



SUPPORT FOR PRIMARY
EYE CARE DEVELOPMENT

LOCSU Strategic Plan

2014-2017

Introduction

LOCSU's main purpose is to support Local Optical Committees (LOCs) to increase the role of optometrists and opticians in delivering high-quality eye care services in the community and in improving the eye health of the local population.

Our strategic plan sets out what we want to achieve over the next three years during a period where the NHS in England is under significant pressure.

NHS England launched a series of Calls to Action to seek the views of the public and professions on the role that primary care services can play in tackling the wider challenges facing the NHS. *Improving eye health and reducing sight loss – A Call to Action*, launched in June 2014, asks how the increased demand for NHS eye health services can be met against a backdrop of significant financial constraint.

The Call to Action represents a huge opportunity for the eye care sector and it is fundamental to our strategy that we ensure that LOCs are equipped to embrace future changes. This means that we must provide the advice and support LOCs need to allow them to raise the profile of eye care services, and to work with Clinical Commissioning Groups (CCGs), Local Eye Health Networks (LEHNs), Health and Wellbeing Boards (HWBs) and other stakeholders to redesign local eye health pathways.

The focus of commissioners will be increasingly on measuring patient outcomes and we must ensure that community services can demonstrate robust outcomes. It is also vital that we support LEHNs to work with all stakeholders to develop integration of services across primary and secondary care, address inequalities and deliver patient-centred care.

Our strategy has two key themes:

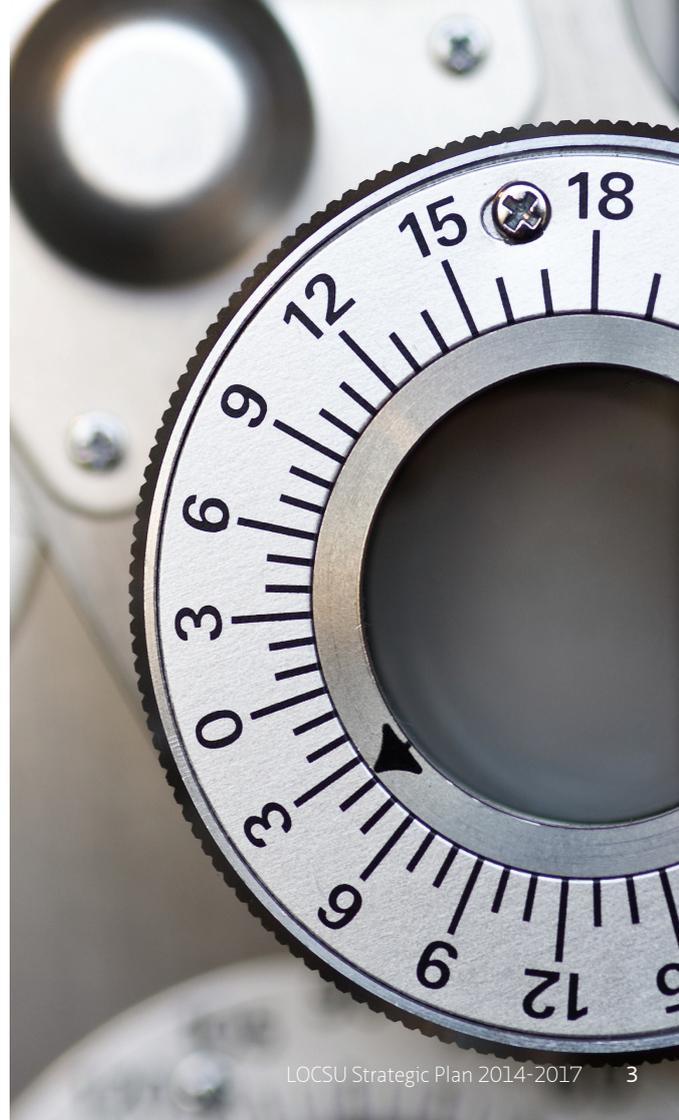
1. Supporting and enabling LOCs to increase the role of community optometrists and opticians in providing primary eye care services.
2. Providing excellent support for LOCs and LEHNs.

