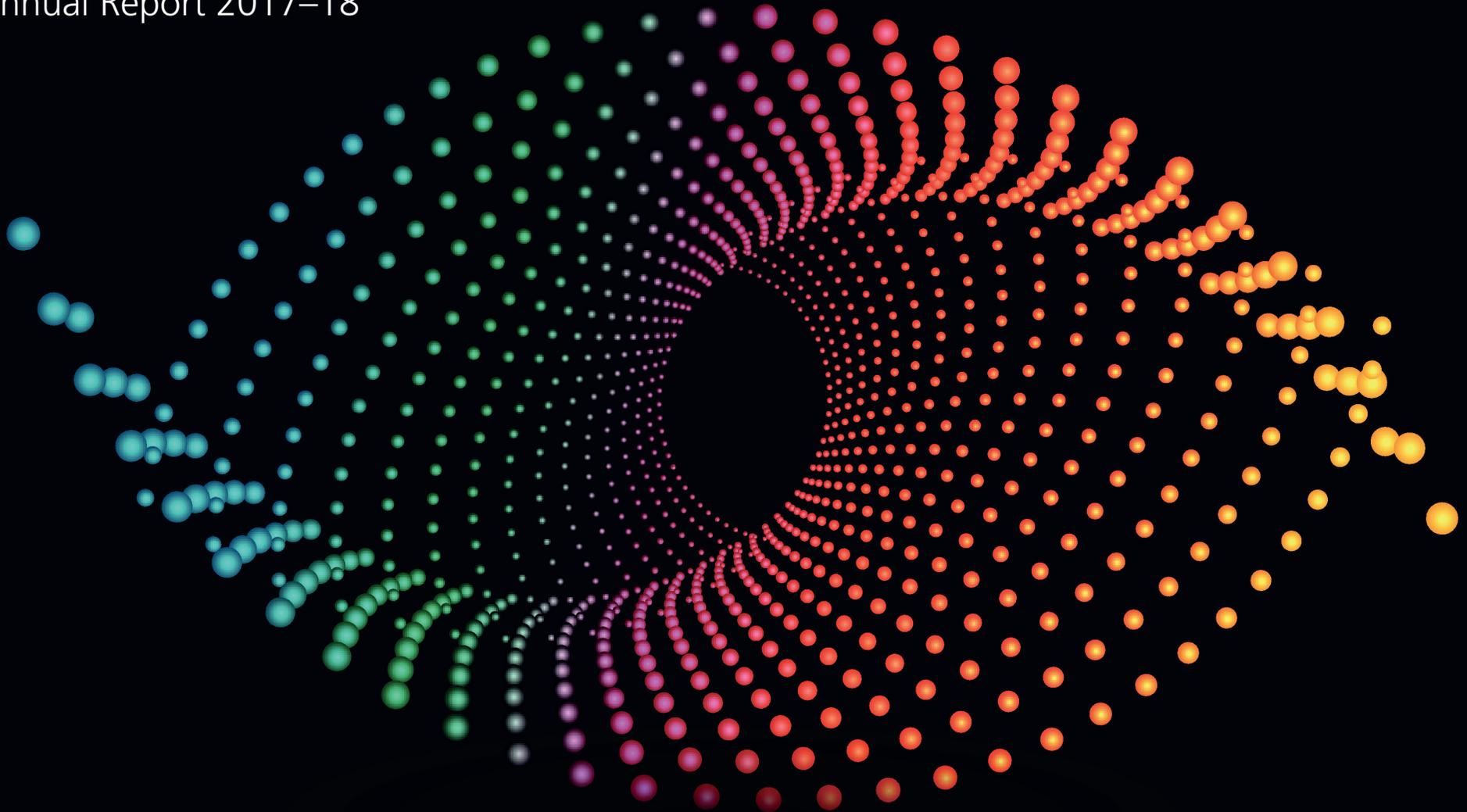




SUPPORT FOR PRIMARY
EYE CARE DEVELOPMENT

Progress and Integration

Annual Report 2017–18



Foreword	3
LOCSU in Numbers	4–5
Leadership	6–7
Commissioning	8–10
Learning and Development	11–13
Communications	14–15
Accounts	16
LOCSU Team	17

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	MOU	Memorandum of Understanding
ACO	Accountable Care Organisations	NHSE	National Health Service England
ACS	Accountable Care Systems	OSCE	Objective Structured Clinical Examination
AOP	Association of Optometrists	PCSE	Primary Care Support England
AQP	Any Qualified Provider	PEC	Primary Eyecare Company
CCG	Clinical Commissioning Group	STP	Sustainable Transformation Plan
CGPL	Clinical Governance and Performance Lead	WOPEC	Wales Optometry Postgraduate Education Centre
DO	Dispensing Optician		
FODO	Federation of (Ophthalmic and Dispensing) Opticians		
HES	Hospital Eye Service		
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		

Foreword

Welcome to the 2017–18 LOCSU Annual Report. One cannot fully tell the story of Local Optical Committees or LOCSU without at least a chapter on the introduction of the Primary Eyecare Company model.

As a continuation from the 2016-17 Annual Report, change has been the main thrust of activity both internally and externally to LOCSU activities this year.

One area where we are seeing change is within the LOC Company Model. The LOC Company Model started in 2008 with the establishment of an off-the-shelf company for each LOC. The durability of the model has been reflected in its widespread endorsement and adoption by LOCs over the past decade.

The model has proved to be adaptable, surviving the many changes across NHS commissioning. This is largely because it is both simple and practical; it allows, optical practices of any size to deliver services in primary care, yet, enables NHS commissioners to hold a

single contract reducing the amount of contract management required. This model is now evolving with a large-scale consolidation of Primary Eyecare Companies (PECs). At one point there were around 40 Primary Eyecare Companies actively running services across England. This has now concentrated down to 10 companies covering the country.

Across the NHS we are seeing the beginnings of change in both the commissioning of, and the delivery of, services. As we understand more about the emerging accountable care systems with commissioners and service providers working in a much more integrated way, the optical sector, through LOCs and Primary Eyecare Companies, is in a prime position to engage with this more collaborative approach.

This report is the last one with Alan Tinger as Chairman, as he is stepping down after more than a decade of involvement with LOCSU. As Chairman, Alan introduced and nurtured the LOC Company Model and during his time has led LOCSU to become a vital support organisation to both LOCs and their Primary Eyecare Companies. Alan has demonstrated his dedication and enthusiasm for our sector throughout these years at LOCSU and will continue

to be engaged with the optical sector through his roles at FODO.

