



SUPPORT FOR PRIMARY
EYE CARE DEVELOPMENT

Building for Breakthrough

Annual Report
2015–16

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Glossary

For those readers who may not be familiar with all the abbreviations used, this glossary provides definitions of the main acronyms and organisations referred to in this year's Annual Report.

ABDO	Association of British Dispensing Opticians	PwLD	People with Learning Difficulties
AOP	Association of Optometrists	ROC	Regional Optical Companies
AQP	Any Qualified Provider	STPs	Sustainable Transformation Plans
CCG	Clinical Commissioning Group	UKVS	UK Vision Strategy
CT	Competitive Tendering	WOPEC	Wales Optometry Postgraduate Education Centre
FODO	Federation of (Ophthalmic and Dispensing) Opticians		
FTE	Full-time equivalents		
GOS	General Ophthalmic Services		
GRR	Glaucoma Referral Refinement		
HES	Hospital Eye Service		
HWB	Health and Wellbeing Board		
ILM	Institute of Learning and Management		
LEHN	Local Eye Health Network		
LOC	Local Optical Committee		
LOCSU	LOC Central Support Unit		
MECS	Minor Eye Conditions Service		
OPHN	Ophthalmic Public Health Network		
OSCE	Objective Structured Clinical Examination		
PCSE	Primary Care Support England		
PEC	Primary Eyecare Company		

Foreword

The developing crisis in the NHS is visible to all with the majority of Hospital Trusts in deficit alongside serious capacity shortfalls – a perfect storm!

To address the well-publicised capacity problems in ophthalmology – the second largest outpatient group in the NHS with around 10 million annual appointments – LOCSU's main aim has been to highlight and deliver the solutions that community optical practices can offer.

In December 2015 the LOCSU Board reviewed the Strategic Plan. While the goal of embedding the optical practice as the first point of contact for eye health in primary care remained the overall objective, we agreed it required a more urgent approach to achieve this for the sector and for the benefit of the NHS.

Notwithstanding the substantial progress made to date by LOCSU and the successes it has helped LOCs to deliver, the review identified threats and opportunities which compelled us to increase the speed and scale of progress.

In addition to the need to support sustainable NHS eye services, technological developments, changing demographics, the NHS open to new care models including service redesign, a greater focus on community services by the multiples and the threat of external competitors, were just some of the drivers for change. Many of these issues were subsequently highlighted in the Foresight Report published by the Optical Confederation and the College of Optometrists.

So, in February 2016, LOCSU published its new blueprint: *The Breakthrough Strategy for Optics*.

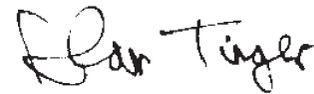
It was clear to the Board that an expanded team would be necessary to deliver the demanding targets that had been agreed and that the LOCSU Levy would need to return to its original level to fund it. We are acutely aware of the financial pressures on practices in this current climate and are fully committed to ensuring that the sector sees a serious return on the additional investment as soon as possible.

The Breakthrough Strategy's headline goals included doubling the number of CCGs with a Minor Eye Conditions Service (MECS) by March 2017 and achieving an 80% coverage of CCGs with MECS within two years.

Carrying on business as usual while building for breakthrough has been a challenge for the organisation but one that our team have tackled with the commitment and passion they are renowned for. We have continued a wide range of workstreams in communications, learning and development and policy as well as representing the sector at a national level alongside the Optical Confederation.

A substantial amount of time and energy has been spent meeting with and advising NHS England and PCSE due to the emergence of significant shortcomings in the services being delivered by Capita, which have caused severe hardship for many contractors and performers. Our team has escalated hundreds of urgent payment issues to PCSE's senior management for resolution, on behalf of affected contractors. Be assured that we will continue to focus on this until the service has been stabilised and has reached an acceptable level.

It has been a year of change and challenge while continuing to drive the commissioning of primary eye care. With the new expanded team in place, this report shows an increase in the scale and pace that is the first steps to delivering the Breakthrough Strategy.



Alan Tinger
LOCSU Chairman



Katrina Venerus
LOCSU Managing Director



**For a video introduction
of this Annual Report click
on this image**



Building the Breakthrough Team

The decision by the LOCSU Board in December to adopt a more ambitious strategy for the sector necessitated two significant workstreams for LOCSU this year – while still carrying on business as usual in our ongoing activities.

Communicating the objectives and rationale for the new approach and building the team to deliver it were fundamental components that needed to be worked on in parallel following

the publication of the Breakthrough Strategy in February 2016.

