

Annual Review 2020



LOCSU

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Foreword from Mike Fegan

LOCSU Chairman

It gives me great pleasure to introduce this review of the activities of LOCSU during 2020.

In future we will present this report to correspond with our financial year which ends in March. This report therefore covers all of 2020 and the three months to the end of March 2021. The Financial Summary shows the unaudited figures for the year to 31st March 2021.



In common with all enterprises, LOCSU has had to deal with the effects of the COVID-19 pandemic, which started at the beginning of the period under review.

The whole period has been dominated by COVID-19 which had particular consequences for the optical sector as it did for all parts of the health service.

2021-22 will be a very challenging year for LOCSU and the sector as we all emerge from the COVID-19 restrictions and normal life resumes.

I am particularly proud of the part that Richard and the team played in developing the Covid-19 Urgent Eyecare Service (CUES) which was put in place in record time, working with other sector bodies. Additionally, LOCSU was able to provide LOCs with relief from the LOCSU levy for a four month period, which assisted LOCs with their finances at a very difficult time. LOCSU was also able to source some additional PPE for contractors with the help of Primary Eyecare Services Limited.

LOCSU continues to engage with the NHS at a number of levels in relation to existing and new clinical pathways. Richard and Zoe are leading on parts of the NHS National Eyecare Recovery and Transformation Programme, a key element of the broader NHS Pathway Improvement Programme.

LOCSU continues to be an observer at OFNC, which recently secured a 1.9% increase in the sight test fee – the first increase in five years. LOCSU was also involved in discussions with NHSE in relation to support for practices by the NHS during the pandemic. Also, LOCSU attends the board meetings of PES in its governance capacity as the member of that company.

2021-22 will be a very challenging year for LOCSU and the sector as we all emerge from the COVID-19 restrictions and normal life resumes. A key priority will be to respond to the changes envisaged by the NHS in its programme of reform which could be transformational for eyecare and how it is provided.

We hope to be able to organise the NOC for later in the year although, building on the learning from 2020 this may once again be a digital, or semi-digital meeting.

Finally, I would like to thank my fellow directors and the LOCSU team for steering LOCSU through this difficult time.

Introduction from Richard Whittington

LOCSU CEO

Welcome to this review of 2020.

2020 has been a year unlike any other as we have dealt collectively with the challenges of COVID-19. Although at the time of writing there is cause for optimism we are all still grappling with the ongoing effects and beginning to understand what it means long term for businesses, individuals, and the optical sector more generally.



I want to take this opportunity to thank each and every person reading this report for the efforts during 2020 and beyond. As an LOC community, the support and advice that we have all been able to give to contractors and performers has been impressive, and everyone can be rightly proud that despite the challenges patients have been able to receive high quality and appropriate care as needed.

November saw the NOC delivered in a completely virtual format for the first time.

The COVID-19 response saw a number of things come together very quickly. The Covid-19 Urgent Eyecare Service (CUES) was put in place in rapidly, aided by collaborative work with other sector bodies, which saw a service endorsed by both the College of Optometrists and the Royal College of Ophthalmologists for the first time. Alongside this LOCSU was able to provide LOCs with relief from the sight-test levy for a four-month period and, was also able to source and supply some additional PPE for contractors with the help of Primary Eyecare Services Limited.

November saw the NOC delivered in a completely virtual format for the first time. The learning from this will prove invaluable as we shift to a hybrid approach in future years. Whilst the pandemic has proved to be a challenge for all of us, some of the innovations, borne out of necessity will pave the way for a new NHS in the future.

In last year's report I talked about the publication of the NHS Long Term Plan and the significance of it. This continues to be the case with a number of the aims of the plan solidified in the publication of the Government's White Paper on Health and Social Care. As stated previously, the plan sets out the NHS's view of service delivery - and importantly service integration - with a fundamental shift away from the silo styled, tariff-based service delivery towards much more integrated and collaborative approach.

Primary Care Networks (PCNs) and Integrated Care Systems (ICSs) will still be the vehicle of service delivery and innovation. They have been developing at different speeds across the country both prior to the pandemic as well as through it. The challenge for our sector is how to engage with a significant number of new organisations at a local level whilst simultaneously engaging with ICSs at a regional level. LOCSU will take up this challenge through an expansion of training information and a review of the delivery of these resources. In addition, we will look to refine the Optical Lead team in order to ensure that LOCs can be supported in the best possible way.

In conjunction with the White Paper, the NHS has been seeking to reform care through pathway and service integration. Pre 2020 this was via the National Outpatient Transformation Programme, established in response to the NHS Long term plan published in 2019.

As the COVID-19 pandemic impacted on the UK and NHS throughout 2020 NHS England Improvement programmes were bought together to become part of the Pathway Improvement Programme which aims to avoid duplication of effort, by coordinating resources so that transformation occurs across the whole pathway. Through this work the new National Eye Care Recovery and Transformation programme evolved, part of the pathway improvement programme prioritising eye care.

LOCSU is directly involved in the National Eye Care Recovery and Transformation programme, active participants in a number of the workstreams alongside other sector body colleagues to ensure that primary care and LOC views are represented nationally. Eyecare pathway transformation will be the vanguard for NHS transformation via the National Eye Care Recovery and Transformation Programme.

The programme has three core high level aims:

- To improve experience, outcomes, safety and quality of care for patients in a sustainable and efficient way.
- Set out a bold but grounded digital approach to transforming eye care, to improve clinical outcomes, patient experience and productivity.
- In so doing, create a replicable model for NHS digital transformation, focused on which opportunities for improvement to embrace, and how to scale their adoption across a federated system.

This report also highlights the development work around LOC-online, which I urge all LOCs to look at. It also notes the leadership program, the work of the Audit Committee and associated governance work that LOCSU is involved in as well as highlighting the need for good governance and process.

In line with other organisations 2020 has been a year of financial challenge. However careful financial management has allowed LOCSU to continue to provide support to LOCs whilst continuing to encourage innovation.

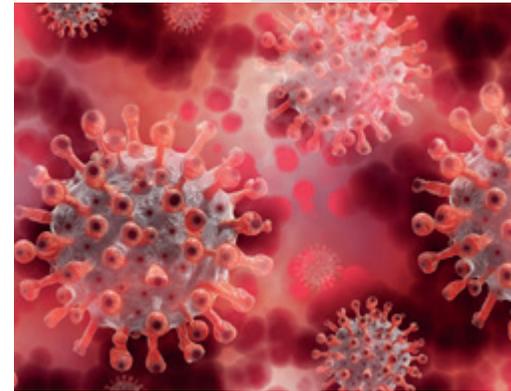
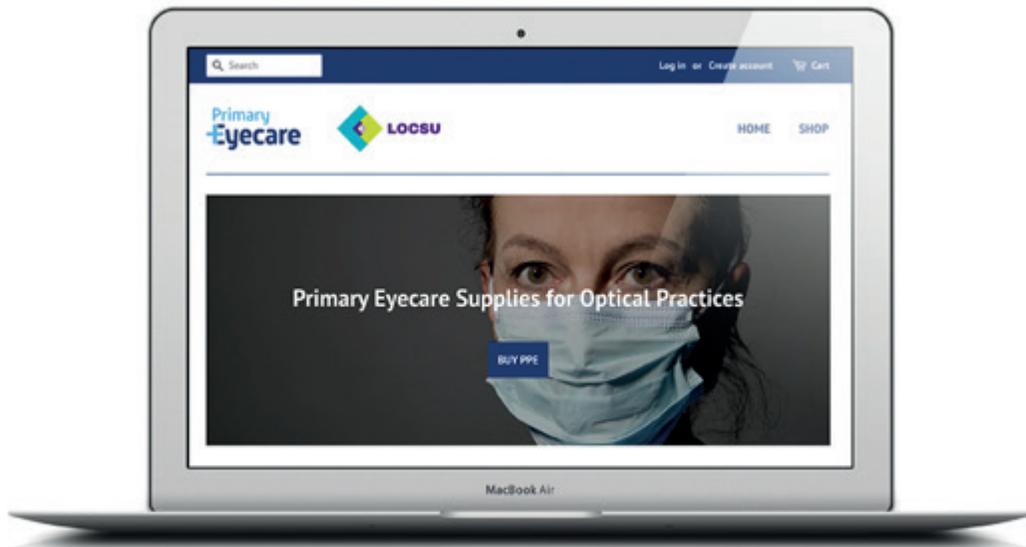
Overall, the year has been successful and LOCSU is well positioned to be able to work with LOCs and other sector colleagues and organisations to deliver both for LOCs and the NHS.

In line with other organisations 2020 has been a year of financial challenge. However careful financial management has allowed LOCSU to continue to provide support to LOCs whilst continuing to encourage innovation.

