Lincolnshire LOC Meeting –

16th October 2023

# To be held virtually on Teams – 16th October 2023 @ 19.00

# Agenda

1. Apologies
2. Declarations of conflicts of interest
3. EeRS update – Deepal / Laura
4. CPD – RNIB and Essilor
5. Implementation of NHS pathways meeting – Glaucoma/ Cataract – Sab
6. FP10 update – Annabelle
7. IP grant / placements – Sab/ Adrian
8. LOCSU Treasurer Session – Adrian
9. ICB training hub
10. Pre-op Cataract Assessment pilot – Sab
11. AOB
12. Date of next meeting TBC

## Attendees

Annabelle Magee

Laura Tope

Adrian Cobb

Amit Patel

Deepal Burgess

Chaz Uppal

Lynsey Doherty

Samantha Oliver

Sarah Grant

Manjeet Burgess

Sab Bahl

Tushar Majithia

## Apologies

Martin Smith

## Declarations of conflicts of interest

None

## EeRS update – Deepal / Laura

Laura: At template stage, had quite a lot of meetings; Deepal and Kelly mainly visiting practices. Martin Jago wants a separate meeting for templates for LOC to approve.

Deepal: PDF upload is an option – think that will be preference so templates may not be used by many. 6th November for template meeting? (Some people can’t make it)

Annabelle: pick two dates and send out email – see which one most people can go to and do that.

Deepal shares screen and does demo of Cinapsis journey.

Sab: asks to confirm what cataract criteria will be on the form and if not meeting criteria then referral to be rejected

Sam: what will outcome look like as Mr Tesha feels opera outcome form from COTATs looks confusing as said at last meeting at Lincoln hotel – Annabelle requests this to be followed up with Angela Henderson by Sam and all providers to be advised to make sure everyone knows.

Sab: aware of this too – PES aware and no resolution at this stage

Adrian: sounds like side point raised – needs to go through proper routes i.e. Angela – if HES not happy with referrals then needs to be sorted

Deepal carried on with demo after side track – shows outcome format

 Annabelle: if raised IOP and cat is there option to put through twice

Deepal: there is a free text box but like a GOS 18 do most important thing first

Annabelle: any qus

Chaz: Two separate topics – do two separate referrals. With the opera thing the HES don’t always know that OCTs are attached etc – has heard before but not seen it at the other end

Deepal: with Cinapais as far as we know – depends what happens when it gets to the hospital – no OCTs in Peterborough as consultants done use it but in Addenbrookes the consultant can as all staff using it

Adrian: with drop down menu picking speciality – can you have two active referrals in the system for the same patient or will Cinapsis be confused

Sab: never heard of the two referral – in fact told not to as duplicates apt

Adrian: we’ve been told gets confusing when send referral with two things and the patient only gets referred for one thing that starts the referral.

Sab: e.g. if YAG and cataracts patients will end up with multiple appointments and could end up at ISP and HES – prioritise and let them pick it up at the apt

Adrian: sometimes for cataracts needs it dictated that it is both eyes in a letter rather than just one eye otherwise only one will get done

Sab: fill out outcome form like on medisoft for example, in referral say that there is bilateral cataracts and which is worse, then covers both bases.

Chaz: if do two topics on one referral then could end up in the wrong clinic that’s why two referrals – problem is triager not knowing which is more important

Annabelle: when triaging we can only select one outcome – we don’t know what hospital wants – will ask the question and share the answer – as LCH not using Cinapsis the consultant may not see all the info only what booking system has passed on

Sab: thinks they will have to use Cinapsis eventually

Deepal: EACH team are going to put all referrals on Cinapsis even if not sent that way

Adrian: if interim time when HES not using Cinapsis – then HES will need to be able to see the OCT - priority to make sure it works

Deepal: there will be hyperlinks but not seen that working

Lynsey: Advice and guidance – if LCH not using it – will that bit be useable

Deepal: discussion as to whether it is triagers who will provide advice and guidance or consultants further down the line

## CPD – RNIB and Essilor

Annabelle: we’ve had RNIB and essilor offer to do some CPD evenings – when we know more we will share

Adrian: in person / online

Discussion of location for in person event for maximum attendance

Sab: CPD event in November which is November 27th – at the Bentley – Eye Correction centre – corneal dystrophies and pre-op cataract

## Implementation of NHS pathways meeting – Glaucoma/ Cataract – Sab

Annabelle: meeting relating to 999 calls

Sab: EMAS pathways – if get 111 or 999 call about eyes then sent to most local optom – best to go to regular optom so history is known.

Deepal: are they able to differentiate between emergency or not

Sab: Hope so – difficult to be involved as most is to do with chest pains and shortness of breath etc

Adrian: 111 work off flowchart – should lead them to outcome based on what px is saying

Manjeet: recently Martin had a girl sent from GP – one of Boots patients which was an ongoing issue – Martin didn’t know history and then had to phone Boots to get background – was there a conversation about giving info to GPs about patients being send to own OO

Adrian: wasn’t Martin Jago working on this – will follow up how far along this is and gained clarity by email

Sab: this is why GPs should not do COTATS without GOS 18 – has said in many meetings that GPs should be sending patients to their own optician as they know what is normal

## FP10 update – Annabelle

Annabelle: progress finally being made; chief pharmacist needed to be involved. Pathway waiting to be signed off

