



SUPPORT FOR PRIMARY
EYE CARE DEVELOPMENT

LOCSU Roadshows 2011

LOCSU is organising 12 training events between January and March next year.

Book your places now! See inside for more details

<http://www.loc-net.org.uk/locsu>

LOC Support Unit Newsletter

December 2010

National Optometric Conference 2010



NOC – Live Again

The National Optometric Conference was another great success this year, covering a broad range of political, economic and educational issues as well as detailing the tremendous work which LOCSU is doing to develop enhanced services locally, including training LOCs/ROCs to meet the demands of an ever-changing NHS.

If you would like to access the presentations from the NOC in November please click [NOC 2010](#), or, indeed to view them 'live' on OT TV, as podcasts, please click [OT podcasts](#)

For those who would prefer to access the NOC on itunes, please click on the following link: [itunes NOC podcast](#)



LOCSU Roadshows

LOCSU announced at the NOC that it was preparing to take to the road in 2011, organising a dozen training events to help LOC/ROC members to improve their negotiation skills and to learn how to deal with the emergence of new GP consortia, charged with commissioning care for patients following the demise of the PCT infrastructure. There will be no restriction on the number of places you can book, so please encourage your colleagues to attend. The events are FREE for LOC/ROC members. You can book for the full day or by session, with each event having 3 sessions.

The afternoon focuses on successful contract negotiation led by Dr Mark Davies from Res Consortium and featuring our professional role-players seen at the NOC whilst the evening session facilitated by the LOCSU team will discuss pathways and the move to GP Consortia.

Event Programme:

Registration and coffee 10.30am -11.00am

Session 1 Morning 11.00am -1pm

GOS contracts and Understanding the NHS facilitated by John Hearnshaw (Primary Care Commissioning)

Networking Lunch 1.00pm-2.00pm

Session 2 Afternoon 2pm-5.30pm

Negotiation Skills facilitated by Dr Mark Davies, Res Consortium

Networking and Buffet Supper 5.30pm -6.30pm

Session 3 Evening 6.30pm-9.00pm

Developing Local Eyecare Services facilitated by the LOCSU Team Clinical Commissioning with Regional Commissioning Lead and LOC Networks with the LOCSU Team

Booking forms have been emailed to all LOCs/ROCs but are also available on the LOCSU website: http://www.loc-net.org.uk/road_shows_2011 . Please note that the Roadshow in Cardiff will now be hosted by Optometry Wales. The booking form online has been edited accordingly and you should have already received an email informing you of the change in venue.

Please complete and return the form to Cameron Mitchell either by email: cameronmitchell@locsu.co.uk fax: 020 7261 0228 or by post: LOC Support Unit, 61 Southwark Street, London, SE1 0HL.



Monday 24 January	London
Thursday 27 January	Birmingham
Monday 31 January	Tunbridge Wells
Thursday 3 February	Manchester
Monday 7 February	Taunton
Thursday 10 February	Winchester
Monday 14 February	Nottingham
Thursday 17 February	Cambridge
Monday 28 February	Newcastle
Thursday 3 March	Leeds
Monday 7 March	Cardiff
Thursday 10 March	Oswestry

LOCSU Annual Report

All the NOC delegates will have received a copy of LOCSU's Annual Report; it is also available to download from LOCSU's website [LOCSU Annual Report](#) . We would recommend that those practitioners who have not read this latest Annual Report to do so, because it provides an excellent overview of what LOCSU has been doing on behalf of LOCs/ROCs throughout the year. The Chairman's report and the Acting Head of Unit's report provide succinct accounts of how LOCSU has developed since its inception in 2007 and become the efficient and informed organisation it is today. The results of LOCSU's information-gathering survey into how LOCs/ROCs were progressing with LOCSU's enhanced services pathways are published in the Annual Report, as is the progress being made by some individual LOCs in England and the ROCs in Wales. An account of how the glaucoma and cataract training courses for enhanced services also makes interesting reading, along with a summary of what has been added to the Quality in Optometry website, to help guide practitioners towards contract compliance for GOS and clinical governance for enhanced services. The optical, representative bodies, including the College of Optometrists, are very grateful to LOCSU, who now provides the funding for the continuing development of this project.



