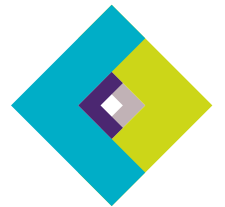


Confidence and Connections

Annual Review

April 2022 – March 2023



LOCSU

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Foreword from Janice Foster

LOCSU CEO

I am pleased to share with you our annual review of LOCSU's activities from April 2022 – March 2023. It covers a period of rapid change as NHS reforms transition from the preparation to the implementation phase. Within that, the primary eye care sector has enormous opportunities to secure its future as an integral component in patient care pathways. With opportunities there are always challenges, and with new initiatives there is inevitably a great deal to learn.

This annual report reflects that environment as LOCSU worked to provide strategic and tactical support to LOCs, while helping develop talent and skills within the sector. Two key themes emerge throughout the review: confidence and connections.



Nurturing Confidence

It is essential that LOCSU helps LOCs build confidence as we work in partnership to champion primary eye care at this pivotal point in the sector's history.

LOCSU supports this in a number of ways.

- Engaging effectively with a changing NHS entails a sound understanding of the role LOCs will play, so LOC members can engage confidently with peers horizontally and vertically. We created a short film explaining the reforms and what the optical sector should expect as they unfold
- Optometry First is the flagship approach to delivering more services more effectively in primary eye care. Our review of the early adopter programme looks at how the selected areas tackled the challenge of implementing a new way of working with commissioners, secondary care stakeholders, providers, and LOCs. The lessons learned will benefit future areas rolling out services under the Optometry First model and help LOCs play a key role
- In the Pathways and Case Studies review we look at the new pathways LOCSU has developed in partnership with LOCs and other subject matter experts to deliver patient care. We also share how LOCS across England have implemented services to enable best practice development and confidence for future roll outs

This review also looks back at the Training and Development programme delivered and supported by LOCSU this year. It shows strong evidence of progression as candidates undertaking LOC induction courses graduate to take up places on the LOC leadership course. Many comments from participants reflect an increase in personal confidence gained from participating in the courses, and there is encouraging energy and enthusiasm across the course cohort for using the skills they have learned to take on key roles.

One of the essential advantages of undertaking LOCSU training is the opportunity to meet and share experiences with LOC members around the country. This year, courses introduced WhatsApp groups to support informal communication between course participants, and these have proved a very popular way to maintain connections and support once the course is complete.

Eye Care for Everyone

We are deeply conscious that everyone should have access to quality eye care and that eye care professionals must feel supported and welcome, regardless of background. This year, we commissioned LOCSU's first Equality, Diversity and Inclusion (EDI) report. While there was much to welcome, the report identified areas for improvement including ensuring LOC composition more closely reflects both contractors and performers and the local population. By initiating this discussion of EDI, we hope to establish a positive, transparent foundation on which to build.

Creating Connections

Finally, our National Optical Conference was once again a superb opportunity to meet in person and hear from senior stakeholders in the NHS transformation process. The interactive workshops proved a further opportunity to build connections and share experiences.

It is these connections and the confidence that comes from being well-informed and outstandingly skilled, that will enable primary care optometry to rise to the challenge of transformation. As changes continue, LOCSU is committed to providing the information, support, and strategy needed to help LOCs ensure that primary eye care realises its potential as an essential component of eye care delivery in England.

Optometry First

Early Adopters Demonstrate Strong Potential for Further Roll Out of Optometry First

The aim of Optometry First is to fully utilise the core competencies and skillsets within primary eye care to achieve optimum outcomes for patients from the first point of contact and resolve eye care problems as quickly as possible. The model also aims to ensure the best use of primary and secondary care resources by monitoring and managing low-risk long-term conditions in primary care where possible, releasing secondary care resources for more specialist care.



The model was launched in 2021–22 with a call for expressions of interest from integrated care systems (ICSs) seeking to become early adopters of the model. There was strong interest from all seven NHS regions, with 17 ICSs registering for consideration. LOCSU worked with NHS England to identify three applicants that met core selection criteria including:

- Having substantive scope for improvement
- Availability of appropriate workforce
- Having clinical support and dedicated clinical leadership
- Financial commitment
- Willingness to work with NHSE for sub-specialty coding
- LOCSU and LOC support

The three early adopter regions selected were: Bassetlaw (North East & Yorkshire Region – moving to Midlands region following boundary change); Isle of Wight (South East region); and Sefton (North West region).

To provide a genuine test of the model as a new service implementation, it was critical that the early adopter regions differed from each other so they would approach and experience the rollout in different ways. This would identify as many different hurdles and opportunities as possible so these can be anticipated and addressed in future for the benefit of subsequent roll outs.

Zoe Richmond, LOCSU clinical director and NHS England NECRTP Optometry Lead believes that choosing the right locations to launch the model initially will be key to future success, saying: “The three regions have core characteristics that differ from each other, but that are found in other areas around the country. By selecting places with differing challenges, we can identify and address a wider range of issues in a much shorter time frame. This will give the next wave of adopters confidence that we are developing a bank of expertise for them to draw on when they roll out Optometry First in their own area.”