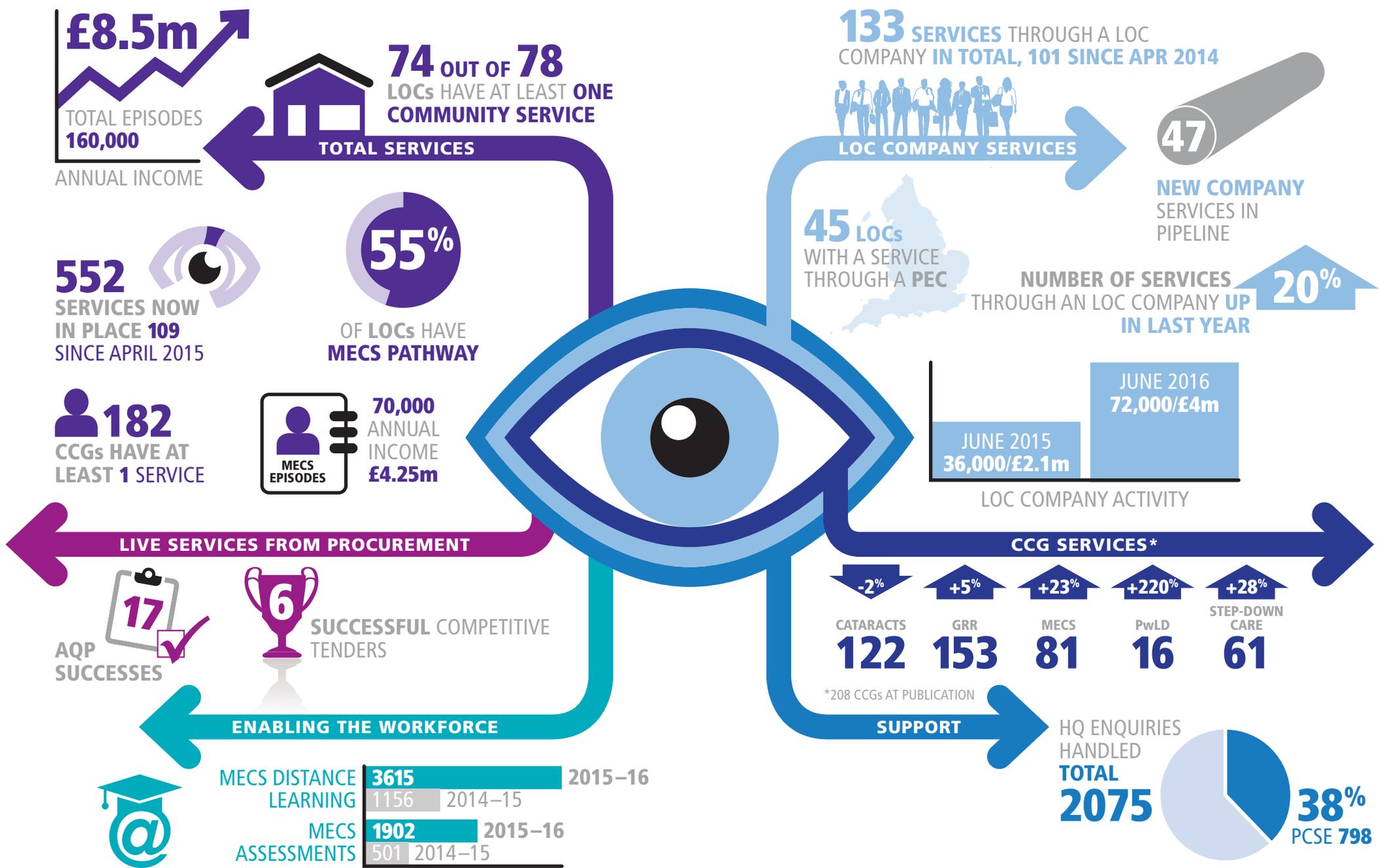
The LOCSU team was involved in a major exercise between February and July to engage with LOCs to ensure that they understood how vital the strategy is to address the capacity problems in the Hospital Eye Service (HES). Buy-in from LOCs was absolutely essential as it was clear that an increase in the LOCSU Levy would be necessary to fund the expanded team needed to meet the challenging targets the strategy set out.

In order to achieve this, a series of explanatory webinars were hosted for LOC Chairs. The LOCSU team also attended LOC AGMs to outline the objectives for the Breakthrough Strategy.

