

Minutes of LOC meeting Tuesday 20th April 2021 via Zoom

Present: Fawn Bennett, Alvaro Borges, Amy Clarke, Nigel Harris, Sid Maher, Ian Shapcott, Adrian Street, Ankur Trivedi

1. Apologies

Apologies had been received from Clare Griffin.

2. Declarations of conflicts of interest

Ankur stated that he was shadowing the consultants at NewMedica in Swindon as part of the Higher Certificate in Glaucoma, there was no fee or reimbursement.

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i	Check existing Wet AMD form	Eshmael	Superseded
ii	Secretary access to on-line banking <i>Nigel to continue with arrangements</i>	Nigel/Adrian	Ongoing
iii	SpaMedica contact details	Alvaro	Completed
iv	Health questionnaire comparison	Ankur	Completed
v	Dates for event planning meeting	Alvaro	Completed
vi	Set up LinkedIn and closed Facebook group	Sid	Completed
vii	Card and gift for Kerry	Adrian	Completed
viii	Introduction to Lorcan & feedback at next meeting	Alvaro/Clare/Fawn	Completed
ix	Distribute Healthy Living Practice details and contact with PHE. <i>No reply from PHE, LOCSU to assist</i>	Alvaro	Ongoing
x	Confirm availability for Homeless project meeting	Adrian	Completed
xi	Distribute SpaMedica guidance	Alvaro	Completed

i Eshmael was not at the meeting, Alvaro would contact Eshmael regarding procedures for high-risk flashes and floaters and felt a more general maculopathy pathway was preferable to a Wet AMD only option. ⁱ

iii No local contact for Spa Medica seemed to be available, only a national number. Fawn noted that SpaMedica needed to be added to the referral information leaflet, Ankur would sort this out, Fawn would send the details to Ankur. ⁱⁱ

iv The issue had been resolved, Adrian mentioned the practice e-mailing the questionnaire to a practice tablet and a member of staff completing it with the patient before they left.

v Meeting arranged for 18th May 2021.

vi Sid had set everything up, LinkedIn was ready for posts to be shared and thought the Homeless Project would be a good topic to share.

The Facebook group was awaiting the go ahead, Sid thought it would be more suited to social communication rather than formal optical topics. Members would need to be approved by an Admin and could be blocked if necessary.

Ian noted that Sid had achieved an excellent balance with the group being a step away from the LOC and it was agreed Facebook should be more relaxed and LinkedIn would reflect the more formal side of the LOC. Sid also noted it would be ideal to get a Facebook Admin from outside the LOC if possible.

Sid would send out an invite and requested some posts from committee members initially to generate some interest. ⁱⁱⁱ

vii Adrian had delivered some wine to Kerry on the 23rd of April.

viii Fawn had made contact with Lorcan and confirmed a peer discussion event could be provided using Zoom. Fawn asked about the format that would be required for reaccreditation events. Ankur felt that the events would be different to the original meetings as there would not be a need to cover everything at once. Ankur suggested Glaucoma pathways should be prioritised as these offered the largest scope for improvement.

Fawn noted that the whole process was a bit overwhelming, and Alvaro agreed to contact Kerry to ask if Kerry could help Fawn with any work already completed and with the GOC CAT account. ^{iv}

Nigel noted he had a CET event from Lorcan shortly and he would provide some feed-back on how it worked and suggested an 'off the shelf' CET event would be best to start off with. Sid thought LOCSU may also be able to help.

Ankur would contact the Glaucoma consultants to ask for some indication of what could be improved regarding referrals and Fawn would contact Lorcan to enquire about a Glaucoma CET event. ^v

x See Appendix 1 for summary of the meeting.

Alvaro had not received any reply regarding the possibility of providing Lateral Flow tests in Optician practices, but the public could now access the tests from various sources, so this was no longer relevant.

5. Treasurers Report

Nigel reported that the fund was healthy (Appendix 2) and the PCSE on-line payment system seemed to be working and noted that the funds for the Homeless Project had not been received yet. Adrian would update the meeting attendance record to assist with the end of year accounts. ^{vi}

Nigel had also had a quick look at specialist accounts software and would investigate the options further.

6. PES Update

Ankur reported that the transition from Optomanager to Opera was coming to an end, the Children's Service was the only outstanding pathway to move and there was a small issue with access to the OHT module which was in hand.