The COVID-19 Challenge

COVID-19 presented incredible challenges for the sector requiring extraordinary resourcefulness and commitment from everyone involved.

Throughout the first phases of the pandemic, LOCSU focused on representing and supporting LOCs across diverse issues from developing and launching the Covid-19 Urgent Eyecare Service (CUES) to establishing a PPE shop, in conjunction with Primary Eyecare Services, to provide essential protective equipment to practitioners.



COVID-19 URGENT EYECARE SERVICE

Reduced capacity in primary care optical practices and severe limitations on access to hospital ophthalmology services caused by COVID-19 created a critical need for a service for the many thousands of patients who suffered eye emergencies during the pandemic. The Covid-19 Urgent Eyecare Service (CUES) was developed to meet this need.

CUES is a single specification service delivered by primary care optical practice, supported by hospital ophthalmology services, commissioned locally by CCGs.

The service allows patients to gain prompt access to a remote consultation leading to a care plan for the patient to:

- Self-manage their ocular condition (with access to appropriate optical medications where appropriate); or
- Be managed by an optical professional with advice, guidance and remote prescribing as necessary; or
- Be appropriately referred to hospital ophthalmology services.

The service is designed to adhere to public health guidance by allowing patients to receive their consultation at home, which is suitable for patients who are self-isolating or shielding. It relieves pressure on hospital eye departments and A&E.

CUES was particularly valuable in areas where there was no previously commissioned service and an example was Oldham, which launched the first service just over one month after initial discussions. Shaukat Iqbal, lead practitioner at Chadderton Opticians, was pleased to be able to treat patients and saw a steady flow of consultations from the moment the service became available: "We receive an average of four calls a day," he says.

One new patient who was immensely grateful for CUES is Oldham resident Helen Greenhalgh, who suffered an eye injury in late May. After contacting 111 and having a GP consultation, she was directed to CUES and contacted Chadderton Opticians.

Helen had a virtual consultation with Shaukat over WhatsApp video, during which he took a close-up photo of her injury. "It was clear that she was in some distress and pain," recalls Shaukat "there was damage to her cornea, so I advised her to keep the eye closed and to obtain antibiotic cream and lubricant drops from the pharmacist to prevent infection and assist healing."

Shaukat followed the consultation with a text message reiterating his advice and explaining what Helen should ask for at the pharmacist. Helen found this useful: "The text message was very helpful as I could read it to the pharmacist, so they knew exactly what I needed," she says.

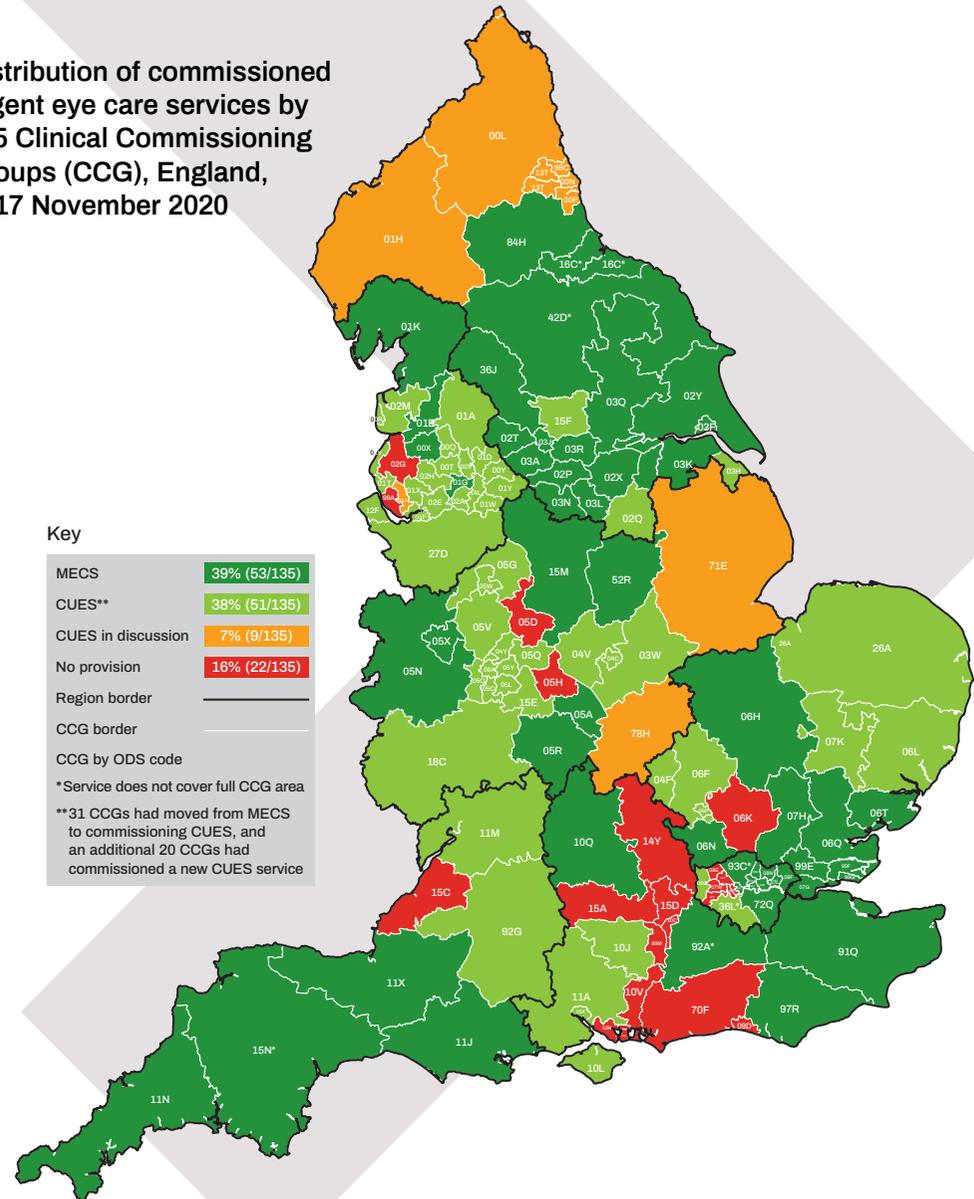
The development and roll out of CUES drew together many stakeholders from commissioning, secondary and primary care who worked closely and rapidly together in their localities. The connections and processes put in place represent strong foundations for future working practices. This was underlined in an article published in Eye, the official journal of the Royal College of Ophthalmologists. Authors Parul Desai (Moorfields Eye Hospital), David Parkins (Kings College Hospital) and Zoe Richmond (LOCSU) described the challenges faced and how they were resolved. They attribute the success of the service rollout to the clear service principles and enablers, marking the service a catalyst for change.

Richard Whittington, LOCSU CEO, believes there is a lot to be learned from the way processes have been streamlined as a result of COVID-19: "There's no doubt that incredible hard work from a huge number of people helped get CUES in operation, and the urgency opened up avenues that have previously been rarely used; virtual meetings are one example. We will aim to learn from the experience and identify which efficiencies we can continue in future."

Prior to CUES, which launched in April 2020, 62% (84/135) of CCGs had commissioned a MECS type service delivered by optical practices.

By mid-November 2020, 20 additional CCGs (104/135) had either a CUES or MECS service commissioned; a rapid increase in a short space of time.

Distribution of commissioned urgent eye care services by 135 Clinical Commissioning Groups (CCG), England, at 17 November 2020





PPE SHOP

In the first phase of the pandemic clear guidance was issued by Public Health England and the College of Optometrists stating that PPE must be used during face-to-face consultations to protect practice staff and patients. However, sourcing and securing affordable PPE was a major problem for practices.

To resolve this LOCSU, in a joint initiative with Primary Eyecare Services, identified and sourced stocks of PHE-recommended PPE including masks, aprons, face visors and gloves. These were made available through an online shop at primaryeyecaresupplies.co.uk, which operated on a non-profit basis. The initiative was available to all practices in England and later other parts of the UK.

From August 2020, GOS contractors were able to procure PPE directly from NHS England, meaning there was reduced need for a sector-specific shop. In October 2020 Greenmaple, one of the original partners in the shop, took over operations.

DURING THE SHOP'S OPERATION, IT SUPPLIED

24,874

face masks

9,482

pairs of medical gloves

3,549

packs of sanitising wipes

287

fingertip pulse oximeters

16,089

aprons



FINANCIAL SUPPORT

During the first phase of the pandemic, the LOCSU levy was suspended to help LOCs support their members in the period when there was no GOS income.

In April we decided to support member LOCs by suspending levy payments until August.

In April we decided to support member LOCs by suspending levy payments until August, when it was hoped that optometry activity would start to recover. In parallel, LOCSU put in place considerable cost reduction measures to offset the reduced income, while continuing to provide all services to member LOCs.