DOCET funded CET courses – easier access for LOCs/ROCs



The Directorate of Optometric Continuing Education and Training (DOCET) is a special Committee set up by the Department of Health in 1989 to oversee the management of government funds set aside for the provision of optometric continuing education and training (CET) for all UK registered optometrists

From January 2011 The Directorate of Optometric Continuing Education & Training are changing the process for CET funding.

DOCET will be simplifying the application and claim process for all locally organised, non-commercial providers of CET.

So if you are an optical group such as a Committee or Society and organise CET events, you could receive financial support for your event.

Visit the DOCET website www.docet.info and click on funding for CET Providers for more information and how to apply.

Please email enquiries@docet.info if you have any queries.

GOS Contract Variations

A number of minor, technical variations to the GOS contract - outlined in [Statutory Instrument S.I. 2010 No. 634](#) earlier this year have now been incorporated into the GOS contracts, encompassing all the cumulative, legal changes introduced between 1 August 2008 and 31 October 2010. These changes bring the GOS Regulations into line with other primary healthcare legislation e.g. patient preference of performer, so there is nothing for contractors to be concerned about.

The Department of Health have issued contract variation notices to PCTs for implementation. Although the changes are minor, any that affect contract compliance will be picked up in Quality in Optometry, including the corresponding amendments to the compliance visit pro-forma, which will be made by NHS Primary Care Commissioning in due course. Please click on the following link to the NHS PCC website for full details of these changes <http://www.pcc.nhs.uk/298>
The main item of interest relates to the patient's right to express a preference of practitioner.

Click here for information and see the recent Hot Brief (14/10) for advice and comment from the Optical Confederation: [contract variations](#)

NAPC Commissioning Guide

The National Association of Primary Care (NAPC) has recently published a very helpful 'Essential Guide to GP commissioning' which LOCSU would encourage all members of the optical professions to read. The guide can be found on the LOCSU website [NAPC commissioning guide](#) including a brief summary setting out the key themes and messages of the document:

The 'Essential Guide to GP commissioning' is intended as an introduction to 'Liberating the NHS', exploring the challenges and opportunities the NHS reforms will bring. Importantly for all of the healthcare professions the document uses the term inclusive commissioning, highlighting the need for GP Commissioning Consortia (GPCC) to engage other professions as well as patients and the public if they are to become successful organisations.

It provides a useful overview of the key changes proposed by the NHS white paper 'Liberating the NHS' and explains the 'NHS Commissioning Cycle' and how it will be affected by the changes. It stresses that a basic understanding of the commissioning process will become increasingly important but the level of involvement of individuals will vary from validating clinical activity information to becoming the Accountable Officer for the consortia. Practitioners in both primary and secondary care are encouraged to consider how they can get involved to ensure inclusive commissioning.

LOCSU and the Optical Confederation are working with the clinical leaders of the healthcare professions via various NHS Networks to develop and share best practice in clinical commissioning and engaging the emerging GPCC but it remains vitally important that our LOCs/ROCs build relationships at a local level and we would ask any LOC/ROC who needs help with this to contact cameron-mitchell@locsu.co.uk as soon as possible.

Closer Communications

The British Dental Association is encouraging their Local Dental Committees to work more closely with the Local Optical Committee in their areas. In these challenging times of NHS reform, building strong partnerships locally is increasingly important. If you don't already have contact details for the LDC in your area please contact Will Newport at the BDA on w.newport@bda.org who will be able to advise you.