I believe that the Call to Action provides a once-in-a-generation opportunity to expand the scope of primary care and I am confident that our strategy will make certain that we focus on delivering the objectives we have set.

I am delighted to present our plan for the next three years.



Katrina Venerus
Managing Director



Mission Statement

To provide practical support together with strategic advice to Local Optical Committees (LOCs) and Local Eye Health Networks (LEHNs) to help them address local needs by:

- **improving eye health and preventing visual impairment through supporting high-quality primary ophthalmic services**
- **working with NHS Commissioners, Health and Wellbeing Boards and other providers to deliver integrated local eye care services focused on patients and outcomes at best value**
- **enhancing and promoting clinical leadership at all levels in the sector, including effective two-way communication between the national optical bodies and local optical communities.**

Values – defining who we are and how we deliver

Customer focus

- We provide high-quality services to LOCs, LEHNs, stakeholders and colleagues
- We put the needs of LOCs first, so that they in turn can put the needs of contractors, performers, patients and the public first
- We work actively with others for the benefit of all
- We encourage and act upon feedback from LOCs.

Respect

- We respect other people and demonstrate this in all our dealings internally and externally
- We speak positively and supportively about LOCs, team members and stakeholders
- We listen to each other's points of view
- We show respect for and value all individuals irrespective of their diverse backgrounds, experience, styles, approaches and ideas.

Integrity, honesty and responsibility

- We are honest, fair, open and transparent in everything we do
- We are consistent in our actions, values, methods, measures, principles and expectations
- We accept responsibility for our own actions and results.

Professionalism

- We encourage each other to fulfil their potential
- We are positive and outward-looking in all that we do
- We value and protect the optical sector's reputation and heritage but are not hidebound by the past
- We show pride in who we are and what we do
- We recognise and learn from our mistakes.

Efficiency and continuous improvement

- We use fair, open and transparent governance, management and administration processes
- We recognise that the funds we spend are levied from the LOCs we support and continually pursue efficiencies
- We look forward and embrace new ideas and change
- We are committed to our own development as a support organisation and valued partner with others to achieve our aims.



2014-2017 Strategic Themes

We will focus our work during this period on our two strategic themes:

Strategic Theme 1

- Increasing the role of community optometrists and opticians in providing community eye health services.

Strategic Theme 2

- Providing excellent support for LOCs and LEHNs.

Good governance, efficiency, effectiveness, and continuous improvement will continue to be fundamental to all that we do.



Strategic Objectives

1.1 To support and enable LOCs to negotiate and enable their members to deliver primary eye care services at a local level.

	What we will do?	What is the outcome we are looking for?
(i)	Develop the roles of the appropriate LOCSU team members to be focused on negotiating and implementing community eye health services alongside LOCs.	An increase in the number of community eye health services commissioned.
(ii)	Continue to assess and improve the business case templates and other tools that allow LOCs to present service proposals to commissioners.	Documents and tools are up-to-date and reflect current position.
(iii)	Work with, and on behalf of, LOCs in drafting business cases and cases for change for local eye health services, and in meeting and negotiating with commissioners.	An increase in the number of community eye health services commissioned.
(iv)	Facilitate the development of appropriate IT solutions to capture data from community services and allow LOCs to provide managed services where required by commissioners.	OptoManager is recognised as a valuable system for the management of community services. The number of community eye health services using OptoManager increases.
(v)	Develop resources and guidance for LOCs to act as single provider companies where it is a requirement to bid for community eye health services contracts.	LOC companies are able to successfully bid for opportunities that are open to single providers and deliver high-quality services that meet commissioners' expectations.
(vi)	Support LOC companies to enable them to monitor and evaluate the success of services they are responsible for managing.	LOC companies report on service performance quarterly and develop continuous improvement plans where necessary.
(vii)	Continue to scope opportunities for optometrists and opticians to play an increased role in the delivery of eye care services .	An increased range of services are delivered in the community.
(viii)	Identify potential partners and models for the delivery of consultant-led community ophthalmology services.	New models of service delivery in partnership with others are trialled and evaluated.

