Minutes of LOC meeting Tuesday 16th July 2019 at St Aldate Chambers

Present: Sue Arnold, Alvaro Borges, Nigel Harris, Ian Shapcott, Adrian Street, Ankur Trivedi.

Amar Shah – Chair of Avon LOC and LOCSU Optical Lead Support

1. Apologies

Apologies had been received from Amy Clarke, Clare Griffin & Kerry Irvine

2. Declarations of conflicts of interest

There were no new declarations of conflicts of interest.

3. Minutes of last meeting

The minutes of the last committee meeting were approved.

The minutes of the AGM were also approved, Adrian would chase David for his slides before they were distributed County wide.

4. LOCSU Optical Lead

Amar introduced himself and explained that the role of Commissioning Lead Support had changed to Optical Lead Support now that smaller PECS were signing up the PES.

Amar explained that Primary Care Networks (PCN) and Integrated Care Services (ICN) were being introduced by NHSE. The PCN would provide commissioning for approximately 40000 people and would be expected to engage with LOCs for locally arranged services. These may not be eye related, the commissioners may want to utilise practice staff and space for other services.

ICS will replace the current STP and the CCG will sit between the ICS and PCN.

There was a PCN being formed in Gloucestershire, eyes were still at ICS level but Amar advised that the LOC needed to engage with the PCN as they may wish to use available practice space and possible staff skills to provide ancillary services such as smoking cessation. LOCSU would support the LOC as required in this engagement.

It had been suggested that the LOC have leads for PCN areas, not necessarily for each PCN. Ankur felt that contacting local GPs may be appropriate to avoid being shut out. He would check the position with Graham Mennie at the next PCB meeting.

Nigel was concerned about consistency around any arrangements in different areas, Ankur also felt it was counter-intuitive to have smaller groups in the County. It wasn't clear what funding was available so reimbursement for any scheme might not be appropriate but the LOC needed to be aware of what was happening in the County as there was a danger of missing out without appropriate engagement.

Amar requested a needs analysis be completed, 20 plus questions with a scale of 1 to 5. Adrian would distribute the document and collate replies to return to Amar.

Amar explained that the aim was for consistency in eye care schemes across the South West to reduce cross-border issues. Unfortunately Gloucestershire was the furthest north so there might still be some issues. The ultimate goal was to have England wide consistency.

Amar noted that Hydroxychloroquine is a big issue due to the College guidelines as practices didn't generally have the equipment to monitor for any changes. It was explained that there was already an arrangement in place with the hospital, Amar suggested that the CCG may want to commission something with other providers.

Ankur explained some of the current Gloucestershire shared care schemes, the existing Flashes and Floaters was hopefully being scaled up into a full MECS, though the fee and coverage was critical. Ankur suggested that the fee was probably going to be around £50.00 and protocols were likely to be the same as the College guidelines.

With regards to the OHT monitoring, the Trust understood the fee was not enough compared to an eye examination and dispense. Amar suggested the Trust may be prepared to arrange a 'virtual clinic' to collect images for consultants to assess.

Amar was happy to attend meetings as required, Alvaro would keep in touch and Adria n would send the meeting dates with the Needs Analysis.

5. Matters Arising

Election of new Chair – Ankur proposed Alvaro, Sue seconded the motion, all agreed. Everyone congratulated Alvaro in his appointment.

The AGM was discussed, all agreed it was reasonably well attended and that the presentation was good. Alvaro reported that ha had exchanged e-mails with Sharon Greaves of NHSE and that following feedback from Steve Guilford regarding copies of the accounts not being available even though there were several copies at the meeting it was agreed that the annual accounts would be published on the web-site in advance of the next AGM.

There was some discussion on the points Amar had raised and it was agreed that the LOC would try and engage with the PCN. Alvaro would e-mail Graham Mennie and try and get more information on who to contact at the next PCB meeting.

6. Treasurers Report

COMMITTEE	£50576.93
LOCSU	£0
VOLUNTARY	£6612.70
CET	£3866.38

Sue suggested a low vision CET event which she was happy to arrange, perhaps in October? There was a possibility that Erin's World frame suppliers would also attend. It was agreed that as the MECS launch was due in September a date in November would be better and that this would be a good opportunity to invite the ECLOs.

7. PEG Update

Ankur reported that the MECS OSCE was well attended by approximately 25 people along with 6 others completing the Glaucoma OSCE on the same day. There was also option Foreign Body removal training and generally it was felt the session was well received.

The Foreign Body removal part of the service would initially be what individual Optometrist felt comfortable with. The training that was provided at the OSCE could be repeated possibly with some help from the Trust using fake eyes. The MECS scheme was hopefully due to be launched in October.