In an earlier issue of the LOCSU newsletter, we reported that the BMA had also written to Local Medical Associations in England, encouraging them to establish joint working relationships with LOCs, Dental and Pharmaceutical Committees, where no such arrangements were already in place. At a meeting between the GPC, BDA, PSNC and the AOP, it was recognized that a number of concerns were shared by these professions. Since many of the key issues, particularly those relating to privatization, competition and commissioning, were largely determined at a local level, all four bodies had felt that sharing intelligence locally could help prevent contractors being played off against one another, or services being picked off by alternative providers.

So, if you do not have links with the local representative committees of the other contractor professions – GPs, dentists, pharmacists – do take the opportunity to get in touch with them.

Electronic reporting system for repeating pressures

Referrals of patients with raised pressure have rocketed since the introduction of the NICE management guidelines for glaucoma in the spring of 2009. The LOCSU Level 1a enhanced service pathway was designed to minimise the additional referrals and initial results are very encouraging with 77% of patients being deflected from referral. LOCSU also commissioned the development of a simple web-based system for reporting and auditing the pathway's results. This system has been running as a pilot in Stockport PCT area since February this year and more recently, in neighbouring Tameside & Glosop PCT area as well. The system is not really an electronic record as such – it is more of an electronic report. Hence it is entirely reasonable to delegate the completion of the reports to reception staff. You can read about this reporting system by accessing an article written by the Chairman of LOCSU's Clinical Advisory Board, Trevor Warburton, which was published in OT on September 17 2010 (vol 50:18) or clicking on the following link:

[LOCSU electronic reporting system](#)

Any LOC/ROC interested in the LOCSU pathway and the web-reporting system, should contact LOCSU.



NHS Information Governance Toolkit and Quality in Optometry

NHS Connecting for Health launched an Information Governance Toolkit for Eye Care Services in the summer. It was not agreed, nor was the cost of compliance negotiated with the optical representative bodies. Practitioners should be aware of this and LOCs/ROCs should advise practices not to implement it. Superficially the CfH toolkit looks simple but there are three levels which become increasingly complex and which involve an onerous time commitment.

The document does not recognise the limits of the GOS contract or the reality that very few practices are connected to NHSnet. The requirements would be very expensive for any contractor to implement and the optical representative bodies reject it in its current form. The optical representative bodies have advised the Department of Health, that they have instructed their members not to comply with the NHS Connecting for Health information governance toolkit and that, where required, the new Quality in Optometry Information Governance audit fully meets all their NHS contract requirements.

Quality in Optometry has developed an *Information Governance audit tool* to assist GOS contractors in achieving high standards in optometric practice. It can be found at www.qualityinoptometry.co.uk

This audit tool is the profession's answer to the Connecting for Health toolkit referred to above. The information governance levels required within the QiO information governance audit are entirely within that required by legislation and GOS contracts and are commensurate with the level of involvement that optometry has with NHS IT.

Richard Carswell, acting head of LOCSU said:

“With this new audit tool, LOCs now have the opportunity to agree with their PCTs the basis for a sensible information governance arrangement.

Whereas Connecting for Health’s requirements are inappropriate for optometry, Quality in Optometry’s audit tool meets the needs of PCTs, contractors and patients receiving Primary Ophthalmic Services.”

In addition to the development of the Information Governance audit tool, there have been other revisions to the QiO website in 2010, including:

- funded clinical governance
- enhanced services
- infection control
- record keeping



Independent Prescribing

The MHRA recently undertook a review of the legislation governing the sale, supply and administration of medicines i.e. the Medicines Act 1968, to which the optical bodies contributed. This review looked at the provisions which allow health professionals and others to sell, supply and/or administer medicines by way of exemptions from the usual Medicines Act restrictions.

A separate review looked at Patient Group Directions. The aim of the review was to consider ways in which the legislation can be simplified. For example, those health professionals who are covered by exemptions are generally allowed to access specific lists of medicines, particularly POMs. However, any changes to the lists can only be made after a lengthy statutory consultation process.