LOCSU also played an 'active observer' role in negotiations over GOS grants to help ensure a fair outcome for practices.

KNOWLEDGE-SHARING AND INNOVATION

Seven regional forums were in the process of being established as the pandemic began to escalate in spring 2020. Led by LOCs with support from LOCSU, the forums came into their own as a means of sharing information and ensuring it was cascaded to wider optical community stakeholders.

At the peak of the initial pandemic response forums were held weekly and helped to create a sense of community and shared purpose during the ongoing uncertainty. This helped the LOCs to stay current with the fast-changing situation and assimilate the regularly updated guidance from sector bodies.

"The regional forum will allow LOCs to work more effectively across regions and build on existing relationships."

Rupesh Bagdai,
Chair of Local Eye Health Network
NHS England

NHS representatives have been invited to take part and answer questions from LOCs, which has presented further opportunities for relationship building and the extension of LOC networks.

RECOVERY-FOCUSED PROJECTS

LOCSU recognises that the recovery phase post-pandemic will be critical for ensuring the sector can thrive in an environment that will see the effects of the pandemic for a long time to come. Some of the changes prompted by the situation have been positive and work must be done to provide evidence of success and a mandate for future service development and commissioning.

Three recovery-based projects have been launched this year.

Three recovery-based projects have been launched this year:

- **Goodwill activity mapping:** In areas where an urgent eyecare service is not yet commissioned practices are still providing urgent care to support patients. A survey to understand the level of this activity was circulated to practices by LOCs, recording activity in the first week of June. The results have been analysed and made available to support LOCs in conversations with commissioners in their area to provide evidence of service need.

- **Urgent care mapping:** LOCSU has worked with NHSEI to map the total number of practices undertaking urgent eyecare across England. LOCSU contacted PECs to ask for details of practices that are delivering MECS or CUES whilst NHSEI contacted CCGs where other providers (Evolutio, CHEC etc), have been commissioned to provide MECS. This piece of work showed the spread of urgent care provision across England.
- **LOC restart support:** As levy funds recommenced, Optical Leads were ready to support LOCs in rebuilding or adapting activity. A need was identified for training for new LOC Treasurers and a series of webinars on this topic, together with a comprehensive guidance document was delivered in autumn.



721

The CUES-focused podcast in April had 721 downloads.

COMMUNICATION

Throughout the pandemic, LOCSU has worked hard to ensure that essential information has been communicated to LOCS in a timely way. Multimedia channels were used to ensure the latest announcements from sector bodies including OFNC guidance reached the right audiences. These channels included:

- **LOCSU website:** a new FAQ page ensured that all the latest information, including quick links to the latest guidance documents, was easily discoverable in a central location. The website has been an important source of relevant information for LOCS, with traffic up more than 300% in April 2020 compared with January 2020.
- **LOCSU newsletter:** the regular newsletter is typically opened by more than half of recipients and newsflashes by up to 64%.

- **Social media:** engagement with LOCSU social media increased steadily during the year with good growth in twitter followers. Facebook and LinkedIn reach also continues to build.
- **Podcast:** the LOCSU podcast has proved popular, particularly on pandemic issues. The CUES-focused podcast in April had 721 downloads.

In Summary

The COVID-19 pandemic exerted extreme pressure on the optical sector and it is testament to its strong community and robust relationships within it that we were able to rise to the challenges faced so rapidly and effectively.

There has been innovation and adaptation. Processes and practices have evolved to take advantage of digital channels and accelerate the transition towards more connected, efficient operations.

Much of what has been achieved has positioned the sector well to develop and strengthen its role in delivering the NHS Long Term Plan by bringing more patient services into primary eyecare.

NOC and #YourLOC Campaign

NOC 2020 was a very different conference to those that have gone before. The restrictions on live events imposed by COVID-19 saw the conference switch to a virtual format, with a series of daytime and evening sessions taking place via Zoom from Wednesday 25 November to Thursday 3 December.

During a challenging year, it was more important than ever that the sector had the opportunity to hear from key stakeholders in industry bodies and the NHS. The rapidly changing COVID-19 situation, together with the ongoing implementation of the NHS Long Term Plan meant there were plenty of urgent issues to be discussed.

While the NOC was understandably different compared to previous years, this was a good opportunity to test the virtual format, explore preferences among event attendees and identify elements that might be valuable to incorporate in future events.

The Sessions

Six sessions and one AGM ran during the NOC.

THE NATIONAL OUTPATIENT TRANSFORMATION PROGRAMME

About the session

Charis Stacey, Joint Clinical Lead for Eye Care, and Claire Roberts, Pathway Redesign Lead for the National Outpatient Transformation Plan, led the session. They presented the case for reforming NHS outpatient care by optimising the use of the primary care workforce and resources to reduce sight loss and the number of hospital outpatient appointments. They also outlined how this approach aligns with the ambitions of the NHS Long Term Plan.

The programme has already seen the development of nationally agreed pathways for Cataract, Wet Maculopathy, CUES, DMO, Glaucoma (new patients) and Glaucoma (long term care), together with a national specification and protocols to support local Care Systems CCGs in their rollout. LOCs are encouraged to become “super connectors” working within the programme and building strong networks among local stakeholder groups to initiate action. The presenters encouraged delegates to join the Eyecare Hub on FutureNHS to continue their engagement with the programme.

Delegate feedback

After attending the session, delegates were inspired to take a number of actions, including aiming to develop new pathways in their region and to better understand the work of the national outpatient transformation programme.



CENTRAL OPTICAL FUND AGM

About the session

The AGM was facilitated by Central Optical Fund director, Charles Barlow. He updated attendees on projects funded this year, including support for National Eye Health week and a 3D virtual Eye Clinic initiative undertaken by Cardiff University.

The fund is in a good position and will be able to continue to fund optical projects in the coming year. However, there has been an adverse effect due to COVID-19 and those LOCs that have been able to contribute were thanked for their support. LOCs who do not currently contribute were asked to consider doing so.

During the AGM, the departure of Mike Shinn, one of the fund's initial directors who has served for more than 30 years, and Roy Brackley, long-serving Treasurer, was announced.

COVID-19 RESPONSE

About the session

The session was hosted by Richard Whittington, LOCSU CEO, with panel representation from ABDO, AOP, FODO, GOC, LOCSU and the College of Optometrists. The sector bodies outlined their individual and joint response to the pandemic, and there was discussion around CUES as a catalyst for change and a good example of what the sector can do when all bodies work together.

There was a collective will for greater collaboration amongst the sector bodies to benefit patients, contractors, and performers. Common themes that emerged and discussed were the challenges around regulatory changes because of COVID-19, the development and provision of the CUES pathway and the sector's collaborative engagement with NHS England and Improvement during this period.

Delegate feedback

This session was well-attended and well-received, with speakers rating highly. Several delegates plan to feedback to their LOC and undertake further discussions. The importance of collaborating and sharing information for neighbouring LOCs was also noted, as well as the role of patient education to encourage patients to contact optical practitioners first for eyecare needs.

VIRTUAL PEER DISCUSSION/ LOCSU CLINICAL PATHWAYS, FACILITATED BY WOPEC

About the session

The virtual peer discussion took place in two sessions and comprised several clinical cases from primary eye care practice, with each case kindly provided by various LOC members and featuring aspects of LOCSU Clinical Pathways. Areas covered included Children's Vision, integrated Cataract, Minor Eye Conditions and Glaucoma Referral Filtering and Monitoring.

Areas covered included Children's Vision, integrated Cataract, Minor Eye Conditions and Glaucoma Referral Filtering and Monitoring.

The sessions encouraged reflection on how best to use extended primary eye care services to deliver excellent care to patients.

Sessions were run as multiple small groups of 8, to allow good interaction, facilitated by practitioners from LOCSU and WOPEC.

Delegate feedback

Attendees felt there was a good mix of practitioners in the break out groups, such as hospital optometrists and independent practitioners, which added to the value of the sessions. Some delegates felt there was scope to run more frequent sessions of this type to get peer opinions from colleagues in different areas.

CLINICAL PATHWAY UPDATE

About the session

LOCSU's Zoe Richmond and Tom Mackley hosted this session and panel discussion which covered the new pathways developed over the previous eight months. Video testimonials from LOCs showing their experience of delivering LOCSU pathways added colour to the session and shared insight around the challenges faced and best practices adopted.

In addition to the six new pathways launched by LOCSU, the session covered LOCSU's review of the CUES commissioning status and the relationship between new existing pathways and the National Eyecare Restoration and Transformation Project. LOCSU CEO Richard Whittington and ABDO Clinical Lead Max Halford then joined the panel to take questions with several LOCs keen to understand how they can use the new LOCSU pathways to extend local services.

