Minutes of LOC meeting Tuesday 22nd March 2022

Present: Alvaro Borges, Nigel Harris, Sid Maher, Ian Shapcott, Adrian Street.

Amy Clarke and Ankur Trivedi joined the meeting via Zoom

1. Apologies

Apologies had been received from Clare Griffin

Alvaro informed the meeting that Clare was experiencing some health issues. The constitution had been checked and if a committee member misses three meetings they should step down unless the absence is health related so it was agreed Alvaro would review the position with Clare after the AGM.

The discussion moved on to whether the LOC website should have member logins like other LOCs. Alvaro mentioned that there was no LOCSU guidance, and it was agreed that while there wasn't any material that was very sensitive Ian would investigate setting something up for the GP and Pharmacy nhs.net contacts and the accounts. ⁱ

Ian asked if anyone was aware of an issue with the Herefordshire site as the link from the Gloucestershire site was broken? Alvaro knew an update was in process so Ian would keep checking to see if the link needed updating.

2. <u>Declarations of conflicts of interest</u>

Sid had declared a Conflict of Interest (see Appendix 1). It was agreed this was not an issue at this time as there would not be any restrictions taking part in the Low Vision scheme, anyone with the appropriate accreditation would be able to sign up to offer the service.

3. Minutes of last meeting

The minutes of the last Committee Meeting were approved.

4. Matters Arising and Action Points

Action Points from last meeting

i.	Telemedicine and post cataract reports	Completed
ii	More information on Levelling up/attempt to contact PCN	No response
<u>iii</u>	Distribute Trust cataract waiting times	Completed
<u>iv</u>	Contact ABDO membership department	Ongoing
<u>v</u>	Contact Riz re Specsavers staff engagement	Ongoing
vi	Hybrid meeting options	Completed
vii	Private post-op on Opera position/fee	Completed
viii	Suggest Strategy Day dates before AGM	Completed

iii Alvaro commented that the CCG had noted that a lot of cataract surgeries were being carried out in Gloucestershire compared to some areas. The numbers could be restricted by increasing the required CAQ score but Alvaro felt it was best to not change anything to avoid any conflict with national guidelines, the CCG if the numbers increased or providers if the numbers decreased. The

Trust waiting times were quite long and Ankur had heard there would be week-end clinics to try to catch up. Amy reported that in Worcestershire a 'holding letter' was sent to patients confirming a referral had been received. Alvaro would contact Tom Dawson to discuss this option for Gloucestershire. "

Alvaro also mentioned a suggestion had been made for a single waiting list to be introduced for all providers with referrals then being made based on waiting times, but it was agreed this would cause difficulties with patient choice.

iv. Adrian to chase ABDO iii

v. Adrian had received a reply from Riz but no immediate suggestions for a solution. Ankur thought the issue with e-maildodo communications being rejected had been solved so Adrian would try and contact some Specsavers staff using the details on the database to check. iv

Sid suggested a LOC notice for practice staffrooms which was agreed was a good idea. Sid would prepare some suggestions. ^v

vi. The meeting had worked pretty well but it was agreed some sort of microphone would be required for a larger meeting such as the AGM. The other possible issue with the AGM was the potential need for 2 cameras and it was agreed in principle to invest in equipment for future meetings if required. Nigel noted that Max Holford would be able to help with this if required.

Ankur suggested a facilitator would be required for the AGM to help with the equipment and monitor chats for questions. Sid agreed to take this role.

vii. Ankur explained the provider needed to discharge private patients to Opera to allow payment to be made and Amy confirmed there was a record that the patient was private at the bottom of the discharge report and the appropriate fee had been received. Nigel would update the Community via WhatsApp. vi

viii. See Dates of Next Meetings

5. <u>Treasurer's Report</u>

Nigel reported that the committee funds were increasing by around £1000 per month (see Appendix 2) and as discussed previously the levy will need to be reviewed before the AGM.

Nigel went on to provide an update following a Treasurer's call, it was clear that Gloucestershire has a small committee, others have up to 20 members and deputies for the officers and some have the officers set up on PAYE. Continuity might be an issue with the low numbers and Adrian would arrange to become 2^{nd} signatory to the bank account. vii

LOCSU were investigating the issue of private practices accessing LOC, LOCSU and PES support. The question around non-GOS practices providing enhanced services was difficult to answer and the LOCSU advice was currently not to charge any sort of fee for support. This was not currently a big problem in Gloucestershire, but the committee needed to be aware in case the position changed in future.

No one on the call had any experience help for higher qualifications due to the difficulties of guaranteeing any practitioner would continue to practice in-County. It had been suggested that Health Education England be approached for support which had been done, though Alvaro had not had any response.

Sid asked if the committee were automatically notified of any new practices and Nigel responded he would find out through the levy breakdown so the committee would not necessarily be aware of any non-GOS practices.

6. Chair's Update

Alvaro reported that the funding for the Low Vision Community Scheme had been approved and a business case was being developed to include any necessary equipment as well as the fees and aids. The Pocklington Trust had agreed to invoice the CCG on behalf of the LOC.

The scheme would include up to 800 aids initially which could be ordered from providers as required until the finds ran out. Sid mentioned Wales had a centralised ordering system and something similar would be an option. Pria from the CCG was finalising the Equality Impact Assessment and a meeting was to be arranged with the Trust team, Alvaro, Sid and the Pocklington Trust to determine the best way forward.