By early July the size of the commissioning team had increased from two to six full-time equivalents and broadened the diversity of expertise. An Assistant Director fresh from a London CCG, seven newly-renamed Commissioning Leads and two

Commissioning Support Officers made up the team. In addition to this, a new Information Officer was added to the head office team. In total, eight members of staff recruited and in post in less than five months.

With all the team having been through a comprehensive induction and development programme, the expanded team is now working with LOCs to drive commissioning of primary eye care at the pace and scale we have committed to.





In parallel with the new, immediate and challenging objectives set out in the Breakthrough Strategy, it has been another successful year on the commissioning front for LOCSU. While the expanded commissioning team was recruited and has hit the ground running to deliver on MECS, step-down care and low-activity areas, the existing Leads have worked with LOCs to continue the upward growth of extended primary eye care services.

Balancing business and Breakthrough



With the NHS in a permanent state of reform, test-bedding new care models, from Vanguards to Sustainable Transformation Plans, LOCSU has had to be focussed and perceptive to connect pathway redesign with the continuing capacity problems in ophthalmology while presenting solutions through primary eye care.

LOCSU has been agile and our successful commissioning efforts and activities span many identifiable opportunities where we have been able to adapt the single provider model or develop a bespoke arrangement to suit the needs of the local situation.

There is much positive progress to report in commissioning with the main indicators over the past 12 months continuing to push upwards.

The number of services delivered through an LOC Company is up 20% in the past year and the number of patient episodes in LOC Company services has almost doubled to 72,000 per annum. Revenue from LOC Company services is up to £4m, which is a 90% year-on-year

increase and half of the total income from all commissioned primary eye care services.

Of the total of 552 services in place, 109 have been activated since April 2015 and 74 out of 78 LOCs now have at least one local service. The total annual revenue from all services is £8.5 million.

LOCSU's Breakthrough Strategy was unveiled in the middle of the operational period covered by this Annual Report.

Commissioning of extended primary eye care services, particularly MECS, is a key focus of the strategy to embed optical practices as the first point of contact for eye health. At the half-way point in the financial year, 39%

of CCGs (81 out of 208) have MECS in place or have a written intention to commission the service. Additionally, the commissioning team are in preliminary discussions with a further 34 CCGs with a further cohort to be targeted to achieve.

Maximum benefit

In the past year more than 70,000 patients were seen under MECS producing an income in the region of £4.25 million.

Ensuring activity in existing services reaches its potential so that pathways are delivering maximum benefit to patients, the NHS and the sector, is a crucial strand of the work going on under the Breakthrough Strategy.

Step-down care is another key focus of the strategy. Rapid expansion of community monitoring is an obvious part of the solution to the demand and capacity issues facing the hospital eye service.

Major barriers, such as integrating IT systems across primary and acute care settings and training of the workforce, need to be overcome to achieve growth in such services.

In this context, the increase from four to 10 community monitoring services in place or with written intent to commission through optical practices following the launch of the strategy is a positive start. In addition, 51 Post-Op

Cataract services takes the total for step-down care to 61.

The LOC Company model, in conjunction with OptoManager, continues to mature. And the regional momentum trend outlined in last year's report carried on with increased cross-border collaboration and the establishment of larger, regional LOC Companies.

Successfully submitted

LOCSU has now successfully submitted 17 AQP procurements tenders and six competitive tenders on behalf of LOC Companies.

In addition to the typical set up, in which a CCG commissions via an LOC Company, other scenarios include multiple CCGs commissioning through an LOC Company, Acute Trusts commissioning through an LOC Company and CCGs commissioning an Acute Trust to provide a clinical lead for primary care services.

For more information on these and other case studies, visit the new dedicated section of the LOCSU [website](#).



National experts:



Now in its sixth year, LOCSU's Learning and Development programme plays a unique and highly-respected role in optics and health; developing individuals, aiding succession planning and identifying, training and shaping leaders for LOCs and the sector.

LOCal lessons

LOCSU's range of Learning and Development courses allied with attendance at the National Optical Conference gives LOC officers an understanding of the wider policy context of optics and allows them to gain hands-on skills. In particular, through the networking experience, the role-based meetings and the practical workshops at NOC.

One highlight of the Learning and Development programme in the past 12 months is the statistic that 50 students have now successfully completed LOCSU's Leadership

Skills for Optical Professionals with many now established in influential roles in LOCs, in Primary Eyecare Companies, as LOCSU Commissioning Leads, as Clinical Governance and Performance Leads and as LEHN Chairs; all playing a significant role in driving optics up the health agenda.



