**Minutes from Lincolnshire LOC Meeting 13th May 2024**

Held face to face at The Bentley Hotel – 13th May 2024 at 7PM.

**Agenda:**

1. Apologies
2. Declarations of conflict of interest
3. CPD  - Fee / Perceptive day of CPD – Sab/ Richard OCCS Sept/ Spamedica/ Essilor/Zeiss/Tushar/Martin
4. Rural Fund IP Grant Conclusion
5. Fully Funded IP places
6. Low Vision - RNIB Framework - Dry ARMD
7. Optom Quarterly - eye care support pathway + .........(more to follow)
8. EERS update
9. FP10 update
10. Constitution review
11. Amit LOC concerns
12. Meetings attended
13. non GOS levy / LOC support
14. CVD pilot - Sab
15. Deepal unpaid invoice – Deepal
16. LOCSU needs analysis
17. AOB
18. Date of next meeting

**Attendees:**

Deepal Burgess

Annabelle Magee

Adrian Cobb

Manjeet Burgess

Sarah Grant

Lynsey Doherty

Chaz Uppal

Amit Patel

Sab Bahl

Martin Smith

**1.Apologies:**

Laura Tope, Samantha Widdowson , Tushar Majithia

**2.Declarations of conflict of interest:**

None

**3.CPD**

AM : CPD fees, what do we want to do about it? Do we want to pay for CPD? Tushar happy to do CPD – he has not said wants payment, but we haven’t asked him. Deepal rightly said if someone spending time doing it should get paid.

DB: if we can get events sponsored, they could have some of the sponsor money

AC: Isn’t that what LOC money there for – for educational evenings. Only spent £300 on CPD this year – for wellbeing event – but will get the money back from central fund. Not heard back about central fund – but not chased it yet. Think LOC money should be used for CPD.

AM: Will need room hire – what was this?

LD: £120 – for larger room approx £175.

AM: could do free CPD with no food, or if want food charge a fee e.g. £10. Problem with free events people will book on but won’t always attend. But if you charge..

AC: how would you manage the payments?

DB: I don’t think should charge for CPD

SB: good news – funding approved to do complete study day using perceptive – £13K quote – got a few sponsors at £600 each – went back with revised costing and they have said this is fine. So won’t cost the LOC at all. Think should charge for the day, could split it into morning and afternoon sessions so could come to one or both – funding from ICB.

MB: Another idea – could open up the event to other counties

SB: Just need to offer to Lincoln optoms first – needs to include the temporary workforce – this will be 2025.

CU- The one in Hull was really well organised and good speakers

SB: That was done by perceptive also– do workshops, peer review. We have 4 sponsors for sure and one other possible sponsor – want to include Lincolnshire GP and pharmacy too.

AM: to conclude – yes will do CPD – there is no cap on it; we will pay the person doing it a fee. And Sab will hopefully get this one for next year.

**4.IP Rural funding conclusion and 5 Fully funded IP places:**

AM – 4 people chosen this year and fully funded. ICB say the funding should be available for sequential years. Our massive problem is we don’t have DPP’s - these are the ophthalmologist to mentor the candidates. The candidates cannot apply to Aston until they have DPP.

 DB: Anoupala is keen – just waiting for Martin Jago to set up meeting - Boston oculoplastics.

SB: Doctor with IP can do supervision.

AM: but need them to sign the application form.

SB: she (Anouplala) can take the responsibility and sign it.

AC: we are still waiting for firm yes or no whether ULHT are happy with it

AM: if don’t use the funding this year will lose it

SB: Been in contact with Kam Balagan – may be able to help

AM: Applications were due in March but not submitted as we can’t get DPP’s to sign. Sam and Laura about to qualify and no placements for them.

AC: Not had MOU and invoice from Jason

SB: Jason has placement sorted - Hull

AM: We can’t get the four fully funded on the course, we can’t apply until get signature for DPP – if can’t get signature the money will go elsewhere

DB: Martin has said that next year can put the fully funded on a different course – e.g. glaucoma.

