

Responses as to whether some LOCs feel pressurised by their PCOs to undertake clinical governance without payment

4 October 2007

Barking & Havering LOC [not pressurised]

As secretary to the Barking & Havering LOC I can assure you that we have not been asked by the PCTs to undertake any specific Clinical Governance except allowing them to come to the practices last year (Barking & Dagenham only) to undertake an infection control audit. They did all the hard work and we were only asked to allow access to view the practices and answer a short questionnaire. I am unaware of any optometrists finding it onerous or time consuming and personally I found it informative. The B & D PCT are keen develop Clinical Governance in the future should it become a requirement and have indicated they are willing to assist any practitioners wanting to undertake any measure themselves but as we are about to get a new optometric advisor the emphasis may change in the future.

Christine Bull
Secretary

Bradford LOC [not pressurised]

Bradford & Airedale trust are basing their own quality assurance/governance scheme on the joint AOP/ABDO/College/DODO toolkit and an in-house version also used, I believe, for pharmacy & dentistry. Funding not been thrashed out yet but one suggestion by the PCT was for payment in kind i.e. they would provide the relevant help where needed. Great, if you have governance problems but terrible if you don't. Personally I think that's a cop out and I am waiting for the fee discussions.

Dr Edwin Stewart Mitchell
Chairman

Essex LOC [not pressurised]

As far as I know, there are no practitioners in Essex filling in questionnaires for free. Many months ago, West Essex (formerly Epping) sent out a questionnaire based on the mid-Surrey scheme, and this was to be followed up by practice visits and accreditation for practitioners who satisfied the criteria. Accreditation was to be accompanied by a payment to participating optometrists. The questionnaires were sent out and we offered to assist with the practice visits - not by visiting ourselves but by recommending a GP outside the area who could accompany an officer from the PCT. However, despite attempts to get this arranged, no headway has so far been made, probably due to of the reconfiguration of the PCTs and changes in personnel.

Earlier this year, one of the Essex PCTs intended to send the CG Toolkit to its optometrists and was offering a nominal £50 for completion. This again was not followed through and nothing came of it, although we spent some time with the

PCT devising a strategy and working together on a joint letter. A neighbouring PCT also wanted to distribute the questionnaire but could not procure the funds to pay the optometrists' fees, so after two meetings, that initiative was also dropped. We have made it clear to all our local PCTs from the start that we expect a fee to be offered, and although the levels have been extremely modest, the principle of a fee has not been a huge stumbling block because the PCTs in this area accept that CG is not a contractual requirement.

Since the publication of the GOS Review, the push from PCTs to introduce optometric CG schemes seems to have diminished. The PCTs seem to have other priorities at the moment. Before the reconfiguration they wanted to hold CG forums in the evenings, dot all the i's and dot all the t's, but they seem to have backed off lately. I hope this answers your questions.

Lynne Brown
LOC Administrator

Hampshire LOC

In this patch PCTs recognise optometrists do not have an obligation to provide information about CG activities. LOC works with PCT to encourage best practice. OA at PCT has offered help to any optometrist wishing to undertake any CG activity within toolkit.

Janis Loose
LOC Business Manager

Lincolnshire LOC [not pressurised]

No, we are not doing CG without payment. Since they are not paying us, we haven't discussed the toolkit with them apart from telling them we have a national protocol.

David Burghardt
On behalf of Lincolnshire LOC

Liverpool LOC [not pressurised]

Liverpool PCT approached me, through our Optometric Adviser, to discuss CG last year. Although it appears to have gone away (probably low on their radar after the recent amalgamations) there were positive vibes and possible fees discussed, once the OA understood that there would be no recommendation forthcoming from the LOC that the Optometrists should be involved in local CG.

Steve Bryan
Chairman, Treasurer, Temporary Secretary

Central Mersey LOC [not pressurised]

We have not felt pressurised to take part in such CG procedures. I have used the toolkit for my Practice (first part anyway, as it was 'under construction' at the time I believe). I found it very useful. As a constructive comment – some of the links to documents lead me to pdf files, whereas a 'word document' would have been easier to personalise for my Practice.

Regards
Sally Jones, Chairman

Northumberland LOC [not pressurised]

My LOC has been using the CG toolkit as a pilot for practice improvement. A small group of Northumberland LOC committee members were tasked with working through the basic levels to see if they felt it could be of assistance to local practitioners. Everyone found the process helpful and it was agreed to try to encourage the use of this toolkit amongst all Northumberland contractors. Nobody is under any obligation to take part in this pilot whatsoever; however the intention is to try to assist anyone who is having difficulty in achieving level 1 by providing them with some confidential points of contact. We stress that the process is to protect practitioners rather than to aid anyone else.