2016 Leadership group brings total to 50

Wasim Sarwar is a recent graduate from the Coaching and Mentoring Course. A member of both Birmingham and Sandwell LOCs since 2010, he outlines some of the skills and benefits from the ILM-accredited certificate.



"It has been hard work but a very rewarding experience. I would say study to gain the certificate has enhanced skills in three key areas. First listening during which you are looking for underlying issues which the coachee may not willingly divulge. Secondly, questioning where you present an open selection of questions at the right points in time. Finally, offering constructive feedback.

"Coaching can be used by any LOC to support the clinical governance of community services and supporting new members to help them understand the roles and responsibilities within the LOC and help them develop. I would recommend anyone interested in supporting their LOC to undertake this course."

LOCs will be able to take advantage of qualified coaches and mentors as the ILM expert-accredited Coaching and Mentoring course produced its first graduates. The skills gained to become an accredited coach and mentor will be particularly useful for LOCs to use around the issues of performance and leadership. LOCSU has also made use of participants' skills gained on the course to use fast-track mentoring for new Commissioning Leads joining the organisation since April 2016.

The widely-recognised, management qualification, aimed primarily at LOC Chairs and LOC Company CGPLs, is designed to offer current leaders new skills and the opportunity for experienced leaders to pass on existing skills. The coaching and mentoring programme ensures that the wealth of experience and skills built by individuals is inherited by the next generation of optical leaders.

The National Optical Conference remains a key element of the Learning and Development Programme. The NOC delivers two-way benefits for both LOCs and delegates.

Influencing skills are a key part of the toolkit in any sector, particularly optics. Attendance at the NOC allows delegates and prospective leaders to hear from senior national policy makers in health and clinical experts in eye health and to take back that insight to inform the LOC

approach to business and priorities at local and regional level.



Professor Carrie MacEwan at NOC 2015

And the NOC 2015 was the perfect training ground for LOCs: they used the experience to develop committee members to become future officers and leaders within optics. Particularly, through the series of workshops and role-based networking meetings. Feedback from last year's delegates reveals that they particularly value the 90-minute, interactive sessions which gives them real practical skills and lessons to take back to their LOCs. Similarly, delegates report that the role-based sessions give delegates expertise in finance, clinical governance and prescribing roles which is highly valued, whatever their skills level.



NOC workshops: highly-valued skills

Leadership Case Study

Divya Sudera, who completed the Leadership Module in 2016, is a member of Birmingham and Sandwell LOCs and Primary Eyecare Heart of West Midlands in which she is one of two Clinical Governance and Performance Leads for the community services which include MECS, IOPRR and Cataract. Here, the locum optometrist explains how the value of completing the leadership course extends beyond an LOC role.



I enrolled on the leadership course not really knowing what to expect from it. But once I got started I found it extremely interesting. The course is really useful, not just from an LOC point of view, but for any area of life in which you lead people.

Having recently taken on a role as CGPL, the leadership course has given me the confidence to appreciate that good leadership is something that can be learned and developed over time.

Writing weekly blogs involved a lot of reflecting. This was a challenge, but it was insightful to see how I could relate certain chapters of the excellent textbook to my personal experiences. Reflecting is an excellent way to reinforce what I learnt, and it's a tool I will continue to use to get the most out of my experiences. One of the things that stood out to me most from the course is the different aspects of emotional intelligence and their importance within leadership. Previously thought to be "soft-skills" within management, I learned that leadership without these skills is poor leadership, and developing these skills is not just useful, but essential.

I decided to link my final essay with my CGPL role, and have developed skills from this, which I hope will enable me to empower and enhance the motivation of the local practitioners involved in the scheme.

Divya's essay, [Communication as a Clinical Governance Lead: How to Engage Subcontractors](#), can be found on the LOCSU website.

To apply for the 2017 Leadership Course, visit the dedicated page on the LOCSU [website](#).

Influence for Optics

A central plank of LOCSU's strategic activities is to collaborate with other stakeholders to influence those who take decisions about eye health commissioning. Our work as a national stakeholder involves a range of activities, acting as a national stakeholder, responding to policy positioning documents, contributing to clinical leadership and collaborating with primary care partners while representing the optical sector.

Over the past year, LOCSU has represented the interests of community optometrists and opticians in NHS England national workstreams; attended key national stakeholder forums; and engaged with government and politicians. Here we illustrate some of the key outcomes, activities and events since the last Annual Report.