Targeted Support From LOCSU

LOCSU recognised that the LOCs hosting the three early adopter regions would need targeted support to have the best chance of success. Ian Silk, business manager for Hampshire and Isle of Wight LOC, was appointed in a project role to provide additional capacity. Ian was already supporting his own LOC with the rollout, making him the ideal person to provide peer support to the other early adopter LOCs.

Ian reflects on his experience supporting Optometry First early adopters: “In Hampshire we have a strong committee that when required can work together and provide support for specific projects as in the case of Optometry First on the Isle of Wight. A key learning point from the project was to ensure secondary care Ophthalmologists were on board from the start of any pathway discussions. We did have a delay to the pre-cataract pathway because the project team had failed to engage ophthalmologists early.

“When supporting the two other LOCs, it was apparent that boundary changes resulting from CCGs becoming ICBs/ICSs were also having an impact – something we hadn’t experienced in the Isle of Wight roll out – as well as the effect of varying dynamics with Ophthalmologists from differing Trusts.

“With additional support from LOCSU’s Optical Leads we were able to provide support via regular Teams meetings for the LOC Chairs enabling them to voice their concerns and start to think differently, not in isolation. We encouraged them to share information regarding Optometry First with their local contractors, reaching out and garnering support from the same contractors to share the workload and identifying where the positive support could come from in respect of the ICBs and Ophthalmologists, culminating in an event to highlight the local benefits of Optometry First.”

Rationale For Optometry First Rollout

Throughout the early adopter phase, there was a determination to avoid a top-down, prescriptive approach and instead build momentum collaboratively among the multiple stakeholders in each region. Zoe explains: “Rather than attempt to develop a single, inflexible approach to Optometry First implementation, we encouraged stakeholders to share our vision that, in five years’ time, eye care can be delivered using existing skills and infrastructure and in partnership with hospital eye services, in an integrated way of working.”

The first step in this approach was to identify the immediate needs and priorities in each area. These varied significantly due to differences in population demographics; the primary eye care pathways already in place; the existing relationships between primary and secondary care providers; and the local workforce pressures across the care pathway. Consequently, each early adopter started their Optometry First journey in a unique place with quite different first phase activities.

The national team had to learn as much as possible about the team dynamics, culture, inter-organisational relationships, and political environment in each early adopter region so appropriate support and facilitation could assist progress where needed. In particular, different stakeholders’ varying appetites for change had a definite impact on the programme, with uncertainty sometimes translating into resistance.

What Has Worked Well?

- Considering specific local need as the starting point. This has helped to build the case for change. Where there is a clear requirement for improvement, stakeholders can see the logic of how a new approach will benefit patients and relieve pressure on secondary eye care
- Having dedicated staff to lead and implement change across all the providers. The model of having a prime provider for the Optometry contract, with a dedicated team or named service leads to support implementation utilising already well-established relationships with the single provider and commissioner, hospital eye service, LOCs etc
- Using primary care to audit new and backlogged referrals to identify opportunities for redirecting referrals into Optometry First. This was a valuable first step when new pathways were being created in Optometry First and ultimately helped reduce pressure on secondary eye care services

What Lessons Were Learned?

- The existing pathways in place in an area form part of the foundation of Optometry First. These need to be robust before an Optometry First service can be developed. If the key structures and relationships aren’t in place around these existing pathways, this can cause challenges when seeking to build on them

- A phased approach is preferable to a “big bang” style implementation. All three early adopters agree that a big bang approach doesn’t work as it fails to take key stakeholders along on the journey. A phased approach is key to building confidence between primary and secondary care
- Technology should be viewed as an enabler, not a driver or outcome. New technology is needed to support Optometry First, but it should not be viewed as a target or end goal of the programme

NOC Workshops Shared Progress and Challenges

During NOC 2022, commissioning managers from NHS England, Bassetlaw, and Hampshire & Isle of Wight joined Zoe to lead a presentation and workshop sessions on Optometry First. The interactive sessions introduced three of the challenges encountered and invited delegates to debate them. The challenges discussed were:

- Workforce: How is workforce an enabler to eyecare transformation and how do we implement Optometry First with our current capacity challenges?
- Working in partnership: How do we become a system partner?
- Clinical confidence: How do we build clinical confidence in primary care, within secondary care teams

These were valuable sessions allowing a wider cohort to engage with Optometry First.

Optometry First Reduces Waiting Lists in Bassetlaw

In 2021, due to capacity pressure exacerbated by COVID-19, the average wait for an appointment with the Hospital Eye Service in Bassetlaw was 50 weeks. 4378 patients were waiting for a first appointment.

The Optometry First Team identified the local need to reduce hospital service demand and better understand referral activity with the aim of introducing new pathways utilising primary care capacity and capability.

An audit of backlogged referrals identified referrals suitable for optometric management. Working within the Optometry First Framework, new pathways were commissioned to build a comprehensive optometry service to receive the redirected activity and better manage low risk activity within first contact care.