This report outlines a range of developments that showcase how LOCSU has supported LOCs and PECs throughout the year:

- The Learning and Development pages outline the establishment of new areas of support for Clinical Governance & Performance Leads (CGPL). This is an important role in the PEC, reporting to both the LOC and the CCG on service activity and delivery. More dedicated support to CGPLs aims to improve consistency across all Primary Eyecare Companies as well as to provide a community for CGPLs to share experiences and gain peer advice.
- Effort has been made to improve the content and delivery of the LOC Induction course. This has drawn praise from candidates who enjoy the bite-sized delivery and online facilitated aspect of the course. The course is structured to allow busy LOC officers and new recruits to dip in and out over the month.
- Succession planning – identifying emerging talent and developing leaders for the sector – has also been one of the ways in which LOCSU has supported LOCs. Around 70

people have now passed through the Leadership Skills course. Through the continuation of the funded places on the Leadership Skills course and the new Coaching & Mentoring service, LOCSU is looking to ensure that LOCs and PECs have a way of developing skills and talent using people from within the LOCs.

- The Communications pages highlight how LOCSU has continued to develop both external coverage for the optical sector and improved LOC communications. Improvements in the LOCNET platform and the dedicated input on the Induction course helps LOCs to deliver their key messages to local audiences both professional and across the wider community.

With a new LOC-led strategy to be developed in the coming year, LOCSU aims to ensure that LOCs are on the front foot when it comes to bidding and delivering for services.

693
SERVICES
NOW IN PLACE

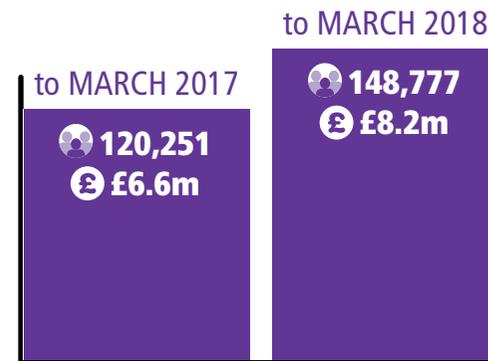
PEC COMPANY
REVENUE
UP
24%

PEC COMPANY
ACTIVITY
UP
24%

71%
55 LOCs HAVE
MECS PATHWAY

59 (76%) LOCs
WITH A SERVICE
THROUGH A PEC

375 SERVICES
THROUGH A PEC
IN TOTAL



PEC ANNUAL DATA

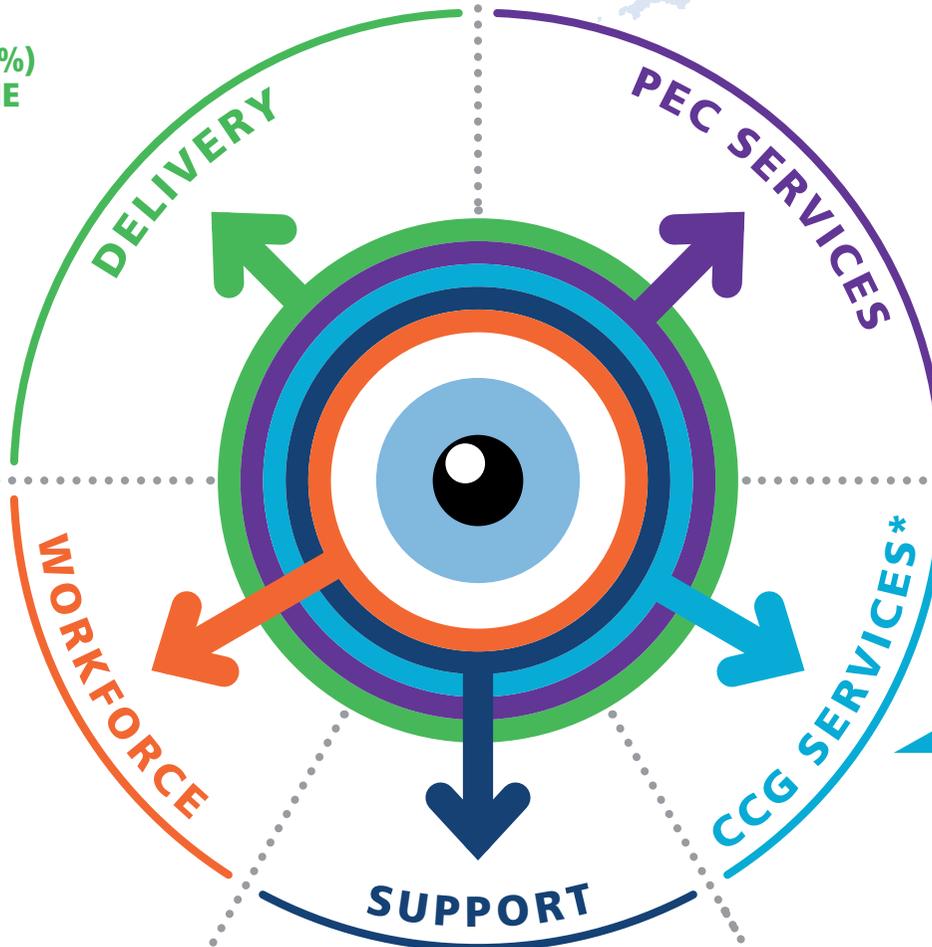
75 OUT OF **78** (96%)
LOCs HAVE AT LEAST **ONE**
COMMUNITY SERVICE

MECS
EPISODES

129,237
ANNUAL INCOME
£7.6m

184
CCGs HAVE
AT LEAST **ONE**
COMMUNITY
SERVICE

32 OUT OF **38**
PECs HAVE AT LEAST
ONE COMMUNITY SERVICE



Clinical Commissioning
Groups

UP
+3%
MECS

UP
+6%
STEP-DOWN
CARE

650

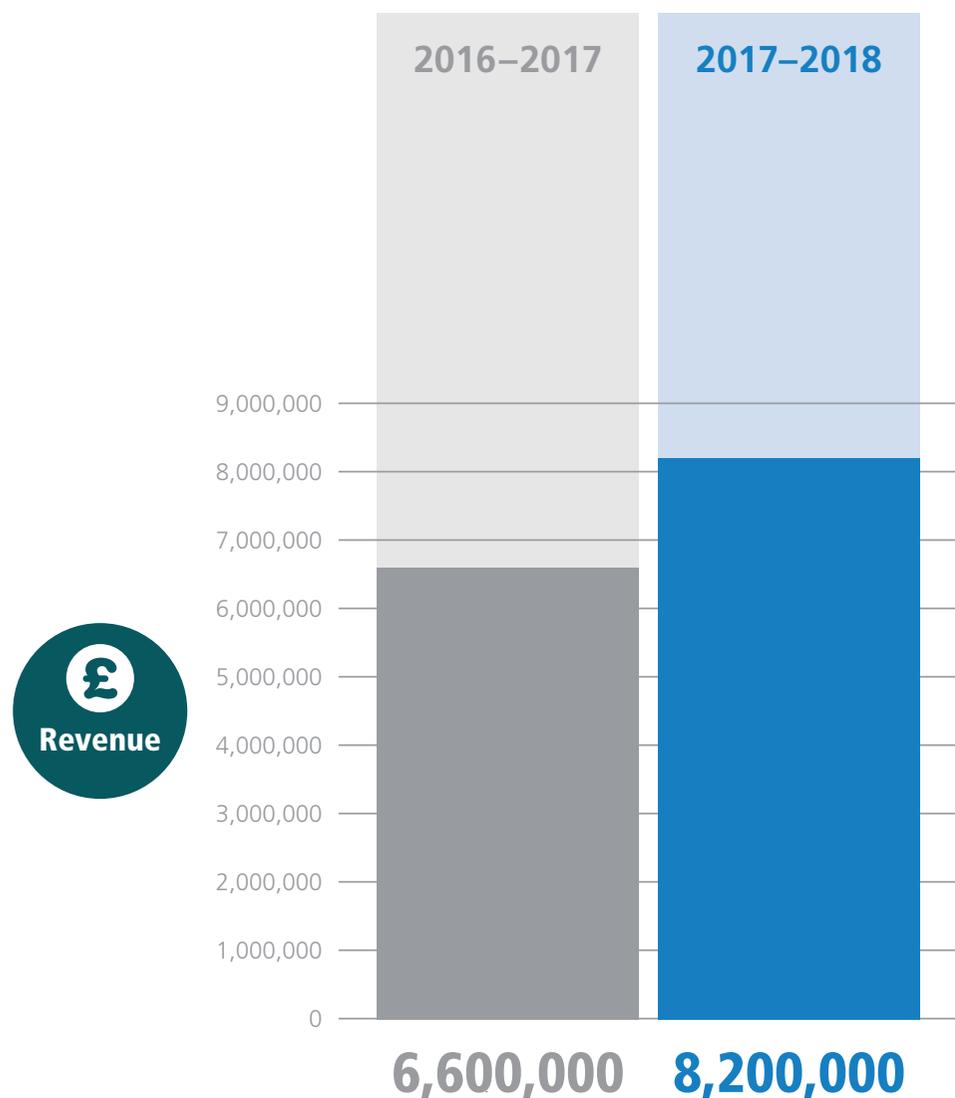
AUGUST 2017 – JULY 2018
MECS PRACTICAL
ASSESSMENTS COMPLETED

SUPPORT HQ
ENQUIRIES HANDLED **3,283**

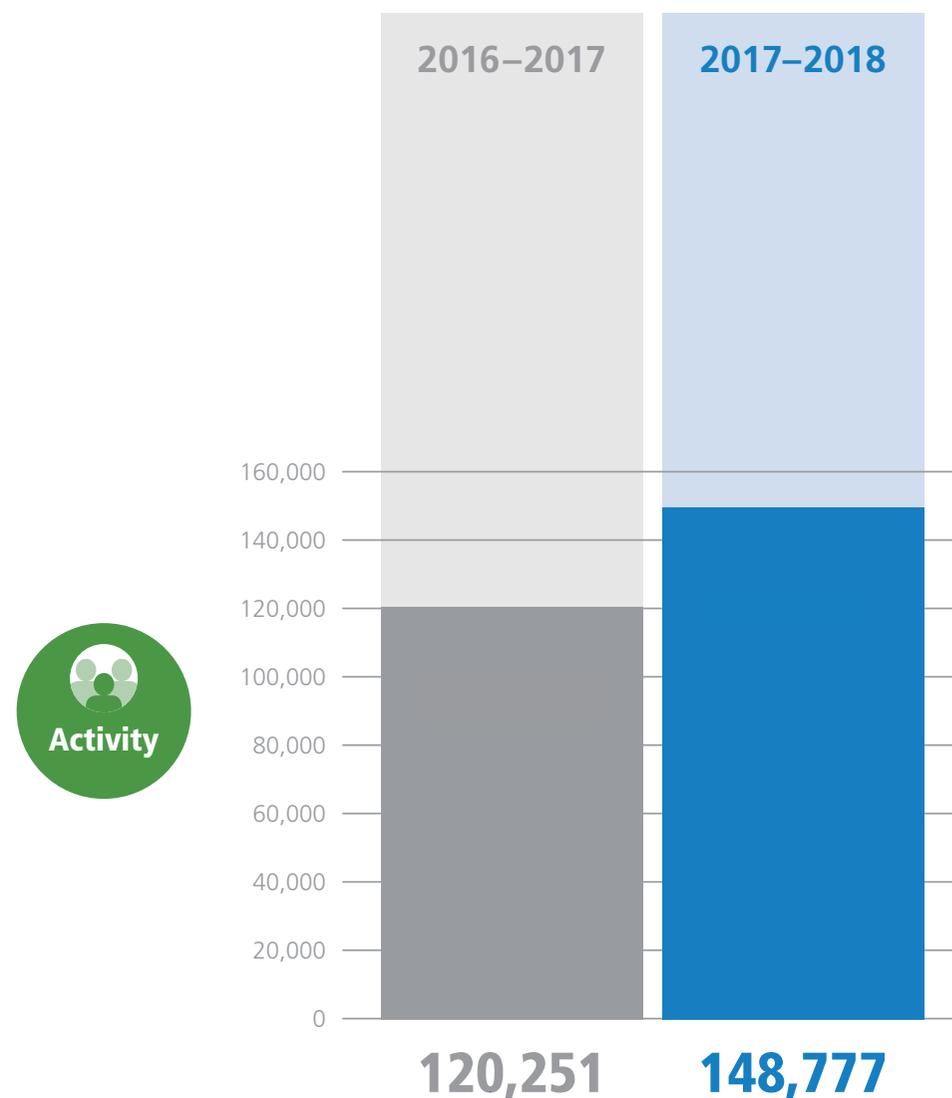
*207 CCGs: www.nhscc.org/ccgs/

Primary Eyecare Company OptoManager Data

Annual Comparison



Annual Comparison



PEC pioneer steps down after a decade at LOCSU

It's quite fitting that – as Primary Eyecare Companies begin to consolidate – outgoing LOCSU Chairman, Alan Tinger, can reflect on the solid success of the Primary Eyecare Company model he created a decade ago.



