

## Minutes of LOC meeting Monday 14<sup>th</sup> December 2020 via Zoom

Present: Fawn Bennett, Alvaro Borges, Amy Clarke, Clare Griffin, Nigel Harris, Kerry Irvine, Sid Maher, Eshmael Palmer, Ian Shapcott, Adrian Street, Ankur Trivedi

### 1. Apologies

Apologies had been received from Tony Burke

### 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 meeting were approved

### 4. Matters Arising and Action Points

#### *Action Points from last meeting*

i	Minutes for website	Adrian/Clare/Alvaro
ii	Editable pdf version of YAG referral form	Alvaro/Ankur
iii	Low Vision Pathway	Alvaro/Sid
iv	ECF referral survey	Alvaro
v	Possible CET from Eye Casualty staff	Eshmael
vi	Feed back to John re CET	Alvaro
vii	Interest in NOC sessions	Nigel

- i. Adrian to send link for the recording of the AGM minutes to be added to the web-site <sup>i</sup>
- ii. The editable version of the YAG form seemed to work, Ankur to send to Eshmael and Tony and Alvaro to distribute County Wide once approved <sup>ii</sup>
- iii. Ongoing, report further at next meeting
- iv. The EDF survey was still outstanding, Nigel suggested waiting for the Opera update to be completed before going any further. Agreed
- v. Eshmael reported there had been a positive response from the Trust, to liaise with Kerry regarding possible dates. <sup>iii</sup>
- vi. The CET proposed by John would not be ready for three months, Alvaro was expecting further information. Kerry noted that the reaccreditation for Community Eyecare Schemes that was postponed in 2020 would need to be completed in 2021. Alvaro would forward the GCare reviews of the cataract and glaucoma pathways <sup>iv</sup>

It was agreed it would be good to develop a CET/Accreditation plan for 2021 and Kerry felt it would be best to allow for both meetings and Zooms or a possible hybrid which was agreed.

- vii. NOC feedback covered in agenda item 9

## 5. Treasurer's Report

At 14/12/2020:

Treasurers Account:	£68,606.53
Business Account:	£729.57

Nigel noted that there were no payments outstanding apart from some old cheques from March 2020. Average monthly income for past quarter was £4187 which was similar to pre COVID activity. LOCSU levy will be paid quarterly and up to date, the next payment was due in Jan 21 for October to December.

Nigel went on to state there was clearly no issue with funding any CET that was required and that the internet banking seemed to be working well.

## 6. PES Update

Ankur reported that the Opera roll-out was ongoing, some new tabs had appeared but they were not live yet and noted that MECS could only be used if a patient lives in an area that offered the service.

Ankur was planning to discuss the issue of practices not following CUES protocols with relevant contractors and noted that it may be possible to have a single point of contact via PES. Amy said she was providing this service and is finding the system less than ideal. Ankur felt it would be better to not use this if at all possible and that the WhatsApp group was quite effective.

## 7. Wet AMD Referral Pathway

It has been noted that the Wet AMD form on the web-site was not editable, there currently wasn't an editable version available, Ankur would arrange for an updated document similar to the recent version of the YAG referral.<sup>v</sup>

Eshmael reported that the proposed revised pathway was still in discussion at the Trust and that any update was not likely in the next couple of months.

## 8. Out of County CET requests

Ian noted that many requests for CET information were received, he could add to the web-site but wondered if this was done should there be a disclaimer to ensure it was clear that these events were not organised or endorsed by the LOC.

Fawn thought a separate tab on the web-site might be helpful and wondered if something similar for vacancies in the County would be possible. Alvaro explained that the LOC would not normally get involved in recruitment of locum placements.

Sid suggested sharing or using links on SM with a disclaimer would be an option for CET and recruitment with an appropriate disclaimer but felt some rules around what should be reposted would be helpful.<sup>vi</sup>

It was agreed a tab on the web-site would be possible, though County events should be prioritised. Ian to set up<sup>vii</sup>

## 9. NOC Feedback

Ankur noted that recordings of all sessions were available on the LOCSU web-site and he would forward an e-mail with links. <sup>viii</sup>

The main messages were that CCGs seemed to have been encouraged by NHSE support of CUES. Any future schemes would continue to be commissioned locally and so engagement with CCG, PCNs etc would be very important.

Committee members would send Adrian any notes from sessions they attended to be included in the minutes. <sup>ix</sup>

## 10. Cataract Pathway Review

As part of the GCare review Nigel highlighted whether GP referrals for cataract was an issue. Eshmael wasn't aware of any data regarding the number of referrals from Optometrists and GPs or the number of false positives but he felt there were not many from GPs. Ankur noted that it had been possible for GPs to register for Optomanager but none had done so.

Ankur felt it wasn't a major problem as none of the providers had raised concerns and Fawn noted that Domiciliary providers still needed to refer via the GP and Clare also mentioned this referral option might still be necessary for people outside of the County.

Nigel Kilpatrick reportedly felt that the cataract questionnaire wasn't necessary as the NOCE guidelines didn't concentrate on VA. Andy McNaught supported the questionnaire, he felt it was NICE compliant and referrals were increasing anyway. Kerry pointed out that the service delivered was what was required by the CCG and all agreed the questionnaire worked well for practitioners.

