

## Minutes of LOC meeting Tuesday 19<sup>th</sup> April 2022 – via Zoom

Present: 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

There were no new declarations of interest

### 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.	Member log-in on LOC website	Item 9 on agenda
ii	Contact Tom Dawson re 'holding letter'	Completed
iii	ABDO Membership department	Completed
iv	Try to contact Specsavers staff	Completed
v	Notice for practice staffrooms	Completed
vi	Update Community via WhatsApp	Completed
vii	Bank account 2 <sup>nd</sup> signatory	Completed
viii	Suggestions for Central Fund support	Completed
ix	OSCE/FB workshop Survey	Ongoing
x	Possible locations for OSCE	Completed
xi	CUES 2 information to committee	Completed
xii	Approach triage team re Opera urgent referrals	Ongoing
xiii	Link with missed appointment procedure	Completed
xiv	AGM speaker availability	Completed
xv	Request AGM preferences	Ongoing
xvi	Max availability for strategy meeting	Completed

ii No response had been received

iii See Appendix 1 for agreed e-mail text, Adrian to send to ABDO <sup>i</sup>

iv Apart from the directors there are only private e-mail addresses in the database for Specsavers Optoms so it had not been possible to check if e-mail received, Nigel suggested a message on WhatsApp & Facebook along with a poster to possibly be displayed in the staff areas of practices.

v Sid would send soe ideas around and finalise a design. <sup>ii</sup>

viii Support for the possible Levelling Up Hubs was still the top suggestion, it was agreed to review when the ICS was set up and keep the fund in mind for possible future funding.

x Nigel reported that Christelle had confirmed that NewMedica would be happy to host an event, numbers of attendees would be required. Alvaro would send out a survey to gauge interest. <sup>iii</sup>

xiv Will Dean had not replied to a request but Karen Gennard was keen to provide an update on the VCHP project. Karry from the CCG would also be happy to do a presentation if appropriate, though would a presentation to just the committee be better?

xv Alvaro kindly agreed to send out a questionnaire <sup>iv</sup>

xvi Alvaro was very busy with LOCSU during May and it was agreed to postpone the strategy meeting until after the AGM. Alvaro would suggest some dates. <sup>v</sup>

## 5. Treasurer's Report

Nigel reported that the balance was very healthy – see Appendix 2. He had not quite finished the year end accounts; meeting attendances were still to be paid but would be finalised ready for the AGM. Nigel would provisionally book the Cheltenham Chase for the AGM. <sup>vi</sup>

## 6. Chair's Update

Alvaro was hopefully attending a meeting regarding NHSE Regional Team moving GOS payments to the ICS in July 2022 and would keep the committee updated.

Alvaro also confirmed that the LEHN was not going to be resurrected, a new role of Optometry Lead had been proposed however the South-West Eye Health Transformation Programme had no Community Optometry representation. Part of the programme was entitled Enabling Optometry but there was currently no Optometry involvement. LOCSU had sent a formal communication regarding the issue, but no response had been received yet.

Alvaro had received suggested referral updates from Krishna, Alvaro would send an invite to a committee meeting or possibly the AGM. <sup>vii</sup>

Alvaro had shared the latest update regarding the Community Ophthalmic Link (Appendix 4)

## 7. LV Service Update

Alvaro had received an e-mail from Priya regarding a Quality Assessment of the proposed Low Vision Service. The assessment was very complex and Alvaro would request a meeting with Priya to discuss exactly what is required. <sup>viii</sup>

Alvaro had distributed the results of the practice survey (Appendix 3) which showed 8 to 9 practices might be interested in providing the service (the original proposal suggested six practices) but only 1 was outside of the main urban centres of the County. The amount that PES would be paid still needed to be confirmed and then the final total fee would be presented to the CCG. Alvaro and Sid were hopeful the service would be launched soon.

## 8. Stroke Clinic

An e-mail had been received from Kerry Irvine regarding referrals of patients with suspected strokes from GPs (Appendix 5).

Nigel felt such patients should be returned to their GP but this course of action might cause delays in treatment. Amy noted that she had seen two patients under similar circumstances using CUES, one had been sent straight to A&E, the other back to their GP via Ophthalmology.

It was noted that the 'Refer to GP' option in Opera did not seem to get any response. Ankur stated that Opera sent reports via Doc Mail rather than any regularly monitored e-mail addresses. He suggested a 'phone call to the patient's GP or 999 as appropriate would be the best course of action. Ankur was also aware that direct pathways to TIA and Stroke clinics were active in some areas so this might be a possibility but there may not be any fee attached to any referrals sent this way.

Alvaro would reach out to the LMC to try to get a view on other possible courses of action. <sup>ix</sup>

## 9. Secure Web Page Management

Ian noted that there were a few issues regarding password protecting sections of the web-site;

- a) Who should be able to access the private areas?

Adrian suggested that any County practitioner should be allowed access on condition their details are included in the Community database.

- b) How to disseminate any password?

Ian was considering sending a link with a password via e-mail, a solution that would not require much administration. Alvaro asked if it could be done automatically which Ian thought was a possibility but not something he could set up.

- c) It was difficult to stop documents being downloaded and distributed

Ian also noted that fewer LOCs than he thought had a password protected area on their web-sites so Alvaro would check with LOCSU to see if any advice was available. <sup>x</sup>

## 10. Any Other Business

Ankur reported that there was a quarterly review with the CCG due shortly and that any updates on how the Community scheme contract might moved forward seemed very uncertain because of the change to the ICS.