Minister of State for Health, Alistair Burt with Alan Tinger at the launch of the influential Foresight Report in 2016 along with Ian Humphreys (left) from the College of Optometrists and Chris Hunt (right) the then Chairman of the Optical Confederation.

And this achievement highlights that the contracting vehicle has been robust and agile enough to withstand the many twists and turns of NHS commissioning. From the break-up of Primary Care Trusts, through procurement and AQPs, to the current quest for integrated care systems, the Primary Eyecare Company model has served LOCs and optical practices well in delivering services through a single contract.

It allows practices of any size, from large chains to independents, to deliver a range of primary care eye health services and for commissioners to establish these under just one single contract.

Formerly Finance Director of Miller & Santhouse PLC (sold to Boots Opticians in 1990) and subsequently part owner and Managing Director of Galaxy Optical Services (Tesco Opticians), Alan brought his financial and corporate expertise to LOCSU when he was appointed Chairman to the fledgling LOCSU organisation set up to support LOCs.

Alan has kept up his long-standing interest in corporate structures,

governance, taxation and also optical regulation, and is a Consultant to FODO on finance, taxation, professional liability, legal defence and on the future of the optical market.

The former financial consultant to the GOC professionalised the Treasurer role within the LOC, laying the foundations for each LOC to have its own Primary Eyecare Company by developing both the LOCSU Team and the process for sole provider commissioning of enhanced services.



Alan (far right), with members of eye health sector and the All-Party Parliamentary Group on Eye Health at the launch of the APPG report this year. From left to right: Lord Blunkett, Professor Edward Mallen, Malcolm Johnson, Helen Lee, David Quigley, Michael Burdon, David Hewlett (back row), Lord Low, Stephen Vernon and Alan Tinger.

At the time the commissioning landscape was in a state of flux. It was tortuous for an LOC never mind individual practices to navigate the process. The Primary Eyecare Company Model is still similar in approach today as it was when it was first pioneered by Alan.

Alan was also instrumental in establishing the Leadership Skills course for Optical Professionals. The WOPEC module, now in its seventh year, will have seen around 70 candidates complete the syllabus with many progressing to senior and influential posts promoting community eye health.



Alan Tinger hosting a LOC Treasurers workshop which helped to professionalise the LOC post and established the skills required in the development of Primary Eyecare Companies.



Alan Tinger addressing NOC delegates during a question and answer session.

The current LOCSU Chairman who handed over the reins in November at the NOC was also the driving force behind the Foresight Report which seeks to understand and explore the business, retail and clinical practice of the future.

The influential report contained lessons for educators, regulators and LOCs alike. It was welcomed as a wake-up call for the sector as disruptive technologies cause change the sector has to be ready to face.

Alan leaves LOCSU with our best wishes and a legacy of progress and success.



Alan Tinger helped establish the Leadership Skills for Optical Professionals Course. Alan (fourth right next to podium) with some of the 70-plus delegates who have participated in the module since it was established in 2010.

Chairman Alan Tinger welcoming delegates to the NOC in Birmingham.



Commissioning and company integration – progress in parallel

For regular NHS watchers, the direction of travel away from a transactional model of commissioning to a focus on population-based health outcomes has been clear for some time. New care models evolved into Sustainable Transformation Partnerships (STPs) and are headed towards patient-focused approaches known as Accountable Care Systems (ACS).

The community optical sector must evolve in parallel. For LOCSU, the current phase of this mirroring began a couple of years back when LOCSU proposed consolidating the number of Primary Eyecare Companies around the STP footprints. (The original concept a decade ago was that each LOC – all 75-plus – would have its own individual delivery company).

In 2014–15, LOCSU first coined the term “regional momentum” to describe clusters of eye health services, most notably in Manchester and Birmingham. It wasn’t unconnected that both conurbations were covered by well-established and experienced Primary Eyecare Companies.

Fast forward to April 2017 and although commissioning decisions have slowed as CCGs grappled with their understanding of STPs, the case for larger-scale, joined-up eye services at scale seems to have been accepted by many CCGs.

In the past year, the Heart of West Midlands Primary Eyecare Company – following three years’ hard work by

the LOCs – won an Any Qualified Provider (AQP) procurement for a basket of services including MECS, IOP and Cataract Referral.

And in November 2017, Norfolk & Waveney LOC negotiated a MEC Service worth almost £400,000 jointly covering the county across North Norfolk, South Norfolk and Norwich CCGs.

In Wiltshire, PEC Southern (now PE Services) won a contract to supply triage optometrists to the Referral Support Service run by Wiltshire CCG. The service involves the supply of five local optometrists to cover four days per

week. The LOC reports good support and interaction with all involved, notably the local acute trusts and the CCG.

An appropriately-qualified workforce is another key ingredient in service delivery and specially-organised events by LOCs in Leeds, Bradford and Barnsley have seen around 120 optometrists gain accreditation to deliver a MEC Service in the past 12 months.

Parallel Progress

Alongside this progress, in parallel, LOCSU has been working with LOCs and Primary Eyecare Companies to speed up the process of company integration. Last year we reported on the agreement of ten LOCs to form PE Southern, covering a patient population of around 10 million and acting as a blueprint for PEC integration in LOCs.

And in July 2017, eight LOCs met at LOCSU to discuss the formation of an East of England PEC. LOC Representatives met with Commissioning Leads and LOCSU team to plan company consolidation.



PEC members from Essex and Heart of West Midlands meet to discuss a merger.



Framework agreement puts PECs in pole position – Richard Whittington.

