

Full NOC
round-up
plus
presentation
links

LOCSU NEWS

SUPPORT FOR PRIMARY EYE CARE DEVELOPMENT

November 2016 Newsletter



NOC 2016: Making the case for extended primary eye care services



Evolution in design: revolution in delivery

Richard Whittington insists STPs provide the opportunity the sector has been waiting for; now we must use all our energy to make the case for eye health services at pace and scale.



“THIS is our moment!” LOCSU’s new Chief Operating Officer, Richard Whittington told delegates in his take-home message to LOCs from the National Optical Conference last week.

In a stirring finale to NOC 2016 he urged LOCs to make every commissioner contact count to drive the case for extended primary eye care services at scale.

He told delegates: “We have got the model, we’ve got the workforce, we’re starting to see the evidence.

“What we need to do now – collectively – is to go and make the case. The energy that has come out of the last two days has been brilliant; but we risk talking to ourselves. We now need to take that energy and project it outwards.”

He urged delegates to look beyond optics to press the case for eye care delivered through optical practices as part of an extended primary care service.

“We stand on the brink of real change,” the COO said. “The model is changing, commissioning is changing, fundamentally, primary care is changing.

“We have heard about [Manchester health devolution and Vanguards]. Ideas that changed into services and services that have now gained traction and are starting to move forward.

“Sustainable Transformation Plan [footprints] are the opportunity.”

“All of us at some point, whether it was me previously as a commissioner or you as providers

have asked ‘why can’t we go bigger? Why can’t we commission at scale, why can’t we deliver at scale’.

“This is it. It is STPs. It is how we go forward.

“What we can all take away today is that extended primary care services offer a proven service. A safe service, an effective service that is highly rated by patients and one that can be delivered within a financially consistent model.

“Take any opportunity you can to engage – with your CCG, with your Trust, with your LMC – to make the case for extended primary eye care services.

“So we have a real opportunity, a real service to sell. LOCSU, centrally and through the Commissioning Leads, will support LOCs in any way we can help with that engagement process and push services forward.

“When we come back next year, I want to be able to stand here and say we exceed the 60% target that we set ourselves.

“But, way more than that, what we start to do is to deliver an evolved service.

“Change the services, develop new pathways: an evolution in pathway design but a complete revolution in pathway delivery.”

Visit the [LOCSU website](#) to see all the presentations from the NOC.

Key stakeholders back 'Breakthrough'

Multiples and members' bodies underline importance of strategy to sector



Key stakeholder Q&A, (L-R) Ian Humphreys, Steve Barker, Stuart Ingleby, Barry Duncan, Trevor Warburton and Katrina Venerus.

ALTHOUGH published by LOCSU, the Breakthrough Strategy draws strong support as a roadmap for the whole optical sector, the NOC heard last week.

Representatives from the two largest multiples, Boots and Specsavers, joined leaders from AOP, ABDO and the College of Optometrists, to outline their activities and support for the sector-wide strategy launched in February, in the opening session at NOC 2016.

NOC delegates heard how technological developments, the need to position optical practices as the first port of call for eye health – as seen from the NHS – and a requirement to up-skill the workforce, were at the heart of the breakthrough blueprint.

The panel acknowledged that nationally-recognised pathways, the LOC Company model, the OptoManager data and common accreditation standards had given optics a ready-made approach which the strategy builds on with specific targets for MECS and step-down care.

“We have national pathways but not yet national coverage, said Chair of AOP’s Policy Committee (and LOCSU Board member) Trevor Warburton. “But we have all the building blocks in place. We must never miss the opportunity to promote extended primary care services. Let’s keep the momentum going.”

“Medicine wants the whole of optics to prove itself before it trusts us,” Stuart Ingleby, from Specsavers, told LOCs. “A major reform of eye care services is imminent. But community and primary care optometry must close the gap that exists with hospital eye care providers. We need to develop, educate and accredit to create a greater level of trust with ophthalmology.”

Stuart, Chair of Divisional Chairs for Specsavers, pointed to a joint wet-AMD clinic in Newport as one example of building respect through innovative services that ease hospital pressures but suggested “locum apathy” to accreditation was a hurdle that had to be overcome by the sector.

Model

Steve Barker, Business Development Manager at Boots Opticians, praised the Primary Eyecare Company approach as a great model, and one which fits the retailer’s ethos of working alongside the NHS as a private provider to ease hospital pressures, a key role for Boots.