1.2 To raise awareness among commissioners and the wider NHS locally and nationally of the increased role optometrists and opticians can play in delivering community eye health services.

	What we will do?	What is the outcome we are looking for?
(i)	Continue to engage with NHS England to support the implementation and ongoing development of LEHNs.	LEHNs are engaged with LOCs and all other stakeholders. LOCSU support is provided for LEHNs where requested.
(ii)	Help develop robust links between the LEHN Steering Group and the Clinical Council for Eye Health Commissioning.	Effective communication channels are established between the Clinical Council for Eye Health Commissioning and LEHNs for the benefit of local commissioning.
(iii)	Continue to support NHS England to develop the Call to Action for Eye Health and the Strategic Framework for Primary Care.	LOCs and other local stakeholders actively engage with the Call to Action to shape the Strategic Framework for Primary Care.
(iv)	Work with NHS England to ensure the Strategic Framework for Primary Care is understood and implemented at a local level once it has been launched.	The Strategic Framework for Primary Care is utilised by CCGs and Area Teams to support the development of eye care services to meet the needs of the local population, in conjunction with local stakeholders.
(v)	Encourage CCGs and Healthwatch to promote eye care to the public at a local level.	All CCGs and Healthwatch bodies list opticians as local health services.
(vi)	Attend commissioning conferences and networking events to promote the role of the LOC in developing community eye health services.	An increase in commissioning contacts for LOCs.
(vii)	Look at how other professions, e.g. pharmacists, successfully promote their role and incorporate any learning from their approach.	Innovative approaches to promoting the role of community optometrists and opticians are adopted.
(viii)	Utilise commissioning media and other communication channels to feature case studies of successful community eye health services and local pathway redesign initiatives.	An increased presence in the commissioning media focusing on community eye health services.
(ix)	Work with LOCs and researchers to collect data on local eye care services and build an evidence base to share at a national and local level.	The community eye health services database/map for England is up to date and results of evaluations of community eye health services are made available.
(x)	Use evidence of successful community eye health models from beyond England, e.g. Scotland/Wales, to promote the role of optometrists and opticians.	An increase in the number of community eye health services commissioned.

1.3 To work with the optical confederation and others to raise the profile of eye health nationally and to influence the delivery of eye care services.

	What we will do?	What is the outcome we are looking for?
(i)	Liaise with other professions and organisations to foster a greater understanding of the contribution that the different professions and organisations make to eye health.	Regular contact and sharing of information between professions involved in eye health.
(ii)	Contribute to the work of the Clinical Council for Eye Health Commissioning, VISION 2020 (UK) and the UK Vision Strategy.	The role of community optometrists and opticians is understood by all stakeholders and is reflected in any guidance produced.
(iii)	Where appropriate, work in partnership with others to develop integrated models of patient care.	Improved patient pathways through joint working with other professions and stakeholders to provide an integrated approach to delivering eye care that is of the greatest benefit to patients.
(iv)	Support LOCs to work with others to implement the UK Vision Strategy at local level .	Pathways are in place to ensure that everyone with an eye condition receives timely treatment, and that accessible and appropriate services and support are available for people with permanent sight loss.
(v)	Scope and develop opportunities to raise awareness of eye care and community eye health with the national press.	Patients and public have greater awareness of the benefits of community eye health services and demand the commissioning of such services in areas which do not currently provide them.

