Lincolnshire LOC Meeting –
5th February 2024

# To be held virtually on Teams – 5th February 2024 at 7pm

# Agenda

1. Apologies
2. Declarations of conflicts of interest
3. EeRS update
4. Grant funding
5. Primary care people group
6. FP10 update
7. IP candidate and grant update
8. MOU for IP
9. LOCSU needs analysis
10. Eyecare Delivery Group
11. NOC CPD certificates
12. CPD Wellbeing
13. AGM
14. Meetings list
15. AOB
16. Date of next meeting

## Attendees

Deepal Burgess
Laura Tope
Tushar Majithia
Amit Patel
Andy Byrne
Manjeet Burgess
Adrian Cobb
Sarah Grant
Lynsey Doherty
Martin Smith

## 1. Apologies

Sab Bahl – had sent thoughts prior to meeting as added to minutes below
Sam Oliver – had set thoughts prior to meeting as added to minutes below
Annabelle Magee

## 2. Declarations of conflicts of interest

None

## 3. EeRS update – Deepal / Laura

Deepal: so far going well – live since 21st December – 39 referrals – 15 practices live. Being questioned on volume of referrals as not enough. 50 practices on. Few to go. Martin Jago pleased.

AC: with regards to COTATS – is there a launch date – possibly early February?

DB: what we were planning was having SB as initial triager but due to holidays it isn’t going to work.

## 4. Grant funding - Sab

Sabs email: a) Our bid for funding GP referrals for flashes and floaters and Dry eye issues was refused (despite the GPs requesting this) but the People Board recognise that Optoms should have some funding for workforce challenges. They have reserved some funding for us so we need to put another bid in for recruitment , retainment and training.

b) It was suggested that we look after our temporary workforce (locums)  and think about recruitment and retainment of optometrists. Could we ask via comms if there are any known issues about recruiting optometrists in the Lincolnshire area. I have asked Amit about this and he has been attending the PeopleBoard meetings to advise on this as he may have a good idea about optom recruitment as he has 2 very large practices.

Please ask for ideas for a bid to support recruitment ( do we have a workforce issue or not if so which area and what we can do to attract optoms to these areas)  , retainment (wrt workforce incl temporary workforce ie locums) and training.

Have discussed this with Laura and Deepal. We need to establish who our locums are and how we support them to stay working in the Lincoln area. They suggested a support group for them so they feel part of our community.

c) Training programme for optoms is another area but we need to plan it in a way that keeps everyone interested and motivated to attend.

Peer discussion/ case studies is a good place to start . I am asking ulht to do us a talk on what does NOT require treatment to help improve the quality of the referrals. Richard Edwards ( OCCS) is happy to come and facilitate peer discussion on myopic management in April/May/ June time(He has already done 2 previous talks in Lincoln)

Please could we look at which month to do this an check his availability.

AP: Locums are difficult due to not being local to Lincoln – problem with locums but not necessarily residents

DB: Some people have been driving a long way for locumming and some practices have been looking to recruit for 18+ months - think a good idea is to encourage people who already live in Lincolnshire to do optometry – hit career fairs etc

AP: are we talking about LOC contributing to tuition fees?

DB: if we say as an LOC if we are happy to support students through

AC: whilst it is a good idea – potentially giving something to a first year optom – how do you guarantee / safeguard they will work in Lincolnshire –contractual obligation if they are being funded for a percentage then need to work in Lincolnshire for a certain amount of time.

DB: Can’t stop it – we are finding people won’t move to Lincolnshire but pre-regs tend to go back to home city to find work

MB: within Boots we have the training schemes within the company – pays for those who want to go to uni for get a degree if they are already DOs – finding that those that qualify even pre-regs, they use the fees then contractually obligated to stay for 1-2 years and then they leave. Not a new problem, this has been longstanding. Will always earn more money as a locum. Not sure how legally binding these contractual agreements are.

AB: having spent time at ULHT when couldn’t get doctors – answer was always med school – not sure how many do optom degree – is thinking about putting optometry into Lincoln uni a good idea. Locums can see financial gain as Manjeet says – less and less people willing to take on a partnership. Are there any talks with the local council for optoms to come and work towards setting up business. What are the eyesight testing needs locally – need to have longer term vision rather than sticky plasters.

MB: can you elaborate on Lincoln uni problems

AB: Lincoln uni says about having cut backs as haven’t got the income coming in – rather than tackling logistical reasons – look at longer term strategy – looking to a wider plan. You’d be surprised how many people come to Lincoln uni and then settle in Lincoln.

LD: how Adrian was talking about supporting first years – may be worth while contacting unis and see if there are any students looking for pre-regs in Lincolnshire – support them in finding pre reg placements. \* find out how many pre reg placements are available \*

AB: Lincoln is an attracting place- cost of living good, house prices good.