## 11. School Screening Extension Pilot

Ankur note that there was a pilot to extend the School Screening service to Independent schools and children that were home schooled. Screening for children at Independent Schools were relatively easy to arrange but it was more difficult to ensure that home schooled children were provided with equal access. Alvaro felt that Gloucestershire were generally supportive of home schooling and would pick up on any discussions around extending the service

## 12. Low Vision Discharge Letter

Eshmael shared the proposed Low Vision Discharge Letter (Appendix 1) and explained the final version would be in large print and have more patient detail and would be sent to the relevant Optometrist if details were listed.

Alvaro asked if Alun Davies from the Sight Loss Council was aware of the letter and also asked if it would be practical for a patient to be asked if they had a preferred Optometrist if one wasn't listed. Eshmael felt this should be possible.

Alvaro reported that he had contacted Kerry O'Hara from the CCG along with Alun Davies regarding a proposed Community Low Vision pathway and Amar had suggested producing a business case for a possible scheme.

Adrian & Sid felt a DO with WOPEC accreditation could be part of the pathway and Ankur agreed. Sid would share details of the Worcestershire scheme which was a single fee that included an assessment and two low vision aids.<sup>x</sup>

Alvaro and Sid would continue working on the proposed scheme.

### 13. Social Media

Sid suggested a Social Media brief would be a good idea, something that could be proposed and discussed at the next meeting.<sup>vi</sup>

### 14. 2021 Plans

It was noted that a lot of accreditation would be required and Alvaro also wondered if the LOC would be able to help with any vaccination programme.

Ankur suggested the possibility of drop-in virtual meetings with small groups to discuss any issues or concerns and Fawn felt some interactive CET would be helpful. There were some logistical issues to be overcome, Sid suggested GoTo Webinar or Facebook Live as possible platforms to allow a session to be run along the lines of a Peer Discussion meeting utilising a facilitator.

### 15. Any Other Business

Ankur noted that Spa Medica would be opening in Quedgeley, though there was no definite date at the moment Alvaro thought everything would be ready by the end of the year.

Initially cataract surgery and YAG laser would be offered with the procedures actually provided in Bristol but there was scope for the expansion in Gloucester so that patients wouldn't have to travel. It had also been confirmed that YAG would be possible for patients from other providers as it was noted there was a longish wait for this in the Trust.

### 16. Date of Next Meeting

Tuesday 12<sup>th</sup> January 2021 7:00pm

## Action Points

I	Link for AGM recording to Ian	Adrian
li	Approve & distribute updated YAG form	Eshmael/Tony/Alvaro
lii	CET from Eye Casualty staff	Eshmael/Kerry
lv	Forward GCare reviews	Alvaro
V	Editable Wet AMD referral	Ankur
Vi	Social Media brief/reposting guidelines	All/Sid
vii	Tab on web-site for external CET information	Ian
viii	Forward LOCSU e-mail with NOC links	Alvaro
Ix	Send notes from NOC sessions to Adrian	NOC attendees
x	Worcs Low Vision letter & figures	Sid

Patient has been seen in the Low vision clinic for an appointment to provide assessment of their visual needs.

To enable best magnifier usage, a refraction was carried out and the following prescription issued to the patient to obtain glasses. Prescription issue date:

RE)

LE)

No ocular health check was performed on this occasion. This is required as part of the patients routine eye examination with their community optometrist if they are no longer under the care of an ophthalmologist.

Patient was registered sight impaired / severely sight impaired / does not meet criteria for registration.

Magnifiers issued were:

1. Illuminated hand magnifier +10 – enabling N5 print

The following recommendations were made:

1. e.g. lighting, thicker pen, kitchen adaptations

Following the Low vision assessment the patient was seen / contacted by the Eye Clinic Liaison Officer (ECLO) and the following recommendations were made:

OR

The patient declined an appointment with the Eye Clinic Liaison Officer (ECLO).

Patient has been contacted by telephone on date and it was confirmed they do not require another low vision appointment.

The purpose of the low vision clinic is rehabilitation and not monitoring of eye health, therefore they (delete as appropriate below)

1. Have been discharged to the care of their community Optometrist to include routine eye examination and ocular health check.
2. Remains under the care of Ophthalmology for their specific pathology monitoring. However their routine refraction and eye health check is to be done by their community Optometrist.

If there is a change in their vision or needs they are welcome to be referred back to the low vision service, via their Optometrist or GP.

To request replacement of a current broken magnifier or to purchase additional magnifiers the patient can contact the Optometry department on 0300 422 3190.

Details of the hospital Low vision service and how to access them are available on the trust website under patient information leaflets, low vision aid

<https://www.gloshospitals.nhs.uk/your-visit/patient-information-leaflets/low-vision-aid-clinic-ghpi0196/>

The ECLO is available to support the patient even when they are discharged from the Low vision clinic, contact details:

Gary Learmonth - 07925 034799 / Louise Birt – 07702 961060