Ankur also noted the original contract had now expired and was moving forward on a rolling basis and the CCG had provisionally agreed an annual review of fees with a possible increase in the near future.

Nigel asked if the Trust were on board with Opera? Ankur said the Trust were still resistant to a paperless system and he was planning to arrange to meet with the Trust to discuss further. Alvaro would contact Eshmael to ask for some feed-back. ^{vii}

7. PAGs and PLPDs Guidance

A guidance document received from LOCSU (Appendix 3) and Alvaro had contacted Amar who had reported there did not seem to have been much activity and would provide some more information.

It was agreed that while the system looked quite vague it would be beneficial for the LOC to be represented in any Performance Advisory Group, a LOC appointee could attend as a co-opted member and be reimbursed from committee funds as there would be no payment from NHSE. It was noted that any LOC representative would not have to be the same person every time.

Adrian would try and find more information and contact details. ^{viii}

8. Any Other Business

Ian asked about the requirements for notification of the AGM, Alvaro would use the new Social Media channels to notify practitioners of the date of the meeting and then send out a formal invitation nearer the meeting. ^{ix}

Alvaro reported that nothing had been heard from the CCG regarding the proposed Low Vision service and he would chase up a reply. ^x

Alvaro also reported on the Homeless Project:

Funding from the CCG had been approved and the next task was to get some funding from NHSE to address health inequalities.

The Gloucester homeless centre was moving to the old Rikenel health centre hopefully in May and would be able to provide a room to facilitate a Vision Care for Homeless People fixed premises contract which had been presented to the CCG.

A VCHP clinic would require an Optometrist as a project manager and would be looking to recruit someone for 1 day per week for 1 year initially. It was agreed that it would be appropriate for the LOC to advertise the post as a special case for the charity and make it clear VCHP would be the recruiters, the LOC would not have any involvement in the process.

9. ECLO Introduction

Louise Birt and Gary Learmonth, who were employed by RNIB as ECLOs for Gloucester and Cheltenham respectively, were welcomed to the meeting and provided a short presentation (Appendix 4)

Practitioners were welcome to refer patients with any eye condition via NHS e-mail, patients do not have to be registered Sight Impaired or Severely Sight Impaired. ECLOs have a wide remit and holistic approach providing emotional support and signposting to appropriate services. Support is available via 'phone and to patients in care homes.

Referral information that would be helpful:

- Name, address, DoB, NHS number
- Any communication requirements
- Description of eye conditions and/or problems – not necessarily low vision
- Any concerns around the referral process

Alvaro suggested possibly copying the ECLOs into any appropriate referrals and would also share the low vision service presentation with Louise and Gary.^x

Adrian asked if a specific ECLO referral form was a possibility? Sid would share the form currently used in Worcestershire for consideration.^{xi}

10. Date of Next Meeting

Planning Meeting - 18th May 2021 – Alvaro to consider meeting timing, format and agenda.^{xii}

Action Points

i	Contact Eshmael re high-risk F&F/Maculopathy pathway	Alvaro
ii	SpaMedica added to referral leaflet	Fawn/Ankur
iii	Send out Facebook invite and initial posts	Sid/All
iv	Contact Kerry for help setting up CET	Alvaro
v	Contact consultants and Lorcan re Glaucoma CET event	Ankur/Fawn
vi	Update meeting attendance	Adrian
vii	Contact Eshmael for feed-back on Opera	Alvaro
viii	Information/contact details for PAGs & PLPDs	Adrian
ix	Notify practitioners of AGM date	Alvaro
x	Share low vision service presentation with ECLOs	Alvaro
xi	Send Worcestershire ECLO referral form	Sid
xii	Timing, format & agenda for planning meeting	Alvaro

Feedback on Homeless Project Zoom 26/03/2021

Zoom with Alvaro, Adrian, Priya Purewal from the CCG and David Brown from Vision Care for the Homeless Project (VCHP)

There were a few different options for setting up a clinic, the best was to open a VCHP Branch which would mean VCHP would be the contractor and would hold a Mandatory Services Contract. VCHP would also provide a lot of support to set up the clinic which would take around 6 to 9 months to complete.

Alvaro had been informed there could be a room available for the clinic's exclusive use, possibly in the Rikenel Centre in Gloucester which was to be developed into a homeless support centre, though the details needed to be confirmed.