Delegate feedback

This was a well-attended session and the use of video content resonated well with delegates. Outcomes that delegates planned to implement included increased communication with hospital consultant and closer liaison with Primary Care Networks.

Some delegates felt that there was too much focus on the pathways themselves and that the main value came from the panel session which highlighted the direction of travel in national-level negotiations.

STUDENT ENGAGEMENT SESSION

About the session

Hosted by Richard Whittington supported by the wider LOCSU team, this session was aimed at raising awareness of the opportunities available through joining LOCs. It identified a clear need to increase student awareness of the primary care landscape and the role of LOCs, something LOCSU intends to address by building closer links between LOCs and education departments.

It identified a clear need to increase student awareness of the primary care landscape and the role of LOCs, something LOCSU intends to address by building closer links between LOCs and education departments.

Attendees were advised of the continuing professional development opportunities available through LOCs via LOCSU, including LOC induction courses, leadership skills courses, support for LOC Treasurers and clinical and governance performance training.

LOCS, LOCSU AND THE FUTURE



Richard Whittington then closed the conference with a summary of the past twelve months, taken in the context of the work discussed at NOC 2019, and an invitation to all LOCs to work with LOCSU to develop a forward agenda that strengthens NHS.

Delegate feedback

This was a wide-ranging session covering a raft of different topics. Following the session delegates were inspired to strive to improve joint working across local optical sectors and to encourage more local practices to adopt CUES. Delegates also appreciated the opportunity to hear directly from NHSEI.

The final sessions of the virtual NOC featured a presentation from Gabi Darby, NHSEI Director of Primary Care Commissioning Transformation, followed by a panel discussion with Richard Everitt and Carol Reece of NHSEI.

The current NHSE Consultation on Integrating Care was discussed, with participants being encouraged to get involved and give their views. The panel also discussed the opportunity to increase consistency of extended services across England, including how LOCs and LEHNS can be more involved and influential in transforming eye health services to benefit patients; there is a clear aspiration to have LEHN Chairs in place across the country.

Within the context of optical service provision, it was accepted that there were still gaps across England in relation to the provision of services such as CUES, Integrated Glaucoma and Cataract pathways and that NHSEI support the hard work of LOCs to get services commissioned.

LOOKING TO THE FUTURE – THE ROLE OF VIRTUAL EVENTS

There were several themes that surfaced during the evaluation of the virtual NOC. Certainly, it is more difficult to encourage and facilitate audience engagement in a virtual environment; it is harder to create connections between speakers and attendees. The same is true for the informal networking and discussion component, which is one of the main benefits of in-person events.

On the positive side, more people can attend the event when it is virtual, with delegates noting that it means less time spent out of practice. Attendance by a larger cohort was also supported by the fact that free registration was available to all LOC members.

Delegate feedback suggests that attendees have a preference for the best of both worlds – 55% of respondents to the post-event evaluation favoured a hybrid event incorporating both in-person and virtual sessions. 26% preferred the virtual only format, while 18% would like a fully in-person conference.

Evaluation of the virtual NOC will continue, with deeper analysis of the views of attendees on content and structure, but there is no doubt that it gave considerable food for thought on the topics of engagement, inclusivity and accessibility.



#YOURLOC CAMPAIGN

The #YourLOC campaign ran in late November/early December 2020 to coincide with the National Optical Conference. Its aim was to raise awareness of the work that LOCs do in the optical sector and encourage more potential new members to consider joining their LOC.

The campaign used high-impact visuals and multiple channels to highlight the benefits of getting involved in LOCs, from networking with colleagues and learning leadership skills to making a difference in policy, design and commissioning of primary eyecare services.

Activities included:

- Podcast featuring Hayley Brunnsden – Oxford LOC, Laura Peake – Coventry and Warwickshire LOC, and Helen Sewell – Durham LOC.
- Videos with LOC chairs and Optical Leads.
- Case Studies including comments from a diverse group of LOC members.
- Vox Pops from LOC members Gareth Whatley – Avon LOC, Jo Lindley – Surrey LOC, Sara White – Surrey LOC.

The videos, case studies and vox pops covered issues such as the time commitment associated with being an LOC member, the opportunities for development and the changes that have taken place as a result of COVID-19.

These assets were shared widely on LOCSU and LOC social media channels throughout the NOC and supported by individual LOC social media accounts. The hashtag #YourLOC was added to wider NOC communications to build activity momentum.

The campaign was upbeat and positive, with all the contributors making a great case for LOC participation.

Clinical Pathways

The development of Clinical Pathways is one of the ways that LOCSU supports LOCs to develop and deliver extended primary eye care services, beyond the central GOS contract for sight testing.

At NOC 2019, LOCs prioritised Clinical Pathways as an area of increased focus for LOCSU. As a result, 2020 saw the launch of four new pathways:

- Covid-19 Urgent Eyecare Service (CUES)
- Maculopathy Referral Filtering and Monitoring Pathway
- LOCSU Child Integrated Care Pathway
- Healthy Living Optical Practice

In addition, the clinical pathway and supporting resources for People with Learning Disabilities was refreshed during the year.

These new and refreshed pathways were added to the existing resources available on the LOCSU website, with a total of 10 pathways now available for LOCs to use as a basis for expanding the role of primary care optometry with NHS commissioners. LOCSU Optical Leads are available to support LOCs during this process and work with them to identify further opportunities for innovation and pathway improvement.



24%

The service has driven a 24% increase in the number of CCGs with an Urgent Eye Care Service (either a CUES or MECS) commissioned between April and November 2020.

COVID-19 URGENT EYECARE SERVICE (CUES)

The CUES pathway launched in April 2020, driven by the COVID-19 pandemic, and was designed to ensure timely access to urgent eye care in a 'COVID-safe' way, without the need to travel to a hospital or, in some cases, even leave home.

CUES was developed by LOCSU, NHS England and the Clinical Council for Eye Health Commissioning and is clinically endorsed by the Royal College of Ophthalmologists and College of Optometrists. The service delivers against the NHS Long Term Plan objectives and provides telephone triage, remote consultation and where necessary assessment and management of recent onset urgent and ocular presentations.

The service was recognised by Eye, the official journal of the Royal College of Ophthalmologists as being a 'Catalyst for Change'; the impact of the attributes underpinning CUES, and the change in attitudes and service provision that it has introduced, is recognised by NHSE/I as the basis for its ongoing approach for transformation and the delivery of the ambitions of the NHS Long Term Plan.

MACULOPATHY REFERRAL FILTERING AND MONITORING PATHWAY

This eagerly awaited pathway launched in May 2020. It supports a reduction in false positive referrals to hospital clinics and delivers care closer to home for many patients, helping to ensure that those who need hospital intervention get it in a timely manner.

People with maculopathy may be at risk of sight loss and often require ongoing monitoring. The pathway supports early identification and intervention for people with wet maculopathy, including those with late AMD who have identified a change following self-monitoring and offers local provision for those who have late-stage disease and associated sight loss, who require long term monitoring.

2020 has seen IT innovation and improvements in connectivity which enable this pathway to become a reality.

LOCSU CHILD INTEGRATED CARE PATHWAY



This new pathway allows for early intervention and management of poor vision via an integrated service model delivered in optical practice.

The service provides an alternative to the Hospital Eye Service for children who are found to have poor vision and have been referred to the hospital, as well as for children already under the care of the hospital eye service and considered suitable for care in optical practice.

This pathway has currently been commissioned by 21 CCGs.

HEALTHY LIVING OPTICAL PRACTICE

There was particularly strong interest in this pathway at NOC 2019. LOCSU's Healthy Living Optical Practice (HLOP) Framework is focused on improving the health and wellbeing of the population and is intended to help reduce local health inequalities.

Rather than being a standalone service, it delivers added value to any area already delivering the core primary eyecare service pathways.

The pathway involves brief interventions and signposting to appropriate services via conversations supported by leaflets/websites.

Rather than being a standalone service, it delivers added value to any area already delivering the core primary eyecare service pathways.

To date the service has been commissioned by one CCG.

PEOPLE WITH LEARNING DISABILITIES

LOCSU worked in partnership with SeeAbility, Mencap, ABDO and WOPEC to refresh this pathway and the associated resources which is intended to provide individualised care for patients with moderate to severe learning disabilities. Communication is a key focus for the pathway including pre-appointment preparation, post-appointment feedback and online resources for patients, carers and practitioners.

A podcast was recorded which explores the refreshed pathway and included a first hand account from Grace McGill of what it's like to visit an optometrist when you have a learning disability.



“We worked hard during 2020 to drive the development of new clinical pathways and case studies, in response to feedback from NOC 2019.”