DB: can we approach private hospitals?

CU: Leeds should help

SB: leave it with me. I will speak to consultants from Leeds.

**6. Low vision:**

AM: New RNIB framework that we need to adhere to, Lincolnshire adheres to framework. There are two areas where we don’t adhere – and as a LOC need to explore. From Tushar– there is restriction on funding for electronic aids of £100 per patient. Cheapest aid is £395. Patients are restricted – those who can afford it can access, but those who can’t afford cannot access the aids. Need to look into this with the ICB. RNIB framework advises patients should have access to electronic aid.

Second area is RECALLS – px should be able to return if condition worsens – or broken aid. But in our COTATS service that is not part of the service, its’ a one stop shop. Patient can only be referred back if it is over a year, so e.g. if break magnifier need to wait 364 days before can get a new one – but RNIB are saying this is not fair. So as a LOC we need to decide if we want to explore it with ICB or not. It might just be as part of the framework we say as this region we don’t meet that part.

AC: how many patients are at stage of needing to move from magnifier to electronic aids?

AM: if the aid has not been commissioned by ICB – we can’t offer it. So need to get it written in the service to allow alternative electronic aids.

**7.Optom Quarterly – this includes point 11 and 12 on agenda as well:**

AM: having sat through a lot of the meetings – not really relevant to us as optometrists. So Optom quarterly been set up , there were 15 other ICB people there. The optom quarterly which then feeds into the eyecare delivery group – so what do we need optom quarterly as well?

SB: Eyecare delivery group – is connecting the hospital with ICB and us. Optom quarterly is the ICB, but the contractual side of it. Need to be at the meetings to grab the funding when it is available.

AM: Optom quarterly – went but nothing to tell you about it.

AP: We need more of a strategic plan- if the meetings are not relevant do we need to be there.

AC: Do we say these are the core meetings, but not have multiple people going to meetings -then someone can report back. Went through accounts we have spent more money than we have received in. Payments in approx £46K, payments out 51K. This is not including the EeRS fund. So do we need multiple people to go to same meeting? Need schedule of what meetings coming up, who attending, and someone reports back.

AM: To conclude – at the beginning of the year look at what is planned, what meetings there are and who is going to attend – also need to be honest if attending meeting and feel waste of time need to speak up.

CU: come up with a wish list at start of the year as an LOC about what services you want and then if opportunities come up in meetings go for it – reinforce what schemes you need in the meetings.

MB: If money available is an issue may need to look at LOC hourly and meeting rates.

AM: As a new committee in July you can look at that.

**8.EERS update:**

DB: VE have signed DPP so all VE’s can now sign up– all except Asda using EeRS. Reports back from HES – urgents are going through well. Everyone seems happy. Will see critical incident reporting on Cynapsis and better signposting so all information is in one place on there. Certain South Lincolnshire practices will be able to see Cambridgeshire options on there. Just can’t do direct referral to the GP yet.

**9.FP10 update**:

 AM: now have FP10 in the community. We have Nancy Gutridge-Smith, David Burghardt and Martin smith. So if you need ophthalmic drugs for a patient, send them through COTATS to those people and they can issue a FP10 if needed.

MS: Lincolnshire formulary is available online, think there may specific restrictions on the FP10’s we have got.

**10.Consitiution Review:**

DB: went to the drop in session – constitution seems to be very vague – can now include non GOS practitioners.

SB: Can charge non GOS a levy as they would have done for GOS before, so they are contributing to the LOC.

DB: With the new constitution, each LOC can make the decisions about charging private practitioners a levy

AM: this leads us nicely onto point 13

**13. Non GOS levy:**

AM: do we want to charge private practitioners a non GOS levy.

MS: what are we charging for? Will I be paying to be on the LOC?

DB: the private practices get all the same advice, emails, EeRS support, IP options etc as GOS practices.

