

LOC Workforce and Equipment Survey



As part of service development work, LOCs often oversee a survey of the contractors and performers in their area together with practice equipment.

LOCSU have put together a template based on Google forms for LOCs to use to assist this process. [Appendix 1](#) shows an example of what the form looks like.

LOCs are able to customise the form as needed and can send the form out by email, create a link or embed in their website.

Instructions

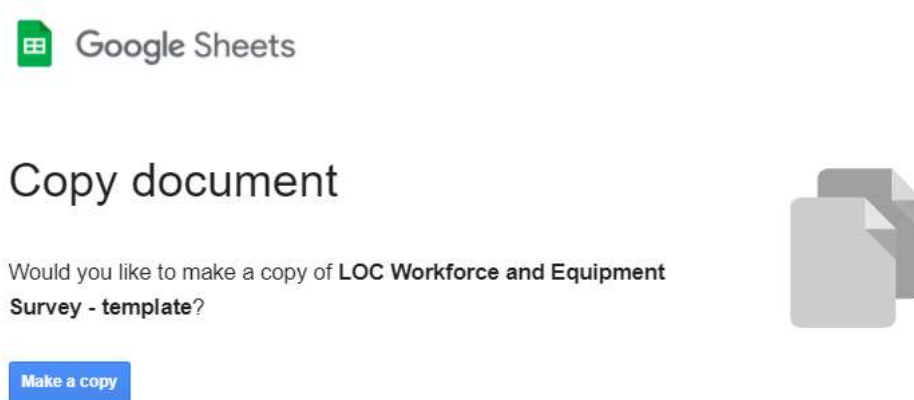
The form is based in Google forms and so a google account is needed – this is free to set up.

Click the link below:

https://docs.google.com/spreadsheets/d/1z7hw9PRwDc2IDfQ1vsekhkY4zVjtcO1vUPx4k_0Nu-k/copy

If you are not already logged in, you will see a log-in screen.

Once logged in, the following screen appears

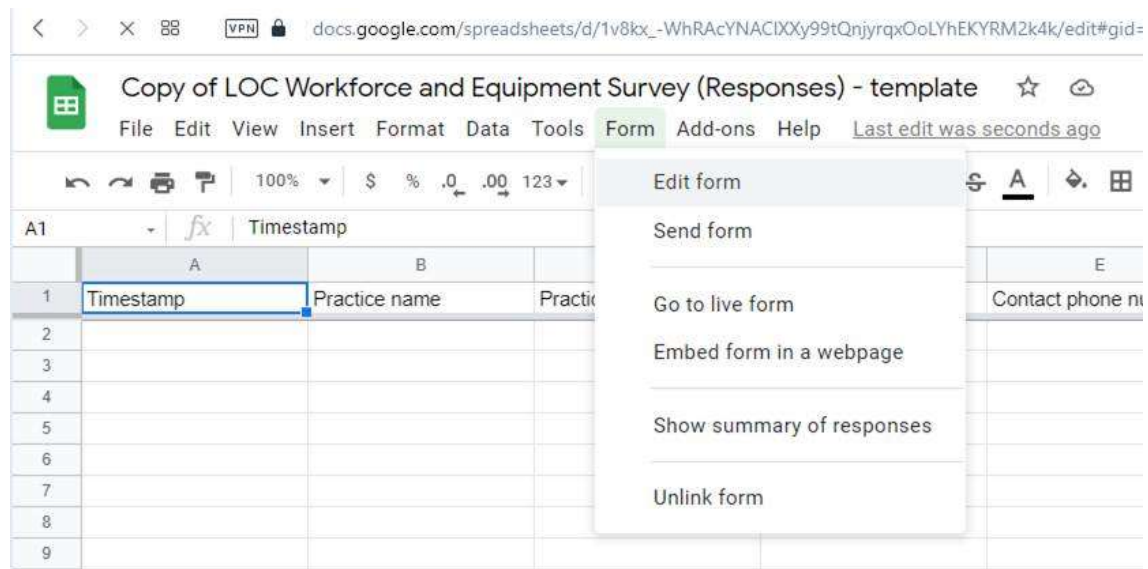


Click Make a copy.

This will save a copy of the form into your Forms folder in your Google drive.

It will also open a copy of the spreadsheet that sits behind the form. This is where all the responses are stored.

Go to the Form menu and select Edit Form.

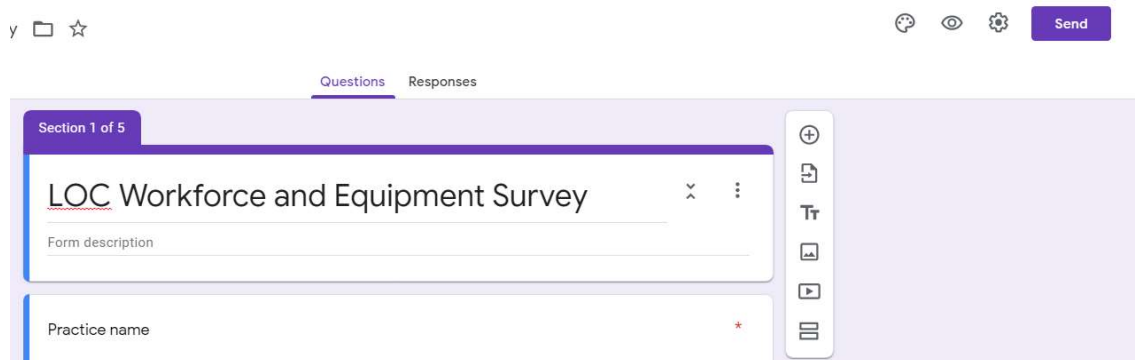


This will open the form that users will see and complete.

Any changes needed can be made here such as adding questions.

Finalising the form

Once you are happy with the form, click send at the top right hand side of the form.



There are three options for distributing the form – by email, URL link or embedding into your website.

We recommended selecting the link option which generates a URL webpage link that you can include in an email with some covering text to explain the survey.

If you need any further support or have any questions on the form, please contact info@locsu.co.uk

Appendix 1

LOC Workforce and Equipment Survey

*Required fields

1. Practice name *
2. Practice address *
3. Practice postcode *
4. Contact name *
5. Contact phone number *
6. Contact email *

Equipment

Do you have any of the following equipment? If yes, please specify make and model

7. OCT
8. Can the OCT specified provide a glaucoma-specific analysis of the optic disc & a progression analysis report?
 - Yes
 - No
9. Spectral Domain Optical Coherence Tomography (SD-OCT)
10. Retinal camera
11. 10-2 Visual Fields machine
12. Wide-Field Fundus Auto-Fluorescence (W-FAF) imaging
13. Tonometer
14. If you do not have some of the above, would you consider the purchase of any of this equipment?
 - Yes - already looking into it / on order
 - Yes - but in the future
 - Maybe
 - No

Services

15. Check all that apply.

| | Do you currently provide any services? If so which ones? | Are you interested in providing any /additional services? if so which ones? |
|-----------------------------------|---|---|
| MECS | | |
| CUES | | |
| Glaucoma Repeat Readings | | |
| Glaucoma Enhanced Case Findings | | |
| Glaucoma Referral Refinement | | |
| Glaucoma Monitoring | | |
| Pre-Op Cataract | | |
| Post-Op Cataract | | |
| AMD Referral Filtering | | |
| Late AMD Monitoring | | |
| HCQ Monitoring | | |
| Low Vision | | |
| Children's Vision | | |
| People with Learning Difficulties | | |
| Healthy Living Optical Practices | | |
| Other | | |

16. Please give details of 'other' service

Workforce Development

17. Does anyone in your practice hold additional WOPEC or College post graduate qualifications or currently working towards them?

Check all that apply.

| | Yes | Working Towards | No |
|--|-----|-----------------|----|
| WOPEC: MECS Part 1 | | | |
| WOPEC: MECS Part 2 | | | |
| WOPEC: Glaucoma Part 1 | | | |
| WOPEC: Glaucoma Part 2 | | | |
| WOPEC: Pre and Post-Op Cataract | | | |
| WOPEC: Low Vision | | | |
| WOPEC: People with Learning Difficulties | | | |
| WOPEC: Paediatrics | | | |
| WOPEC: CLO MECS | | | |
| WOPEC: CLO Glaucoma | | | |
| FBDO (Hons) Low Vision | | | |
| College Professional Certificate: Glaucoma | | | |
| College Professional Certificate: Low Vision | | | |
| College Professional Certificate: Medical Retina | | | |
| College Professional Certificate: Paediatric eye care | | | |
| College Professional Higher Certificate: Contact lens practice | | | |
| College Professional Higher Certificate: Glaucoma | | | |
| College Professional Higher Certificate: Low Vision | | | |
| College Professional Higher Certificate: Medical Retina | | | |
| College Professional Higher Certificate: Paediatric eye care | | | |
| Independent prescribing optometrist | | | |
| Other - please give details | | | |

18. Please give details of 'other' qualification

Capacity

19. Are you able to offer

Weekend appointments: Yes / No

Late night appointments: Yes / No

20. Any other comments?