## 11. Date of Next Meeting

Tuesday 24<sup>th</sup> May 7:00pm

## Action Points

i.	E-mail text to ABDO	Adrian
ii	Promotional poster for practices staff	Sid
iii	OSCE interest survey	Alvaro
iv	AGM survey	Alvaro
v	Dates for Strategy Meeting	Alvaro
vi	Book Cheltenham Chase for AGM	Nigel
vii	Invite for Krishna	Alvaro
viii	Meeting with Pria re LV Service	Alvaro
ix	Contact LMC re stroke referrals	Alvaro
x	Contact LOCSU re secure section on web-site	Alvaro

E-mail text for ABDO to be sent via ABDO

Hello ABDO Member!

I'm contacting you on behalf of Gloucestershire LOC as the committee is aware that we do not have many DO contacts on our database.

As a DO myself I understand there is a feeling the LOCs do not represent Dispensing Opticians but in Gloucestershire we have always tried to be inclusive of all Practitioners at Community practices. There have been at least 2 DOs on the committee for the last few years and the role of the Dispensing Optician has always had an important place in any discussions.

A couple of examples include CET provided pre-Covid that included points for DOs, more recently a lot of effort has been put into a possible Community Low Vision Service which could be provided by suitably accredited DOs

We would like to include all local Optometrists and Dispensing Opticians in our database and e-mail contact list, if you would like to be added please e-mail [secretary@glosloc.co.uk](mailto:secretary@glosloc.co.uk)

We look forward to keeping you updated on developments in the County.

Adrian Street FBDO  
Gloucestershire LOC Secretary

County & City of Gloucester Optical Comm

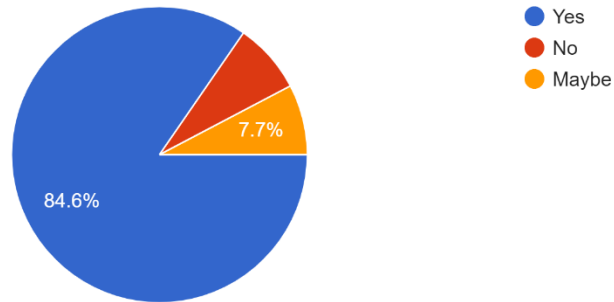


Your accounts ^

<b>Treasurers Account</b> 30-95-72 02256279 £ 83,870.34 >	<b>BB INST ONLINE</b> 30-95-72 48926168 £ 6,613.19 >	<b>BUS BANK INSTANT</b> 30-95-72 07659800 £ 729.74 >
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If you are a contractor would you be in principle interested in providing this enhanced service?  
 (Only reply if you are a contractor)

13 responses



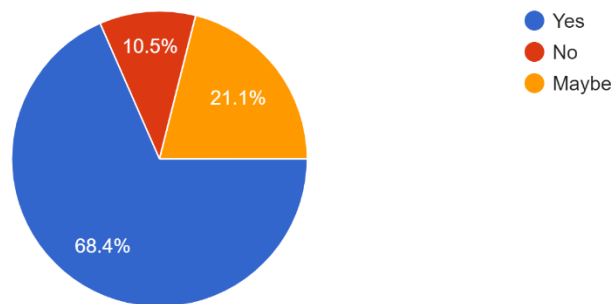
As a contractor would you consider delivering the service for an approximate £80 assessment fee?

17 responses



If you are a practitioner would you be interested in participating in this service?

19 responses



## **Gloucestershire's Community Ophthalmic Link (COL) – Update**

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. Since the start of the New Year the project team have been working hard to overcome some minor delays with testing the system and its data security within a community practice environment. Thankfully the team have been able to launch the Ophthalmic Link within one pilot practice who have been successful in accessing read-only patient eye health records held by the Gloucestershire Hospital NHS Foundation Trust (GHNFT) which has already been beneficial to their patient management and care.

Over the coming weeks the project team will work with the pilot practice to gain their feedback on how they have found implementing the system into their everyday practices as well as their insight on the system's functionality. This feedback will be vital for the project team to establish whether further developments are required prior to rolling it out the Ophthalmic Link to further practices within the county.



I don't know if you'll be able to help at all with this however I think it probably needs raising (I may not be the only community Optom experiencing this!).

I'm getting an unusually high number of patients presenting with stroke, referred into CUES by their GPs.

The majority of recent cases have been obvious to me at the point of triage that they've had a stroke but I've seen them to reduce the risk that the patient will be bounced around, and to ensure they are managed appropriately.

Here's my first concern- the GPs seem to be deflecting patients as soon as they mention a headache/blurred vision/aura rather than listening to the whole picture to give them a chance at identifying the stroke. I can differentially diagnose from the info gathered by my receptionists and we are not exceptionally gifted compared to anyone else. The eagerness to send the patient elsewhere even when there are red flag symptoms is concerning, particularly when some of the patients have been very poorly due to the stroke.

Secondly, stroke requires emergency treatment and as a community optom I can't directly contact the stroke clinic. When I call the GPs to make emergency arrangements for the patients, I'm having varying degrees of success with what happens next- the GPs themselves don't seem to know where the stroke clinic is and how best to access it. I've been given different advice by different GPs. I think it would be in everyone's best interest if we knew how best to get a patient into the stroke clinic, perhaps independent of the GP, avoiding lengthy waits at A&E, unpredictable paramedic availability, and patients being bounced from one hospital to another.

I understand that all health services are struggling, pressures are phenomenal and not receding so this is not a complaint. I am concerned that there is a risk that patients could be delayed in accessing emergency care resulting in potentially life changing or life threatening consequences.

Do you think there's any thing that we can do to improve the current situation?

Kind regards  
Kerry