Zoe Richmond,
LOCSU Interim Clinical Director

CASE STUDIES

A further outcome of NOC 2019 was for LOCSU to create a series of Case Studies to share best practice, and significant progress was made in this area during 2020, with a growing bank of case studies featuring various aspects of the clinical pathways available on the website.

The range of case studies includes:

- Covid-19 Urgent Eyecare Service (CUES) – case study materials cover the introduction of CUES in Oldham and the Eye Journal article and CCG maps as above.
- Glaucoma Enhanced Case Finding service in Leeds which has reduced pressure on Hospital Eye Services and provided an improved patient experience, using the skills and facilities of Primary Care Optometrists collaborating with secondary care colleagues.

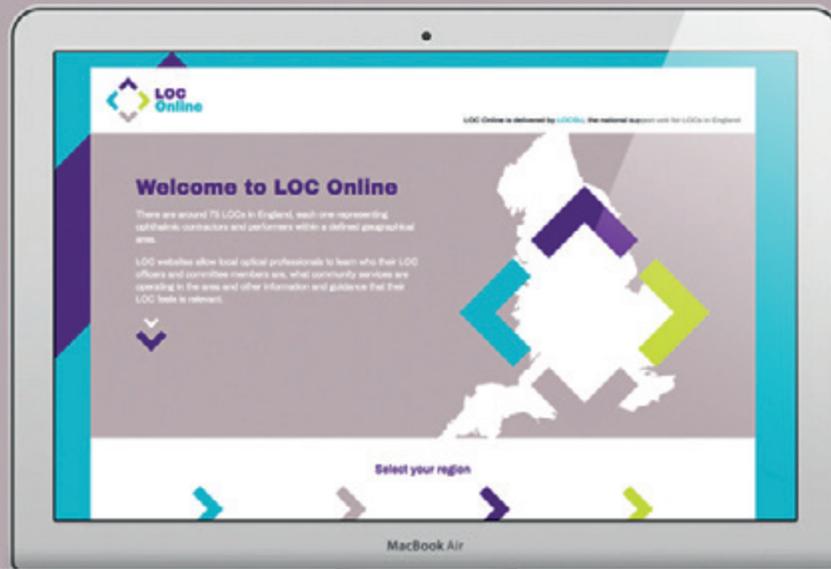
- Exploring the impact of the NICE glaucoma guidelines on referral activity which shows a 56% drop in referrals across the areas where the service is commissioned.
- Glaucoma Repeat Readings – how many repeats are needed? ‘This case study shows a reduction in hospital outpatient appointments as a result of a second repeat taking place in primary care as well as improved referral accuracy and quality.
- Innovation in Eye Care during COVID-19 which explores 3 innovative projects: Post-operative Care following Corneal Graft surgery to be provided in Primary care (Worcestershire LOC); Referral Refinement for suspicious swollen disc (Sandwell and Birmingham LOCs) and YAG laser capsulotomy follow up (Dudley LOC).

- Improving the Patient Experience which reviews the integrated eye service in Morecambe Bay which has been achieved through collaborative working between primary and secondary care commissioners and managers. The service has received significant positive feedback from patients regarding improved accessibility and flexibility.

Zoe Richmond, LOCSU Interim Clinical Director, said “We worked hard during 2020 to drive the development of new clinical pathways and case studies, in response to feedback from NOC 2019. CUES, which was launched in response to the COVID-19 pandemic, was the highest profile pathway, however I am pleased that we were able to continue to develop pathways covering other eye conditions too. I would particularly like to thank all the LOCs who have contributed to the development of these pathways and case studies.”

LOCs Upgrade to LOC-online

In response to feedback gathered at NOC 2019, LOCSU developed and launched a new website platform for LOCs in 2020. The primary objective was to make managing and updating websites simpler for LOCs and to automatically incorporate centrally generated news stories and information. This became even more important during the pandemic when practitioners turned to LOCs for the latest information.



The new platform was piloted by Cheshire and Derbyshire LOCs and has now been fully implemented by nine LOCs, with two more sites soon to go live and 19 further LOCs with sites in development.

LOCSU's Information Officer Lisa Stonham has been leading the project and supporting LOCs as they build new sites. She reflects on progress so far and some of the changes that have been implemented following feedback from LOCs:

"I think that any change can create challenges, particularly when it is a change of IT system. However, the main challenge seems to be one of time, as LOCs are made up of busy people with multiple roles." It was important, therefore, that the new platform was easy to use. "The template is intuitive, and the editor has an MS-Word-like interface which has helped LOCs quickly get to grips with the new platform.

The platform has now been live for a year and we have made some updates with further requested amends in the pipeline. "The site was initially set up with preloaded images for the carousel on the home page. We received feedback that LOCs wanted to be able to add their own images so this was amended to allow this."

The platform has also been amended to offer the option to create tables on pages, following a request from early-adopter LOCs.

Tips for LOCs making the transition Making the switch to a new platform has prompted several LOCs to do a full refresh of their site and develop new content to support practitioners. Lisa has two key tips for LOCs taking this approach:

- 1. Work out the website menu structure first to ensure that all the information sits in the correct place and makes it easy for website visitors to find the information they need.**
- 2. Gather all your content – and update it if needed – in advance of populating the site. Each webpage can be stored in a separate Word document. This ensures that you know exactly what menu items and pages are needed and population of the site doesn't have to be halted while content is being written.**

LOCs that have not yet started the process of upgrading to the new platform have been contacted, as support for the legacy platform will cease in 2021, meaning action is needed to make the change.

How We Did It: Two LOCs Share their Experience of Upgrading to LOC-Online

Neither Kiran Bola, committee member at Coventry and Warwickshire LOC, nor Tony Wing, Chair of Rotherham and Barnsley LOC, had any experience of building a website prior to starting their migration project in 2020. However, as Kiran put it, she was “up for the challenge!”

The template system makes building the new website straightforward, as Kiran discovered: “I was impressed how the LOC-online template was specifically designed to achieve the expectations of what is needed for a successful LOC website, which was extremely helpful as the core website functions were already created. This allowed me to easily transfer and migrate our previous website to the new template. Also, having the additional resource of LOCSU news being automatically updated on the homepage gave us a great starting point.”

To support the migration to the new platform, LOCSU created several user guides, which Tony found particularly useful: “Basic and advanced user guides are available, for different skill levels. They were particularly helpful for someone who has never edited a site before, and I can see them being a useful reference tool going forward.”

Kiran found the guides valuable when she was working to realise their LOC’s vision for the site: “I definitely used the user guide at the beginning of the website build as it gave me an informative foundation on the basics of using WordPress and how to customise the LOC-Online template to work for our LOC which was extremely helpful.”



“The template is intuitive, and the editor has an MS-Word-like interface which has helped LOCs quickly get to grips with the new platform.”

Lisa Stonham,
LOCSU Information Officer

SUPPORT FROM LOCSU

A key part of Lisa’s role is working with LOCs to ensure that the migration goes smoothly. This is something that both Kiran and Tony have appreciated. “Lisa Stonham at LOCSU was immensely supportive in the whole website construction from beginning to end,” says Kiran. “There were many times where I needed to ask a number of questions and Lisa was always an email/phone-call away. This made a huge difference and without that guidance I would have found it a lot more difficult to reach the end goal for the website.”

LOCSU has also guided LOCs on the regulatory and compliance aspects of operating a website, such as the legal requirement to provide a cookie policy and a privacy policy, and the best practice of including a ‘Terms & Conditions’ section. As Kiran explains: “This was something we were unaware of previously, as we had negligible experience of the legalities of website design, and obtaining this guidance from LOCSU was invaluable as a professional body.”

**TIME INVESTED
PAYS DIVIDENDS**



Both LOCs found the time commitment needed to complete the migration project was not excessive. Rotherham & Barnsley took things steadily, sharing the work between a team of three and involving other committee members to edit specific sections. Kiran undertook most of the work herself and estimates that it took about seven evenings, spread across two months as she fitted the build around her other commitments and new content was drafted.

POSITIVE OUTCOME



The new websites are now launched and have proved an asset to their LOCs, especially in the current climate, as Kiran emphasises: “The LOC uses the website as one of the main sources of contact with Coventry and Warwickshire eyecare professionals and therefore it is extremely important to us. We update the website as soon as we have new and updated information that we need our members to be aware of, and this can be a number of times within a given month. This has played a pivotal role, especially in the current climate with changes occurring daily due to the COVID-19 pandemic. We also use the website to update any local job advertisements, changes to referral pathways and upcoming LOC meetings.”

Tony agrees, saying he finds the new platform “much easier to use and navigate, looks slicker, and we like the national news section being constantly updated.” Ultimately, both LOCs have found the experience of switching to the new, easy-to-use platform more straightforward than they anticipated, thanks to LOCSU support.

