

## Minutes of LOC meeting Tuesday 18<sup>th</sup> January 2022

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

### 1. Apologies

No apologies had been received.

### 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

### 4. Matters Arising and Action Points

Alvaro confirmed that Fawn had stepped down from the Committee. Ian would update the web-site and Ankur had revised the e-mail distribution lists.

#### *Action Points from last meeting*

i.	Check GOS Payments and Income/Expenditure Outline	Completed
ii	COL feedback for domiciliary providers	Completed
iii	Homeless Project delay information	Completed
iv	Hybrid meeting options	Ongoing
v	Reminder re CUES	Completed
vi	CPD Brief	Completed

i. Nigel had received confirmation that Paul Westerley Opticians in Stroud was contributing via the levy and he was not aware of any practices that were not paying towards the LOC. Other points covered in Treasurer's Report

ii. As Fawn had stepped down, no feedback available.

iii. Karen Gennard responded;

'Our GOS contract requires that we see anyone (as stated in the contract with the CCG and various emails and meeting) the Rikenel Homeless Healthcare Team will only allow people into the clinic who have them as a registered GP and our risk assessed by them.'

The clinic was hopefully going to be located at The City Mission on Eastgate Street instead.

vi. Adrian had provided a precis of the GOC CPD document, see Appendix 1.

## 5. Treasurer's Report

Nigel reported that levy income was consistent, and the bank balance was very healthy. Funding would be available for all AGM options, and he suggested a levy reduction would be possible. At the AGM a vote would be required regarding the suggestion that the Voluntary Levy be donated to the Homeless Project.

Nigel also suggested that if the LOC were to sponsor any practitioners courses the practitioner should pay up front and then get refunded on completion. It was agreed that 50% of the cost was reasonable and that a Memorandum of Understanding to ensure any sponsored practitioner would take part in any relevant schemes was appropriate.

The committee felt it was important to 'up-skill' practitioners but Nigel noted there would be a need to spread the various skills around the County and Ankur warned that any hospital placements that are required are difficult to obtain and suggested approaching the CCG and Trust as the LOC to discuss the options.

Alvaro had developed a questionnaire to investigate interest in the County as there would be a need to match candidates with gaps in coverage of the various schemes. Clair suggested adding a question asking how practitioners might use any qualification. Alvaro would finalise and distribute, Sid would help with SM. <sup>ii</sup>

## 6. Chairs Report

Alvaro reported that the low-vision community scheme was progressing, possibly more suited to DO practitioners rather than Optoms. Adrian noted the ABDO Low Vision course was quite onerous, Alvaro confirmed the WOPEC certificate would be acceptable to be a part of the scheme and that there was a Professional Certificate option.

LOCSU had confirmed that nothing was changing regarding the GOS contract though the CPG didn't seem to be aware of the situation. Ankur suggested forwarding the confirmation details to the CCG, Alvaro would send. <sup>iii</sup>

Alvaro proposed that a review of expenses and fees was carried out every year in line with inflation. Adrian mentioned that Optix did something like this and would find the details. <sup>iv</sup> Nigel suggested adding an item to the AGM agenda which was agreed. Adrian would start to prepare the AGM agenda. <sup>v</sup>

## 7. PES Update

Ankur had sent the quarterly review data to the CCG (Appendix 2) and noted there may be a possibility of extended the face-to-face follow up for low-risk cases.

Ankur reported that Triage Centres were operating in Bath & Swindon, Wiltshire where telemedicine is completed and only patients that require a face-to-face appointment are referred to practices. This system was a possibility for Gloucestershire but was an 'all or nothing' option, if implemented no triaging would be carried in practices. Ankur felt this wasn't the best approach and had not received any feed-back to indicate it was required at this time.

Alvaro would share a report on difficulties with telemedicine that he had received. <sup>vi</sup>

Alvaro asked for any questions for Spam Medica to be forwarded to him as he had a meeting coming up.

Alvaro had experienced difficulties obtaining cataract waiting times from the Trust, anecdotally patients were waiting 6 months or more. Also the CPG had reported some difficulties with patients bouncing between the Trust and Private Providers when they had two conditions, e.g. a patient under The Trust for Glaucoma but NewMedica for cataracts. Alvaro would invite someone from the Trust to the next meeting to try and get some feed-back on the situation. <sup>vii</sup>

#### 8. Community Ophthalmic Link Update

Alvaro reported that the trial of Link was due to be launched in the next few weeks and that Tony Burke was now the UK Manager for the software company used by the Trust which the COL would connect with.

Alvaro also noted that NewMedica and Spa Medica were keen to have access, Ankur asked if the communication would be two-way for these organisations. Alvaro replied that two-way was the ideal but the initial business case was just for Community Practices but it may be possible for other organisations to be included.

#### 9. Low Vision Service Update

Alvaro reported that the CCG were keen to proceed but funding was a stumbling block. The Trust had offered training and support for Community Practitioners which it was agreed was very helpful and Sid would follow this offer up. <sup>vii</sup>

The suggested fees were;

- a. Approximately 1 hour assessment only - £60 - £80
- b. Fee of around £120 to cover the assessment and aids

Adrian felt the assessment fee plus and aid allowance that could be upgraded by the patient paying extra might be the best option.

Clare stated she would need more information before committing to any scheme and Nigel asked if any Scheme would be benchmarked with the Welsh Low Vision Service? Sid felt it would not be possible to get similar funding but would get more information and some idea on the prices of LVA. <sup>ix</sup>

A question on a possible community low vision scheme would be included in the workforce survey.

