Lincolnshire LOC Meeting
12th June 2023

# To be held virtually on Teams - 12th June 2023 @ 19.00

# Agenda

1. Apologies
2. Declarations of conflicts of interest
3. FP10
4. IP Grant
5. EERS
6. AGM
7. DMO
8. Pocket Eye
9. Paeds meeting
10. Bank account
11. Bitesize training interest
12. AOB
13. Date of next meeting – AGM 10th July 2023

## Attendees

Annabelle Magee

Martin Smith

Deepal Burgess

Samantha Oliver

Amit Patel

Laura Tope

Adrian Cobb

Sab Bahl

Tushar Majithia

Chaz Uppal

Nizz Sabir

## Apologies

None received

## Declarations of conflicts of interest

NS: AOP board member

## FP10

AM: MJ meeting on Thursday – trying to get for IPs in this area but resistance form chief pharm – want framework and governance – anyone able to get a copy. Will know more after Thursday

MJ is suggesting that LOC involved and provide the advice on governance and framework – need somewhere to store, and secretary’s responsibility to note who has / when distributed etc. Any thoughts? Sab suggested Martin does it solely – how do you feel?

SB JOINED

MS: doesn’t mind – if it is a role then it is easier I things change. Main advantage of FP10s getting out there isn’t that we will write a lot of prescriptions as it is a non-acute service but then in the future if we have a OHT / stable glau or acute service then will be useful to have FP10s will be more

AM: degree is changing to 4 years – all optoms will be IPs – need them – prefer electronic then nobody has to be involved

DB: framework – reply came up on – can we not use GP /nurse framework which the ICB should have – ask MJ on Thursday

CU JOINED

AC: MJ did mention this at primary care transition meeting last week – they are trying to push forward with the electronic FP10s as include pharmacy and dentistry – looking at getting a consistent frame work for governance then in 4 years’ time when it needs to be more available. You should get more of an idea on Thursday if there is any movement on the electronic side of things

AM: anything wanted to be raised as specific FP10 meeting

MS: only thing would say about electronic – David Burghardt and I was on meeting about the governance – if one if lost the police have to be called when its paper.

AM: In Scotland they have names and prescription numbers so more secure for not being counterfeited

## IP Grant

AM: Sab worked on – not come through yet –is that right? What this looks like for us is £25k – MJ has advised that it is meant to be used by current COTATS providers only

NS joined

AM: to date we have 30 COTATS providers – we need to decide what is fair and realistic to spend the funding. Two ways to hit it – see who wants to do it, divide it between candidates.

LT: £2.4k at Aston for example

SO: due to start IP in September

MS: the more the merrier – all optoms should be able to be IP at some point – only problem is deciding what to do first may change what people want to do.

DB: agrees with martin – how many people are interested

AM: how much do hospital charge

MS: not sure about ULHT – discussion on whatsapp group – variation from nothing to £1500 – they used to not charge but then found out they could. Would need to ask someone in Lincoln

SB: not landed

AM: difficulty getting the placements arranged with Lincoln – Sab has tried too – she would be interested in IP. In Wolverhampton poss issue – Nizz is this wide spread?

NS: capacity issue it seems – trust by trust issue

AM: SO where are you thinking?

SO: knows that SM has been more welcoming that NHS hospitals

SB: ULHT haven’t got capacity so trying to prioritise medical students

NS: on ICB this issue should be raised on how the discussion can be raised – may be more appropriate to look for local solution based on workforce leads

MS: they are changing the rules so that IP optom can supervise but issue as we don’t have an acute service. Moorfields will do placements for £1k – Leicester

AC: in regards to liasons with Chris Knapp and the hospital – sounds as though sab has already made moves to ask question directly – in terms of IP has heard people have done the university course and not been able to do the placement. MJ is keen on moving this forward – need to get everything in a line on a local level.

AP: is the problem of placement related to the LOC – are we funding the course or placement

TM JOINED

AM: what MJ was hoping is if the LOC can get a good relationship then we can point people in the right direction to support the members – as an LOC he was hoping we could get a tentative agreement for the students to be accepted somewhere

AM: if everyone is happy then LT to send correspondence to COTATS list – we have this funding available who is interested – then depending who come back then we can allocate. Can follow up next meeting to decide. Sab?

SO: make clear that would need to apply for the university themselves

AM: make it clear it is a tentative declaration of interest

## EERS

DB: at the moment still trying to get data protection sorted out – going live month is now September after being brought forward so lots of activity in August

AM: Lincoln have said they won’t do EeRS – the advice and guidance as they have medi site and are happy with that – MJ has hit a brick wall which takes that advantage – is EeRS going to be replacing EACH

DB: correct – will still go out to COTATS via Cinapsis and then back in if needed. Being able to notify GP directly from Cinapsis without having to send it separately – can refer patients outside of area via Cinapsis – these will be future benefits. Working on it linking up with the optix and I clarity system and another too. Will be better but initial bit maybe quite a lot of work.

