

Minutes of LOC meeting Tuesday 22nd February 2022

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

Alvaro welcomed Max Holford from LOCSU

1. Apologies

Apologies had been received from Ankur Trivedi

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 with amendments from Alvaro

4. Matters Arising and Action Points

Action Points from last meeting

i.	Update committee members on website	Completed
ii	Distribute workforce survey to County practitioners	Completed
iii	LOCSU confirmation regarding no GOS changes to CCG	Completed
iv	Details of Optix fee increases	Completed
v	Start AGM agenda	Completed
vi	Distribute report on Telemedicine difficulties	Ongoing
vii	Invite Trust representative to next meeting	Not had any reply
viii	Follow up Low Vision support with Trust	Covered in agenda
ix	Welsh LVA scheme fees and LVA costs	Covered in agenda
x	Levelling Up information and contacts	Completed

iii. Max confirmed that NHSE had stated that the GOS budget would continue to be nationally commissioned but locally managed.

iv. Optix fee increased each year by the RPI figure published in September.

vi. Alvaro had not managed to find the report discussed but would have another search. Max reported on an AI led 'phone call trial for post cataract follow-up and would send on the information.¹

x. Clare reported that multi discipline services would be commissioned on the summer targeted at all under 19s and special needs patients up to the age of 25. Clare asked if there was anything the LOC would like included? Adrian wondered if vision screening should be included, to pick up any children who were missed during a school session and those that were home schooled.

Clare explained that 'Hubs' were planned in various locations such as community centres and doctor's surgeries and would operate on a combination of an onward referral pathway and a treatment centre.

Alvaro asked if more information was available, Clare would enquire, and Nigel would try to contact the PCN again to see if there was anything available from that source. ⁱⁱ

5. Treasurer's Report

Nigel reported that the funds were very healthy and building up as there had been little activity other than Zoom meetings. Balance at Appendix 1.

6. Chair's Report

Alvaro stated that there was an ICS Peer Review meeting on the 17th March that Ankur was unable to attend and requested an alternative committee representative.

Alvaro invited Max to address the meeting and Max noted that the LEHN had not been active for about 5 years and was informed that Clare Bulpin had been appointed as chair but left the role very quickly as no support had been received and no contract or payment had been forthcoming.

Max reported that a new role of Optometry Lead had been recommended by NHSE. Someone had been in place in the South and South-East for a few months and discussions had been very positive.

However, the role was not felt necessary in the South-West by the Ophthalmology Lead suggested they could represent primary care as well, but this had been rejected by at the LOC Chair's meeting. Max proposed to write formally on behalf of LOCs which was agreed by the committee. Clare felt any letter needed to be 'de-acronymed' which Max would ensure was the case.

Alvaro had managed to get the cataract waiting times from the Trust and would distribute via the County wide e-mail. ⁱⁱⁱ Alvaro would hopefully be kept updated in future and would also try to discuss the possibility of hospital placements for IP etc.

Kerry from the CCG had sent an e-mail suggesting £60k to fund for Community Low Vision Scheme for 1 year would be approved but a final decision was being held up by one executive member who thought the free home eye test that was available would be adequate. It had been made clear a Low Vision Assessment was different. Alvaro also reported that The Pocklington Trust had kindly agreed to invoice the CCG to support the LOC.

Alvaro stated that he had made a separate proposal for £50k for various higher qualifications at short notice so had been unable to consult on the content – Appendix 2. He had not received any reply yet.

7. PES Update – postponed until next meeting as Ankur unable to attend.

8. COL Update

The CCG had sent the following

Gloucestershire's Community Ophthalmic Link

As you are aware the Gloucestershire Clinical Commissioning Group (CCG) are working in partnership with the Gloucestershire Hospital Eye Services (HES) and Local Optical Committee (LOC) to bring together the COL project. Over the Christmas and New Year period the team has been working hard to get the COL ready to launch in Gloucestershire however we have experienced some minor delays with testing the system and ensuring system security, information governance and data protection processes are robust prior to making it accessible to Community Optometrists.

The team is continuing to work hard to complete these remaining tasks and hope to have the COL ready to launch with our Early Implementer (EI) practices very soon. The COL project team are also taking the time to develop the information resources and guidance for the COL as well as planning and preparing a presentation to support community optometrists to familiarise themselves with the system and to feel confident when using it within practice.

We hope by the next LOC meeting we can update you that the COL has launched and provide some initial feedback on how the EI practices are finding the new system.

Amy noted the delays were due to Information Governance issues raised by the Trust IT department, it would hopefully be ready by the 1st March.

9. Workforce Survey Results

Alvaro had distributed the results (see Appendix 3) in short IP, Med Ret, Glaucoma and Low Vision were all subjects of interest, but cost was a barrier so funding from the Committee might be helpful, and this would be discussed at the AGM

Alvaro noted that not many responses had been received from DOs and Clare felt DOs were not generally engaged locally. Max suggested ABDO could send a communication to all members in Gloucestershire, Adrian would contact the Membership Department. ^{iv}

There was also a question around whether Specsavers staff receive County Wide e-mails, Adrian would contact Riz in Stroud to try and find the best way for the committee to engage with Specsavers employees. ^v

10. AGM Planning

All agreed a hybrid AGM would be beneficial to allow more people to attend but it was noted the 'broadcast' needed to be done well for those attending remotely.

Sid suggested outsourcing might be necessary to provide the best experience and Max added there was the possibility of investing in the appropriate equipment. Amy noted it had been used successfully in Worcestershire and Alvaro had a possible solution that could be tried at the next meeting.

Clare's experience was that hybrid meetings were very difficult; Nigel would ask the Cheltenham Chase for support and Sid would contact an acquaintance who worked in event management. ^{vi}

A working group of Alvaro, Ian Nigel and Sid was agreed.

15th June was proposed as a date for the AGM which was agreed.

11. Any Other Business

Ian had received a private cataract post op via Opera and wondered if that was correct. Amy had had a similar experience. Ian would check the position with Ankur and Amy would check to see what fee had been received for the patient she had completed. ^{vii}

Nigel noted that PCSE payments and reporting had been erratic, Max would report this upwards.

Nigel also asked if CUES would continue, Max responded that the original pathway had been designed to be flexible and would hopefully develop into a wider MEC Service.

Clare asked if anyone had any updated rules regarding F2F consultations regarding family members who were self-isolating. Adrian felt the position needed to be clarified by the various professional bodies, but most members agreed they would see a patient if they had a family member self-isolating.

Alvaro felt the LOCSU Needs Analysis should be revisited, and Max had offered to facilitate a Strategy Session before the AGM. Alvaro would suggest some dates ^{viii}

12. Date of Next Meeting

Tuesday 22nd March 2022

Action Points

i.	Telemedicine and post cataract reports	Alvaro & Max
ii	More information on Levelling up/attempt to contact PCN	Clare/Nigel
<u>iii</u>	Distribute Trust cataract waiting times	Alvaro
<u>iv</u>	Contact ABDO membership department	Adrian
<u>v</u>	Contact Riz re Specsavers staff engagement	Adrian
vi	Hybrid meeting options	Nigel/Sid
vii	Private post-op on Opera position/fee	Ian/Amy
viii	Suggest Strategy Day dates before AGM	Alvaro