“Contracting with commissioners through LOC Primary Eyecare Companies maximises patient choice and challenges us all to raise our game to be the first-choice destination for patients. We want to work with LOCSU and the LOCs to recognise these opportunities.”

The College of Optometrists said it would continue

continued on page 4

Key stakeholders back Breakthrough Strategy' – continued from page 3



to support the Breakthrough Strategy by contributing to the evidence base.”

Robust evidence, such as the data included in the Enhanced Services Research Project, would help show that extended primary eye care services are working, that there was a reduction in hospital attendances and that there was higher patient satisfaction,” said Ian Humphreys, Chief Executive of the College.

Mr Humphreys said that collaboration between professionals and organisations is an essential part of translating the strategy into action. “LOCSU cannot do this alone” he said.

The College chief also said that evidence from the Lewisham and Lambeth MEC Service highlighted the trust that could be built by collaboration between commissioners, the Hospital Eye Service and primary care providers involved in designing and delivering the eye health services.

“Dispensing opticians are integral to eye care services,” ABDO’s Barry Duncan told the NOC. Barry, Head of Policy and Development, said that ABDO had recently completed a radical restructure – including a new regional lead network and streamlined national clinical committee – that would help build closer links with LOCs.

“ABDO has set an objective to have representation on every LOC with active involvement in procurement,” Barry said. “CLOs are well positioned to play a part in delivering MECs along with traditional roles in low vision and paediatric services.”

The speakers were all part of a panel that took part in a Q&A session.

[View the slides](#)

‘Out of the blocks’ on Breakthrough, NOC hears

WITH the expanded commissioning team in place to support LOCs and an increase in new services and in the number of optometrists gaining accreditation, the sector was definitely off its marks on achieving the targets in the breakthrough strategy, NOC delegates heard.

Outlining a six-month snapshot of results against objectives, MD Katrina Venerus reported that the number of CCGs commissioning extended primary care services had increased from 30% to 41%, with another 20% at a pipeline stage against a target of 60% of CCGs by April 2017.

Similarly, the number of CCGs with a Post-Op Cataract service was up from 19% in April to 27% in October with 12% of CCGs in the pipeline.

Katrina also reported that 6,700 optometrists had now completed the MECS distance learning, up from 4,550 in March while, in the

same period, the number successfully completing the OSCE sessions was up to 5,387 from 3,226.

She said that the strategy did not sit in isolation but as part of an overarching objective to see all of the pathways commissioned in all areas.

“It is part of a bigger jigsaw,” she said highlighting other external activities and events such as the eye health summit, media coverage, attendance at party conferences and working with other primary care partners. “The more profile we can gain of these services, the more notice we will attract,” she said.

[View the slides](#)

Progress pointing in the right direction ‘Another 20% in pipeline’ – Katrina Venerus



NOC fired up for quick-fire research

■ Delegates received the latest updates from three key projects in a Quick-fire Research Symposium organised as part of the NOC 2016 programme.

Research shows high referral accuracy

DR ROBERT Harper gave the latest news from the Enhanced Services Research Project funded by the College of Optometrists. Dr Harper's presentation focussed on the MEC Service in Lambeth and Lewisham and the Glaucoma Referral Refinement Service in Manchester.

Delegates heard that the evaluation of MECS, published by the *BMJ*, found the service to be highly effective in terms of clinical decision making; almost 90% of referrals were appropriate and almost 80% were referred with appropriate urgency. A random sample of non-referrals showed that

95% were appropriately managed and there were no major clinical issues.

From a health economics angle, the evaluation showed first attendances in the HES dropped by 26.8% in Lambeth and Lewisham compared to the neighbouring borough of Southwark that had no MECS. [View the slides](#)

Dr Robert Harper



Data Repository already shaping CCG discussions



Richard Knight

LOCSU'S Head of Policy, Richard Knight, gave a sneak preview of the power of the new national data repository which has been partly funded by the Central Optical Fund,

The snapshot showed combined Primary Eyecare Company data from a range of live services utilising the OptoManager IT platform.

Mr Knight told delegates that the graphs he was showing had been pulled together using real-time data gathered from the powerful number-crunching platform just one day before NOC 2016.

Using the MECS pathway as an

example, Mr Knight was able to pinpoint referral sources, patient satisfaction levels, MECS symptoms and appointment outcomes.