Results

Referrals were redirected for management in primary care optometry, resulting in a reduction in demand for ophthalmology services with a corresponding reduction in waiting times. 56% of paediatric referrals were considered suitable for optometry, with 75% fully managed, whilst 23% of adult referrals were redirected optometry, with 87% fully managed, resulting in a reduction in demand for ophthalmology services.

Evaluation and Next Steps

All three early adopters have achieved success through implementing Optometry First. A strong bank of knowledge and experience has been created that will benefit future implementation.

Zoe Richmond outlines the next steps: "There is lots of great work going on. Now we need to collate evidence and learnings to roll Optometry First out to other areas. We know that the pathways work clinically, and we know that there is appetite; we now need to establish what that means for each local system so we can support effective roll out."

Training and Development

Pathways to Leadership

LOCSU's training and development programme is central to our mission to identify, nurture and support talent throughout LOCs. It is designed to help participants become more effective LOC members and to build a strong cohort of future leaders to drive transformation and confidently engage with all key stakeholders.

Alongside learning opportunities, the training and development programme is designed to foster connections between participants. This allows them to support each other during the course and beyond, helping to strengthen collaboration and knowledge-sharing within the sector over the long term. This year, alongside in-person and online sessions, participants have joined course-specific WhatsApp groups for informal communications. These have proved very popular and have endured beyond the conclusion of each course.



LOCSU has also evolved its courses to incorporate more outcomes that are immediately valuable to LOCs.

LOC Induction Course: Action with Confidence

This year 36 candidates completed the LOC induction course, which is designed to help new LOC members gain insight into the role of the LOC, its functions, and responsibilities. Courses ran in June and September 2022 and January 2023.

For the first time, a dedicated candidates' WhatsApp group was established. Simone Mason, LOCSU's Digital Support Officer and LOC induction course facilitator, explains the aim of the group: "Networking is a key objective for the induction course, so creating a WhatsApp group was a logical step. It allows participants to connect in a more "instant" way during the course to support and learn from each other. It is the ideal place to ask questions about course content and share experiences more generally about LOCs and roles. It also allows candidates to stay connected after the course to share how they are progressing and any good news stories."

The Power of Community

Participants learn a lot from the LOC induction course, but they gain even more from the connections they make. LOC induction course members:

- Come for the content but stay for the connections

- Meet new people and explore opportunities such as attending NOC – 16 course attendees went on to attend NOC
- Share experiences and knowledge

This year, the LOC induction course also included a new format for participants to collate learnings and translate them into an immediate benefit for their LOC. The action plan template provided a structure for candidates to identify "quick wins" their LOC could target and devise a step-by-step plan to achieve them.

This proved popular with course attendees. Anoop Bains, Communications Officer of Walsall LOC, said: "I found the action plan template has been super helpful to easily detail what actions my LOC can make and breaking it down into simple steps.

"As a new member, I'm always apprehensive to share new ideas in case I'm stepping on any toes, but I think sometimes it can be helpful to have a new outside view of things especially to promote productivity. I'm excited to share my plan and easy wins as I don't feel it's overly ambitious but can have a huge impact if done well."

The topic of confidence has been a recurring theme among course candidates this year, both in the induction and leadership courses. Taking part in the induction course has helped some candidates grow more confident and comfortable sharing their ideas.

Phillippa Goodwin of Ashton, Leigh and Wigan LOC shared her discovery: “That all new [LOC] members feel the same! We do have skills to offer, even if we feel we don’t!” On completing the induction course, Phillippa said: “I do feel more confident in getting involved and feel like I’m going to learn so much for being part of the LOC, it really does feel like I’m finally becoming #notjustaDO!”

The January 2023 course introduced a new element in the form of a “setting goals” workshop designed to keep candidates on track to complete the course. Course facilitator Simone had identified that participants didn’t always complete the full course, and sought a way to boost completion rates from 60%. The course contains a variety of activities that candidates undertake on a weekly basis, including resources for all learning styles such as powerpoint presentations, podcasts, videos, quizzes and more. It is available 24/7 and is designed to fit around participants’ busy professional and home lives as far as possible. The overt focus on setting goals for completion resulted in 80% of participants having completed the course by the end of March.

On completing the course, Haneen from Central Mersey LOC said “I feel I have a much better understanding of what the LOC is about, and what it sets out to achieve. But most importantly I feel I have grown in confidence. I know I still have a lot to learn, but I feel with the knowledge I have gained, I can approach things with better understanding. I feel I will be able to contribute better at the LOC meetings.”

Four candidates from the LOC induction course in 2022–23 have since progressed onto the leadership course, demonstrating its value as a pathway to progression in the industry.

LOC Leadership Course: Communications and Setting the Seeds for Growth

Nine candidates were funded by LOCSU to take the LOC leadership course in 2022. The course’s goal is to equip participants with key leadership skills and develop their ability to recognise and support effective leadership in others.

This year’s cohort was especially engaged and developed exceptionally strong communication skills, in particular, over the duration of their study programme.

Clear, consistent communication is essential for good leadership, and it will be vital as the sector continues its journey of transformation. For this cohort, in common with the induction group, confidence is also a key issue. Therefore, LOCSU was delighted when course participant Reena Rani Anand of Walsall LOC wrote and published an article in Optometry Today about her experience.