AM: if you say no, playing devil’s advocate then the LOC could be careful that any future pathways could say just available for GOS

CU: it’s a nominal fee, 1% of what your GOS supplement used to be.

MS: The barrier isn’t paying, what if the other private practices say no?

AC: just as a number we get about £4000 per month, but includes multiples.

AP: I don’t think Martin should pay, you can’t force the other practices to pay. I would say those who are GOS get paid for LOCSU time, but non GOS don’t get paid by LOCSU – they volunteer their time.

MS: could charge a levy on the NHS work I do – i.e. COTATS

SB: no we can’t do that

SB: we need to work out a way that feels fair and acceptable to everyone. Think we will need to think about this one.

**11. AMIT concerns:**

AP: Don’t have endless supplies of money, need to justify the spending. I don’t think we have value for money spending £32K – need to have a calendar of meetings and the appropriate person attending.

AC: we have a £5 grand over spend – where 2 people have attended a meeting, if cut out that then that would reduce costs – need to be responsible with who is attending meetings.

AM: think all in agreement, won’t put multiple people on meetings when it doesn’t need it.

**14. CVD pilot:**

SB: CVD pilot –will be done by a non- clinician within practice. Screening of unknown hypertension and AF within practices of hard to reach patients.

AM: have we said we will do the pilot?

SB: really good opportunity as an LOC to do this. It won’t be the optom doing this and you will get a fee.

AP: what’s the fee?

AM: Andy said between £10-15 per patient

AC: pharmacy get paid £14 on pharmacy first initiative.

DB: the fee is up to the ICB, but we would be doing Blood Pressure and AF screening

AP: will the funding cover the training, equipment etc

DB: yes, will cover the training, equipment and the initiative

AM: as a LOC we can put out an EOI for interest and go from there.

AC: can then say to ICB we have optoms that are interested in doing this pilot.

**15. Deepal unpaid Invoice:**

DB: unpaid invoice £2700 which has not been paid as not sure where the £55 overspend coming from – extra funding coming but don’t know when.

AC: We are due to get another 12K from ICB

SB: need to put this money in an EERs account for future work that is done on EeRS.

AB: we can’t pay the money out as its Martins money, will need to put an invoice for EERS to Martin who will approve the payment (as its not LOC money).

SB: need to get it in writing that the money is for LOC or Kelly for EeRS work.

AC: in 2 or 3 months that extra funding may be depleted, so there is the issue of where the extra money will come from then.

DB: There is a lot less work for EeRS now. There is still some outstanding work – e.g. Asda needs to come onboard.

AM: are you happy to wait until the funding comes through then?

DB: not really

SB: I don’t think we as the LOC can pay you if the money has to come from the ICB. The outstanding invoice should be sent to Martin Jago.

AM: Plan of action – Deepal send the outstanding invoice to ICB and will revisit it at the next meeting. When the EeRS money runs out, we need to vote as a LOC whether we will continue to help.

SB: there will be more money but it has to be the ICB that pays it. If we didn’t do the work someone else would.

MB: could pass queries onto the ICB if we have not got the funds to support.

**16. LOCSU needs analysis:**

AM: going to do a separate meeting for the needs analysis. Only 7 of us responded to the needs analysis. I have drafted semi-responses, some of them there is stuff we need to discuss, and others is just providing information (e.g. login details for LOCSU). We will do a zoom meeting to go though it and then give it to Andy. Do we need to do it with LOCSU?

CU: point of LOCSU is they are supposed to give you guidance.

AM: so I can send them our discussions and conclusions if everyone is happy with that.

LD: so are we going to ask more people to complete the needs analysis then?

AM: yes send the link out again.

AM: any other business?

AP: when is the next meeting?

AM: I will send you my responses to the answers from the needs analysis via email, and then do a call Monday 3rd June at 7.30.

AM: I will send out the LOCSU username and password to everyone.