The policy head said that information from the repository was now forming part of discussions with CCGs over commissioning. He told the NOC audience that LOCSU is now working with programmers to develop new global reports and implement new functionalities. He said that LOC Company-level reports are at an advanced stage and will shortly be distributed to directors for use. [View the slides](#)

Devon Glaucoma audit hit targets

CHARLES Bill from Devon LOC and a LOCSU Board member updated delegates on a project that makes the case for more step-down care through optical practices to take the pressure off local ophthalmology departments.

Mr Bill explained the aim of the audit was to take a 5% sample of patients seen in the Plymouth Optometrist Glaucoma Monitoring Scheme in the past three months to be assessed by an ophthalmologist for safety in terms of IOP stability and visual field

stability and compliance with the protocol.

Results from the audit showed that 94–96% IOPs were within target at review, 95–97% of visual fields were stable and 86–88% of discs were deemed stable. Patients who had been unstable according to the protocol were appropriately referred. [View the slides](#)

Charles Bill



Eye health can shine at innovation

**LOCSU
Commissioning
Leads explain
why eye health
fits the STP
footprint and
reform agenda**



LOCSU Commissioning Leads, Zoe Richmond and Dharmesh Patel answer delegate questions

FOLLOWING on from the announcement last year that pioneering eye health services were at the centre of reform in both the devolved health plans for Manchester and in the Better Care Together (BCT) Vanguard, LOCSU Commissioning Leads were on the NOC agenda again to explain how eye health fits the STP footprint and reform agenda.

Dharmesh Patel, who is Chair of the GM LEHN, told delegates that optometry plays a significant role as an equal member of primary care under the devolved plans.

“As a full voting member of the Primary Care Advisory Group – the unified voice of primary care – optometry can remind commissioners that it is not all

about general practice,” he said.

“It allows us to be highly innovative and to look to introduce truly transformational patient care, including roles in prevention and public health.”

Dharmesh recently co-launched the Primary Care Strategy for the £6 billion health devolution which aims to use the 2,000-plus contact points across the Greater Manchester – which is also the STP footprint.

The LEHN Chair explained that eye health priorities would include elements of the Clinical Council’s Framework for Primary Eyecare Services, including:

- Reducing unwarranted variation in screening
- More community monitoring

and step-down care, and

- Improving wider public health indicators on eye health.

Updating NOC on two developments in her area as Commissioning Lead, Zoe Richmond said that one year on since the launch, the East Lancashire Integrated Eye Care Service has seen 8,000 patients with 85% being seen within primary care, 98% seen within 24 hours and 99% within 30 minutes of their appointment time.

Meanwhile, the Vanguard service in Morecambe Bay has just launched with a basket of services, including MECS, and is expected to see around 14,000 in the first year. [View the slides](#)

Taking your first steps with STP footprints



PRIMARY Eyecare Companies (PECs) need to be ready to work together to take advantage of Sustainable Transformation Plans (STPs), Richard Whittington told NOC delegates last week. He said that the 44 STP footprints announced in January, would increasingly influence commissioning plans across groups of CCGs.

"Extended primary care services may start to be commissioned at STP level not individual CCG level," Mr Whittington said. "This will result in greater coverage from a geographic basis and services running across neighbouring CCGs.

"It may mean more than one Primary Eyecare Company delivering services under one contract. CCGs – through STPs – will almost certainly look to drive further efficiencies through commissioning at scale.

"Local PECs need to be able to deliver services at an STP level," he told the NOC

Mr Whittington said that the Breakthrough Strategy dovetails with the STP aims and extended primary care services can play a key part.

The £4 billion, five-year NHS initiative aims to improve integrated and community-based care.

He said: "STPs are a positive move, commissioning at scale and prioritising non-acute delivery provides an opportunity to maximise and develop both extended primary care services as well as community services.

"Extended Primary Care Services via a PEC support STPs, they deliver clinically-proven and safe services in a cost-effective manner and within a sustainable contract format.

"There is evidence to show that Extended Primary Care Services can reduce acute activity and can maintain high patient satisfaction ratings.

"PECs are in a prime position to engage with the STP process as a number already exist at a STP footprint level.

"We need to continue to support and develop the Breakthrough Strategy and to continue to engage with commissioners across all tiers to make the case."

[View the slides](#)

STPs must include eye health

DAVID Parkins insisted that eye health needs to be included in delivery plans for new Sustainability and Transformation Plans (STPs) footprints.

