Lincolnshire LOC AGM 2024

# Agenda

1. Chair’s welcome
2. Apologies for absence
3. Minutes of previous AGM
4. Matters arising from previous minutes
5. Chair’s report – Annabelle Magee
6. Treasurer’s report – Adrian Cobb
7. LOCSU’s Report – Andy Byrne
8. Adoption of reports
9. Confirmation of adoption of Model Constitution
10. Appointment of Returning Officer and two scrutineers
11. Election of the new committee
12. Elected Chair’s address
13. Adoption of the statutory levy including LOCSU Levy for the coming financial year (to include decision on voluntary levy)
14. Appointment of the Auditors for the forthcoming financial year
15. COTATS  update/report - Martin Jago / Kelly Hatfield
16. RNIB update / report - Jacqueline Price
17. Any Other Business

## Atendees

See introductions

## Chair’s welcome

AM: thankyou all for joining us

## Apologies for absence

Martin Smith

## Minutes of previous AGM

Nothing raised – send out with invites.

## Matters arising from previous minutes

None

## Introductions

Annabelle Magee: current chair – contractor of independent practice

Deepal Burgess: vice chair – performer

Lynsey Doherty: vice sec – performer

Sarah Grant: non officer – DO rep

Adrian Cobb: treasurer, optom, performer

Sab Bahl: performer and clinical lead

Sam Oliver: Performer – non officer

Amit Patel: Contractor – non officer

Manjeet Burgess: performer non officer

Neil Stradling: optom performer contractor – SS in Lincolnshire – no role

Sodique Adebayo: performer – first time here

Laura Tope: secretary – performer

Andy Byrne: advancement lead with LOCSU

Martin Jago: ICB – planned care project mx - ophth

Kelly Hatfield: ICB EeRS implementation project mx

Chaz Uppal: performer

Tushar Majithia: contractor - optom

## Chair’s report – Annabelle Magee

AM: Current LOC working hard - Great we have good demographic spread – 90% attending meetings

Worked closely with ICB – grateful for martin and Kelly. Have FP10s in community, 4 IPs with them – can refer via COTATS for treatment in primary care.

Huge thing – EeRS – Deepal Laura and Kelly and of 75 practices there are 69 practices live and using

4 fully funding candidates on IP course- 4 more hopefully going on this year and now further funding available for further cohort – will be in touch with all practices shortly.

Few things we are still working on – pre and post cat pathways – paeds and glaucoma mx pathways

## Treasurer’s report – Adrian Cobb

These should have gone out with invite but haven’t due to lateness getting it all signed off – any queries or concerns to get in touch. Accounts have been signed off by Sab and Tushar to make sure all correct and accurate. EeRS and IP funding makes income and outgoings higher. Generally activity has been higher therefore the accounts are what we would expect.

Explains skew of bank balance is due to LOCSU payment being due.

SB: on it for the 8 months’ worth for LOCSU.

AC: concern brought up by Sab – bank account was over £85k guarantee – will keep a monitor and once the money goes to LOCSU and other invoices have been cleared then we will keep that on our agenda over the coming year.

SB: also some IP claims coming through

AC: Please contact email with queries

## LOCSU’s Report – Andy Byrne

AB: will send presentation for distribution later – advancement lead for LOCSU

LOCSU – name on the tin – LOC support unit – Lincs LOC engages well with LOCSU and try and support when requests come in – AM is an active chair and keen to see a lot going on – paeds pathway, one of the first to ask about this and now it is popping up around the country – will get a model over to AM later. Do a lot in pathways and with case studies to show value to commissioners. AM alluded to how much has been done this year – next year coming is going to be interesting due to new government – also been exciting is Cinapsis – other areas are trying to increase the scope of what have been included in referral – providing guidance on how to approach that in the future due to the request unfunded aspects. One of the trends seen – secondary care seem to be passing a lot back to primary care using the GOS country without understanding it. We have luck in our areas with good commissioners. Trend around the country is to rid of the post op assessment s- so trying to work with commissioners about whether is that safe. Choice agenda – a lot of commissioners are trying to enforce about giving px choice of 5 but not putting in infrastructure to support that but looking for that at the moment. Not having an NOC this year but having a regional conference for it to be more tailored – if anything you want to see let the committee know – will be between 12th and 23rd Nov – will confirm later this week. Will look at NOC in 2025 in May 2025.

Lot of work around the constitution – those LOCs have needed it the past 12 months have not found it fit for purpose so work around that.

We are here to support you therefore keeping our ear to the ground – we do training, webinars etc – anything you need please let me know.

Thanks to Annabelle at her proactivity and will be missed if does not carry on.

AM: our area have been awarded the CVD pilot

MJ: not qu but clarification – choice agenda – we can evidence clearly that every patient is offered choice – may not be five but whatever we have available across Lincolnshire.

## Adoption of reports

Any questions / queries please raise now

## Confirmation of adoption of Model Constitution

Current committee happy to adopt

## Appointment of Returning Officers and two scrutineers

AM: nominate laura and lynsey to carry on as returning officers.