In the article, Reena reflected on the importance of lifelong learning, saying: “As optometrists, our roles are constantly evolving and expanding, and self-directed lifelong learning is an important part of keeping our knowledge and skills up to date. The course has allowed me to take ownership of my learning and to discover gaps in my knowledge and address these. I am motivated to continue to learn and to further improve my practice.”

Joanne Lindley, of Surrey LOC, echoed Reena’s thoughts, adding: “The leadership course has given me a turbo boost not only personally but professionally and I will be forever grateful for all the support LOCSU has shown me to be able to give me the tools and the confidence to have a go and to step outside my comfort zone with confidence!” Joanne also notes that she is busier than she has ever been but credits the leadership course for giving her the courage to take on more responsibilities, saying: “it’s all come about with the leadership course; the seed was set there, and it continues to grow!”

Jagdeep Singh, of Shropshire LOC took the LOC induction course in 2021 and embarked on the leadership course as the ideal way to build on his learning and develop stronger understanding of the challenges ahead for Optometry.

He found the networking aspect of the course particularly valuable and also appreciated the role of team-building and change management when developing his own leadership style. Jagdeep has been able to translate what he learned on the course in a practical sense, supporting his LOC to focus on succession planning. On a personal level he says: “since completing the course I have taken on a senior role which will allow me to utilise the skills I’ve learned when it comes to building more strategic networks and relationships to roll out more enhanced optical services in primary eye care.”

Jagdeep joined LOCSU as a Non-exec Director in 2023.

Two more candidates who are putting their studies to practical use are Mohammed Bhuta and Fionnuala Kidd. Following their successful completion of the leadership course in 2022, they have both taken on vital roles as Advancement Leads at LOCSU.

WOPEC Course Completion Surges

LOCSU’s partnership with Wales Optometry Post-Graduate Education Centre (WOPEC) continues to provide accredited courses and sessions designed to support the implementation and delivery of extended primary care pathways. These are available to Optometrists and Dispensing Opticians through their LOCs. Each course or session attracts CPD points.

From April 2022 – March 2023 there were 3,197 individual course registrations. These led to 2,130 candidates completing all the online elements of the courses and being awarded CPD Certificates. This is a rise of 23% compared to the previous year. Among these, 695 completed all online lectures and also completed the practical element or OSCE examination (for MECS and Glaucoma courses). This is a 165% increase on figures from the previous year.

Commitment to Skills Development

Commenting on the training and development programme in 2022–23, Simone Mason says: “This year’s training cohort showed superb commitment to building their skillset so they can actively engage in the elevation of primary eye care within the NHS landscape. We are seeing them move into key roles with the confidence and knowledge that they have honed through the induction and leadership courses.”

What Has LOCSU Done for You in 2022–23?

LOCSU's purpose is to support Local Optical Committees to fulfil their statutory function well, so that GOS contractors and performers can deliver NHS eye care effectively in their area. Our vision is to make it easier for LOCs to function and maximise opportunities to improve primary eye care in their areas.

1116

1116 meetings with LOCs and other key stakeholders.

We seek to achieve our purpose and vision in a variety of ways, including:

- Informing LOCs on key developments in the NHS, interpreting NHS strategy, and ensuring LOCs receive the information they need to act effectively
- Consulting on, developing and promoting new clinical eye care pathways
- Creating case studies promoting best practice delivery of pathways
- Devising and delivering accessible training and development programmes independently and in partnership with e.g. WOPEC
- Creating community through events such as the NOC and building professional networks for optical professionals across the country

As we pursue these activities, we strive to be professional, transparent, supportive, proactive, inclusive, collaborative and approachable.

Influencing and Leadership

LOCSU seeks to support LOCs to build productive, collaborative relationships with stakeholders across the healthcare sector. Our core team and Optical Leads have built a strong network of influence through contributing to key initiatives such as Optometry First.

Our Clinical Director, Zoe Richmond, has continued her work as NHSE NECRTP Optometry Lead this year, ensuring that the LOC perspective and capabilities in primary eye care are front and centre during the evolution of healthcare provision in England.

During 2022–23, LOCSU representatives have undertaken **1116 meetings** with LOCs and other key stakeholders from across the healthcare spectrum. We contributed to **eight national consultations**, including the GOC's call for evidence on the Opticians Act.

LOCSU works to keep LOCs updated on the progress of NHS transformation. This year, we created an explanatory video covering the changes that are in progress through the transition from CCGs to integrated care systems (ICs).

Pathways and Case Studies

During 2022–23 LOCSU has launched **two new pathways**, the Integrated Dry Eye Disease (DED) Pathway and Naevus Referral Filtering and Monitoring pathway. We have also refreshed our Low Vision Pathway.

A survey undertaken in autumn 2022 showed that 98% of place-based commissioners have commissioned at least one of LOCSU's core pathways from primary eye care. Within that figure, 63% have more than one core pathway in place.

Once pathways are launched, it is important that successful roll outs are documented and shared throughout the LOC community. LOCSU collates evidence of effective roll outs and creates case studies.