David, the Chair of the Clinical Council for Eye Health Commissioning, said the optical sector could, by working with and through LEHNS and other local networks and our own memberships, achieve positive and transformational change at scale.

He said it offered the chance to work more closely with commissioners who are implementing change using the framework models and the opportunity to promote local evaluation and feedback to inform national and local pathway and system developments.

“STPs offer better management

of limited NHS resources and provides the opportunity for CCGs to work with providers to agree consistent pathways, ideally over an area covered by the Hospital Eye Service.

“Current capacity issues in the HES need urgent action,” he told delegates. “More needs to be done in primary and community eye care.

He said that having a more consistent approach to eye care pathways will lead to earlier detection of eye problems quicker access to appropriate services and treatment.

“Promoting better use of capacity and resources will ensure more timely care and reduce avoidable sight loss.”

Mr Parkins called for improved data sharing and communication between providers and insisted



‘Better management of limited NHS resources’ – David Parkins

that eye health must be included in the new Sustainability and Transformation Plans.

[View the slides](#)

Essex poster is top of the class



Emma Spofforth, left, receives the winner's trophy on behalf of Essex LOC from Katrina Venerus

ESSEX LOC took top prize in the NOC 2016 poster competition for its entry about Public Health. Secretary Emma Spofforth collected the trophy on behalf of the LOC from

Katrina Venerus. The judges, Barbara Ryan, John Thompson and Rob Darracott, also commended the entries from Dudley LOC and Wolverhampton LOC.



Capita chief offers apology at NOC



'Service has fallen way below expectations' – Simon England

SIMON England, the newly appointed Managing Director of Capita's Primary Care Support England (PCSE) service and NHS England's Jill Matthews, opened their NOC session with an apology for the impact the problems with PCSE are having on the profession.

Mr England asked NOC delegates for their help and understanding in the coming months. "There's some pretty significant heavy lifting to be done [to recover the service]," he said, adding: "Some things will happen quite quickly... and others will take some time."

The PCSE MD told the audience: "It is very clear that the service has fallen way below your expectations and the expectations of Capita. We apologise for that and we are on the journey to sorting that out. That is my job."

Ms Matthews explained that the expertise of staff was lost as the old service offices closed, and the procedures in place to retain this expertise did not work effectively. "We are trying, where we can, to bring this expertise back," she said.

Mr England outlined some of the steps that Capita are taking to stabilise the service and stated that Capita are firmly committed to making the service work.

LOCSU Managing Director, Katrina Venerus, said: "We are working very closely with Capita and NHS England to ensure the rectification plans for PCSE are robust and have the necessary impact. We will maintain close scrutiny of the service account until we are certain it is meeting the expectations of our sector."

Minister apologises with video message

Health minister, David Mowat, apologised for cancelling his speech to the NOC because of urgent "constituency business".

Mr Mowat had agreed to fulfill the engagement taken on by his predecessor, Alistair Burt.

In his short video message to delegates, Mr Mowat said: "I want eye care professionals to play the role they should be playing across the primary care network."



NOC delegates listen to minister's video message on screen

LOCs' role in assessing the future

IN an NOC session designed to look at the future for the professions, Mike Bowen, Director of Research at the College of Optometrists, explained that the results of the College's workforce survey combined with the findings of the Foresight Project provided valuable insight and intelligence for the sector. Delegates heard that both reports were discussed at a recent roundtable event for leaders of the professions, hosted by the College.

Mr Bowen gave the audience plenty of food for thought highlighting the conclusion from the Foresight Report that: "The optical practice will need to give the public stronger reasons to enter its premises in the future." He explained that participants at the 'Futures' event had been asked to consider what will change, what needs to change and what can we do about it in relation to three key themes of technology: regulation, training and scope of practice and demographics. Mr Bowen shared some of the outcomes of the roundtable discussion and emphasised the role of LOCs in supporting the professions at a local level. He added that a full report of the outcomes of the Futures event will be available soon. [View the slides](#)



*'Stronger reasons'
– Mike Bowen*

GOC outlines education evolution



*'Equipped for the roles'
– Samantha Peters*

IN the final presentation of the 2016 conference, Samantha Peters, CEO of the General Optical Council, took delegates through the plans for the long-awaited Education Strategic Review.

"The GOC's mission is to protect and promote the public's health and safety," Ms Peters said. Chiming with Mike Bowen's earlier presentation and with the discussion on the Breakthrough Strategy the previous day, she told delegates: "We need to determine how optical education should evolve so optometrists and dispensing opticians are equipped for the roles of the future."