Kiran advises: “I would definitely encourage any committees who would like to rebrand and update their website, not to be deterred by minimal website design experience, and to give it a go as LOCSU provides step by step support.”

“The important thing we found is to have more than one person who looks after the website and knows how to edit and add information.”

Tony Wing,
Chair, Rotherham & Barnsley LOC

“We update the website as soon as we have new and updated news that we need our members to be aware of, and this can be a number of times within a given month. This has played a pivotal role, especially in the current climate with changes occurring daily due to the COVID-19 pandemic.”

Building a Strong Pipeline of Talent

Education and professional development in all sectors faced considerable challenges as a result of COVID-19. LOCSU has remained fully committed to ensuring members of the optical sector have access to a high quality, relevant and valuable training and development programme throughout the pandemic.

Activities that were already planned for 2020, such as the upgrade of the core LOCSU training platform, have delivered timely benefits. Delivery methods for LOCSU courses have been adapted to meet necessary restrictions while still providing an engaging experience, and participation in WOPEC clinical training courses has been high.

There is robust evidence that LOCSU's facilitated courses are fulfilling their mission to develop a strong cohort of LOC members who, by progressing from the Induction Programme for new members through to the LOC-sponsored Leadership Course, are becoming equipped to play pivotal roles within their LOC.



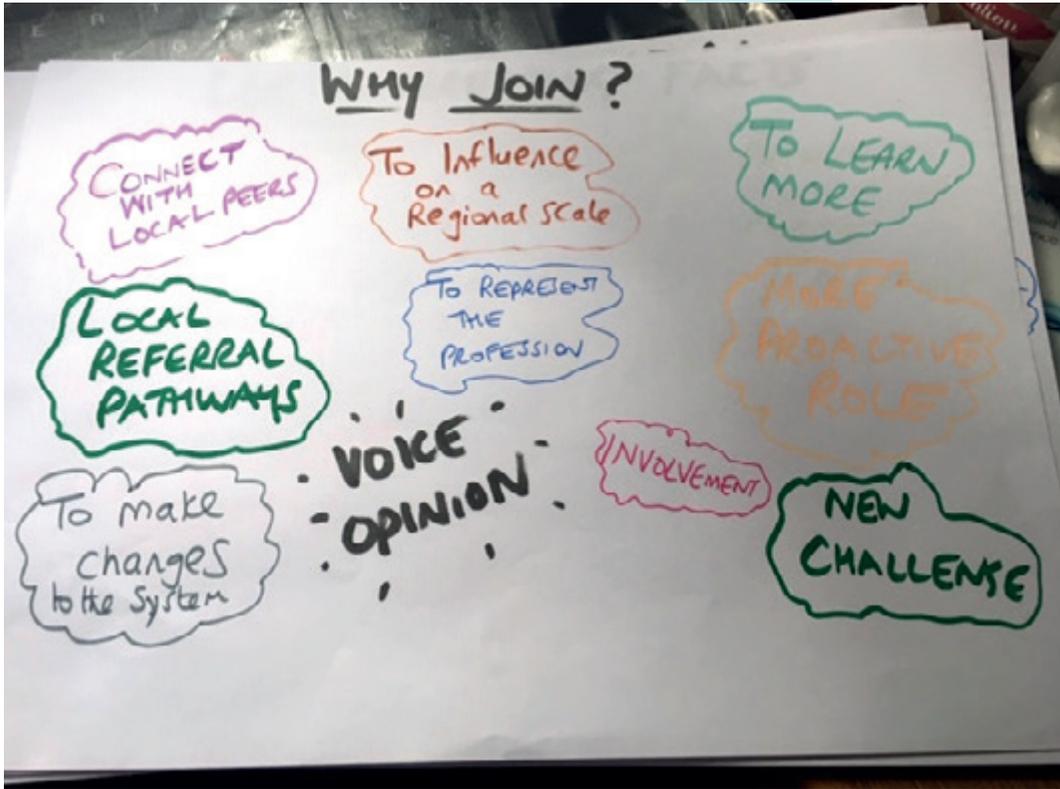
“This is a sophisticated platform that is easy to use from a course creation perspective, and easy to access for participants.”

Simone Mason,
LOCSU Digital Learning and
Support Officer

A new long-term online learning platform for LOCSU launched in September. Powered by Thinkific, the new platform is user-friendly and intuitive, providing a collaborative and interactive learning experience which helps encourage engagement between course participants. The platform supports multimedia content including videos, quizzes, PDFs, documents and audio clips and also allows participants to share their own resources. Discussion is facilitated through facebook-style posts on threads and the platform is cloud-based, ensuring participants can access it easily.

The LOC Induction Programme was the first to launch via Thinkific. This course may be accessed and completed at participants' convenience, but is supported by regular live Zoom webinars – hosted by LOCSU Digital Learning and Support Officer, Simone Mason – allowing attendees to network with one another and reflect on what they have learned.

Commenting on the roll out of the new platform, Simone said: “This is a sophisticated platform that is easy to use from a course creation perspective, and easy to access for participants. The support provided by the Thinkific team is also excellent – they are very responsive on the rare occasions that we have any problems.”



LOCSU Courses in 2020

A COMPLETE BEGINNER'S GUIDE TO LOCS

This new course is designed for prospective LOC members who want to find out more about what LOCs do. It is self-guided and offers a background to LOCs giving participants a foundation of knowledge on which to build in the LOC induction course, should they go on to be elected to an LOC.

AGM MINI-COURSE

A second new self-guided course has been designed and launched to help both new and experienced LOC members understand the requirements of an Annual General Meeting. Although this topic is covered in general in the LOC induction course, this specific course dives into more detail and provides a step-by-step guide and frequently asked questions to help LOCs deliver an AGM that meets the necessary requirements. Simone comments: "It is especially important, now that AGMs are taking place in virtual environments, that elements such as voting are governed in the right way. This course covers everything an LOC needs to know before preparing its AGM."

LOC INDUCTION COURSE

The 2020 LOC induction programme was adapted to meeting COVID-19 restrictions and was delivered fully online. 25 participants completed the course and took the opportunity to network with colleagues from different regions. The course covers LOC roles and responsibilities, governance and communications, including webinars with LOCSU experts, that ensure new LOC members are well-informed about how they can contribute to the work of LOCs and make a difference from the start.

LOCSU LEADERSHIP SKILLS FOR OPTICAL PROFESSIONALS COURSE

The LOCSU Leadership Skills for Optical Professionals Course is a 20-credit postgraduate module that is part of WOPEC's MSc programme at Cardiff University. LOCSU funds up to ten places on the course and this year eight participants completed the course, from an initial cohort of ten. As Simone explains, the pressures of COVID-19 were evident: "This is the first time that any participants have not been able to complete the leadership course, but the many pressures exerted by the pandemic have taken their toll."

The leadership course usually incorporates two contact days in London, but these were delivered virtually instead. Course delegates responded positively to the situation, joining the sessions from locations throughout England and as far afield as Greece. Course student Imogen Hawthorne found the virtual format encouraging, saying: "I prefer one-to-one conversations and sometimes find it difficult interacting in a larger group. With a videoconference only one person can speak at a time and that helps a lot. The exercises were very well governed by the course leaders and we all had a chance to contribute."



How I did it: the LOCSU Leadership Skills Course

Sumila Kasaven is Vice-Chair of Hertfordshire LOC and was a student on this year's LOCSU Leadership Skills course. Here she gives us insight into her reasons for taking the course, her views on its content and delivery, and the benefits she has brought back to Herts LOC:

I joined Herts LOC two years ago and was elected Vice-Chair last year, but I still felt I lacked experience. I took the online LOC induction course early on, which was fantastic in terms of theory, but I felt I needed to learn more in order to contribute effectively in meetings with commissioners.

The LOCSU Leadership skills course appealed to me as it is specific to the role I'm in and I thought it would help me to self-reflect and identify my calling in LOC leadership and the best way to bring that to Herts LOC.

The course came at the right time for me as I was furloughed, so had more opportunity to focus on study, although it was strange going back to the books after quite a long time. Some parts I found more challenging than others, for example writing blogs is very different to the academic writing style I have been used to. However, after the first couple I came out of my shell and got into my stride.

One of the most valuable elements was learning about different leadership models and styles and where my own style fits in situational, action-led and collaborative situations. Taking the Myers-Briggs personality test was illuminating – it allows you to learn your own style and discover the best way to work with others who have different style to achieve the best outcomes.

Due to COVID-19 the two contact days that are part of the course had to take place virtually. It was quite an intense two days on Zoom, but it was good to make contact with the other students on the course. We set up a WhatsApp group straight afterwards and this was great for sharing ideas and questions.