In 2022–23, LOCSU has produced **seven case studies** covering clinical pathways, as well as highlighting other LOC initiatives such as Leeds LOC's focus on improving access to primary eye care for the deaf community and the success of the Children's Vision service in Gloucestershire.

The consistent development and review of robust clinical pathways, and the collation of implementation success through case studies, provide LOCs with invaluable tools to facilitate conversations with commissioners in their local area. The overarching aim is to expand clinical services available through primary eye care providers on the high street to make a difference for local people. Throughout the year, 445 extended services were accessible to patients through local optical practices.

Learning and Development

LOCSU is focused on helping LOCs identify and nurture talent, helping LOC members derive maximum value and fulfilment from participating in their LOC. We also seek to help LOCs develop a strong pipeline of candidates to take on leadership roles within the sector.

During 2022–23, LOCSU has delivered **eight learning and development sessions** equating to **677 CPD points**. The community is demonstrating good leadership progression, with several course participants taking on broader roles and responsibilities in the sector following the completion of LOCSU courses.

We are also working to make our learning and development and other knowledge-sharing activities as accessible as possible, utilising a number of channels and communication methods such as webinars and podcasts, and developing bite-sized CPD options.

Networking, Community-Building and Knowledge-Sharing

LOCSU seeks to create opportunities for LOC members to build relationships with colleagues throughout England and facilitate knowledge transfer. The National Optical Conference is LOCSU's flagship event and 2022 saw the sector gather at the Queens Hotel in Leeds.

"It was really energetic, speakers 'punchy' and edgy which I loved, and it felt really collaborative." NOC 2022 Attendee.

LOCSU drew on its relationships with leading voices from across the industry to provide a distinguished panel of speakers, including Louisa Wickham, the recently appointed National Clinical Director for Eye Care.

LOCs were strongly encouraged to send multiple delegates to the event, with the result that there were many first-time attendees, who got a great deal of value from the event.

Case Studies and Pathways

Paving The Way For Progress in Primary Eye Care

Communicating the ways that LOCs are supporting patients and the eyecare profession is an important part of LOCSU's role. In 2022–23 we published several case studies highlighting the impact primary eyecare innovation can have on patients, healthcare providers and the NHS.

LOCSU also launched two new primary eyecare pathways, the integrated dry eye disease (DED) pathway and the naevus referral filtering and monitoring pathway. These pathways were designed and developed in close consultation with LOCs, clinical leaders, and strategy groups to ensure they meet the needs of patients, commissioners, and Trusts.

Case studies demonstrate a broad range of eye care services and patient needs.



The case studies published this year cover eye care services for people with learning disabilities, improving IP optometrist access to FP10, low vision, and vision care for homeless people.

Eye Care Services for People with Learning Disabilities in the North West

People with learning disabilities are ten times more likely to have serious sight problems but are less likely to have access to high quality eyecare. Carers and family members may believe the person is unable to complete a 'standard' sight test and are not aware that no one is too disabled to have a sight test. LOCSU and SeeAbility have worked together to raise awareness of sight tests for people with learning disabilities, and with WOPEC to update the online learning module to cover autism.

An eye care service for people with learning disabilities has been established in Greater Manchester since 2016, followed by Cheshire and Mersey in 2017. Now, the launch of a service in Lancashire and South Cumbria means that North West is the first NHS region with full coverage in England. Pennine Lancashire LOC and Lancashire Morecambe Bay LOC have worked with SeeAbility to launch the service in Lancashire and South Cumbria. The case study explores how they have approached the task and how the patient community benefits from receiving eye care in a flexible setting closer to home.

[Read the case study](#)

Improving Optometrist Access to FP10

The expansion of access to MECS and CUES during and after the COVID-19 pandemic underlined the value of independent prescribing optometrists in treating and managing more conditions to resolution within primary care. However, a LOCSU survey in April 2021 found only 27% of CCGs who had commissioned either MECS or CUES had also enabled access to FP10 prescribing pads, thereby limiting the scope of optometrists to manage a wider range of conditions.

In March 2022, the National Eye Care Recovery and Transformation Programme (NECRTP) published a recommendation to ensure that: "all Optometrist Prescribers have access to FP10 NHS prescription forms." However, the process for obtaining an FP10 was "complicated and protracted", taking many months. The case study explores how Primary Eyecare Services (PES) undertook an FP10 review process, with the result that FP10 acquisition now takes as little as two weeks, and looks at the benefits that will accrue as a result.

[Read the case study](#)

Low Vision Services Delivered in Primary Care

This case study explores the drivers for and benefits of widespread commissioning of the LOCSU Low Vision pathway.

An ageing population and pressure on secondary eye care means waiting times for low vision assessments can be as long as 24 months. This leaves vulnerable patients in limbo without access to vital support. The case study explores the integrated eyecare service commissioned by East Lancashire Hospital Trust in 2015, including provision for low vision assessments in optical practices, and how this has significantly reduced the time patients wait for help. It also references the Wirral LOC partnership with Primary Eyecare Wirral which has successfully delivered a Low Vision Service for fifteen years.