AP: on the topic of going to uni – as Specsavers we run a big prereg programme – most people apply regardless of if they want to work for Specsavers. Not had many local Lincolnshire pre-reg optoms in the past 5 years – had only a couple.

MB: maybe an idea – if we find out from all Lincolnshire optoms who would be willing to take on a prereg – see how many practices are willing to take on students.

AC: if trying to attract students from final years – if we are only talking about a small amount of funding is there anything we can do to promote it as a profession. Not going to be a quick

MB: talk to A - level and GCSE students before they make their choices – putting that money into that is better than people moving on.

SG: Annabelle and I work with NHS careers pathways which encourages people to take the optom / DO pathway in brochures. A student tin Manchester is going them a video to promote optometry.

MB: should we go into schools

## 5. Primary care people group - Deepal / Sab / Laura

See above

## 6. FP10 update - Annabelle/ Laura

Sam: is it going to be added to COTATs? Are we going to get some kind of acute/ emergency arm of COTATS for GPs and other OOs to refer into

LT: meeting Tuesday with Annabelle and Martin Jago – no real details to give now but having FP10s are happening

## 7. IP candidate and grant update - Deepal / Sab

Sab’s email : Deepal has done a MoU for the IPs to sign and then we can fund £2500 to each one and hold the rest to fund placements.

DB: midlands hub are fully funding 4 places at Hereford uni and ULHT

TM: why are some places fully funded yet others not – doesn’t seem fair

DB: that is midlands not here

TM: we allocated £25k and thought there were 10 places hence the £2.5k now there are only three people so it why isn’t it split properly

MB: where did giving ULHT £2k come from

DB: the 3 will have their places funded with the rural fund

AC: have ulht agreed places available and that it will be £2k or is that what is assumed – why is it only £2.5k

DB: anyone in Lincolnshire told took place, some outside of Lincolnshire, only one person from initial group of ten is now doing fully funded – second one in the same practice that ICB said no to – other people chosen by where will be needed. Special exception has been made for Mabelthorpe

AP: when sab put initial interest out – there was not a time limit so that’s why it’s only three – course was started in September – was poorly planned as showing an expression of interest didn’t think would need to do it in 2023/2024 – can’t have all optoms in his practice doing it all in one go in one go including myself

LT: was time limit on comms sent by LOC

MS: just going back to what being said about acute service with COTATS – great idea – would need more IP optoms before something like that is put into place. Sab messaged and asked whether would be prepared to do clinical mentoring ish type thing for the newly qualified IPs – group set up in Kent with only 7% onwards referral

DB: triagers would look at it first but not sure how it would work for timely fashion

MS: support from ULHT / need a positive relationship with consultants

AC: can we ask if the group in Kent was set up as private company or led by ICB

MS: essentially a community ophthalmology scheme – not too dissimilar from doing an acute COTATS scheme – some of the practices don’t see patients for ‘normal’ sight tests

DB: worth investigating a scheme

TM: going back to IP how many do we actually have already? How is the funding going to work? Need IP optoms now so to help the people going through it now rather than hypotheticals

DB: the fully funding is this year only in 2025 there will be more fully funded placements - we need to decide if we stick to £2.5k which will help fund ten people or if we do fully funded. We have the four fully funded places.

AC: the rural fund – the £2.5k came from the 10 people – I got the impression that money had to be used this year

DB: doesn’t have to be used this year

AC: how long is a bit of string with keeping the money

TM: those who applied early on are now disadvantaged and not what was said – we should try and make it fair for everyone

DB: we could fully fund those already going through – how much would it be

LT: seems it needs to be fair – roughly 5-6k for course and placement

MB: that was Sab that said that not an LOC decision

LT: as sab isn’t here to say for herself – it was sent by LOC comms / sab arranged the grant via contacts – not LOC money

Prolonged discussion with no overall outcome

TM: can we make a decision as going round in circles – can we say the money should be fairly distributed.

AP: those who expressed EOI initially – splitting money between these three people – is it GOS or COTATS – how is it going to be a fair any of doing it

DB: COTATS

## 8. MOU for IP – Deepal

Laura / Sam: grammatical and spelling errors – inconsistency with COTATS / COTATS service / COTAT service. Value hasn’t been put to the committee since last meeting – was raised as seemed unfair initially and now given fully funded places seems initial cohort at disadvantage. It doesn’t say it will save the rest to fund placement / says to gain qualification – gaining on the qualification includes the placement so clarification is needed. What is the plan for the rest of the money given there is only three of us seems a lot to keep back for ‘just incase’ – especially seeing as it says the funding is only available for those in a practice / COTATS accredited at time of agreement / funding

## 9. LOCSU needs analysis –Andy Byrne

AB: have you had needs analysis before – LOCSU have template – where our needs our – coming from a strategy background – do you have an annual planning or strategy day – you have a good relationship with Martin Jago – unsure of what relationship is like with the hospital