LOCSU believes that the integration process will result in greater PEC professionalism, improve consistency of delivery and drive down costs.

National Framework

Early in 2018, LOCSU entered into a national framework agreement with an ophthalmology provider. The agreement with community ophthalmology provider, Newmedica, will see Primary Eyecare Companies in pole position to deliver post-cataract appointments. Patients will return to their optometrist after cataract surgery for post-operative assessment for a set tariff. This will provide an opportunity for LOCs and PECs to redesign local services with primary care being at the heart of delivery.

Chief Operating Officer, Richard Whittington, says this is the first in a series of national framework agreements that LOCSU is aiming to establish for PECs.



Yorkshire LOCs event helped boost numbers with MECS accreditation.



LOCSU asked some of the key players in LOCs and Regional Eyecare Companies to highlight the main drivers for integration and the benefits they expect to see from their decisions for company mergers.

Dedicated focus and lower costs attracted North West LOCs

As a former director of both Greater Manchester Primary Eyecare Company (GMPEC) and PE North, Trevor Warburton, has been at the top table of eyecare company integration.

“With seven LOCs already involved in the GM Confederation of LOCs and the city-wide Primary Eyecare Company, there was already a strong tradition of co-operation and a groundswell of opinion that integration was the direction of travel and that it was to be embraced and engaged with,” Trevor said.

“We could see that economies of scale would make a larger company more efficient by reducing expenditure, appointing dedicated officers remunerated for daytime work and introducing more consistent governance and operation to our services.”

In addition to GMPEC, Merseyside, Lancashire and Cheshire Primary Eyecare

Companies had similar ideas and agreed to merger talks and the formation of Primary Eyecare North. *“No sooner had the ink dried, when Primary Eyecare North East (PENE) applied to join,”* Trevor revealed.

“It felt like a really good fit and meant that PE North now covered services across much of the north west and north east of England, with a patient population over 10 million people.

“PENE delivered a range of good services and with quality CGPLs but had struggled to find directors, while the four north west companies had a group of around 20 directors.”

Trevor explained that 22 LOCs were involved in the new and open selection process for PE North which reduced the number of directors to five and included the appointing of dedicated leads

Continued on page 10...



...continued from page 9.

responsible for Finance, Governance and Operations. Previously there had been a good deal of variation in PEC delivery but these appointments, along with an open recruitment exercise for eight CGPL positions has resulted in consistent governance and better financial control.

“The merger into PE North means that we now have committed and capable directors and a team of CGPLs who are properly resourced and able to dedicate time and focus to developing service delivery.”

From reduced insurance costs to higher turnover, the merged company can deliver services at scale. Trevor explained that the tender process has become easier to tackle due to the increasing experience of the same team being involved in bids.

“As a result of the merger process we are much more professional on a range of measures and, more importantly, in the eyes of the NHS, the type of stable, well-run company that commissioners want to do business with.”

Following the period of the report, Heart of West Midlands PEC, was able to bid and win a major procurement for a multiple service on the proviso that the two companies would merge if successful in order to create a company large enough to meet the NHS financial criteria for this service.

Merged PEC makes CCG negotiation easier



LOCs could see benefits of integration – Julie Breen, Chair of Tees LOC and a former PENE Director.

With five LOCs initially involved in the regional eyecare company, the decision to merge into a new super-regional delivery arm, PE North, was not a forgone conclusion.

Since then Primary Eyecare North East (PENE) had enjoyed a productive time as the delivery arm of its LOCs.

“PENE was a big fish in a small pond,” explained Julie Breen, Chair of Tees LOC and a former PENE Director. *“Many of the CCGs were local organisations, with local outlook.”*

“PENE covered a huge geography representing contractors and performers across the north of England from Cumbria on the west coast to Durham and down the east coast mirroring the NHS Area Teams of an earlier era.”

“The general feeling about the merger was that it made perfect sense. As a regional company we could see the benefits of further integration.”

PENE itself had seen both sides of NHS commissioning. The PEC covered the innovative Vanguard Area status in Morecambe Bay with the increased funding and moves towards integrated services while, at the same time, hospital trusts around the North Lakes, were in special measures.

“We saw the carrots approach in South Cumbria and sticks in the North. We were also influenced towards a merger having seen the progress in the Greater Manchester Primary Eyecare Company which also had the “Devo Manc” powers to accelerate joined-up health reform.”

“Cross-border issues, with CCGs looking to tweak pathways, was a big issue for us which we hoped that PE North merger could resolve.”

Having made the decision to merge PENE into PE North and now into PE Services covering much of the country, Julie says the decision has been the right one for the LOC.

“Being a PEC Director is a dedicated role and demands protected time. It can’t be carried out as an add-on to LOC duties,” revealed Julie.

“It’s important to wear one hat and have that separation between delivery and LOC oversight.”

LOCs agreed a new Memorandum Of Understanding (MOU) with PEC North so that the company represented all the LOCs. CGPLs now act as liaison officers providing the LOCs with regular reports and updates on service performance.

“CGPLs also benefit from the separation of duties and from better training, support and networking. It means our services and personnel have more uniformity and can bring a national perspective to the CCG.”

“This uniformity of data, delivery and OptoManager modules means that the speed of commissioning is quicker. Pathway design, data examples, company turnover and the success of a merged company make it far easier to negotiate with CCGs – which puts the PEC and STPs on the same page for eyecare commissioning.”

“One other benefit of the merged company is that practices are seeing fewer payment issues. “Often the CCG would ignore complaints from the LOC and PENE. But the new company has a dedicated finance function with more clout to demand that payments are made promptly for services carried out.”

New Digital Learning Support role for CGPL

The report period covers the appointment of a new part-time position of Digital Learning Support Officer. Over a number of years, consultant Gill Brabner had helped develop and embed the learning and development programme with a suite of tools and platforms that formed the backbone of LOC and PEC training.



CGPL Forum at NOC explored terminology and quick wins including an online community.

Simone Mason was appointed as the new Digital Learning Support Officer for LOCSU ahead of the National Optical Conference 2017. A new priority for Simone was to develop PEC training, with particular support given to the crucial role of GPLs.

The part-time post was created to take forward LOCSU's suite of learning resources. One priority for Simone was to develop dedicated learning for Clinical Governance and Performance Leads (CGPL) with a view to creating a virtual community which could share knowledge and best practice.

