



NHS Optical Performer Meetings in the LOC Context

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Audience: LOCs

Key points

- 1. NHS England and Improvement (NHSEI) has established Performance Advisory Groups (PAGs) and Performers Lists Decision Panels (PLDPs) as part of its responsibility to manage the performance of primary care performers.**
- 2. PAGs and PLDPs both have optometrists (who may or may not be LOC members) as panel members: their role is that of a discipline-specific practitioner (DSP).**
- 3. Subject to point 2, PAGs may also invite LOC representatives as co-opted members and NHSEI encourages this.**

1. Background

NHS England and Improvement (NHSEI) has established Performance Advisory Groups (PAGs) and Performers Lists Decision Panels (PLDPs) as part of its responsibility to manage the performance of primary care performers.

Throughout the process, the LOC can support and act as an advocate for the practitioner—including at an oral hearing; or:

- if appointed by the LOC, sit as a co-opted member on the PAG to provide context and advice on the management of the case; or:
- if appointed by NHSEI sit as the Discipline Specific Practitioner for PAG or PLDP and make decisions based on the information presented to them.

Note that LOC members cannot switch between these roles for the same case.

NHSEI encourages regional teams to invite LOC representatives to PAGs as co-opted members for their local knowledge and professional expertise. This has been the case in several NHS areas including London, the North West and North East.

2. Regulatory context

[NHS \(Performers Lists\) \(England\) Regulations 2013 \(Performer List Regulations\)](#) supported by [NHSE's Framework for Managing Performer Concerns revised May 2018](#) provides the regulatory framework for managing medical, dental and ophthalmic performers (optometrists) who perform primary care services. The regulations entrust the responsibility for managing the performers lists to NHSEI as the commissioner of primary care services.

NHSEI has bestowed the responsibility for the management of the Performers List (in accordance with the Performers List Regulations and

NHSEI policy) to the Medical Director. This does not infringe upon the GOC's own regulatory remit as derived from the [Opticians Act 1989](#).

3. PAG and PLDP Principles

- Protecting patients and the public.
- Enhancing public confidence in the NHS.
- Identifying possible causes of underperformance.
- Ensuring action is appropriate and proportionate.
- Being fair, open and transparent.

4. PAGs

The PAG's role is to consider concerns about a performer and determine the most appropriate course of action.

PAGs consider all complaints/concerns that may raise a question as to a named performer's fitness for purpose. The PAG will:

- Initiate investigations/request further information.
- Make decisions on any action required where appropriate BUT not actions under the performers list regulations (this is carried out by PDLPs).
- Monitor progress of cases.
- Refer onwards as appropriate which may be to PDLPs.

PAG membership comprises four voting individuals (members):

- A senior NHS manager with a performance role who will chair the PAG.
- A discipline-specific practitioner (DSP) nominated by the medical director. For ophthalmic PAGs this role must be an ophthalmic performer registered with the relevant professional body with a license to practise and currently practicing. This may or may not be a LOC member.
- A senior manager with experience in primary care contracting and/or patient safety and experience.
- A lay member.

The first three must be in attendance for the meeting to be quorate. The chair has a casting vote if necessary.

5. PLDPs

PAGs refer more serious or complex cases to PLDPs. The primary role of the PLDP is to make decisions under the Performers Lists Regulations. Outcomes can include suspension, conditions or ultimately removal of an individual from the Performers List. This does not prevent the PLDP from taking any action that the PAG can take.

PLDPs may:

- Hear the evidence.
- Make decisions about the case.
- Give reasons for the decisions.
- Implement suspension, conditions or removal.
- Refer to professional regulatory body, NHS Resolutions, NHS Protect or Police.
- Request Health Professionals Alert Notice.
- Undertakings, remedial action.
- Records of the discussions and decision making.

Membership of the PLDP comprises of the following individuals:

- a. A lay member who will chair the PLDP.
- b. A discipline-specific practitioner (DSP) nominated by the medical director. This role must be an ophthalmic performer registered with the relevant professional body with a license to practise and currently practicing. This may or may not be a LOC member.
- c. A senior NHSEI manager/director with responsibility for patient safety/experience.
- d. The medical director for an NHSEI regional team or their nominated deputy.

All members must be present for the meeting to be quorate. The chair has a casting vote if necessary.

5b. Requirements for PAG and PLDP members

The requirements for DSPs and other members are:

- Attend PAG/ PLDP training (provided by NHSEI, central team only) and receive a Certificate of Attendance.
- Sign a members' agreement.
- Read the circulated papers carefully before the meeting and attend the meeting.
- Be prepared to raise issues and to contribute to the panel discussion.
- Understand that sensitive information may be discussed and apply appropriate discretion.
- Complete a declaration of conflicts of interest.

6. Co-opted members: the role for LOCs

PAGs (but not PLDPs) may invite a LOC representative as sector experts with local knowledge to be a non-voting co-opted member: NHSEI support this engagement.

LOC engagement on PAGs is positive in several ways:

- Supports local performers: the key role of LOCs.
- Provides an opportunity for LOC member upskilling and enhanced knowledge.
- Raises the profile of LOCs and optics in general to local NHS teams and LRCs.
- Potentially encourages joint working with LOC regional forum peers.

6b. Attendee requirements for co-opted members

The co-opted role is not covered by the members' agreement and no payment for attendance at PAG will be made unless by prior agreement with the medical director. LOCs should therefore expect to fund their representatives' attendance. Requirements for co-opted members are:

- Best practice is that co-opted members should also attend PAG/ PLDP training. However, NHSEI will not fund any expenses incurred by co-opted members, this will be for the LOCs to fund.
- Capacity to receive and process detailed reports ahead of meetings.
- The understanding that sensitive information may be discussed and appropriate discretion.
- Declaration of conflicts of interest.

7. Next Steps

LOCs may wish to use this Guidance to consider how they can support local performers and engage further with local NHS teams.

A good place to start would be for LOCs to share this document with their local sectors and begin discussions locally regarding further engagement.

8. Contact Details for Further Information

General queries to LOCSU at: info@locsu.co.uk

National Performers List general email: england.pscentralteam@nhs.net

Specific queries to :

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