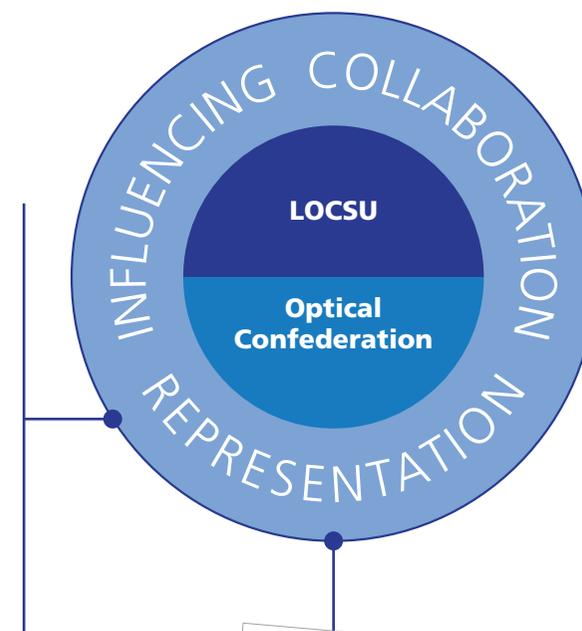
NHS Commissioning

LOCSU, along with the College of Optometrists and Royal College of Ophthalmologists, helped NHS England develop and stage a national eye health summit in June, aimed at NHS commissioners. The programme featured presentations from a variety of community eye health case studies which LOCSU's commissioning team had been involved in designing and implementing. It highlighted the benefits of integrated eye services delivered through both the LOC Company model and using OptoManager. The case studies also showcased the versatility of the single provider model, with examples of Primary Eyecare Companies working with CCGs and with Acute Trusts.



Katrina Venerus at the national eye health summit with NHS, commissioning and ophthalmology leaders

LOCSU attracts regular coverage in health and commissioning press; such as a [blog](#) on the potential for CCGs to commission at eye health services at scale through Sustainable Transformation Plans.



Health Policy and Consultation

LOCSU is represented on the NHS England Policy Development Group, publishing policy positioning documents, responding to consultations, such as that of the Health Select Committee, and collaborating on reports. LOCSU has helped draft a number of these over the year, such as the recent, Improving Eye Health through Community Optical Practice, published by the Local Government Association and aimed at local authorities and Health and Wellbeing Boards.

Clinical Council for Eye Health Commissioning

Members of the LOCSU team contributed to the Clinical Council working group that developed the *Primary Eye Care Framework for first contact care*. The framework, launched in July 2016, advocates that more adult eye care problems in England should be managed within primary care and endorses the LOCSU pathways.

LOCSU has actively promoted the framework to CCGs since it was introduced.

We also contributed to the development groups for the Royal College of Ophthalmologists' NICE-accredited commissioning guidelines for cataract and glaucoma.

Primary Care Support England

As members of the national PCSE Stakeholder Forum, LOCSU and the Optical Confederation have been representing the interests of ophthalmic contractors and performers since Capita took over the delivery of primary care support services in September 2015.

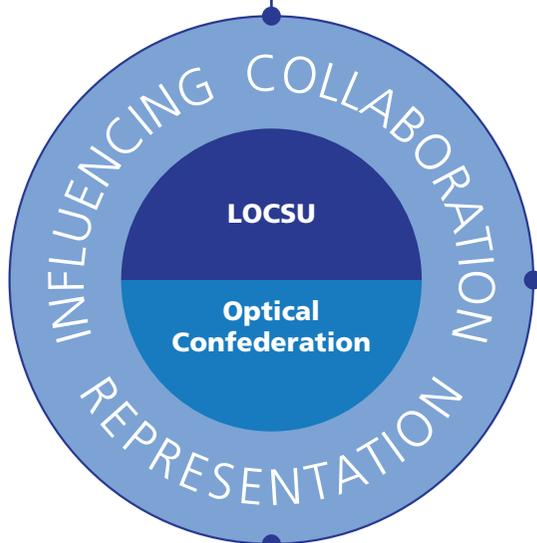
Substantial time and energy has been spent with NHS England and PCSE due to major shortcomings by Capita in service delivery which caused severe hardship for many contractors and performers.

Since Capita's migration work began in February 2016, the LOCSU office has dealt with numerous enquiries on a daily basis. This escalated to several hundred urgent payment issues to PCSE's senior management for resolution, on behalf of contractors in affected areas.

LOCSU and the Optical Confederation wrote to Simon Stevens, to insist that NHS England manage the Capita contract more effectively to ensure improvements. We have made it very clear that we will hold NHS England to account if the PCSE recovery and stabilisation plan does not restore the service to an acceptable level.