#### 10. EERS Update

Alvaro reported there had been no local engagement in Somerset and NHSE had extended the funding for another year. Gloucestershire CCG were more focussed on the Community Ophthalmic Link.

#### 11. Levelling Up

Clare reported that she had spoken to Janet Potter who was President of GETT about Levelling Up in Gloucestershire and the surrounding areas. It was planned to set up Family Hubs providing

accessibility for families with pre-school children and children up to 19 with Special Needs and Janet would like LOC input.

Janet was aware of the VCHP project and wondered if something similar might be possible for the proposed Hibs. Alvaro suggested it may be also possible to utilise Learning Difficulties pathways. Clare would try and get more information and local contact details. <sup>x</sup>

#### 12. Any Other Business

Alvaro reported that he had been successful in obtaining a place on the LOCSU Leadership Module and was congratulated by The Committee

Alvaro and Sid were planning to create and distribute a quarterly newsletter which would include a request for new committee members.

#### 13. Date of Next Meeting

Tuesday 22<sup>nd</sup> February 2022.

## Action Points

i.	Update committee members on web-site	Ian
ii	Distribute workforce survey to County practitioners	Alvaro & Sid
iii	LOCSU confirmation regarding no GOS changes to CCG	Alvaro
iv	Details of Optix fee increases	Adrian
v	Start AGM agenda	Adrian
vi	Distribute report on Telemedicine difficulties	Alvaro
vii	Invite Trust representative to next meeting	Alvaro
viii	Follow up Low Vision support with Trust	Sid
ix	Welsh LVA scheme fees and LVA costs	Sid
x	Levelling Up information and contacts	Clare

**CPD** is a legal requirement for all fully qualified optometrists and dispensing opticians. The scheme runs over a three-year cycle. It is points-based which means that you must earn a minimum number of points by the end of each cycle (as well as meeting a number of other requirements) in order to remain registered.

- 1 You must achieve a minimum of 18 points through interactive CPD.
- 2 We expect you to obtain at least six points per year but would encourage you to do more than this in order to spread your learning evenly across the three-year cycle.
- 3 You must cover each of the four core domains (1-4) by obtaining a minimum of one point in each.
- 4 You must participate in at least one peer review event (after which a reflection statement must be completed). A peer review event can either be a peer review delivered by a GOC CPD provider or a registrant-led peer review as part of a registrant's self-directed CPD.
- 5 You may participate in self-directed CPD provided that you obtain at least 18 points from GOC CPD providers.
- 6 You must plan your personal development at the start of a cycle by creating a personal development plan in your MyCPD account.
- 7 You must complete a reflective exercise with a peer based on your personal development plan by the end of a CPD cycle.

#### **CPD requirements for optometrists and dispensing opticians**

You must obtain a minimum of 36 CPD points from domains 1-4 during a cycle.

#### **CPD requirements for optometrists with an additional supply (AS), supplementary prescribing (SP) and/or independent prescribing (IP) specialty**

You must obtain a minimum of 54 CPD points in total during a cycle which includes:

- a. a minimum of 36 CPD points from domains 1–4.
- b. a minimum of 18 CPD points from the specialty CPD domain.

#### **CPD requirements for contact lens opticians**

You are required to obtain a minimum of 36 CPD points in total during this cycle which includes:

- a. a minimum of 18 CPD points obtained in domains 1-4.
- b. a minimum of 18 CPD points obtained in the specialty CPD domain.

When you login **to MyCPD** for the first time during the cycle you will see a welcome screen and then asked to complete a few short questions about your practice. You will then be taken to the personal development plan. You must complete a personal development plan in relation to each CPD cycle.

This should involve:

- a. identifying areas of practice that you want to revise or update.
- b. identifying new areas in which you wish to develop.

You will not be able to progress further until this is completed.

## Core domains

1. Professionalism
2. Communication
3. Clinical practice
4. Leadership and accountability

## Specialty domain

- 5a. Specialty CPD – contact lens optician
- 5b. Specialty CPD – AS/SP/IP optometrist

## Additional domain – current risks

We may invoke this domain to address or fill known gaps in skillsets, or perhaps target all registrants as a result of issues raised through our fitness to practise processes, a national emergency or a change in legislation. If this additional domain is invoked, we would notify all registrants formally as soon as possible following the decision to do so.

**Interactive CPD** is any CPD which involves either:

- a. physical attendance with others such as lectures, workshops or peer review events.
- b. distance learning which includes an element of interaction with others

**Self-directed CPD** can count towards your interactive points requirement if it involves interaction as defined above.

## All registrants must participate in at least one peer review per cycle.

Both optometrists and dispensing opticians count as peers of each other for the purposes of the peer review exercise, though if you hold a specialty registration you must undertake at least one peer review with peers with the same specialty.

You may organise and run a peer review activity yourself, or you may choose to participate in a peer review activity organised and led by a GOC-approved CPD provider. All peer review activities are eligible for three CPD points.

**Self-directed CPD** is learning from sources other than GOC CPD providers. You do not have to complete self-directed CPD, but if you wish to do so, you may, as long as the following conditions are met:

- a. the learning is relevant to your scope of practice (i.e., relates to your professional role);
- b. you log details of the CPD on your MyCPD account, including what you did, how much time you spent doing it and evidence that you have done it;
- c. you complete a short written reflection statement after completing the CPD to explain why it is relevant to your scope of practice; and
- d. you complete a minimum of 18 points of CPD from GOC CPD providers.

## Review of registrants' records

A selection of registrants' CPD records will be reviewed each cycle. The review is intended to help registrants ensure they are on the right track with their learning and are keeping good-quality records.