2.1 To be a reliable source of excellent support and good quality advice for LOCs and LEHNs.

	What we will do?	What is the outcome we are looking for?
(i)	Retain expertise on all matters affecting LOCs and LEHNs.	Recognised as the key source of advice for LOCs.
(ii)	Support the work of all LEHNs by sharing LOCSU's information and expertise.	LEHNs are engaged with LOCs and all other stakeholders. LEHNs value support from LOCSU.
(iii)	Have in place a knowledgeable team of in-house experts available to respond to enquiries.	All enquiries are logged and responded to effectively in a timely manner.
(iv)	Provide access to up-to-date information online.	LOCs and other stakeholders regularly access our resources.
(v)	Input into NHS England's primary care policy development work along with the Optical Confederation.	Policies and procedures implemented by NHS Area Teams are appropriate and consistent, and are understood by LOCs and the contractors and performers they represent.
(vi)	Continue to review and update clinical pathways, Quality in Optometry and all other guidance in the light of new evidence and changes in policy.	Pathways and guidance are evidence-based and the result of consultation, and are considered by others to be an authoritative resource.
(vii)	Visit LOCs on a regular basis to understand their needs and provide value to them.	All LOCs are members of LOCSU and recognise LOCSU as a valuable resource. The LOCSU team visits all LOCs at least once every three years.

2.2 To support all LOCs and contractors and performers to understand and implement appropriate LOC and LOC company governance.

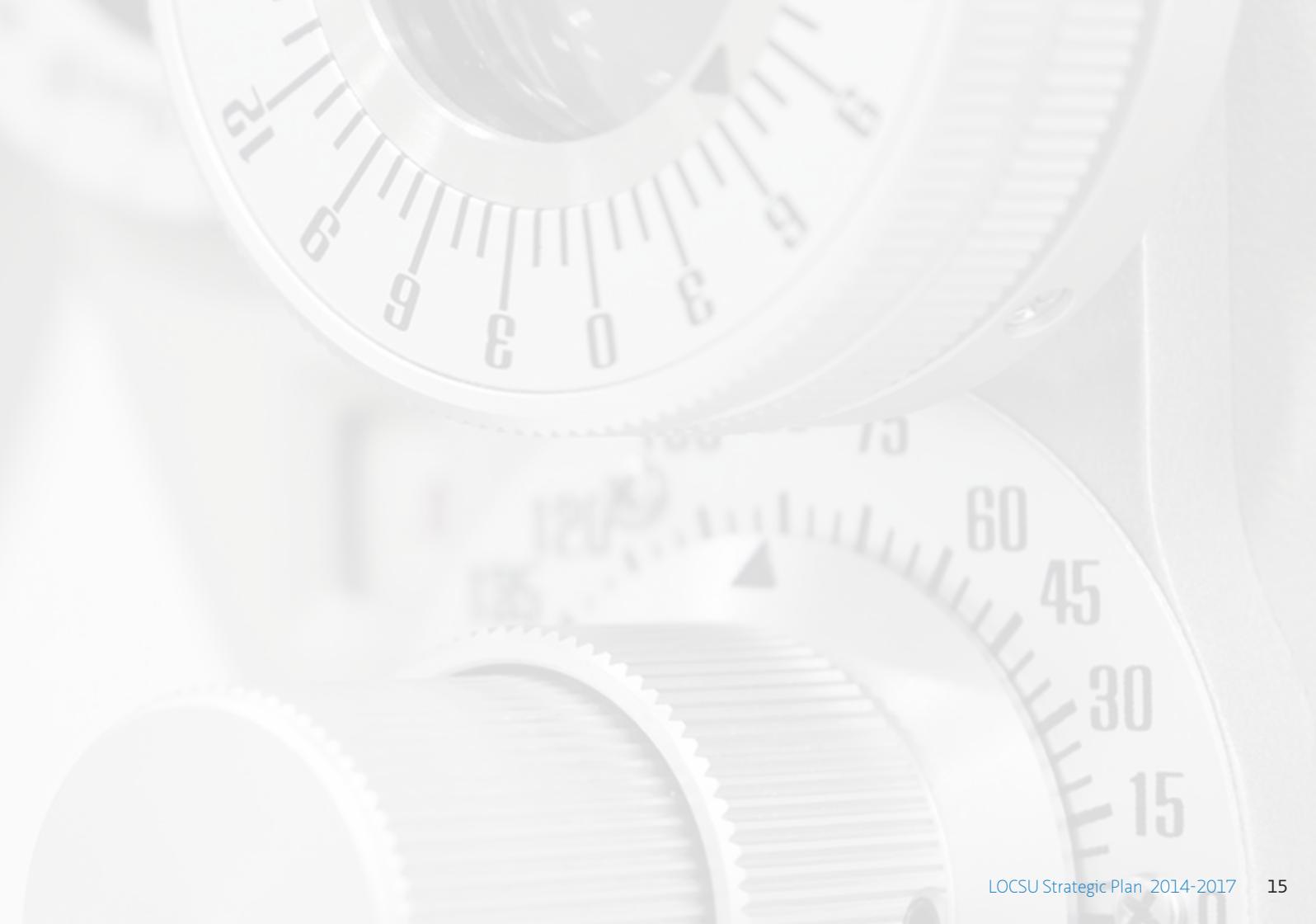
	What we will do?	What is the outcome we are looking for?
(i)	Support LOCs and LOC companies to ensure their activities are fully transparent and that they have the appropriate governance arrangements in place.	All contractors and performers are aware of the responsibilities, aims and objectives of the LOC and the LOC company, and are informed of potential local commissioning opportunities.
(ii)	Develop guidance for LOCs on their responsibility to engage contractors and performers in key decisions to be made by the committee.	All contractors and performers are invited to input into key decisions.
(iii)	Support LOC with succession planning.	LOCs are able to identify and develop people with the potential to fill key positions.
(iv)	Implement an enhanced hosting facility for LOC websites.	Information on all LOC activities and projects is available to all contractors and performers via the LOC website.
(v)	Work with LOCs to develop a comprehensive contacts database for all contractors and performers in the area.	Contractors and performers receive regular news updates from their LOC on local matters and from LOCSU direct on national issues.
(vi)	Support LOC companies to develop robust lines of communication with subcontractors and the LOC.	LOC company subcontractors receive regular news updates from the LOC company and the LOC receives regular reports.