A compensation process for contractors has been agreed in principle with NHS England to be rolled out once a full audit and reconciliation of all GOS claims and payments has been completed.

A number of Hot Briefs have been issued by LOCSU to keep the sector informed.



Public Affairs

LOCSU has supported the wider influence of the optical sector under the Optical Confederation banner. We continue to attend all the main party conferences to speak with ministers and decision makers. In January, Katrina Venerus was part of the team which met new Minister of State at the Department of Health, Alistair Burt. That relationship strengthened with an invitation to speak at 100% Optical. At this, Katrina Venerus chaired the session, the first **ministerial speech** to an exclusively optical audience.

In July 2016, LOCSU supported the Parliamentary reception hosted for SeeAbility and the Optical Confederation by Lord Holmes of Richmond joining calls for a national programme of sight tests for People with Learning Disabilities.

LOCSU also works with the Optical Confederation Public Affairs team and LOCs to influence MPs by organising visits to optical practices to explain the current postcode lottery of eye health services and promote the widespread introduction of Minor Eye Conditions Services and step-down care, outlined in the Breakthrough Strategy.



UK Vision Strategy

Members of the LOCSU team represent the sector at the regular meetings that take place of the UK Vision Leadership Group and on the England Vision Strategy Group.



LOCSU Commissioning Lead Chris Newall (left) with MP for Wealden, Nus Ghani, during a visit to meet members of the East Sussex LOC during a practice visit in Uckfield



A photograph of two men in a radio studio. The man on the left, Chris McGachy, is smiling and looking towards the man on the right. The man on the right is wearing a light blue shirt and a dark tie, and is speaking into a microphone. The studio has wooden paneling and a large screen in the background.

Chris McGachy is interviewed on BBC Radio 4 *In Touch* programme by well-known presenter, Peter White

LOCs, CCGs and millions getting the message

It has been a 'breakthrough' year on the communications front for LOCSU, with national coverage on BBC Radio and heavyweight health coverage in *Health Service Journal*, to add to the main strategic aim of ensuring the sector has appropriate influence, regular and effective communication for LOCs and to support LOCSU's learning and development objectives.

Profile and Influence through media coverage

During 2016 growing news coverage of pressure on hospital eye departments and the NHS Eye Health Summit June gave LOCSU the opportunity to gain coverage for the community eye health sector to explain how optical practices could help reduce pressure on NHS eye departments.

LOCSU was featured nationally on BBC Radio 4's *In Touch* programme and on BBC TV South West news making the case for community optometry through MECS and step-down care – two major planks of the new Breakthrough Strategy.



In Touch has a national audience of just under 500,000 listeners while *Spotlight*, the BBC South West's regional news programme, has an average weekly reach for its combined bulletins of almost 800,000. Adding in the sponsored

Health Service Journal article with a print circulation of 10,000 and a sizeable online readership, makes the total reach of the press activities well over one million who were made aware of key strategic objectives. Importantly, HSJ is read by many thought leaders and decision makers in our key strategic demographic in government, NHS and CCGs, raising the profile and influence of the optical sector.

External PR activities during 2015–16 also included regular, ongoing coverage in the commissioning and primary care press. *Commissioning Review* carried another commissioner-endorsed blog by West Cheshire Head of Commissioning. The [article](#) explains that the services can deflect up to 70% of patients from secondary care, offer care close to home for patients and it promotes the flexibility of the LOC Company model.

In addition to the news channels, LOCs have benefitted from a range of PR resources developed to help them promote the push for new services in the Breakthrough Strategy.

A series of adaptable MECS posters and leaflets and template press releases were designed for LOCs on a newly added Resources section of the website. The leaflet includes space to list participating practices and two posters – one for optical practices and the other for GP practices and pharmacies to signpost and promote a new MEC Service – were made available.

An “impact” poster, an infographic allowing Primary Eyecare Company branding was developed for use LOCs and ROCs when talking to commissioners.