AM: everyone happy?

MS: when things are triaged at the moment – all the AYG and cataracts are removed – is there still someone doing that admin

DB: assume so but not sure

MS: if automatic system then nobody to do that

DB: will still need the same process – goes to someone and then sended out – not fully automated. Referring optom doesn’t choose – still triaged.

## AGM

AM: can we make sure as many of us as possible are there on 10th July – get anyone else interested in joining to join. To get people committed and then a separate meeting to allocate roles – had a good year with the roles being shared well.

DB: planning on launching EeRS at AGM so not sure if worth doing if people aren’t going to come

AM: pencil it in?

DB: people who don’t read emails won’t have seen the video but would be waste of time if same people.

AM: is NS happy to attend?

NS: will send through LOCSU – 6 to 8 weeks – those who have done 3 year term will be expected to be re-elected – will be expected to have treasurer report

AM: MB is now on the bank account – any update about AC

AC: not heard anything – should hear from HSBC in few weeks

AM: where I’m at this it now – been in chair for a year and this is now pressure on shoulders and we haven’t managed to get the bank account sorted for a year so need to get AC and MB on by the AGM- we can’t hand over to new people if even AC and MB aren’t on – can set up a brand new bank account and then transfer everything across. Any thoughts?

SB: started process when MB elected – HSBC has taken almost a year

DB: if going to take another year to add AC then start again

AC: somewhere else may have the same problem

AM: Natwest set up a bank account in 10 mins online – different for company yes but seems to be messed about by HSBC. Sab says we have electronic banking.

SB via AM: yes we have 3 accounts – do we need that

AC: don’t know – would be easier with one –not sure historically why we have ended up with three

AM: Sab says they are historic and one is a savings account.

NS: classed as charity / non profit so slightly different to business – individual to banks

CU: took 8 months – because no managers that can deal with it – we are in a special group and it’s not easy – because of 2 signatories on each one – need extra bank accounts for if get a particularly large grant

AM: MB and AC please be treasurer for next two years

AC: yes fine

AM: with that with having all the trouble – with session planning – can we have some sort of documentation on how this is done for going forward – in terms of going forward – in terms of annual reports of bank account which SB has done for us – is there a particular format to have these this in

NS: historically has asked LOCSU for treasurer hand over – sticking point is bank accounts and transferring names

DB: had same treasurer for many years in Cambridgeshire

CU: we have had same for a while – keep same email but the rest left to treasurer

DB: need to set up proper email addresses for LOC

AM /LT: have the comms one that links to the website

DB: would be better for things like EeRS

AM: set up chair @ Lincs LOC for example

## DMO

AM: pathway is there – all set up with training – and it’s been blocked – decided not to do it

AC: it got stopped much higher up the MJ level – was hinted that someone looked at value for money and decided not worth expenditure – MJ keeping everything there if needed or reason to bring it is so can flick a switch if needed.

## Pocket Eye

AM: got contacted via LinkedIn – less scammy than facebook but wants advice – claims they are at Moorfields – she is the founded of pocket eye – digital platform to instantly access ophthalmologist for advice and guidance for eyecare – she is happy to speak to us as an LOC – she’s reached out – obviously likely to cost us money – thoughts?

AC: googled it and they have a genuine website and listings – looks like the ability to have advice and guidance proposed in Cinapsis platform – no mention of costings on the website – think it is genuinely out there – is it just bringing in an extra platform that may get used for a while then forgotten but still paid for – where would funding be

AM: can have the conversation but if not interested as an LOC

MS: where would responsibility lie for taking their advice?

TM: one director for company – private company – not sure it would be worth pursuing unless it has been backed up by someone higher up in Moorfields

MS/ TM: website looks thrown together - not very worth pursing yet

AM: won’t pursue

## Paeds meeting

DB: most of meeting was sharing examples of new systems at different hospitals – a lot of it at Leicester – lots of interesting – how many referrals for blurred disc – audits done on that – 103 in 6 months only 4 of them were referred for papilloedema clinic for those that were referred- amblyopia pathway using optoms – in Birmingham. Doesn’t look like much going to happen in Lincolnshire – MJ was on the meeting

AM: having a meeting with head of orthoptists – MJ keen to have a pathway – asked her to write a paper for insight into Lincoln – has pathways mocked up which can be shared.