SB: seconds - current committee happy and nobody else volunteered.

AM: Two scrutineers currently are Tushar and Sab current committee happy and nobody else volunteered.

For those new here just to saw we have 4 officers roles – treasurer and vice chair and vice. Anyone else who wishes to be on commitee as non officer is welcome – decided not to limit number on the committee so if anyone would like to join

Nomination for Sarah to be vice treasurer and Adrian to be treasurer – anyone else want to come forward / everyone happy? All happy

As had 3 years then succession planning would be Deepal and happy for that.

Deepal, Adrian, Laura happy for Annabelle to carry on as chair. Annabelle happy to stay on but will raise again next year.

Amit rec’d Sam as Vice treasurer as well as Sarah

Who votes for Sam: majority

Going back to chair – anyone else? No

Vice Chair – Deepal – seconded by AC

## Election of the new committee

All stay and Neil Stradling joins

Annabelle explains officer and non officer roles to Sodique – can join as non-officer role – we do try and keep all communications sent out to all

## Elected Chair’s address

Thankyou all

## Adoption of the statutory levy including LOCSU Levy for the coming financial year (to include decision on voluntary levy)

All agreed

## Appointment of the Auditors for the forthcoming financial year

Need two auditors for coming year – checking that accounts are all above board and correct

Amit volunteers and Tushar – nobody else

## COTATS  update/report - Martin Jago / Kelly Hatfield

MJ: ICB perspective – increased activity in POD – focus has been pharmacy and dental but now starting to work more with optometry teams – set up optometry working group. POD and GPs are four pillars of primary care – how we can integrate optometry into the health care system as integral partner – working on the workforce, Sab is a great advocate, do not want to be in same position as dental with need for workers.

ICB has enabled FP10s within the COTATS – unusual but indicative of the level of service that COTATS provide.

IP funded courses – another 4 starting in September but working on the placements.

KH: EeRS – only 4 of the 75 practices in the area left – just waiting for paper work from Asda and from two independent. Out of the 11 ICBs we are number 1 for the amount of people on board and using the system percentage wise. Deepal and Laura heavily involved in the building – January to June we have progressed getting everyone on board. Chart of data regarding referrals – number that have come through EACH to COTATS or secondary care over the last 6 months – good to have the urgent referrals as were previously done via emails and now we have a lot more data – we still think there are emails going direct to providers but even so there are a lot of referrals coming through the system. No negative feedback. Looking at developing new ways through it.

MJ: COTATs 3 providers – 1 dropped out but now back in – 27 locations of optical practice – 37 accredited optoms that deliver service. There were 6348 triages – only 2972 went to HES – COTATS assessed and treated 3942 patients – difference is due to the annual glaucoma risk review patient. Low vision referrals going through now – second biggest area is deemed as other.

68.2% are discharged from COTATs.

Challenges are the onward referral rate – working with provided to get down from 23.6% to 20%. Now working to close the gaps in the service locations – Mablethorpe is a big gap and would be interested to talk to anyone in that area. To protect the COTATS providers we have stopped accepting applications from areas where there is already good coverage.

Eyecare delivery group – tried to do for many years – up and running last year – chaired by clinical lead for HES – Chris Knapp – has clinical leads and senior management – representation from ICB and LOC – develop a system working together. Triage outcomes used to be duplicated and it would wait in a queue to be triaged by a consultant after having been triaged by the optoms, now px are going straight through onto list ready to be booked – lot of work off consultants plate – lot of input from the consultants on the triage guidelines . They are now listening about the eye casualty process.

System backlog – the mangers are supportive of implementing the post op cataract assessments and the low risk stable glaucoma monitoring. Funding is the issue that is need – consultants are keen to do this to clear the backlog which is over 6000.

Final bits – for the future – really keen on getting optometrists first in – the ICB have been successful at getting BP monitoring in practice pilot going through.

Any questions.

AB: assuming routine referrals – now with Cinapsis there is potential – are you aware of the wet ARMD pilot going on in Notts and are you thinking of anything like that over here

MJ: interested at looking at every opportunity – now the urgents come through EACH the data is there .

AB: will put in contact (Caroline Fox) – they are putting OCT images onto referral and funding that.

SB: are they just paying for the OCT image – is there any monitoring or is this just for the original referral – we are sending on anyway but we are sending it through anyway.

AB: just for the original referral

SB: would be tricky – most patients are paying for their own OCT which gives a good referral

## RNIB update / report - Jacqueline Price

AM: does presentation on behalf – secretaries to send out – Optoms should be referring into the low vision service.

MJ: just to pick up – direct referral to ECLO on cinapsis for all to use for their single point of access

## Any Other Business

None

Next meeting – in a quarter unless we need one sooner

DB: need students to apply by 20th August

AC: DPP thing rumbling on for ages – don’t hold breath

AM: summarises difficulties for Neil’s information – we need the consultants to sign the application for the students to start. Only other thing is the CVD pilot but no need for meeting about that at the minute. Any multiples please get in touch with Sab / Deepal.

Monday 16th September at 7pm by teams – all agreed