[Read the case study](#)

Vision Care for Homeless People

Homeless people suffer from health inequalities and can struggle to access eye care. This case study explores how a partnership between Vision Care for Homeless People (VCHP), NHS Gloucestershire, Gloucestershire LOC and local practitioners delivered a static clinic at Gloucester City Mission providing General Ophthalmic Services (GOS). 93% of patients seen in the service were prescribed new spectacles and 18% were referred. The case study also highlighted the inequalities faced by homeless people, revealed in figures such as the time between sight tests.

[Read the case study](#)

New Care Pathways for Dry Eye Disease and Naevus Referral Filtering and Monitoring

Many LOCs felt that patients with dry eye disease were often overlooked and requested that LOCSU develop a pathway to support this group. Working in collaboration with several LOCs and local stakeholder groups, including the Northeast Dry Eye Guidelines Strategy Group led by Consultant Ophthalmologist Prof. Figueiredo from Newcastle Eye Centre, LOCSU devised the pathway. It fits in the Optometry First Framework, providing first contact care through to resolution and continuity of care for those requiring long term support.

[Read more about the Integrated Dry Eye Disease pathway](#)

Naevus Referral Filtering and Monitoring Pathway

LOCSU worked closely with clinical leaders and LOCs to develop the naevus referral filtering and monitoring pathway. The working group was joined by Professor Bertil Damato, consultant ocular oncologist, who developed the MOLES scoring system that underpins the pathway by helping practitioners differentiate choroidal melanomas from naevi and estimate the risk of malignancy.

The pathway aims to improve the efficiency and accuracy of case-finding of choroidal melanoma to accelerate diagnosis and treatment within the hospital eye service. It also provides for ongoing naevi monitoring where required.

[Read more about the Naevus Referral Filtering and Monitoring Pathway](#)

LOCSU's Clinical Director Zoe Richmond underlines the importance of collaboration in developing pathways and publishing case studies: "There is a vast amount of expertise within LOCs, and they are optimally placed to devise highly effective care pathways that capitalise on the skills in primary eye care. Additionally, there are numerous best practice examples of pathways being successfully delivered over the long term having measurable outcomes for the patient community and secondary eye care services. By working together to develop pathways and share best practice examples, we continually strengthen the case for delivering a broader range of patient services via primary eyecare."

NOC 2022

Preparing for Change

The 2022 National Optical Conference welcomed 170 delegates from across England for two days packed with expertise, knowledge-sharing, and networking opportunities. The Queens Hotel in Leeds buzzed with energy as optical professionals engaged with the challenges posed by a changing NHS.

This was the first major event for new LOCSU CEO, Janice Foster, and new Board Chair, Dr. Joy Tweed, and proved an excellent opportunity for them to meet with LOC members and hear first-hand how they are seeing the sector evolve and where support is needed.



Janice reflects: “After COVID-19 caused such disruption to events, it was heartening to see the collaborative power of in-person events return at NOC. In this period of NHS change it is more important than ever that we understand the issues at stake and work together to develop a coherent response that puts primary eye care in a strong position. The content of the conference was closely tailored around the key topics and our speakers and session leaders led delegates to consider key challenges and opportunities and engage to share experiences.”

The first day of the conference focused on ‘Workforce and networking’ and the second on ‘Transformation’.

Keynote Speakers Urge Action, Endorse Collaboration, and Emphasise Self-Care

Professor Anton Emmanuel, Head of the NHS Workforce Race Equality Standard (WRES) gave a no-holds-barred speech on equality and fairness. He was frank and uncompromising about the fact that direct process change is the route to reducing inequality, rather than less tangible “culture”-based measures. He urged the primary care sector to use data to identify areas of inequality and then act fast and decisively to address them.

Louisa Wickham, Consultant Ophthalmologist and Moorfield Eye Hospital Medical Director, called for a “national collaboration” on eye care, underlining the importance of having clear, consistent messages coming from all parts of the optical sector to effectively influence senior decision makers.

Catherine Thompson from West Yorkshire ICB urged LOC members to “keep the faith” as she outlined the Eye Care Transformation Programme in West Yorkshire and its patient-centric approach.

Dr. Rachel Morris, executive coach and presenter of the podcast ‘You are not a frog’, focused on prioritising wellbeing in busy workplaces and encouraged delegates to set boundaries to protect their mental and physical health.

Workshops Prompt Debate and Decision-Making

The seven NOC workshops covered a range of topics designed to help delegates engage with changing NHS structures, learn about redesigned pathways, and explore topics such as equality, diversity and inclusion.

LOCSU’s Clinical Director Zoe Richmond led the Optometry First workshop, which was a valuable opportunity to learn about the principles behind the new care model and hear experiences from the commissioners of the three early adopter regions: the Isle of Wight, Bassetlaw and Sefton.

The session prompted strong participation from delegates, who engaged with the break out discussions on workforce and capacity challenges; how to become a system partner in the new NHS; and building clinical confidence.

The 'Effective LOC' workshop saw the theme of engagement and optimisation of resources explored as delegates discussed how to become more effective.

Delegate Edward Overden found this workshop useful, saying it was "a lot of fun and has given me many good ideas to take back to my LOC."

