**Minutes of LOC meeting Tuesday 25th October 2022 – via Zoom**

Present: Matt Bellamy, Alvaro Borges, Amy Clarke, Nigel Harris, Dave Jeavons, Carole Jenkin, Sid Maher, Ian Shapcott, Adrian Street & Ankur Trivedi.

1. Apologies

Apologies had been received from the ICP delegation; they would attend the next meeting.

2. Declarations of conflicts of interest

There were no new declarations of conflicts of interest

3. Minutes of last meeting

The minutes of the August committee meeting were approved.

4. Matters Arising and Action Points

All Action Points from the August committee meeting had been completed.

*Action Points from Strategy Day*

| | | |
|---|---|---|
| i. | Share password to Members Area of LOCSU website | Completed |
| ii | Discuss incorporating Pathways Education section in meetings (at October meeting) | