What is the role of an LOC?

The NHS act of 2006 defines Local Representative Committees and has this to say as regards LOCs

Local Optical Committees

125 Local Optical Committees

(1) A Primary Care Trust may recognise a committee formed for its area, or for its area and that of one or more other Primary Care Trusts, which it is satisfied is representative of—

(a) the persons to whom subsection (2) applies, and

(b) the persons to whom subsection (3) applies.

(2) This subsection applies to each person who, under a general ophthalmic services contract entered into by him, is providing primary ophthalmic services in the area for which the committee is formed.

(3) This subsection applies to each optometrist not falling within subsection (2)—

(a) who is performing primary ophthalmic services in the area for which the committee is formed, whether under section 115(4)(a), or under a general ophthalmic services contract, and

(b) who has notified the Primary Care Trust that he wishes to be represented by the committee (and has not notified it that he wishes to cease to be so represented).

(4) A committee recognised under this section is called the Local Optical Committee for the area for which it is formed.

(5) Any such committee may delegate any of its functions, with or without restrictions or conditions, to sub-committees composed of members of that committee.

(6) Any such committee may co-opt persons not falling within subsection (2) or (3) on such terms as it considers appropriate.

(7) Regulations may require a Primary Care Trust, in the exercise of its functions relating to primary ophthalmic services, to consult any committee recognised by it under this section on such occasions and to such extent as may be prescribed.

(8) A committee recognised under this section has such other functions as may be prescribed.

(9) A committee recognised under this section must in respect of each year determine the amount of its administrative expenses for that year.

(10) A Primary Care Trust may—

(a) on the request of a committee recognised by it, allot to that committee such sums as the Primary Care Trust may determine for defraying the committee's administrative expenses, and

(b) deduct the amount of such sums from the remuneration of persons of whom the committee is representative under subsection (1)(a) under the general ophthalmic services contracts entered into by those persons with the Primary Care Trust.

(11) The administrative expenses of a committee include the travelling and subsistence allowances payable to its members.

It says little or nothing about the role of the LOC.

Extended Services

It has certainly been the case that, until the advent of the Primary Eyecare Companies, the LOCs negotiated additional services, from shared care through to the current extended primary care services. However, these really fall under Primary Ophthalmic Services as in point (7) above. Of course, responsibilities have now been separated, with GOS falling to NHS England and other services remaining with CCGs. All, however, are primary care services.

Representation of individual practitioners

Many practitioners who have been involved with LOCs for some time will recall the various NHS organisations they have worked (Health Authorities, FPCs, PCGs, PCTs) with requesting the names of LOC members prepared to sit on disciplinary or investigation committees. Very often there would be an intention to 'swap' representatives with a neighbouring area to avoid conflicts. This would suggest that, in the past, LOCs have been expected to assist in dealing with individuals.

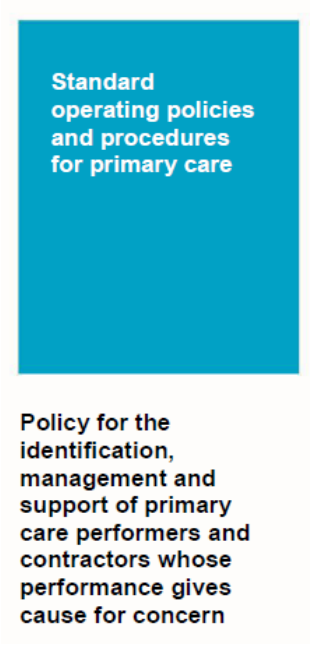
In 2012, when the current NHS England was called the National Commissioning Board, their publication "Securing excellence in commissioning primary care" suggested that it expected to have a relationship with LOCs and that they would have a specified role in dealing with performance concerns.

NHS
Commissioning Board
A special health authority

e) Local representative committees

3.71 The relationships with local representative committees (LRCs) – local medical committees, local pharmaceutical committees, local dental committees and local optical committees - will be particularly important in developing the new system. The NHSCB, through its local area teams, will work to ensure these are strategic, focused and respectful relationships. LRCs can add real value to the consistency ambition by sharing experiences and challenging any inappropriate behaviours. They will have a specified role in the process for dealing with performance concerns and, more generally, should be the best representatives of their members' views and interests.

In 2013 the NCB published its policy for dealing with practitioners whose performance gave cause for concern. This clearly expected the LOC to be involved where possible.



Referring to performance concerns of a practitioner:

- The appropriate Local Representative Committee (LRC) is involved in the process wherever possible. In some instances it may however be possible to have an LRC member from an area other than the area in which the contractor is located.

This same document also called for LRC membership of the then Performance Screening Group and of the Performers List Decision Panel (PLDP)

In 2014 NHS England published a revised policy on managing performer concerns. The screening group is now the Performance Advisory Group. The LOC no longer have a voting seat, but may be invited as LOC members. It also states that LOCs may be amongst those to whom it refers for advice. By definition, any matter relating to this panel will be about an individual practitioner.

PAG membership:

Additional non-voting individuals may be invited by the chair. This includes NHS England staff with contracting expertise and local representative committee members, if not attending in their own right.

g. Where appropriate, to refer to external agencies for advice, for example National Clinical Assessment Service (NCAS), national professional and representative bodies, local representative committees, local education and training boards, or other advisory bodies.

Summary

The NHS Act is vague on the role of an LOC. Custom and practice has not confined the role to GOS, but has included further primary care services and also representation of individuals to the commissioners in relation to the primary care services. From the references above I believe this support is expected to be short term in nature, e.g. discussing an issue with the practitioner, attending a meeting for support or where the outcome will have ramifications for other contractors or performers in the area. Longer term support is for the professional bodies.

In some cases mentoring or even supervision of a practitioner may be required. In this case the LOC may facilitate the provision of such a service, but one would not expect the LOC to fund it.

Currently, all LOCs make a payment to LOCSU as their business support organisation to assist them with their functions.

Trevor Warburton