2.3 To facilitate regular and effective communication across LOCs and between LOCs and the Optical Confederation and the wider eye health and commissioning community.

	What we will do?	What is the outcome we are looking for?
(i)	Continue to develop and improve how we communicate and engage with LOCs, from Hot Briefs and newsletters to social media.	LOCSU's communications are considered useful and timely.
(ii)	Provide support to the Optical Confederation by promoting high standards and ensuring the credibility of representative committees at local level.	Effective leadership for the sector at a local level via LOCs.
(iii)	Engage with optometrists and opticians from all types of practice via the optical media and our website to raise awareness of national issues and get more people involved with their LOC.	An increase in the number of subscribers to LOCSU news alerts. Regular coverage in the optical press.
(iv)	Facilitate area groupings of LOCs to share knowledge, expertise and ideas.	LOCs network and communicate with each other on a regular basis, including at the NOC.
(v)	Support the development of the Ophthalmic Public Health Network and its promotion as a useful resource for all stakeholders.	The Ophthalmic Public Health Network becomes a key platform to bring together those working on or interested in ophthalmic public health.

2.4 To provide a range of valuable training and development for LOC officers, committee members and emerging talent to ensure all areas have effective local representative bodies.

	What we will do?	What is the outcome we are looking for?
(i)	Provide an accessible range of core training products for LOC officers and committee members.	LOC officers and committee members have up-to-date knowledge to enable them to be effective in their roles.
(ii)	Provide bespoke training for LOCs to establish better working practice or to manage periods of change.	LOCs discharge their responsibilities effectively.
(iii)	Provide training and development support for LOC company clinical governance and performance leads and finance leads.	Those who take up key roles in LOC companies have the knowledge and skills to enable them to be effective in their roles.
(iv)	Develop and support clinical leaders for the professions.	Students of the Leadership in Optics course go on to take up local and national leadership roles.
(v)	Identify key areas for skills development that will enable LOCs to engage effectively with the new NHS and Health and Wellbeing Boards.	LOCs are able to influence eye health needs assessments and the development of eye care services at a local level.
(vi)	Work with the Optical Confederation and other stakeholders to design the NOC programme to ensure it is a quality training, development and networking opportunity for all LOCs.	The conference programme content and delivery is highly rated by delegates.





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