

Chair's Report 2025

This year marks a change to our normal offering in that we are staging our first study day around the AGM. This is an idea taken from other LOCs around the country who have reported that their membership find the day useful, so here goes. It covers lots of those all-important CPD points, including a peer review session where we will be launching a collaborative strategy around falls prevention. We do hope that as many of you as possible can attend and we will be asking for feedback from those attendees and non-attendees afterwards

Michelle and I have continued to Co- Chair the LOC this year, so this is another joint missive about this year's progress.

We continue to have a good relationship with the ICB's primary care team and are in regular dialogue with them. We are fortunate that Greg Syder from the ICB will be joining us at the study day and I know that he is looking forward to meeting more of you, than just me, so please make him welcome. We have found the best solution that we can around NHS mail and although not ideal it does give us a way forward, that hopefully will end the dependency on all our favourite, EGRESS. The work has been commended at a national level and has been rolled out to LOCs around the country. The workforce team came up with the funding to run another set of glaucoma OSCES that were held in February and we were able to run a Foreign Body removal workshop at the same time. This was well received by all participants so we may look to run another of those later in the year. Sadly we have not been able to take the help towards the IP qualification forward due to a lack of placement places being made available locally.

A new team has been appointed to run our enhanced services but as yet we have had very little engagement with them. We continue to try, meanwhile the current contracts continue to roll forward. You will be aware that ICBs are in some turmoil at the moment, so I suspect we will have another period of inactivity.

New versions of both the glaucoma monitoring module and the CUEs module have been released by PES, through their Opera platform. We hope that you are finding them easier to use.

We have continued to engage with NHS management and primary and secondary care colleagues. One of the biggest issues is that they simply don't understand what an optometrist is, what a practice does and how the GOS works. The constant movement of management staff around seats slows down progress in trying to educate people. We continue to try to work on your behalf and amongst other things this year have been involved in:

Producing a leaflet for you to give to patients who come in asking for a Hydroxychloroquine screening- please visit the website and download- and asking the relevant hospital departments to stop sending patients for a monitoring appointment that we can not provide.

In a similar vein explaining to our secondary care colleagues that simply discharging those considered at low risk of developing glaucoma to GOS and expecting a full, annual, work up for them is not realistic for the GOS fee.

That we are not required to submit an OCT scan with a referral, although if you have done one then it is good practice to forward it on and if you have mentioned one in your referral letter, then expect your referral to be delayed until you do submit one.

We have researched and produced a handy guide for referrals to secondary care which is available on the website, particularly useful for those new to the area or locums working across areas.

We hope that you have been able to join one of our organised CPD events, and found them enjoyable, worthwhile and useful. We will continue to try to put on a full calendar of events, however we do ask that if you register for an event that you try to attend. This has not been the case recently, which is why we have asked for a refundable deposit for today, otherwise we can not justify the cost per head of running them.

As I write the future landscape is looking very unsettled, wholesale changes to NHS management are on the horizon, but we should see this as a door of opportunity opening. The government's goals in it's, soon to be published, 10 year plan are to transfer more from secondary to community care, to move from treatment to prevention, and to increase the use of digital technology. All laudable aims and goals which optometry is well placed to help deliver, however it is far from certain how this will be achieved. It is more important than ever that your LOC along with our National representatives, make sure that we stay in the conversation and try to shape our own futures.

Once again, I would like to thank the work of the committee without which, none of this would be happening at all. Behind the scenes, there is an enormous amount of diplomacy and scrutiny that goes on, some of which never sees the light of day and goes unnoticed by the rest of the profession. It still requires skill and dedication and we all owe the committee a debt of gratitude. I know that the last thing that you want to do after a day at work is fill in surveys or respond to emails but please remember we are **your** representative committee. It is very hard to represent you, if you don't tell us what you want or where the problems lie, so please stay in touch. Please help us, to help you, join the website, keep your details up to date and engage with us if you can.

And finally, after many years, I will be stepping down from Chair of the LOC after this AGM. It has been a privilege to have served in this role and to have had the opportunity to work alongside my fellow committee members. I am genuinely proud at what we have achieved, small steps perhaps, but optometry in Norfolk & Waveney is now part of the picture in a way that we never were before. Michelle stands ready to take over and I know that I leave the role in capable hands. Thank you for your support and I wish you all continued success, prosperity and good health going forwards.

Deborah Daplyn Co Chair NWLOC