Other workshops covered Freedom to Speak up Guardians in Optometry; Workforce development/competency and the role it plays in eye care transformation; and structural leadership and LOC representation.

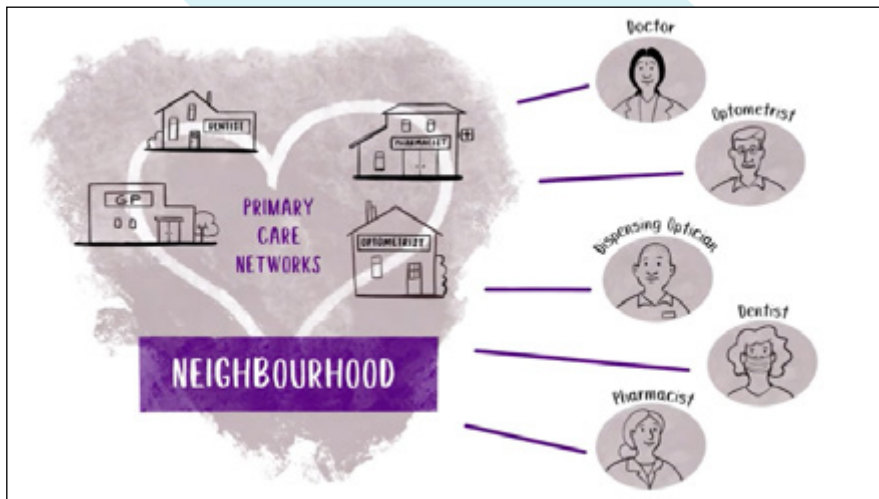
Reflecting on her first NOC, Janice said: "NOC showed the enormous value of spending time in person with stakeholders from across the optometry sector; alongside the structured opportunities to learn are those invaluable chance conversations that prompt innovation. Collaboration and knowledge-sharing are core pillars of effective response to the changing NHS, and the NOC was an excellent example of that principle in practice."

NHS Reforms

Articulating the Elements of Change: NHS Reforms Animated Film

NHS reforms are rapidly changing the way healthcare is procured and provided in England. Primary eye care has a once-in-a-generation opportunity to raise its profile and operate to the top of its licence and capabilities. By delivering a broader range of patient services closer to home, pressure on secondary health care services will be relieved, costs reduced, and patient outcomes improved.

To seize this opportunity, LOCs, as the only official representatives of GOS contractors and practitioners, need to develop a deep understanding of how the NHS is seeking to deliver healthcare. They must position themselves between national, regional, and local bodies and build influence with local and regional commissioners.



To help LOCs build knowledge of the reforms, LOCSU created a four-minute video that looks at what the NHS reforms will mean for LOCs. The film explains the transition from 200 CCGs to 42 integrated care systems and how these seek to integrate social care, prevention, diagnosis, primary care, and rehabilitation across a patient pathway designed to reduce demand on emergency and specialist care. It highlights the advantages of patient-centred, individualised care.

The film introduces the changed environment which emphasises cross-specialism collaboration and the importance of being engaged and active in conversations and consultations. It explains the role of integrated care boards, and the new procurement arrangements that make it easier for ICSs to choose who they work with.

It underlines the importance to LOCs of identifying local leaders, engaging horizontally with peers and vertically with commissioners.

LOCs are at the forefront of change in eye care provision in England. With support from LOCSU they will be working to identify patient needs, provide solutions and work with other specialisms to achieve the vision of integrated care pathways for all patients.

[Watch the video](#)

Financial Report

April 2022 – March 2023

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").

£297,720

The result for the year ended 31 March 2023 is a surplus of £297,720 on a turnover of £1,439,626.

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 member of 92 primary eyecare companies. The majority of these companies have now consolidated their operations within Primary Eyecare Services Limited, of which LOCSU is also the sole member. 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 2023 are shown below. These are compared to the audited results for the prior year.

The result for the year ended 31 March 2023 is a surplus of £297,720 on a turnover of £1,439,626 (compared with a surplus of £428,000 on a turnover of £1,497,00 in the prior year). Company reserves at the end of 31 March 2023 are £1,670,467.

The secondment of a member of staff to NHSE concluded during the year, resulting in a reduction in Other Income for the period. Other income is supplemented by sponsorship and registration to the NOC – this accounts for £35,900 of Other Income.

Directors

The directors who served during the year were:

Mr M M Fegan (Chair)
(resigned 28 April 2022)
Dr J M Tweed (Chair)
(appointed 1 June 2022)
Mr C P Bill
(resigned 31 March 2023)
Mr A J Bridge
(appointed 1 January 2023)
Mrs S Fazal
(appointed 1 April 2023)
Mrs T A Fellows
(appointed 1 April 2023)
Mr A M Halford
(appointed 1 January 2023)
Mr P G Hampson
Mr D D Hewlett
Mr M I Jkinson
(resigned 31 March 2023)
Ms S E Joyce
Mrs R Malik
(appointed 1 April 2023)
Ms D H McGill
(resigned 5 December 2022)
Mrs A P Page
(resigned 31 March 2023)
Mr S J Pell
(appointed 28 April 2022, resigned 3 November 2022)
Mr A E Sampson
Mr J Singh
(appointed 1 April 2023)
Ms E J Spofforth
(resigned 7 June 2023)

2022–23 experienced a continued period of recovery following the Covid-19 pandemic and a year of NHS transformation. LOCSU continued to support LOCs through this period of change with staged activity culminating in the return of NOC22 as the first in-person event since 2019. Alongside the continued recovery, LOCSU experienced a great deal of internal change including the recruitment of a new Chair and CEO. During a 6-month period with an interim CEO, LOCSU operated in a holding position with consolidated activity and reduced projects undertaken. As such costs incurred in this financial period were lower than anticipated.