Proposed pathway signed off – FP10s to be kept by LOC chair as not an IP – need a second person who is impartial –

Martin will ask me for FP10s - I will send message to Annabelle – Annabelle signs in and out. Hope for it to be electronic at some point – pads are a temporary measure to get them out there – will need to be two people in the LOC – independent people at independent sites

IP has to go and collect the FP10

Adrian: how many FP10s at a time as if each time there’s a prescription could end up a lot of work

Annabelle: pad of 50

## IP grant / placements – Sab/ Adrian

Annabelle: grant has landed

Sab: grant has arrived – 8 people have confirmed they want to proceed – CV and covering letter to be sent to Sab including hours worked in Lincolnshire – don’t want it to be a barrier so making it simple – grant is fixed rather than just the full amount paid as some are more expensive

Deepal: are these places for 8 people confirmed for placement

Annabelle: Adrian has confirmed with Mr Knapp that placements will be provided. Money being offered in another pot and going for it – use of IP only – only a smaller pot but will be useful for placements

Tushar: amount it’s going to cost? Fair price needs to be negotiated

Adrian: from experience – prereg students go to queens – invoicing sent before it starts

Sam: do we know how many people are actively on a course – is it staggered – would it help if we were plainer and said when to start

Sab: Jason / Laura / Sam have – waiting to hear on Louth – Amit and Greg haven’t

Adrian: on eyecare delivery meeting – get clarity on placements

Sab: if we can afford then the IP placement cost will be paid for

Annabelle: can you share list of students with Laura so we have it on paper – has it as original list of expression of interest

Adrian: is everyone who expressed interest getting the same money – or is it pro rata

Sab: everyone will get the £2.5k who works in the Lincolnshire area – it’s to confirm these people are working in the area.

Sab: IP caveat – they have to be COTATS providers, other funding being tapped into - there is money to be spent on POD – need to put in bid for all Lincolnshire optometrists to be inclusive – any ideas for pilot scheme let me know – pre – op assessment funding – when we get Cinapsis up we would be able to do a form for pre-op assessment . This is a one of – can do it as pilot as this is non recurring – if we do it as pilot and prove it to be successful then we may be able to go forward with it and the ICB find recurring funding in the future

## Pre-op Cataract Assessment pilot – Sab

Discussed earlier – LOC to decide on what to apply with

## LOCSU Treasurer Session – Adrian

Adrian / Manjeet – few sessions over the past few weeks

Manjeet not been on any

Adrian: was on one last week – Andy Byrne headed it up – few points to be aware of. PCSE – change in format of how the NHS levy is allocated to LOCs – when domi used to go to LOC that the px postcode was in – now goes to the ODS code of the provider – not sure how much of a difference that would make for our area – LOCSU are trying to work with PCSE – hoping for it to be distributed evenly e.g. one domi company based in Manchester who do it all over the country but lal money would go to Manc.

Sab: uses e.g. of example of outside clinic being based in Swindon

Adrian: with regards to – if going forward we want to change to levy – at the minute 0.5% to LOC – if levy ever changed then some LOCs have found that takes a while for PCSE to action it if they have increased their activity – once PSCE it changes and not backdated

Sab: LOCSU want it going direct rather than going via our bank account

Adrian: need to take action sooner rather than later if we need to increase what we are looking for

Manjeet: to keep an eye – we are quite healthy

Adrian: LOCSU levy – is it paid via cheque or BACS – request from LOCSU for it to be sent via BACS

Annabelle: in next LOC meeting in December – we look at figures in December and give LOC full summary of where we are at for transparency

## ICB training hub

Annabelle: to make us aware – there is a ICB training hub for healthcare which optom is a part of – promote it in schools / colleges – Sarah joining me on this as DO – interesting meeting – now going to have an optometrist future – leaflet in schools and talks to promote optometry as a profession and what you have to do to become an optom

Can we go back to IP – those approved by Sab – most are LOC – does that look bias

Sab: expressions of interest sent out to everyone who do COTATS – four of those are not in this meeting – was sent out far and wide as people even from Scotland applied

Deepal: got one from Angela and it reached a lot of people

Deepal to be seconding the confirmation of places / CVs of those who have been allocated funding to confirm Lincs COTATS with Sab.

Adrian: with regards to grant money was there a time limit for it to be spent

Sab: original funding was in a different pot and had to be used by end of March 2023 – that wasn’t done and that’s when funding moved to different pot which meant we could then access it.

Adrian: to the outside does that look like money has landed and its gone all straight out – should there be an element of holding on it to

Sab: can’t have it until actually enrolled – expression of interest was done at time of application – grant does not cover whole cost - course fees vary

Laura: maybe bias but cannot agree a set amount of funding and people apply with the premise and then revoke / change the offer – does not seem fair on those going ahead

Sab: agrees

Adrian: do people have to pay it back if not completed

Sam: would be long winded as starting to full qual IP can be up to six years

Tushar: cannot make a gift grant have legally binding terms

Deepal: suggests MOU

Annabelle: allocation has been agreed and that’s that but going forward we need to more clarity and official process. Andy Byrne’s advice to be sought for next time.

## AOB

Deepal: NOC – who is going – Adrian’s place is based on someone else going who is paying

Adrian: I applied early and have confirmation of the place has been received.

Deepal: is Lincolnshire happy to pay my fees or cambs

LOC decision to pay half / half

## Date of next meeting

11th December 2023

Close: 21:01