I wrote my written assignment on AGMs and succession planning, focusing on how to engage a larger and broader cohort of people. We have since put much of it into practice at Herts LOC and as a result we had the highest attendance we've ever had at our AGM. We've also had three new LOC members sign up since then, so we are seeing the effects of our drive to recruit more members.

“We update the website as we have since put much of it into practice at Herts LOC and as a result we had the highest attendance we've ever had at our AGM. We've also had three new LOC members sign up since then, so we are seeing the effects of our drive to recruit more members.”

This has been a real practical result of my completing the leadership skills course and I recommend it to anyone aiming to grow their role and experience within their LOC.

FACILITATING LOC SUCCESSION PLANNING

The LOCSU induction and leadership courses are a core route to delivering the key LOCSU objective of ensuring that there is a robust pipeline of new LOC Members who will go on to play key roles in the sector. This is especially important as the NHS undergoes a significant period of change with the implementation of the NHS Long Term Plan and the adaptations to meet the pressures of COVID-19.

Central to achieving this objective is progression from the LOC induction programme on to the leadership course.

Since 2018, 60% of the delegates who have attended the LOC induction course have gone on to gain places on the leadership course, sponsored by their LOC.

This clear linear progression demonstrates the value LOCSU courses offer to attendees as a route to development within the sector, as well as to the sector in promoting a pipeline of fresh talent.

WOPEC COURSES

Interest and uptake of the clinical training courses delivered via the Wales Optometry Postgraduate Education Centre grew remarkably during the first period of lockdown, in spring 2020. Nik Sheen, Director of WOPEC, recounts the uplift in interest: "Comparing the three months before lockdown to the three months after, sign ups to the MECS, Glaucoma, Cataract and Paediatrics courses increased by 27%, 54%, 17% and 151% respectively. We saw a huge surge of interest in the first few weeks of lockdown, which continued for some time."

Interest and uptake of the clinical training courses delivered via the Wales Optometry Postgraduate Education Centre grew remarkably during the first period of lockdown, in spring 2020.

Despite increased interest during the first lockdown period, the wider effects of the pandemic and pressures of re-opening practices led to a fall in the number of certifications achieved overall. During the period from 1st January 2020 – 31st December 2020 2,295 CET certifications and 371 WOPEC course certifications were achieved.

WOPEC's courses have been updated in 2020 to include more interactive elements and formative questions that consolidate learning.

151%

Comparing the three months before lockdown to the three months after, sign ups to the MECS, Glaucoma, Cataract and Paediatrics courses increased by 27%, 54%, 17% and 151% respectively.

A Question of Governance

With Richard Knight, Head of Policy

Promoting and supporting best practice governance is one of LOCSU's core offers to the optical sector. In a year packed with enormous challenges including the need to develop pathways, policies and practices at a breath-taking pace, the years of work devoted to establishing and maintaining sound governance processes has paid dividends.

As in previous years, LOCSU has actively engaged in a diverse range of activities and consultations throughout 2020—from emergency pandemic response to ongoing work on the NHS Long Term Plan—in order to help ensure that the sector strengthens its position as a vital component of primary care provision.

Richard Knight, LOCSU's Head of Policy, explains how robust governance programmes have been of particular importance during this unusual year.



WHAT ROLE DOES GOVERNANCE PLAY IN A SITUATION LIKE WE HAVE SEEN IN 2020?

Good governance underpins everything. Without it, the challenges of this year would have been even greater than they have been. The sector's clinical and organisational governance programme, which is underpinned by Quality in Optometry (QiO) and contractor policies and guidance, contributed to providing the foundation for the new measures that practices were required to implement to meet COVID-19 challenges.

The fact that the programme is well-established and mature meant that, as a sector, we could provide assurance to commissioners and stakeholders of competence and capability to deliver new services, despite the speed at which these services had to be designed, commissioned and rolled out.

WHAT HAVE BEEN THE MAIN DEVELOPMENTS AND ACHIEVEMENTS IN GOVERNANCE THIS YEAR?

Undoubtedly the principal development was the implementation of new clinical governance procedures as required by professional bodies, the NHS and UK Government to underpin the provision of patient eyecare services during the COVID-19 crisis. The sector was able to draw upon established processes to facilitate the rapid roll out of services without compromising on governance principles or service delivery quality. This made it easier to incorporate the additional patient and practitioner safety measures required in the pandemic scenario.

Looking forward, ongoing NHS structural reform to implement the objectives of the NHS Long Term Plan and the National Eyecare Recovery and Transformation Programme could, and probably will, have significant ramifications for governance and service delivery in the years ahead. We have been closely engaged with NHS, sector partners, and all other stakeholders in understanding what this will mean for the sector and identifying the actions and roadmap we will need to follow.

WHAT AREAS OF POLICY HAS LOCSU BEEN SEEKING TO INFLUENCE AND WHAT IMPACT HAS BEEN ACHIEVED?

LOCSU has been heavily involved across a huge variety of areas – as is evident from the scope of this report. We have been working to influence the development of future guidance, contractual requirements related to extended services, service design and much more in order to ensure that these are proportionate, appropriate to the optical sector, and that compliance is achievable.

Below is a mixture of joint and individual consultations responses in 2020:

- NHSEI Integrating Care
- NHSEI Standard Contract 2021/22
- GOC COVID Statements
- GOC Communications
- GOC Business Standards
- GOC Optometrist Numbers
- CCEHC Primary Eyecare Services Framework
- CCEHC Community Eyecare Services Framework
- NHSEI Tariff Payments
- College of Optometrists COVID Recovery Phase Guidance
- Caldicott Principles
- Royal College of Ophthalmologists Cataract Workforce Guidance

WHAT HAS DRIVEN THE CHANGES TO QIO AND WHAT ARE THE BENEFITS OF THE CHANGES?

Governance programmes can never stand still: they must continually evolve to meet the changing needs and wider circumstances of the sector. This includes ensuring that requirements are proportional and achievable while also providing the correct degree of scrutiny and accountability.

To strike the balance between robust contractor governance and proportionality in the COVID-19 era and to reflect ongoing provider consolidation and growth we have made some changes to QiO. These include a new audit section covering the requirements for infection control, which is of course especially relevant at present.

Additionally, following a governance overhaul by the largest provider of extended primary eyecare services in England, we have been able to streamline and consolidate some of the elements of QiO meaning that while the administrative burden on practices is reduced, overall governance is enhanced.

Governance programmes can never stand still: they must continually evolve to meet the changing needs and wider circumstances of the sector.

WHAT IS THE LOC BEST PRACTICE RELATIONS, WHAT DOES IT COVER AND WHY IS IT IMPORTANT?

The LOC Best Practice Relations provides guidance to LOCs on a range of topics relating to the safe, effective and respectful operation of LOCs. The aim is to ensure that everyone who engages with an LOC is valued and has the opportunity to make their contribution in a positive environment. Areas covered include:

- The importance of providing a welcoming environment;
- Not assuming vested interests of individuals irrespective of employer, or those of professional bodies;
- The difference between healthy debate and harmful behaviour;
- Guidance on the acceptable use of social media for constructive debate;
- That no one is infallible and all opinions are welcome;
- That remote meetings are no less important or formal than physical ones.

The LOC Best Practice Relations sets out a code for the expectations for LOCs so that all participants are aware of the standards required. It is an important part of ensuring that LOCs can attract and engage new members and maintain a reputation for professionalism and credibility, while avoiding criticism.

The communication channels and formats used for conducting LOC meetings and general activities have changed dramatically in the past year, and the code of conduct is a timely tool to ensure that the professionalism with which LOCs operate is sustained in the new environment.

WHAT, IF ANY, GOVERNANCE CONCERNS OR AREAS FOR FUTURE FOCUS HAVE BEEN HIGHLIGHTED BY THE EXPERIENCE OF 2020?

In general, the optical sector can be proud of its governance accomplishments during this fraught year.

There have been a huge number of stakeholders to satisfy when designing and implementing new services, from central government and the NHS to sector bodies, and in the majority of cases, practitioners have been able to do so. Without good organisational and clinical governance, the rapid and complex measures required to mitigate COVID-19 would have been much harder to achieve, if at all.

The sector cannot afford to become complacent, but it should be in a reasonable place to meet further pandemic challenges and also position itself to adapt to the structural changes that will take place next year.

In general, the optical sector can be proud of its governance accomplishments during this fraught year.

Looking at the Numbers

The Role of the LOCSU Audit Committee

In common with most similar organisations, LOCSU has an Audit Committee which conducts scrutiny and provides assurance to the Board that the organisation has sufficient and effective arrangements for governance and the management of risks, including financial risks. Chair of the Audit Committee, Stephen McAndrew, introduces us to the role and activities of the committee.