Ms Peters acknowledged that close collaboration with stakeholders was essential to the process and explained that the review would need to cover the GOC's approach, programme content and key elements of the system.

She encouraged NOC delegates to look out for and respond to the GOC's forthcoming call for evidence. Responding to the presentation following the conference, LOCSU's Katrina Venerus said: "We must not underestimate the importance of the GOC's Strategic Education Review for the future of our professions and the whole of the optical sector. The Foresight Report makes it clear that professionals and businesses must adapt with the times, or risk becoming unviable.

"Delivering the Breakthrough Strategy is an important stepping stone towards embedding optical practices firmly within the fabric of the NHS." [View the slides](#)

'Believe in what you do' – Paralympian great urges optics



'Turning ambition into success'
– Chris Holmes

HAILED as Britain's greatest Paralympian, Lord Chris Holmes, delivered a moving, humorous and inspiring speech to delegates at the NOC dinner.

The six-times gold medal winner, who spearheaded delivery of the most successful Paralympic games in history in London in 2012, told NOC dinner delegates why belief in what you are doing is so important to success – in optical services as much as in winning gold or delivering results.

Chris, who lost his sight overnight as teenager from a genetic eye disorder, amilial exudative vitreoretinopathy, explained how – with no budget but a positive approach, great personal belief and a lot of goodwill – he turned ambition into success. "Things can happen if you believe. It's not a question of why deliver services in this way; it's why the hell would you not deliver them in this way. It makes such sense," he said.

He explained how he and his Paralympics' delivery team built up an image library with specifically positive images of disabled athletes.

'It happens because one person believes things can be done differently.'

"I wanted them to show grit, spirit, muscle and courage rather than compassion, sympathy or

concern and for us only to use those images."

Chris revealed how he led the team to launch the games with the PM David Cameron and London mayor Boris Johnson playing wheelchair tennis in Trafalgar Square with the world-famous polymath, Stephen Hawking, lending support.

In addition to worldwide, front-page media coverage, the publicity shifted more than one million tickets, prompting the Chair of the Olympic Committee to hail Chris' leadership in making the London Paralympics, the most successful ever hosted with record-breaking attendances and a real positive change in social attitudes towards disability.

"Stuff is difficult," said the nine-times Paralympic medal winner. "Process, organisations, institutions, practices, policies, procedures; it's all significant, but it's all subsequent.

"Why does change happen. It happens because one person believes things can be done differently. That is what is in your strategy, that is the prize. Never stop believing that's possible.

"It feeds into the localism agenda, the delivery of services connects with people in a meaningful and transformational way. Things can happen when you believe."

An eye on the NOC Workshops



FEEDBACK to the new NOC conference app revealed how NOC delegates enjoyed the two sets of workshops. On Thursday the choice included Discussion Workshops on: Healthy Living Framework, Engaging Local Media, Information Governance & Quality in Optometry, New to Commissioning, LOC Companies Ethics & Governance, and MECS and Prescribing.



A series of LOC Role Discussion Workshops were held on Friday morning and the topics included: Independent Prescribers, Clinical Governance & Performance Leads, Commissioning Leads, CET Leads and Finance Leads & Treasurers and LOC Chairs.



Among some of the many positive comments were: “A difficult subject but well handled,” “Very interesting snapshot into HLO”, “Learnt very important facts about MECS and prescribing”, “Really positive peer discussion in effect. Well facilitated and good mixed experience group”, “Lots of shared tips and encouragement”, “Very helpful discussion”, “Excellent group meeting highlighting training needs”, “Really good to have a small group discussion – everyone had opportunity to ask real-life questions”. [View the slides](#)



Delegates hail leadership candidates

WITH a total of 50 candidates completing the Leadership Skills module delivered by LOCSU and WOPEC since 2010, the NOC welcomed some of the successful participants from the 2016 course.

Applications are now opened for the 2017 with LOCSU funding for 10 places. The module involves two contact days in London and is delivered by Gill Brabner and Jane Bell.

Follow this [link](#) to the Learning and Development pages for more detail about the course.

2016 Leadership candidates (l-r) Divya Sudera, Peter Beverly-Smith, Rupesh Bagdai and Rahil Saggat receive certificates from Barbara Ryan of WOPEC and Alan Tinger, LOCSU Chairman.