Manjeet had got in touch recently about some treasurer sessions

PCSE has been a big problem

How would you want to approach a needs analysis would a day be best

LD: was on the LOCSU course – send out the questionnaire as then gives people to think about it

DB: we were thinking of doing our next LOC meeting face to face anyway – should we add that to the agenda

AB: we are the support uni – we are asking you what you want us to do – will send out to committee – different ways to think about strategy

## 10. Eyecare Delivery Group- Adrian

Sab’s email: a) Have asked David Burghardt and Martin Smith to provide IP support for LOC if required. Martin has agreed to do this. Please thank Martin for this.

b) Query-Could urgent referrals go through Cinapsis? At the moment they should be sent direct to medical secs via email for a consultant to review and triage but how does LOC feel about using Cinapsis.

Personally, I think it could be accidentally sent as routine by admin staff and pose a risk of delayed treatment. But if the templates are all different and wet AMD pathway is created on Cinapsis that might work?

c) Emergency should stay as doctor on call access by phone only. This pathway needs tightening up so the phone is always answered. I will get this sorted but it is not straight forward….they only have one line and it doesn’t always get answered if the nurse manning the phone is busy.

I have highlighted the failures in the system esp when Lincoln optom was pushed from pillar to post by Lincoln and Boston. It has been reported to Mr Knapp who is looking into it internally.

d) ULHT are trying to recruit a Retinal Surgeon but were not successful in the last round of interviews. They will try again this year. Once they have recruited there will be a retinal detachment service in Lincoln-hurray! At last!

So all suspect retinal detachments should be referred to ULHT in the first instance and they will direct the patient to the best place.

Lincolnshire optoms do not have a formal pathway to send retinal detachments to other Eye Depts but in the past QMC but refused to see lincs pxs if referred over the phone.

ULHT have reported that they have been refused by Moorfields so we have no hope of finding an eye clinic appt for retinal detachment if a consultant is refused!

e) I have notified the LMC of the reasons for early GOS sight tests and so patients can be sent to their regular optometrist by the GP (ST code 5.1 can be used) if they believe their sight is affected OR if they feel it may be a spectacle prescription issue ( then code 3.1/3.2/3.3 should be used) according to MoU issued by AOP/ Vouchers at a glance.

f) ULHT are doing one High Volume Low Complexity Theatre cataract list a month but this has been challenging for the surgeons so this is why cataract waiting times are so long at ULHT.

AC: cataract post op looks like moving forward – MJ looking for approval – there has been an issue with an emergency referral somewhere between Christmas and new year – Lincoln said not on call phone Boston, Boston said they were not on call yet – Mr Knapp has clarified it go by the referral matrix – SB and I can pass back to ULHT

MB: should we explain that to Lincolnshire optoms as well

AC: referral matrix has been drawn up and updated does have timings on it – before 5pm on Monday – Thursday then ring site – if after then ring switchboard

AB: with that particular case what happened to the patient – has an incident been raised

AC: not my case – believes eventually the patient was in opticians in Lincoln – mid afternoon – passed about – Lincoln ended up seeing patient but just adds layer of stress to tricky situation already – Mr Knapp – who is lead consultant sab had been made aware

## 11. NOC CPD certificates

DB: I haven’t had mine but Lynsey had hers

AB: chasing with Simone

## 12. CPD Wellbeing – Lynsey

Sab’s email: Would support a CPD wellbeing session

LD: got an event coming up 11th March 7.30pm – funded by central optical fund – will be sending out details in next few days

AC: in regards to RNIB event when will we get our certificates

LD: they are coming out – was waiting on Deepal sending something over to send out with certificate

## 13. AGM – online or in person

Sab’s email: either one

Discussion of if to tie CPD in with our AGM and how to get the most people there – Food!

AC: good CPD with college – would we need facilitators

TM: AOP does good CPD too

DB: did a good one in another region which had 80 attendees

MB: a while ago Lincolnshire LOC did a peer discussion and had three tables – cannot remember when but successful

## 14. Meetings list – Lynsey

LD: can everyone send list of their meetings to comms email so we know what is happening please

## 15: Treasurers report

MB: EeRS account ~£10k, current account had ~£60k

## 16. AOB

Sab’s email: Mr Knapp said that the Rapid Access leaflets need updating so I will chase him for that when it’s done.

Vote for IP funding:

1. Full funded course and placement as other offer
2. £2.5k towards course and placement funded
3. £2.5k only
4. Fund course to £4k as suggested later by Manjeet

Outcome of vote – only three voted so let’s delay it and decide in May.

DB: will adjust MOU and send out so current three can have first lot of money.

## 17. Date of next meeting

Monday 13th May – 7pm if required – moved from 6th as bank holiday – face to face with needs analysis on agenda

AGM Monday 8th July – 7pm – clarification needed on if combined with CPD / in person

Finish 20.56