The Audit committee comprises three current non-executive directors of LOCSU and is attended by the Company Secretary and Chief Executive Officer who provide the committee with evidence of the conduct of governance, management of risk and reporting of the organisation's finances. In order to ensure the independence of the Audit Committee, it is chaired by one of the non-executive directors – a role I currently undertake – and the Chair of the Board of LOCSU attends the meetings but is not a 'voting member' of the committee.



“The Audit Committee meets at least twice per annum around two annual milestones: the review of the previous year’s Annual Report and Accounts, usually in July, and the review of following year’s Budget.”

Stephen McAndrew,
Chair of the Audit Committee

ANNUAL FINANCIAL CYCLE

The Audit Committee meets at least twice per annum around two annual milestones: the review of the previous year’s Annual Report and Accounts, usually in July, and the review of following year’s Budget, usually in February. In both cases the Committee’s role is to scrutinise the preparation of the accounts and budgets, review the drafts and consider if they are reasonable and consistent with other evidence, including the reports of the organisation’s auditors.

The Committee identifies and agrees any recommendations to the Board and may formally escalate any concerns that remain outstanding. However, the process of scrutiny means that most concerns have been fully addressed by the time the Audit Committee considers them, and the committee’s role is therefore to assure itself that any mitigations are appropriate and effective and assure the Board that this is the case.

In the case of the Annual Report and Accounts, the Audit Committee makes a formal recommendation to the Board that these are a true and accurate reflection of the organisations finances over the period concerned, once it is satisfied that this is the case.

EXTERNAL AUDIT SUPERVISION

The Audit Committee supervises the work of LOCSU's external auditors, currently Menzies LLP, and from time to time it will make recommendations to the Board regarding market testing or competitive tender for external audit services. The external auditors may be asked to attend the Audit Committee to present their audit findings and the members of the committee have the ability to meet with the auditors and discuss any concerns without the Management or Chair of the Board present.

ROBUST RISK MANAGEMENT

Each meeting of the Audit Committee reviews the organisation's risk register and makes recommendations to the board regarding mitigation of risks. The Audit Committee reviews proposed changes to organisation's governance arrangements including changes to policies, procedures and delegated authorities. From time to time the Audit Committee may take a "deep dive" into an issue of concern, or where additional assurances are required, and has the authority to direct the Chief Executive Officer to conduct such investigations or provide such evidence as may be required to do this. At least annually the Audit Committee reviews its Terms of Reference and proposes any changes to the Board of LOCSU.

A microscopic image of coronavirus particles, showing their characteristic spherical shape and surface spikes. The particles are rendered in shades of gray against a dark background. A large white arrow points from the left side of the image towards the right, partially overlapping the text.

Finance Review

April 2020 – March 2021

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), Federation of (Ophthalmic and Dispensing) Opticians (FODO) and The Association of British Dispensing Opticians (ABDO).

LOCSU is funded almost entirely by levy payments from LOCs, and the unaudited 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 CCGs and individual practices. The results of primary eyecare companies are not consolidated within these unaudited figures.

FINANCIAL RESULTS

The unaudited results for the year ended 31st March 2021 are shown below. These are compared to the audited results for the prior year. The figures for 2020-21 will be audited after the publication of this annual review and will then be filed at Companies House.

The unaudited result for the year ended 31 March 2021 is a deficit of £206,000 on a turnover of £917,000 (compared with a surplus of £151,000 on a turnover of £1,513,000 in the prior year). Company reserves (unaudited) at the end of 31 March 2021 are £942,000.

The reduction in levy income from 2020 to 2021 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, (the core time when practices were potentially closed or providing only urgent and emergency care). Other income to LOCSU consists of reimbursement from NHSE for a seconded member of staff working within PCSE. The overall reduction in income for the year has resulted in the deficit presented. In order to mitigate the loss in levy income and reduce the overall deficit that would result expenditure reduction measures were implemented. Some costs were reduced due to a decrease in all advisor attendance expenses by moving activity online and similarly, there was a reduction in NOC costs as the event moved from being a physical event to a virtual event.

During the year to 31 March 2021, CegedimRx completed their exit from the optical market. Final contract exit costs were agreed to include transition of the data away from the OptoManager system which has resulted in a significant reduction in fees paid in the year for the provision of the OptoManager platform and the National Data Repository.

The above savings have assisted in reducing the decrease in surplus for the year to just under £360,000 despite a reduction in income of £600,000.

Due to the strong reserve position that has been built in recent periods LOCSU was able to make use of an element of its reserves to ensure that business could continue as usual throughout the year without change to the level of support provided to LOCs. It also enabled a blanket levy holiday to be given to all LOCs, regardless of any activity, as the COVID-19 pandemic emerged.

The impact of the pandemic on LOCSU's financial position was managed to ensure that LOCSU is in a good position to maintain its ongoing business going forward, holding a reserve that represents just under a years worth of activity. This will also mean that LOCSU is able to work with LOCs should there be a resurgence of COVID-19, in late 2021 / 2022.

Directors

The directors who served during the year were:

Mr M M Fegan, Chairman

Mrs H Alderman

Resigned 15 June 2021

Mr C P Bill

Mr M J Cody

Mr D D Hewlett

Mr M I Jkinson

Mr S N McAndrew

Resigned 5 August 2021

Miss D H McGill

Mrs A P Page

Ms E J Spofforth

Mr T J Warburton

INCOME

	2021 (unaudited)	2020
Levy received	£808,853	£1,405,604
Other income	£108,500	£107,027
Total income	£917,353	£1,512,631

BALANCE

	2021 (unaudited)	2020
Income	£917,353	£1,512,631
Expenditure	£1,123,319	£1,361,198
(Deficit)/Surplus	(£205,966)	£151,433

EXPENDITURE

	2021 (unaudited)	2020
Personnel costs		
Staff costs including directors and payments to consultants*	£540,978	£532,108
Adviser attendance and expenses**	£251,108	£349,742
AOP staff support	£88,722	£88,722
Board attendance expenses	£0	£4,551
Total personnel costs	£880,808	£975,123
NOC and conferences	£22,296	£52,020
Training (staff and LOCs)	£31,300	£40,313
Office accommodation and office costs	£60,275	£65,983
Legal and professional costs including audit	£18,460	£15,329
Website and communication costs	£16,355	£6,129
General expenses including travel	£10,415	£25,341
Depreciation	£9,543	£6,090
Project costs		
IT development and Optomanager licences	£65,300	£164,250
National Data Repository	£8,567	£10,620
Total project costs	£73,867	£174,870
Total expenditure	£1,123,319	£1,361,198

* Includes staff and director salaries/payments plus NI and pension, it also includes recruitment costs and staff (health) insurance, communications consultants and independent contractors fulfilling the interim clinical director role.

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

BALANCE SHEET

	31 March 2021 (unaudited)		31 March 2020	
Fixed assets				
Tangible assets		£14,247		£25,777
Current assets				
Debtors	£307,307		£278,572	
Cash at bank and in hand	£763,740		£1,184,684	
Current assets total	£1,071,047		£1,463,256	
Creditors: Amounts falling due within one year	(£142,828)		(£340,601)	
Net current assets		£928,219		£1,122,655
Total assets less current liabilities		£942,466		£1,148,432
Reserves				
Income and expenditure account				
At the beginning of year		£1,148,432		£996,999
(Deficit)/Surplus for the year		(£205,966)		£151,433
Members' Funds		£942,466		£1,148,432

These summarised financial statements are an extract from the statutory financial statements for the year ended 31st March 2020 which have been audited by Menzies LLP, who gave an unqualified audit report on 22 December 2020.

Our People

BOARD

Mike Fegan
LOCSU Chairman

Henrietta Alderman
AOP Chief Executive
Resigned 15 June 2021

Debbie McGill
ABDO Head of Policy and
Public Affairs

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

Trevor Warburton
AOP Representative

Mike Cody
ABDO Representative

Stephen McAndrew
FODO Representative
Resigned 5 August 2021

Matthew Jkinson
LOC Representative

Emma Spofforth
LOC Representative

Abi Page
LOC Representative

Charles Bill
LOC Representative

Wendy Andrusco
Company Secretary

Sarah Cant
College of Optometrists

ADVISERS

Jane Bell
Clinical Adviser

Bruce Gilson
Clinical Adviser

Peter Hampson
Clinical Adviser

Trevor Warburton
Clinical Adviser

HQ STAFF

Richard Whittington
CEO

Jacque Fooks
Office Manager

Richard Knight
Head of Policy

Zoe Richmond
Interim Clinical Director, also leading
a team of locally based Optical Leads

Lisa Stonham
Information Officer

Contact

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