A CGPL Forum was organised around the NOC with around 30 people attending. Taking a brainstorming approach, the Forum explored

terminology, roles and duties, potential support and ongoing communication through a new forum community, dubbed the "CGPL Crowd" which has now been set up online.

Simone explained: *"As expected there is a lot of variation and some confusion across LOCs and PECs as to what the roles and duties of the CGPL involves.*

"The Forum was a chance to hear from those at the rock-face. It was great to see so much involvement and enthusiasm from those decision makers who deal with the real-time data and bring their voices into the conversation about the support they require."

As the most recent recruit to the LOCSU team, Simone implemented a series of quick wins which include a new updated role description template, "how-to"



guides, establishing of a new online community and producing a dedicated newsletter to take other support priorities forward. All of these are available on the dedicated CGPL page of the [website](#).

The NOC itself took on a workshop focus to ensure that more emphasis and opportunity was placed on giving LOC delegates (a quarter of whom were first-time attendees) practical skills they could take back to their LOC.

Five workshops were hosted, covering A Day in the Life of a CGPL, Governance, Commissioning Eyecare through STPs, Community Monitoring for Glaucoma and Introduction to Commissioning. The five workshops were repeated giving delegates the opportunity to attend two separate sessions.

The CGPL Workshop was revised to include new material, such as updated case studies and the online Forum hosted discussions and knowledge sharing.

Simone is also responsible for updating and running the online, facilitated induction training. The resultant course has received high praise from the LOC participants.

Induction draws wide praise from participants

Committee buddies, local jargon guides and advance publication of minutes to help LOC newcomers were just some of the practical suggestions to come out of the updated facilitated Induction course.

As part of the Induction course, LOC participants were asked to offer comments and produce an action plan of how they would use the learning back in their own LOC.

In the post-course survey, participants rated the Induction content as “good or excellent”. 100 per cent said they felt better-informed and 100 per cent said they would recommend the course to others.

Among the comments were:

- “Well run, not overwhelming and manageable as a course on top of an already full working week. All the course tutors involved were friendly and easy to approach. Would absolutely recommend it to colleagues.”

- “I feel the course has equipped me to be an active member of my LOC. I hope to be able to take part in discussions and decision making knowledgeably.”
- “The communication module was particularly useful as it gave me knowledge on all avenues that can be used to promote the LOC and its work. I also feel the background info on NHS allows me the opportunity to ask sensible questions and feel less anxious about getting involved in discussion.”
- “I was unaware of many of the resources provided by LOCSU. I will be visiting the LOCSU website more often and look at attending the upcoming National Optical Conference. At some point I intend joining the Leadership Course.”

- “Excellent resource! I wish I did this earlier!”

DLSO, Simone, added: “All of the content was rated very useful and candidates liked the fact that the course was around four weeks long so that you could dip in and out of it at your own convenience.”

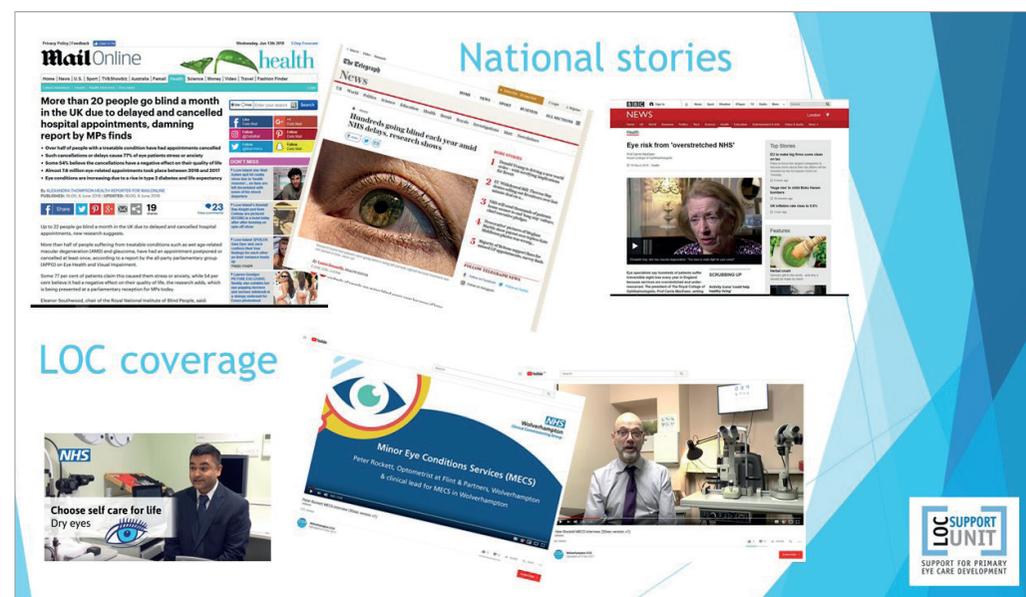
The majority of candidates were happy with the Noddlepod platform.

LOC members liked the fact that they can ask obvious questions in a private environment that they might feel awkward asking in an LOC meeting.

They also value the hour-long webinar which gives them the chance to talk to the wider LOCSU team giving them a valuable insight into the role of the organisation.

Candidates liked the interactive nature of the course which has a mix of presentations, reading material, videos and various activities to complete with members of their LOC.

Following the course 100% of candidates felt more informed about their LOC and the NHS landscape.



Leadership Skills module passes the 70-mark

LOCSU provides ongoing funding for 10 places for the Leadership Skills module which is designed to enable practising optical professionals – both Dispensing Opticians and Optometrists – to become effective leaders at local and national level within the sector.

It provides an understanding of current leadership models and theoretical approaches which gives candidates the background knowledge and practical skills that equips them to provide leadership in the optical sector.

It now takes the number to 70 who have benefitted by participating in the course. Among the LOCs represented in last year's cohort are (from left to right):

Back row:

Lyndsay Hewitt (External), Paul Cottrell (Shropshire), Alex Howard (Derbyshire), Helen Haslett (Dorset), Ned Saunders (Brent & Harrow), Sarah Pencott

(Northumberland Tyne & Wear), Philip Cooke (Cheshire), Harpreet Kular (Worcestershire).

Front Row:

Julia Maiden (Ashton Leigh & Wigan), Tom Mackley (Lancashire & Morecambe Bay), Stephanie Cairns (Northumberland Tyne & Wear) and Clare Griffin (Gloucestershire).

