill,**  
ABDO Head of Policy and Public Affairs

**Mike Cody,**  
ABDO Representative  
(resigned 30 November)

**David Hewlett,**  
FODO Group Director for Leadership,  
Transformation and Strategic Partnerships

**Stephen McAndrew,**  
FODO Representative  
(resigned 5 August 2021)

**Sarah Joyce,**  
FODO Representative  
(appointed 5 August 2021)

**Matthew Jkinson,**  
LOC Representative for North Region

**Emma Spofforth,**  
LOC Representative for Midlands and  
East of England Region

**Abi Page,**  
LOC Representative for London Region

**Charles Bill,**  
LOC Representative for South Region

**Wendy Andrusco,**  
Company Secretary

**Sarah Cant,**  
College of Optometrists  
(Invited Observer)

## Clinical Advisers

**Jane Bell**

**Bruce Gilson**

**Peter Hampson**

**Trevor Warburton**

# Contact

For further information please contact us:

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