The idea is to consider a move away from the present system of legally specifying lists of medicines and any conditions attached to those exemptions and to designate, in law, those health professionals able to sell, supply and administer medicines. The choice of medicines available to those health professionals would be determined by the relevant statutory regulatory body as appropriate to professional practice – in our case, the GOC. This would mean that updates to the lists would no longer require the current consultation process and amendments to the law with the resultant delay in effecting changes.

You can view the profession's response to these consultations by clicking the following link [http://independentprescribing and PGDs](http://independentprescribingandPGDs)

There are many challenges still facing those members of the profession who wish to qualify as an independent prescribing optometrist. The main challenge for most IP candidates is in finding an ophthalmic consultant who is willing to mentor and provide a clinical placement, not to mention funding to cover the issuing of NHS prescriptions. However, these proposed changes to simplify the legislation governing prescribing by optometrists is at least a start.

In addition, the GOC Council agreed at a meeting in October to 'prioritise making a specialty search function available on their registers'. However at the moment their web developers are fully engaged developing their online retention system but they hope to be able to make the improved register search options available in the first quarter of next year.

Please contact LOCSU for further information on independent prescribing.





Halton and St Helens

Central Mersey Local Optical Committee - progress on enhanced services

An Ophthalmic Enhanced Services programme was launched in the Halton and St Helens area in September. The programme is a joint initiative between Central Mersey Local Optical Committee and NHS Halton & St Helens. All local contractors can apply to the PCT for a standard, NHS Primary Care Commissioning contract to provide the services.

The programme currently includes four elements:

Cataract Referral:

Where a patient has sufficient cataract and wishes to have surgery, practices refer direct to the patient's choice of provider

Acute Assessment:

Patients with cataract who present for an emergency appointment can be further assessed to rule out other conditions which may need more acute referral, e.g. Wet AMD, Vessel occlusion

Glaucoma LOCSU 1a Referral Refinement:

Where the IOP is found to be over 21mmHg the measurement can be repeated up to 2 times using Goldmann Applanation Tonometer. If the IOP remains over 21mmHg, the patient is referred

Glaucoma LOCSU 1b Referral Refinement:

If a field defect is detected after a sight test, the field is repeated. If the second field further raises suspicion of glaucoma the patient is referral

NHS Email Pilot

The area is also taking part in an NHS email pilot and it is hoped to start referrals using email. It is also hoped to expand the programme in the future to include acute red eye and glaucoma monitoring

Referral Process

There are a range of local referral forms, available in two formats: An electronic version, which can be typed, printed and saved; a PDF file, which can printed and hand-written.

All forms are to be faxed, posted or emailed to the relevant service provider and in every case, a copy must be sent to the patient's GP. The forms cover cataract, glaucoma, wet AMD rapid referral, low vision and miscellaneous direct referrals.

Further details can be found at: <http://www.loc-net.org.uk/centralmerseyloc/>

NHS South of Tyne and Wear launches LOCSU IOP Refinement Pathway



Optometrists across Gateshead, South Tyneside and Sunderland are now providing an enhanced service for patients whose IOP is found to be raised when they have a routine GOS or private sight test.

Members of South of Tyne and Wear LOC have been working with NHS South of Tyne and Wear for over a year to get the LOCSU IOP Refinement Pathway agreed and implemented, so they are delighted that the enhanced service has eventually been rolled out.

In order to achieve maximum coverage across the PCT area the commissioners agreed to provide a grant for practices to purchase a Goldmann type applanation tonometer, and the LOC arranged refresher training for optometrists in conjunction with colleagues from Sunderland Eye Infirmary. All local optometrists participating in the service are working through the LOCSU/WOPEC distance learning modules on Glaucoma which provide a total of 8 CET points.

Optometrists will submit audit data with their payment claims quarterly to the NHS South of Tyne and Wear to allow regular evaluation of the service. It is anticipated that at least 60% of 'raised IOP referrals' will be deflected as a result of this pathway based on the evidence emerging from other areas such as Stockport.