Make sure that your LOC puts leadership on the next meeting agenda and consider succession planning when deciding on your free delegate place at the NOC. More information about the course content and how to apply can be found on the [LOCSU website](#).



CGPL hails coaching service 'invaluable'

The Coaching and Mentoring Service for LOCs and PECs got the seal of approval from one recent participant.

Lisa Gibson, Clinical Governance and Performance Lead for Primary Eyecare North East, reckons all CGPLs should be using the service.

"Being mentored is an invaluable experience," said Lisa, who is also a committee member of Northumberland, Tyne & Wear LOC. "While the online training offers a good background before taking on the CGPL role, mentoring allows for training tailored to your individual needs."

Lisa revealed that it is important to be open and honest about your strengths and weaknesses to get the maximum benefit from the relationship. *"Your mentor is there to challenge you, to get you to really think through a course of action, assessing if it is the best way to do it."*

"While this can sometimes be frustrating, it results in a greater understanding and confidence and your abilities grow from these challenges. This improves your personal and professional development."

Lisa, who was coached by accredited coach, Zoe Richmond, who is also a

LOCSU Commissioning Lead, said that she also profited from using Zoe's network. *"Using your mentor's experience and plugging into their professional relationships is another bonus of the pairing. I would recommend that all CGPLs make use of the service."*

Visit the [LOCSU website](#) for full details about the accredited coaches in your area. The service is provided free to all CGPLs but requires application via your LOC.

All those providing the service are accredited to Coaching and Mentoring Level 5 and endorsed by the UK's largest management body, the Institute of Leadership & Management (ILM).



Mentors receiving their ILM certificates at NOC 2017.

Getting the message

Communications activities throughout the past year have focused on digital channels including a new MailChimp newsletter, YouTube videos, social media channels and most recently LOCSU's first podcast. But we continue to use traditional media, such as printed publications to put our key messages and news across to the optical professionals and the wider eye health sector, including NHS Commissioners.



Print media coverage still important

Newsletter

The past year saw the introduction of a new regular newsletter via MailChimp introduced for LOCs and PEC representatives. Today's digital channels offer direct, immediate, one-to-one communication with LOC Officers who often access information on a mobile device. (Almost two-thirds of our newsletters are opened via a mobile device).

The MailChimp platform offers more granular analysis of whether the email is opened and what links are accessed. It is also a crucial channel to push strategic news and announcements out to LOC members; linking back to our online resources through the website.

There is still work to do to build our database and to encourage LOCs to develop their communications with contractors and performers and build relationships with newly-qualified optical professionals to foster succession planning.

Last year saw a video update with Chief Operating Officer, Richard Whittington, outlining a new one-day, workshop-focused programme for the National Optical Conference. This was followed up

with a video report of Richard's closing speech from the NOC.

Make sure you and your LOC officers [sign up](#) for our channels.

Social Media

Facebook and Twitter continue to be important channels for immediate news. Twitter numbers have continued to rise annually with new followers to the @locsu feed. These immediate news feeds are reinforced through LOCSU Latest, our regular newsletter to LOCs and subscribers.

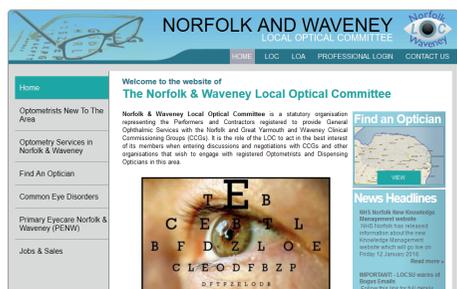


A strategic communication mapping exercise was started during the year. This work feeds into projects to update both the LOCSU website and the LOCSU platform, which hosts free LOC websites.

LOCNET

One area of progress has been to help LOCs develop their own local communication activities. At the time of publication, LOCSU has recently announced plans to develop the LOCNET with new templates and added functionality on WordPress. During the report period, several LOCs took the opportunity to join the platform or upgrade their website.

Pennine Lancashire, North & North East Lincolnshire and (below) Norfolk & Waveney LOCs were among those joining LOCNET.



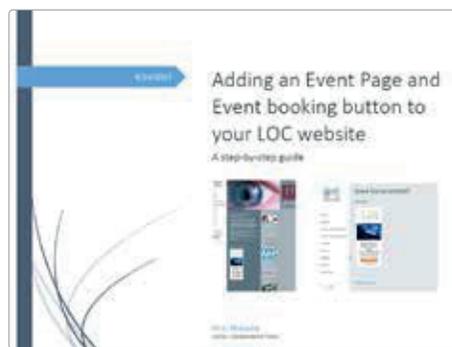
Before (above) and after: LOCNET template works on mobiles and offers a host of new functions.



In parallel, an LOC web editors forum was established to explore common problems, share best practice and host a set of resources, including a “Quick-Start” guide. The forum has around a dozen members and there are “How-To” guides containing step-by-step screenshots for local editors to improve their site.

How-To guides cover:

- Events Booking with Eventbrite
- Maps and locations of local optical practices
- Protected Content
- Images library and Carousel

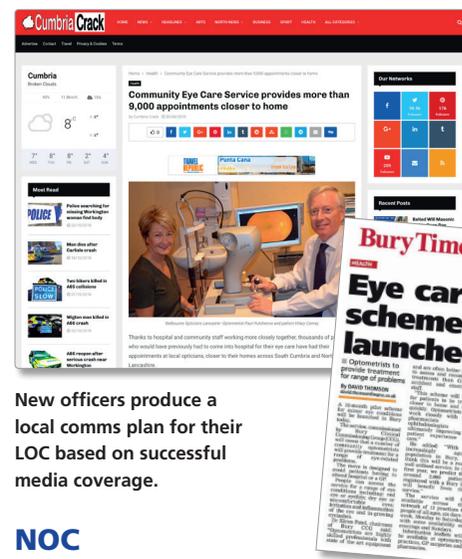


Keep track of invites and delegates and add a map location with an Event button.

Induction & Communications

LOCSU’s online, facilitated Induction course plays a vital role in developing the knowledge of new LOC Officers. It offers new officers a private, controlled world to ask questions and learn. One week is dedicated to Effective LOC Communications. Over the past year

the learning and outcomes have been strengthened with a new two-part interactive presentation, a quiz and podcast and participants have to produce of local plan for the use in the LOC. The presentation has now been added to the resources section of the [website](#) to make it more widely available to LOCs.