Alvaro had met with the LOC Central Fund which has around £250k to support projects. Nigel suggested the Higher Qualifications or something around maculopathy/OCT, Alvaro was considering funds to help with the Levelling Up scheme and Alvaro wondered if the Community Ophthalmic Link could use any funding. Anyone with any other suggestions should contact Alvaro. VIII

The first trial of the Community Ophthalmic Link had been successfully completed at Norville Independent Eyecare, the main problem was expanding the Link was the IT Project Leads, Kerry from the CCG was aware and would escalate if required.

Alvaro had 30 Optoms available as early adopters and a presentation was being developed that Alvaro hoped to be able to include at the AGM.

Glaucoma OSCEs had been requested by VE in Gloucester and Alvaro would send out a survey to gauge wider interest for these and maybe a foreign body workshop as well. ^{ix} Location was discussed, and Amy suggested a larger practice with 2 or 3 people in each consulting room. Ankur suggested that SpaMedica had offered to host training in the past, which was a good location with parking, Nigel would contact SpaMedica and NewMedica to see what might be on offer. ^x

Alvaro discussed the LOCSU Learning Difficulty pathway which was recognised as an unmet need but where a scheme had been implemented very low numbers were accessing the service. The CCG were keen to try to develop something in Gloucestershire even though they had no data on the number of patients with Learning Difficulties in the County. It was recognised that GOS funding was not appropriate and fees of £70 to £80 had been suggested.

It was agreed it would a valuable scheme to offer but Ankur pointed out that a number of dedicated Optometrists would be needed to be able to provide a service and Amy reported that in Worcestershire it was difficult for patients with Learning Difficulties to get appointments in practices and many were seen in the hospital paediatric clinic inappropriately.

Alvaro felt it would be best to postpone the pursuit of any new scheme until after the Low Vision scheme and Community Ophthalmic Link were in place. It was agreed expressions of interest from practices and individual Optometrists would be the first step.

7. PES Update

Ankur had nothing new to report, there had been now news on the renewal of the contract but there was a review meeting in booked April. Alvaro felt the renewal may be delayed until the ICS was officially in place in July as the procurement rules would be changing.

Nigel asked if there were any plans to change the CUES scheme and Ankur replied that a CUES II specification had been developed and shared with the CCG which would incorporate more MECS. Ankur would distribute to the committee. xi

Nigel asked about urgent referrals as he had been asked to send the information to the geecs e-mail address. Ankur responded any referrals should be being delivered to the appropriate e-mail from Opera and suggested downloading the pdf from Opera to attach to save duplication. Ankur would also try to approach the triage team to check the system. xii

Amy asked what to do about a child who had not returned for a six week check on the School Vision scheme. Ankur would send a link with the procedure. xiii

8. AGM Planning

It was agreed that the Cheltenham Chase was a good location dependent on the IT for a hybrid meeting being able to be resolved, Sid felt a DIY approach might become a problem if there were any issues at the meeting.

Alvaro had the following possible speakers:

- Karen Gennard with an update on VCHP
- CCG Representative (Kerry?) to present an overview of the levels of activity for the enhanced services
- Will Dean from the Trust on cataract cases

Sid suggested that early expressions of interest would be helpful, and all agreed the opportunity to gain CPD (possibly self-directed) would help attendance. Alvaro would contact the proposed speakers to check availability. xiv

The discussion moved on to whether a virtual or hybrid meeting would increase attendance. Alvaro noted that he had attended some AGMs which were face to face only. Sid suggested a link for attendees to watch a CPD presentation later would perhaps help prevent the meeting being too long, though the logistics of this would need to be worked out.

Adrian would contact practitioners and contractors to ask for preferences for the AGM and combine this with a request for help on the committee and at the same time take the opportunity to try to update the database. $^{\rm xv}$

9. Dates of Next Meetings

Tuesday 19th April – virtual Committee Meeting

Tuesday 17^{th} or Tuesday 24^{th} May – Strategy Meeting to include updated Needs Analysis. Date and time to be confirmed, Alvaro to check Max's availability. x^{vi}

Wednesday 15th June – AGM

Action Points

i.	Member log-in on LOC website	lan
ii	Contact Tom Dawson re 'holding letter'	Alvaro
<u>iii</u>	ABDO Membership department	Adrian
<u>iv</u>	Try to contact Specsavers staff	Adrian
<u>v</u>	Notice for practice staffrooms	Sid
vi	Update Community via WhatsApp	Nigel
vii	Bank account 2 nd signatory	Adrian
viii	Suggestions for Central Fund support	All
ix	OSCE/FB workshop Survey	Alvaro
Χ	Possible locations for OSCE	Nigel
хi	CUES 2 information to committee	Ankur
xii	Approach triage team re Opera urgent referrals	Ankur
xiii	Link with missed appointment procedure	Ankur
xiv	AGM speaker availability	Alvaro
XV	Request AGM preferences	Adrian
xvi	Max availability for strategy meeting	Alvaro

21/03/2022

Declaration of interest.

I declare that I serve the Gloucestershire area with my own low vision domiciliary service and will benefit from the proposed low Gloucestershire vision pathway.

Sid Khunti (Maher)