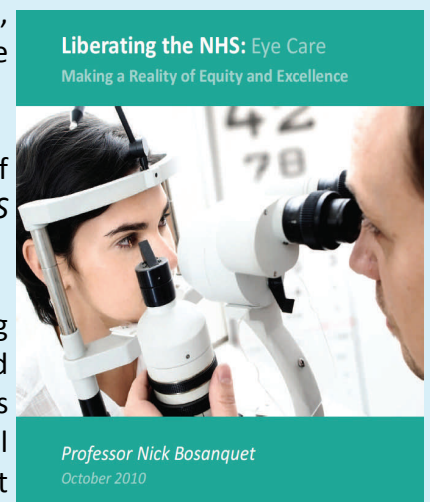
Katrina Venerus, LOCSU Associate says "As part of my role as Optometric Advisor for NHS South of Tyne Wear I was able to highlight the benefits of the IOP Refinement service in support of the LOC's business case at an early stage. However, staff changes in the organisation brought major challenges in getting the service implemented even after the commissioners agreed the funding. We were very fortunate therefore that Susan Bostock, PCT Contract Manager was seconded to Primary Care in late July this year to assist the process, and Susan and I we have been able to work together to facilitate the IOP Refinement launch. The vast majority of the 55 practices in NHS South of Tyne and Wear have committed to providing the service and Susan and I are very grateful to the LOC, particularly Secretary Naomi Smith and Enhanced Services Lead Wendy Bradshaw, for their help in coordinating the training and correspondence and organising the Launch Event."

Liberating the NHS: Eye Care – Making a Reality of Equity and Excellence

This report, written by Professor Nick Bosanquet from Imperial College London, was available to NOC delegates during the Conference. It can also be downloaded from the LOCSU website <http://Bosanquet Report>

It was submitted by the Optical Confederation and Imperial College as part of their response to the White Paper *Equity and Excellence- Liberating the NHS* and as a formal submission to the Comprehensive Spending Review 2010.

It urges the new NHS Commissioning Board to commend to GP commissioning consortia the early adoption of LOCSU's Glaucoma Referral Refinement and Ocular Hypertension Monitoring pathways – which have been hailed as 'flawless' by NICE and have been endorsed by the Joint Committee of the Royal College of Ophthalmologists and the College of Optometrists. It is a report which covers a broad expanse of optical issues from better eye health and putting patients and the public first to constraints within secondary eye care.



Update on MP visits to Optometric Practices

This year, the Eye Health Alliance have helped Local Optical Committees to host open sessions for their local MPs. Over 65 Parliamentarians, including 3 members of the House of Commons Health Select Committee and the Private Parliamentary Secretary to the Health Secretary Andrew Lansley MP, requested a visit to their local optical practice.

These sessions have helped to educate the MPs about the eye care services, including local enhanced services, provided in their community and allowed them to raise issues of concern in Parliament. Photos of the visits have been added to the [Eye Health Alliance Facebook](#) page, which now has over a hundred regular followers.



Optical contractors' Christmas and New Year opening times

NHS Primary Care Commissioning's advice on this is:

"PCTs are reminded that there is no need for optical contractors to notify the PCT of any changes to their normal opening hours over the Christmas and New Year period. It might be a courtesy for them to do so but there is no contractual obligation on them in this respect. The definition at clause 1 of the model mandatory services contract says that 'normal hours' means those days and hours being the days on which and the times at which services under the contract will normally be provided by the contractor. Christmas and New Year weeks are by definition a departure from normal hours. The rules in relation to optical contractors are distinctly different from those for the other three primary care professions in this respect and PCTs are not in any contractual position to impose any arbitrary holiday opening hour requirements upon them."

If your PCT does not accept this, you should be very robust in refusing to agree to their demands. If pushed suggest they email John Hearnshaw at NHS Primary Care Commissioning for confirmation. His email address is optometry_pcc@yahoo.co.uk

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**If your LOC has a story that you would like us to feature
or if you have any feedback on this newsletter then
please contact us at:**

Cameronmitchell@locsu.co.uk

**Many Thanks,
From the LOCSU Team**

