



**MINUTES OF CHESHIRE LOCAL OPTICAL COMMITTEE MEETING
FUNDING DISCUSSION
12th OCTOBER 2023 HELD BY REMOTE MEDIA**

Present

Fionnuala Stott, Phil Cooke, Amy Thompson, Andy Riley, Harinder Notay, Fionnuala Kidd, Jill Umpleby, Jane Smellie, Mark Simpson, Stephen Halpin and Cahir Mullan.

In Attendance

Sandie McBennett – Administrator

1. Welcome and Apologies for Absence

Apologies received from Helen Counsell were accepted.

2. Declarations of Conflicts of Interest

No conflicts of interest were noted.

3. Overview

Fionnuala Stott gave an overview of the funding agreement and conditions:

- The fund makes the condition of clear delivery and mobilisation plans that must include milestones, benefits, forecast expenditure and efficiencies. This scheme will require programme reporting via the ICB Transformation Committee. The Panel have requested that the ICB may consider an SRO for the project and will be in touch to discuss further.
- SRO = Single Responsible Officer
- The payments would be received quarterly in arrears.
- There may be a situation where the LOC would fund and reclaim.
- Would the funds go through PES or come to the LOC?
- The LOC would have to be seen to continue the initiatives and use of qualifications.

The mobilisation document had been circulated.

- The application had included £35k for the final quarter of 2023; the response was that because it was late to get the programme up and running, the decision should have been notified some time ago; therefore that £35k was now gone. The original application was for £255k and £200k was approved.
- In Q3 and Q4 in 2023/2024, £35k in total had been requested, of which £25k was for core development of competencies in clinical networks.
- Estimated over Cheshire and Mersey, 50 Optoms to take up the offer of IP funding.

4. Stakeholders

Future meetings would involve Cheshire LOC and Central Mersey LOC, Cheshire and Mersey ICB, NHS England, LEHN and LOC.

5. Discussion

One of the actions would be to prepare the documents for expression of interest and registrations to commit from the professional workforce.

Action: JS and MS requested to set up an IP Network to include 1 or 2 leads and potentially needs

to have buy in from an Ophthalmologist to answer questions beyond the experience of the IPs. A new glaucoma lead Ophthalmologist at COCH (Tasmin Berman) would be approached.

Action: FS to make contact with Tasmin Berman to arrange a meeting with JS, MS and FS.

Other clinical networks needs suggested:

- Glaucoma Higher Quals
- Medical Retina
- Wet AMD
- CUES training for non-clinical staff/optical assistants
- Clinical network for new to the area/qualified
- Onboarding of practices to services such as CUES and GRR
- A register of CUES registered locums
- Peer Review Sessions

The outcomes detailed in the bid were benefits to patients:

- Improved access to eye services
- Care closer to home
- Promoting self care
- Reduction in waiting times in hospitals
- Improved outcomes
- Reduced need for secondary care
- Reduce GP appointments
- Reduce burden on GPs

Q: What would the mechanism for measuring the outcomes be?

The outcomes have been closely aligned to the reports from the ICB such as:

- Patients care closer to home
- CUEs to take appointments away from GPs
- Less referrals into A&E
- IP qualified Optoms across Cheshire to divert low grade uveitis should not be referred to hospital.
- More utilisation of the services such as CUEs; measures could be taken from delivery of these services.

SH had enquired about IP at Uni of Cardiff, their next intake was September 2024.
SH had enquired if planning in preparation for the September intake was possible?

MS had enquired about Glaucoma which was 4-6 months.

At the moment there were very few IP qualified optoms across Cheshire. Areas covered:

- Sandbach
- Neston
- Chester
- Macclesfield

Referrals to IP were not easy.

Restrictions on what could be prescribed was noted as a problem.

Issues regarding referring patients to the IP optoms were discussed.

Set up once per month a peer drop-in – virtual, across the whole of Cheshire and Mersey.

Glaucoma Monitoring – there will be increased numbers. There will be a requirement to run an OSCE.

Action: There should be an OSCE in Cheshire in last week of January – HN could organise.

Action: In the weeks preceding the OSCE, workshops could be run to upskill optoms in preparation.

The OSCE could be held at Leighton and possibly Chester.

The questionnaire had been drafted taking in to account all suggestions. The final draft would be circulated as soon as possible.

Q: Will the LOC fund all training?

A: The submission stated that the course fee and placement fee would be paid for, less £250 to demonstrate a commitment from the optom to complete the training.

FS suggests the £250 is paid back on completion of the course.

There should be a measure that on completion of the courses, that services are delivered.

Could there be a payback if there are drop-outs from the courses?

There should be a time limit to complete the courses. For example, IP could be completed in approx. 18 months.

Action: SH to look for the nearest commencement date for IP Course, Medical Retina, Glaucoma.

On the mobilisation plan, it was stated that an event would be held to give information.

Action: Could all committee ask their staff, DO, OAs, what information or training would they benefit from?

Currently we do not have enough practices taking up services, the reasons as varied; they don't have the time; they don't have enough optoms or they don't have the capacity. One issue would be qualification, which can be addressed with the funding and training. Is there anything we can do to increase the workforce itself?

In pinch points across Cheshire it had been discussed that there could be a funded optom based in a room to see CUEs patients.

It was agreed that this course would demonstrate that there had been an impact by providing an optoms in Northwich for example.

There was already the option for PES to put in a hub in Cheshire to pick up capacity gaps.

Action: FK to speak with FK regarding Locums who would wish to upskill to do clinical work, perhaps in a temporary room in practice or a hub.

Actions

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| 1 | JS and MS requested to set up an IP Network to include 1 or 2 leads and potentially needs to have buy in from an Ophthalmologist to answer questions beyond the experience of the IPs. A new glaucoma lead Ophthalmologist at COCH (Tasmin Berman) would be approached. | MS/JS |
| 2 | FS to make contact with Tasmin Berman to arrange a meeting with JS, MS and FS. | FS |

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| 3 | Set up once per month a peer drop-in – virtual, across the whole of Cheshire and Mersey. | FH |
| 4 | There should be an OSCE in Cheshire in late January – HN could organise. | HN |
| 5 | In the weeks preceding the OSCE, workshops could be run to upskill optoms in preparation. | |
| 6 | SH to look for the nearest commencement date IP Course with fees | SH |
| 7 | CM to look for nearest commencement date for Glaucoma with fees | CM |
| 8 | Could all committee ask their staff, DO, OAs, what information or training would they benefit from? | ALL |
| 9 | FK to speak with FK regarding Locums who would wish to upskill to do clinical work, perhaps in a temporary room in practice or a hub. | FK |
| 10 | Foreign Body training | HN |
| 11 | How many GP networks are there, how do we engage them, develop presentation to signpost to referral services. | JU |