Kevin Thompson
Secretary

Nottingham LOC [not pressurised]

Our PCT is keen to develop clinical governance in optometry further than the existing "education and encouragement" arrangement that we are currently running. The "education and encouragement" (my description, not an official PCT term) consists of an afternoon, seminar-type event which we've held twice per year in N. Nottinghamshire over the last 3 years. We've had speakers, both optometrists and PCT representatives, giving presentations on various aspects of clinical governance. The CG leads from each practice are invited and paid £100 as a token "out of practice" payment (plus lunch and the occasional CET point if I can get approval). The plan is to continue this in the new county PCT but funding has still to be secured.

Their main problem is that they feel that they have to provide evidence/assurances that CG is progressing. This would involve a degree of paperwork - questionnaires, feedback etc. At the moment our OA and I are drawing up a sort of business plan to take this forward but we and our LOC have made it clear that funding will be required.

I thought the joint CG toolkit was quite good and that it was going to save me a lot of work but the latest (of several) CG managers at the PCT was less impressed. She felt that there are several parts described as "aspirational" which should be mandatory or expected and that the format was difficult to put into practice. However that manager has also moved on so we wait with interest to see what the new one thinks!

John Clissold
Optometry Clinical Governance Lead, Nottinghamshire County Teaching PCT

And

Notts LOC is very aware that CG is not part of GOS and would only encourage colleagues to co-operate with the PCTs if appropriate remuneration was given. Unfortunately this is a stumbling block for the PCTs at the moment but we're working on it!

Adam Holliday
Secretary

Sheffield LOC [not pressurised]

Sheffield PCT has produced a support folder including the AOP literature and other information they have found on the internet and used in Clinical governance for other professions. The folder was sent to each practice when our optometric advisor did his practice visits. The LOC was involved in helping the PCT produce this work and at every step explained that this would only be supported by the LOC if colleagues were paid appropriately to do the extra work. Needless to say Sheffield PCT is in financial difficulties and could not find any money. The PCT produced the folders and I think they were delivered to each practice with a message that they could be used if anyone found the time, but they were not under any obligation to do any work in this area other than legal requirements, which it was felt that most practices were already doing. I have copied this to Sheffield LOC members in case there is anything else to add.

Alex Gage
LOC secretary

Somerset LOC [not pressurised]

Somerset LOC has made it clear to our PCT that no CG work will be undertaken without additional funds being made available.

David Bull
Chairman

Stockport LOC [not pressurised]

Stockport LOC has negotiated payment for CG via increased fees for enhanced services. In other words participation in enhanced services will require participation in CG, for an additional fee. Fortunately we have only one practice that doesn't provide enhanced services and we will deal with that practice separately i.e. with a fee of some sort for CG. There has been no pressure and CG is based on the joint National Toolkit.

Trevor Warburton
Chairman

East Yorkshire (East Riding) LOC [not pressurised]

In our neck of the woods the practices which signed up to reaching accreditation standard received £400 payments from the LOC for their efforts. What actually happened was that the LOC provided an officer to implement practice governance for the PCTs (thereby saving them putting someone else on the payroll) and the PCT paid the LOC for the services i.e. an accounting exercise.

The PCT also paid the LOC £400 per practice, which the LOC passed on. Voila - happier optometrists.

Vivian Bush

Chairman/Secretary

Scotland [not pressurised]

Optometry Scotland has discussed the CG matter with the Executive in Scotland. OS has produced an outline document on Optometric CG and the NHS in Scotland as the structure and principles seem to differ from England in certain ways. This is as far as it has gone. We have informed the SEHD that the profession would be happy to get involved further if appropriate funding (including protected time from practice) was forthcoming.

Frank Munro

Chairman, Optometry Scotland

Wales [not pressurised]

I can assure you that I am not aware of any Clinical Governance being carried out in Wales. I would hope, as I am the Senior Optometric Adviser in Wales, that I would be consulted. I am working to have the AOP scheme introduced but not before the remuneration question is settled. I like a quiet life!

Ben Lewis

Senior Optometric Adviser (Wales)

AND

Pembrokeshire LHB got very keen but we quickly pointed out that there was an all Wales document to come (now published but not shown to them). We also pointed out that anything would be on a voluntary basis as there was no requirement to take part. As always, there will be 20% of practices who will do it for their own interest/development and the rest will ignore it. We are going to work through the Wales document at our next practice professional staff meeting.

Michael Charlton

Wales (SW) Regional Optometric Committee

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8 October 2007