The reduced activity and associated expenditure have 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. This also allows for flexibility in responding to new requirements for support where needed.

LOCSU undertook a strategic review and revisited LOCs and stakeholders feedback provided prior to the pandemic. They were assessed for feasibility and pertinence, post pandemic and NHS transformation, and developed into an interim strategy focussed upon ensuring reserves are appropriately invested directly into LOCs. Primary eye care and the NHS continues 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.

Equality, Diversity and Inclusion Report

Much to Welcome and Work to Do

Like all NHS bodies, LOCs are bound by the NHS constitution to provide high-quality eyecare that meets the needs of all patients, irrespective of background. In 2022, LOCSU commissioned an LOC EDI research project to explore the extent to which EDI is embedded within LOC practice and to identify areas for improvement.

100%

100% of respondents feel that their opinions and thoughts are respected and listened to.

LOCSU CEO Janice Foster expands on the rationale for undertaking the research: “As formal bodies established by statute, LOCs have an inherent responsibility to support all NHS primary eye care contractors and performers equally. With EDI increasingly at the forefront of NHS planning and priorities, LOCs must lead the way in upholding the highest standards. In conducting an academically rigorous review of EDI performance we can establish a benchmark, celebrate areas of strength, and proactively work to address weaknesses.”

LOCSU commissioned Farah Awan, BOptom, MCOptom, MPA to conduct this independent research, culminating in the compilation of this report and Farah’s professional recommendations. Farah is a member of the NHS London Workforce Race Equality Standard (WRES) working group and is committed to improving and implementing EDI across the optical workforce. She is an editorial board member for Acuity, a College of Optometrists facilitator, and visiting Associate Lecturer at ARU.

The study used the nine protected characteristics listed in the Equality Act 2010 as its foundation, exploring how these are represented in the composition of LOCs, and how EDI is promoted at committee level. It was conducted via an electronic survey that was distributed to all LOCs in summer 2022. Two hundred and five responses were received.

Key positive findings of the study included:

- 94.6% of LOC members do not experience any barriers to joining their LOC
- 96.1% have not experienced any form of harassment, negativity or microaggressions for fellow committee members
- 100% of respondents feel that their opinions and thoughts are respected and listened to

Areas of concern included:

- 21.5% of LOC members do not feel that their LOC is representative of its contractors and performers
- 25.8% of LOC members do not feel their committee is representative of the local population

Recommendations

In response to the data revealed in the survey responses, Farah Awan made a series of recommendations. These include but are not limited to:

Removing barriers to joining an LOC as a consequence of background: the study revealed that those not married or in a civil partnership said having children was a barrier to LOC membership. LOCs should consider the timing of meetings and potential for hybrid options to support single parents.

Supporting diverse leadership: the data showed that there is underrepresentation BAME groups in LOCs, particularly people who are Black or Chinese, when data is compared with optical and health sector data pertinent to LOCs. LOCs are advised to encourage people of all backgrounds to join LOCs and particularly stand for leadership positions. They are also encouraged to access locality EDI data to ensure LOC members reflect populations, contractors and performers.

Employing diversity and inclusion when making decisions that affect committee members: 84% of committee members surveyed agree that diversity and inclusion are employed when making decisions that affect other committee members, but one third of those under 35 and members who are LGBTQ+, and a quarter of those with children feel this is not the case. LOCs are advised to create a diversity subcommittee that creates the opportunity for discourse and engagement with all committee members with emphasis on those under 25, LGBTQ+ members and those with children to support them.

Encouraging diverse committees for inclusive patient outcomes: while 83% of LOC members agree that D&I are employed when making decisions that affect local populations, a quarter of people without children and 43% of those under 35 disagree. LOCs should create a diversity subcommittee to evaluate the impact of decision-making on local populations and ensure hard to reach groups are able to access services.

Encouraging younger members to take on more roles: 34% of GOC registrants are under-35, but only 10% of respondents were, and these respondents' views often diverged from general trends. LOCs are advised to engage actively with members of the under-35 age group to understand the reasons for their concerns.

LOCSU CEO Janice Foster said: "We are grateful to all the LOC members who took part in the research. It will form the foundation of further work in LOCSU to help LOCs further improve EDI and implement the recommendations. Ensuring that primary eyecare is delivered fairly, equitably, inclusively and accessibly is central to LOC responsibilities, and we hope this research activity will prove helpful in prompting consideration of EDI across the scope of LOC decision-making."

[Read the full EDI report here](#)

Contact

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