

# Regional Impact Through East of England LOC Partnership



East of England LOCs wish to show communication and collaboration. The strong links formed between LOCs have played a pivotal role in shaping the regional landscape. The impact can be seen from interactions with local Trusts, ICBs, and across the entire region. LOCs are working together to ensure equitable service delivery across the varied demographics in the East of England.

LOC collaboration is ensuring that optometry is raising a unified voice to ensure the region develops fit-for-purpose policies.

## Background

The East of England presents a diverse population landscape, with urban centres, rural, and coastal communities. Demographic variation is significant, with ageing populations, rural access challenges, areas of ethnic diversity, and younger populations. These differences impact healthcare needs and service delivery. The formation of Integrated Care Boards (ICBs) has impacted LOCs due to the formation of new boundaries; Essex LOC now spans three ICBs, whilst Buckinghamshire LOC covers two NHS regions – South-East and East of England.

The LOCs have always worked closely, but this has been made easier with increased uptake of virtual meetings post-pandemic, enabling regular region-wide discussions. This, in turn, has elevated the optometry voice, and the LOCs are a key stakeholder both locally and regionally.

## What We Did

The committees have built strong, trusting relationships that have significantly enhanced collaboration across the wider regional system. By actively sharing ideas, constructively challenging each other, and using opportunities like regional forums and local events to connect, they have created a culture of open dialogue and mutual respect. These strong connections have enabled them to take collective action on key issues – challenging potential closures of referral pathways, shaping a compelling case for change to introduce new services, and driving initiatives to support workforce development. Their collaborative efforts demonstrate the power of relationship-building in achieving shared goals and strengthening regional resilience.

The LOCs have recognised the areas of influence and impact that they can have across the wider NHS system and worked to embed themselves within each of these tiers. Significant effort has been spent in developing relationships with influential people within the system, including commissioners and transformation managers, to allow the LOCs to better support one another to build the evidence base for change in neighbouring areas.

Essex LOC has been very successful with securing commissioned services across its area. The formation of ICBs has led to increased cross-area working, with the LOC leveraging established relationships with transformation managers to support service development and expansion. Essex and Hertfordshire LOC have worked closely to build a case for change in the Hertfordshire West Essex ICB, creating optimism about future services in an area previously disengaged with primary care optometry.

## Outputs and Impacts

Norfolk and Waveney LOC has built strong relationships with its ICB, inviting them to attend LOC meetings and having regularly scheduled check-ins, resulting in a collaborative and commended piece of work supporting optometry access to NHS mail. This has been shared with both local and NHS systems across the region. The relationship formed paved the way for workforce development funding to support expanded Glaucoma monitoring in primary care.

Regionally, LOCs have had direct input from the early stages for the proposed Single Point of Access. The East of England LOCs invited NHS England to come to the LOCSU ROCs (Regional Optical Conferences) in November to allow discussion and engagement, the only region to do this.

The examples of impact are extensive. In Suffolk and North East Essex, the results of the LOC's efforts are evident in the ICB Local Representative Committee (LPC – Pharmacy / LMC – Medical & LOC – Optical) Collaborative Working Group meetings. Previously, optometry was not represented, but it is now an equal and key stakeholder. These relationships are proving essential in supporting the case for continued commissioning of services.

Cambridgeshire LOC has always had good relationships with other primary care disciplines and has used this to ensure the ongoing commissioning of the minor and urgent eye care services. This service was underfunded but highly valued, and the support of wider primary care, in particular GPs, has enabled the service to be recommissioned with a significant uplift in fees (25%) as well as the addition of a funded follow-up service.

The use of AI (artificial intelligence) in Buckinghamshire (Southeast Region) has offered an opportunity to better understand the implementation challenges and be aware of the learnings from the early adopter LOCs. This sharing of knowledge and experience has been invaluable to the wider region. In conclusion, the collaboration of the LOCs has enabled services to be protected, learnings and best practice to be shared. Workforce development and CPD opportunities are offered beyond borders, and data from services region-wide used to support the case for change to continue to deliver outstanding equitable eyecare for everyone in the East of England.

## Acknowledgements

- Buckinghamshire LOC
- Cambridgeshire LOC
- Essex LOC
- Hertfordshire LOC
- Norfolk and Waveney LOC
- Suffolk LOC



Further LOC case studies can be found here