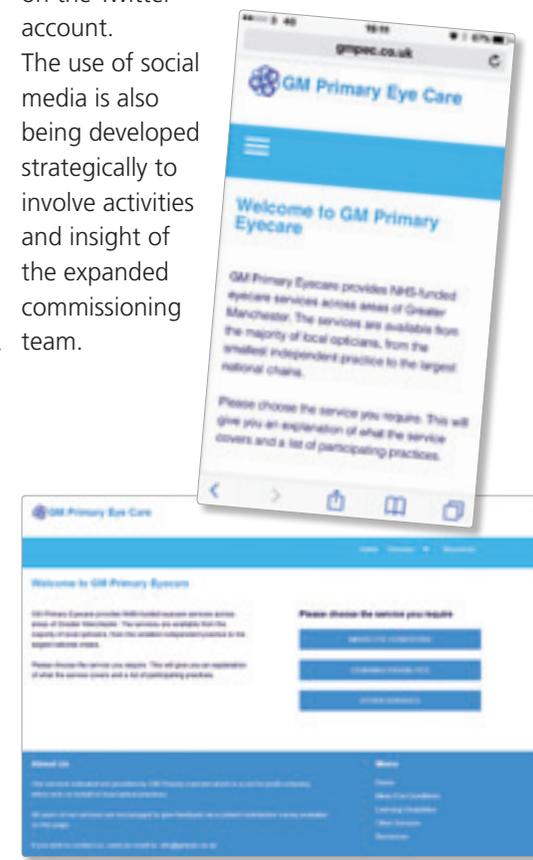
Patient-focused and practical tips

Finally, anticipating a growing number of regional LOC Companies and a significant increase in community pathways being launched, LOCSU Communications has developed a patient-facing website. The website developed with GM Primary Eyecare, contains an easily-updated location map of participating practices. It will be used as a prototype for other regional companies to promote new community eye services for local patient groups.

Other strands of practical support for LOCs during the year included the delivery

of a new communications workshop at the NOC. Topics covered included developing an LOC communications plan, practical advice on dealing with local media, using social media as part of your plan and tactics for using Twitter to engage with media, commissioners and patients.

During the year, we have continued to develop our social media activities with a significant growth in the number of followers and those we follow on the Twitter account. The use of social media is also being developed strategically to involve activities and insight of the expanded commissioning team.



HSJ KNOWLEDGE

OPTOMETRICAL

SEEING THE HIGH STREET'S POTENTIAL

The demand on secondary care for eye care services has never been higher but much can be done within primary care to take the strain, as Jennifer Treadwell explains

The health service has spent three years commissioning, with new technologies and training for staff. But while the NHS has made significant progress, the NHS is still struggling to meet the demand for eye care services. This is due to a number of factors, including the need for more optometrists and the need for more community optometry services. The NHS is currently commissioning a number of new community optometry services, which will help to reduce the demand on secondary care. This is a positive step, but it is not enough. We need to see a more fundamental change in the way the NHS commissions and delivers eye care services. This means investing in the infrastructure and training needed to support a large number of optometrists working in the community. It also means ensuring that the services are accessible to all patients, including those in rural areas. The NHS has a long way to go to meet the demand for eye care services, but it is taking steps in the right direction. We need to see a more fundamental change in the way the NHS commissions and delivers eye care services. This means investing in the infrastructure and training needed to support a large number of optometrists working in the community. It also means ensuring that the services are accessible to all patients, including those in rural areas. The NHS has a long way to go to meet the demand for eye care services, but it is taking steps in the right direction.

With many vision tests being done by optometrists in general practice and the NHS, it is important to ensure that the services are accessible to all patients. This means investing in the infrastructure and training needed to support a large number of optometrists working in the community. It also means ensuring that the services are accessible to all patients, including those in rural areas. The NHS has a long way to go to meet the demand for eye care services, but it is taking steps in the right direction.

Health & Social Care Partnership, which means a lot of work is still to be done. The NHS is currently commissioning a number of new community optometry services, which will help to reduce the demand on secondary care. This is a positive step, but it is not enough. We need to see a more fundamental change in the way the NHS commissions and delivers eye care services. This means investing in the infrastructure and training needed to support a large number of optometrists working in the community. It also means ensuring that the services are accessible to all patients, including those in rural areas. The NHS has a long way to go to meet the demand for eye care services, but it is taking steps in the right direction.

Supporting the Strategy; building the breakthrough

Communications activities to support LOCs and Primary Eyecare Companies continued with regular editions of the revamped *LOCSU News* which featured strong promotion of the new Breakthrough Strategy and introduced the supportive work of the expanded commissioning team.

LOC Central Support Unit:

Summary audited statement of financial activities for the year ended 31st March 2016.