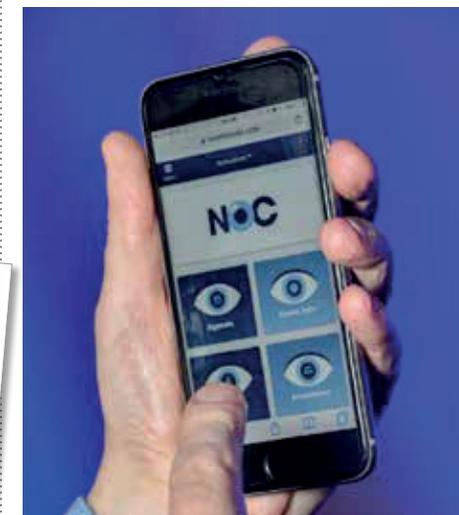


New officers produce a local comms plan for their LOC based on successful media coverage.

NOC

The National Optical Conference continues to play a vital role in developing LOC Officers through its programme and practical workshops. Publicity activities – directly through our in-house channels, through publicity by the representative bodies and through the optical trade press – position the NOC as a key event in the calendar and maximises attendance; while ensuring delegates who understand the commissioning context and take practical skills back to their LOC and Primary

Eyecare Company. More than 200 LOC representatives attended the NOC in Warwick last November. Again, a conference app was available for delegates who were able to attend two out of the five workshops available. Around a quarter of delegates were first-time attendees.



Print Media

In addition to NOC attendance LOCSU continues to market strategic courses such as the Leadership Skills module, the Induction course and best practice resources for LOCs through the optical trade press. We also promote primary care eye health to key audiences in the NHS. Last year we published articles in both [Ophthalmology in Practice](#) magazine explaining how optical practices can offer a solution to demand problems and a blog for the [NHS Confederation website](#) on eye health services and integrated care.

LOC Central Support Unit

Summary audited statement of financial activities for the year ended 31st March 2018

INCOME & EXPENDITURE ACCOUNT

	31 March 2018		31 March 2017	
	£	£	£	£
LEVY RECEIVED				
Other income		1,401,953		1,184,666
		30,114		30,493
EXPENDITURE				
Personnel costs				
Staff costs including directors and payments to consultants		366,310		510,070
AOP staff support		88,722		83,700
Establishment expenses				
Office accommodation costs		47,700		45,000
Insurance		4,194		5,119
General expenses				
Travel and subsistence		24,543		50,022
Board attendance and expenses		3,715		7,025
Advisor attendance and expenses		358,482		334,324
Telephone and fax		8,468		7,659
Sponsorship		3,000		3,980
Subscriptions		1,375		260
Staff and leads training		2,380		1,589
Printing, postage, stationery, publications and office costs		8,901		9,134
Website costs		6,335		11,355
Sundry expenses		4,899		3,336
Legal and professional fees		8,197		3,539
Auditors remuneration		10,434		10,434
Depreciation		2,538		3,012
Activities				
Communications commissioning		679		–
Conference expenses		40,831		91,074
Enhanced Services training packages		17,867		10,560
IT development and licences		142,976		37,060
Leadership training		17,171		12,610
National Data Repository		45,820		51,000
NHS Alliance Project		–		1,500
Quality in Optometry		–		5,750
Support to merging PECS for delivery of service		1,982		–
Financial costs				
Bank charges		413		416
TOTAL COSTS		1,217,932		1,299,528
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		214,135		(84,369)

BALANCE SHEET

	31 March 2018		31 March 2017	
	£	£	£	£
FIXED ASSETS				
Tangible assets		7,989		9,037
CURRENT ASSETS				
Debtors		87,014		37,229
Cash at bank and in hand		659,529		359,505
		746,543		396,734
CREDITORS: Amounts falling due within one year		(329,149)		(194,523)
NET CURRENT ASSETS		417,394		202,211
TOTAL ASSETS LESS CURRENT LIABILITIES		425,383		211,248
RESERVES				
Income and expenditure account				
Balance brought forward		211,248		295,617
Surplus/(Deficit) for the year		214,135		(84,369)
MEMBERS' FUNDS		425,383		211,248

NOTE: These summarised financial statements are an extract from the statutory financial statements for the year ended 31st March 2018 which have been audited by Menzies LLP, who gave an unqualified audit report on 1st November 2018. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

Financial Report 2017–18

The result for the year ended 31st March 2018 was a surplus of £214,000 on a turnover of £1,432,000 (compared with a deficit in the previous year of £84,000 on turnover of £1,200,000).

The budget for 2017–18 was set to ensure a level of surplus was achieved to rebuild reserves in line with policy of three months' operating expenditure. This was achieved and the same policy is being maintained in the current year. To deliver this result, significant effort was made to manage receipt of levy income during the year. This ensured that receipts returned to being received and managed in line with the correct financial period. In the previous year, as experienced by contractors and LOCs, significant PCSE/Capita problems led to a delay in levy income being received by LOCSU.

Turnover for the year included the third and final instalment of the grant from the Central Optical Fund of £30,000 towards the National Data Repository project.

Staff costs have decreased over the previous year as consultancy staff costs have been reduced and LOCSU has been able to recover costs from PCSE in relation to a seconded member of staff.

LOCSU Board



Henrietta Alderman
CEO, AOP

Charles Bill
LOC Representative
(Southern England)

Paul Carroll
FODO Representative

Mike Cody
ABDO Representative

Barry Duncan
Deputy CEO, ABDO

Sir Anthony Garrett
CEO, ABDO

David Hewlett
CEO, FODO

Matt Jinkinson
LOC Representative
(Northern England)

Abi Page
LOC Representative
(London Region)

Alan Tinger
Chairman

LOCSU Team



Richard Whittington
Chief Operating Officer

Katrina Venerus
Clinical Director



Jacquie Fooks
Office Manager

Richard Knight
Head of Policy

Chris McGachy
Head of
Communications

Lisa Stonham
Information Officer

Director of Ophthalmology



Christiane Shrimpton

LOCSU Digital Learning Support Officer



Simone Mason

LOCSU Commissioning Leads



Rupesh Bagdai

Chris Newall

Dharmesh Patel

Richard Rawlinson

Zoe Richmond

Martin Russ

Nizz Sabir



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**