The suggestion from David would be a weekly clinic of around 10 patients using voluntary staff. There would be a variety of roles that would need to be filled as well providing eye examinations and dispensing including an overall clinic manager. Adrian and Alvaro had both received various verbal offers of help.

According to Social Services there were around 400 homeless people in the County with the majority in Gloucester and Cheltenham, but these figures are always considered to be grossly underestimated.

It was accepted that the homeless were a difficult group to reach, though David mentioned a lot of homeless people did have a mobile 'phone, and while eyecare would not be a top priority for a lot in the homeless population VCHP experience demonstrated that there was a significant demand. The Big Issue would apparently be able to help arrange transport to a clinic if required.

Next steps – Adrian had offered to work with Alvaro, the CCG and VCHP on setting up the clinic, he had a lot of experience with the regulatory environment around NHS Contracts.

Alvaro had had a subsequent meeting with the CCG, the service specification would need to be updated on the basis that part of the funds could be used to fund the role of the clinic set up manager. David was to sort out the necessary changes.

County and City of Gloucestershire Local Optical Committee**Accounts for Year Ending 31st March 2021**Opening Balances 01/04/2020 - as per previous year accounts

Committee Statutory Levy	51,344.67
LOCSU Levy	2,954.78
Voluntary Levy	6,612.70
CET Statutory Levy	-2,620.53
CAPITA Overpay	3,255.64
Total of Opening Balances	<u>61,547.26</u>

Committee Statutory Levy

	Income	Expenses
Opening Balance	51,344.67	
Levy Collected (as per bank/breakdown)	8,912.99	
Bank Interest received	0.23	
Expenses paid from the bank		23,250.91
O/s payments Brought forward	11,010.12	
Unpresented expenses cheques at year end		0.00
Meeting Fees		35.97
Overpayments of levies in the year		0.00
Closing Balance		
Totals	<u>71,268.01</u>	<u>23,286.88</u>
		47,981.13

LOCSU Statutory Levy

	Income	Expenses
Opening Balance	2,954.78	
Levy Collected (as per Bank/breakdown)	10,865.52	
Paid to LOCSU		10,789.11

Jan - Mar payment due (Closing Balance)
Closing balance including £1.00 underpayment

<u>13,820.30</u>	<u>10,789.11</u>
	3,031.19

Voluntary Levy

	Income	Expenses
Opening Balance	6,612.70	
Collected	0.00	
Paid out		0.00
Closing Balance		
	<u>6,612.70</u>	<u>0.00</u>

CET Statutory Levy

	Income	Expenses
Opening Balance		2,620.53
Levy Collected (as per bank/breakdown)	2,442.70	
Additional CET income (as per bank)	1,728.00	
Expenses paid from the bank		0.00
O/s payments Brought forward	360.00	
Unpresented expenses cheques at year end		
Closing Balance		
	<u>4,530.70</u>	<u>2,620.53</u>
		1,910.17

Closing Balances as at 31/03/2020

Committee Statutory Levy	0.00	
LOCSU Statutory Levy	0.00	
Voluntary Levy	0.00	
CET Statutory Levy		0.00
Capita Overpay	3,255.64	

Cumulative Closing Balance

	<u>3,255.64</u>	<u>0.00</u>
	3,255.64	
Cash at Bank - Treasurers account		0.00
Cash at Bank - Deposit account		0.00
Less: Unpresented Cheques total	-6,145.00	
Less: Unpresented Cheques BF	-3906.12	
		-
	<u>10,051.12</u>	



NHS Optical Performer Meetings in the LOC Context

Date: 14th April 2021

Author: LOCSU

Audience: LOCs

Key points

- 1. NHS England and Improvement (NHSEI) has established Performance Advisory Groups (PAGs) and Performers Lists Decision Panels (PLDPs) as part of its responsibility to manage the performance of primary care performers.**
- 2. PAGs and PLDPs both have optometrists (who may or may not be LOC members) as panel members: their role is that of a discipline-specific practitioner (DSP).**
- 3. Subject to point 2, PAGs may also invite LOC representatives as co-opted members and NHSEI encourages this.**



The ECLO service

Eye Clinic Liaison Officers

Louise Birt

Gary Learmonth