INCOME & EXPENDITURE ACCOUNT

	2016 £	2016 £	2015 £	2015 £
LEVY RECEIVED		1,128,301		1,097,969
Other income		30,000		–
EXPENDITURE				
Personnel costs				
Staff costs including directors and payments to consultants	376,715		352,195	
AOP support staff	85,200		87,000	
Establishment expenses				
Office accommodation	45,000		45,000	
Insurance	3,947		3,724	
General expenses				
Travel and subsistence	42,412		37,039	
Board attendance and expenses	5,139		6,559	
Advisor attendance and expenses	223,360		230,652	
Telephone and fax	6,189		5,968	
Sponsorship	3,980		8,245	
Subscriptions	805		425	
Staff and leads training	1,074		5,193	
Printing, postage, stationery, publications and office costs	11,648		8,908	
Website costs	13,308		46,622	
Sundry expenses	5,155		4,214	
Legal and professional fees	11,445		22,567	
Auditors remuneration	12,873		13,105	
Depreciation	2,677		8,960	
Activities				
Communications commissioning	9,000		13,019	
Conference expenses	80,793		81,091	
Enhanced services training packages	21,288		–	
IT development and licences	84,378		143,390	
Leadership training	15,095		11,500	
National Data Repository	43,271		–	
NHS Alliance Project	12,000		–	
Plymouth Glaucoma Audit	7,482		–	
Financial costs				
Bank charges	444		3,338	
TOTAL COSTS		1,124,679		1,138,765
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		33,622		(40,796)

BALANCE SHEET

	2016 £	2016 £	2015 £	2015 £
FIXED ASSETS				
Tangible assets		8,029		10,012
CURRENT ASSETS				
Debtors	14,721		8,974	
Cash at Bank and in hand	586,622		377,479	
	601,343		386,453	
CREDITORS: Amounts falling due within one year	313,755		134,470	
NET CURRENT ASSETS		287,588		251,983
TOTAL ASSETS LESS CURRENT LIABILITIES		295,617		261,995
RESERVES				
Income and expenditure account				
Balance brought forward		261,995		302,791
Surplus/(Deficit) for the year		33,622		(40,796)
MEMBERS' FUNDS		295,617		261,995

NOTE: These summarised financial statements are an extract from the statutory financial statements for the year ended 31st March 2016 which have been audited by Menzies LLP, who gave an unqualified audit report on 27th September 2016. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

Financial Report 2015/16

The result for the year ended 31st March 2016 was a surplus of £34,000 on turnover of £1,200,000 compared with a deficit in the previous year of £41,000 on turnover of £1,100,000. This small surplus is in line with LOCSU's policy of a balanced budget and a reserves policy at the level of three months' overheads.

Turnover for the year included the grant from the Central Optical Fund of £30,000 towards the National Data Repository project. As ever the Fund has been there to support a project that benefits patients, the NHS and the sector.

Website costs and IT Development costs decreased substantially during the year as projects moved towards completion.

As further evidence of LOCSU's maturity and of the Board recognising that it is the custodian of contractors' funds, an Audit and Risk Committee has now been established to provide additional oversight over both the finances and risk profile.

LOCSU Board



Henrietta Alderman
CEO, AOP



Charles Bill
LOC Representative
(Southern England)



Paul Carroll
FODO Representative



Mike Cody
ABDO Representative



Sir Anthony Garrett
CEO, ABDO



David Hewlett
CEO, FODO



Matt Jkinson
LOC Representative
(Northern England)



Abi Page
LOC Representative
(London Region)



Stewart Townsend
LOC Representative
(Midlands and
East of England)



Trevor Warburton
AOP Representative

LOCSU Team



Wendy Andrusco

Company Secretary

LOCSU Chairman



Alan Tinger
Chairman



Katrina Venerus
Managing Director

LOCSU Managing Director

Board Observer



Jo Mullin
College of Optometrists



Rupesh Bagdai
Commissioning
Lead



David Barker
Commissioning
Support Officer



Naomi Mould
Commissioning
Support Officer



Chris Newall
Commissioning
Lead



Dharmesh Patel
Commissioning
Lead



Richard Rawlinson
Commissioning
Lead



Zoe Richmond
Commissioning
Lead



Martin Russ
Commissioning
Lead



Nizz Sabir
Commissioning
Lead



Richard Whittington
Assistant Director

LOCSU Commissioning Team



Jane Bell



Bruce Gilson



Peter Hampson



Lyndon Taylor



Trevor Warburton



Gill Brabner
Learning and Development
Consultant



Jacque Fooks
Office Manager



Richard Knight
Head of Policy



Chris McGachy
Head of Communications



Lisa Stonham
Information Officer

LOCSU Advisors

LOCSU Staff



SUPPORT FOR PRIMARY
EYE CARE DEVELOPMENT

Local Optical Committee Support Unit

2 Woodbridge Street

London

EC1R 0DG

Tel: **020 7549 2051**

Email: **info@locsu.co.uk**

Web: **www.locsu.co.uk**