AC: this has been brought up at eyecare delivery group - Helen is working with that – MJ is front and centre – but various groups looking at it to see if some agreement can be reached to see if more work can come into community to help with waiting lists – things are moving but how quickly and if done

DB: a lot of the conversations was about using orthoptists in other clinics – amblyopia would be what optoms may be used in – big spend but good to get optoms on it – not sure how it would go down with Lincoln

MS: why would we see amblyopia and the orthoptists see the glaucoma patients

AC: been brought up at eyecare delivery meeting s- there is an email which Chris Knapp circulated at the hospital – we are using orthoptists to do this get community optoms involved in glaucoma so we can get orthoptists on the children – not sure if there has been a response from Mr khan

DB: keeping it in hospital

AC: about where the responsibility lies with virtual clinics

NS: is this secondary care – what’s the eyecare delivery group looking at

AC: how primary and secondary care in Lincolnshire can work together to improve systems locally – can we look at bringing glaucoma to a community scheme outside of the hospital and into the high street

NS: understand that orthoptists are workforce within trusts not primary care – look at where the issues are internally and what is at capacity – could do an audit – give us an idea of number and what we can do as LOC

AC: group was only set up 3 months ago – 2 meetings since – set up with understanding of bridging the gap and where there is some play

AM: doing a lot of the paeds work – little bit of crossed purposes – what working on is not why orthoptist seeing glau patient but what can we set up pathway wise – screening and what shared care can we do. Stable paediatrics for example – had their occlusion therapy – and ‘signed off’ but on the system because of e.g. high myope of astigmatic – we could refract and an orthoptists oversee – AC battling let the glaucoma specialists in community do that – AM and DB looking at what new pathways can be set up

SB: is vision screening happening

AM: no – what the orthoptist suggestion is – we seeing them for the first eye test – if fine keep them in community but if something suspected then getting them in proficiently – if got a good pathway going then will be able to get the children seen sooner. CU / DB / TM – if know of any pathways that working and working well can you let know

DB: have you heard from Staffordshire – Irfan?

AM: not heard

NS: done a lot of work on paeds in other areas – northwest / Sheffield have good pathways which are worth looking at

## Bank account

Covered

## Bitesize training interest

Laura and Sab to be put forward

## AOB

DB: RNIB project – has anyone done the training / signed up

TM: getting people referred for access to work and rehab

AM: more to do with the portal and raising awareness

DB: access to an ECLO

AM: did a soft roll out – direct line of communication to ECLOs – Andrew Pinder and Debbie Dobson in Lincoln – set up the portal – if got a partially sighted who needs info on benefits / access to work – bit of crossed purposes – gets referrals from ECLO

TM: more relevant if patient has been referred by GP – then can be referred back to the ECLO

AM: non low vision practitioners – can be put on the portal and then will be directed

NS: has some concerns – benefits – 2 way comm, better MDT working – increases awareness across primary care and GPs – was suggested that ECLOs would possibly be doing CVIs – primary care optoms would be better placed – ECLOS great value of schemes / grants etc but when the criteria is clinical then should probably be primary care

DB: wasn’t Tushar was doing that?

TM: no – only referred a couple of people into it

AM: she has heard that TM was given permission to do CVIs

TM: no – not happened.

NS: no optoms in the country are CVI registering

MS: some optoms looking at being able to do CVIs

NS: looks like trying to secure ECLO roll with doing CVIs – was a proposal – who is best placed

AM: what makes uncomfortable – in our scheme in our area we get £100 funding – had patients with low vision aid which has been bought from RNIB – but when we have pathway then there is the funding in place for the patients so the appropriate pathway is to be send via each or directly to low vision practitioners.

DB: should we refer to low vision clinic if need support?

AM: yes – does the assessment and find out what patient requirements are, mac society / south and West Lindsey blind society out there – if patient doesn’t want to buy stuff privately then should be sent into low vision service. Portal is good if help is needed by practitioner – if want full LV assessment then comes in proper pathway. LT sent out email.

TM: some info for optoms / patients – who does what and where they can be referred

AM: will get directory typed up and worked on in September and will send out copy.

NS: few factors which need to be clarified / few working closely together – need to be clear which part of the job needs to be referred to LV practitioners

AM: portal funded up to last year and then as working well – funding agreed on following year

TM: portal use – respond quite quickly but not been used in a while – access to work

SB: in the past the RNIB has tapped into other funding when stopped ECLO funding

NS: need to be aware of services overlap

AM: AOB?

NS: now AOP board member now so declared as interest

DB: can you explain regional rep

NS: national forum – LOC board has 4 members recruited by locsu – looking at national forum for LOC voices to be heard – one to represent region – funded by LOCSU – meetings are before the board and to talk about what is happening at LOC levels and making sure collab between meetings already held – communication form bottom up – gone up for nominations – DB and Charles Barlow as candidates / Spencer Parkes and another – next meeting is tomorrow evening – will be discussed who will chosen to represent

## Date of next meeting – AGM Monday 10th July 2023, Monday 17th July 2023, Sunday 24th September 2023 7pm

Meeting closed 20:35