Ankur had been appointed by PES to be the Clinical Lead for Gloucestershire and would still attend PCB meetings in this capacity. He mentioned there was an option for a liaison position as an LOC role but the roles were not clear and Ankur would investigate further.

Ankur updated on PEG, the company was being wound down and the final accounts being drawn up. Ian asked if the Information Governance would need to be repeated. Ankur thought not but he would need to check with PES.

The PEG web-site was still currently live but Ankur thought that in the longer term it would become part of either the PES or GlosLOC sites.

8. LOC Run CET to Support NHS Services

Kerry was unable to attend the meeting but had sent an e-mail (See Appendix 1)

Ankur noted that the College of Ophthalmologists suggest a 40% false positive rate was acceptable. The Trust audit was not necessarily as detailed as in the past and some of the figures seemed to be anecdotal. Enhanced Case Finding would improve the outcomes but some Optometrists just refer without the ECF which would distort the figures, though there were no obvious outliers in the County.

It was agreed some CET would be a good idea and that several events around the County might be helpful though Alvaro was concerned that funding CET could be a waste if only a few people attended.

Ankur suggested a strategy for LOC activity over the next 2 to 3 years with Glaucoma as the main focus. All agreed a Strategy Day would be a good idea to plan events in advance that could be linked to revalidation.

It was also agreed the Kerry be appointed CET officer, Sue offered to help with the role.

Alvaro suggested a possible event to make a business case for the MECS scheme and Adrian felt training for DOs and practice support staff would be a good idea.

Alvaro would also like a communications person to run social media etc for the Committee, the time could possibly be funded.

In principle it was agreed that this CET be funded by the Committee.

Adrian would send out a request for availability for a Strategy Day.

9. Any Other Business

Ian explained thet the domain extension .uk had been automatically allocated to .co.uk addresses but there was now a charge. It was agreed the .uk was not necessary.

Ian also asked if LOC e-mail addresses should be used so that replies could be sent from the glosloc domain. It was agreed this would be a good idea, Ian would investigate the functionality.

Ankur would set up a committee wide e-mail distribution.

10. Date of next meeting

Tuesday 10th September 2019

APPENDIX 1

Hi everyone,

Unfortunately I'm not going to be able to make the LOC meeting tomorrow.

I've attached a report on the glaucoma audit that will be discussed at the next eye health CPG on 30th July. It may be useful information as part of the PEG update agenda item.

I also asked Adrian to include an agenda item for a CET plan to support the community eye health services so I best explain what that is about:

If you read the glaucoma audit report, you'll see that in terms of false positives referral, our service has performed well in comparison to GOS referrals (based on a national average).

However, there are community glaucoma services in other areas that are out-performing ours, and in addition to this, Andy McNaught and Nitin Anand have been beating some war drums about our current false positive rate.

Personally, I don't think we have anything to be ashamed of or worry about- we're doing fine and we've always promised this was a starting point and we'd build up from this foundation.

In our original proposal to the CCG, we promised to continually feed back into the services, learning, developing and improving patient outcomes as we go. We're also targeted on false positives as a contractual KPI.

Countywide education and training must now become the next focus for us, to protect our contract and to support the NHS.

We don't have the data to identify whether or not there are individuals in the county who are responsible for large proportions of false positives- the Hospital do not have the capacity to audit outcomes to such a detailed level.

What we do have is the capacity to work with everyone and take a broad approach. Which brings with it plenty of challenges- like how do you get ideas to stick and change referral culture? How do you engage with locums, supermarkets and multiples who generally do not have anything to do with PEG or the LOC?

It would be beneficial for the LOC to discuss some of these issues, in particular:

- Committee funds are very healthy. A program of CET to support all of our services over the next 2-3 years would be costly. Would the LOC consider using committee funds to cover the cost of CET?

-How do we cast out net wider and engage with locums, supermarkets and multiples? Do we send letters, posters out in addition to emails? Do we have someone contact/visit the hard to reach practices and make sure they are aware of upcoming CET events?

-A dedicated CET officer. As you're aware, I'm stepping down as a PEG director but I've been considering what I can do to continue to support the Gloucestershire community eye care contract. Now I don't have to juggle the PEG work, I'd be happy to take on the CET role .

-With MECs potentially going live in Octover, do you think the LOC need to provide any training for practice managers or suport staff? We want MECs to be a success. The way patients are triaged will underpin this service. Should the LOC offer some support to practices in training their staff?

- Are their other training needs? Cataract, and children's vision will both require re-accreditation at the 3 year anniversary.

I hope that provides enough to inform a discussion, and apologies I can't attend. Let me know if anyone wants to know anything else.

Kind regards,

Kerry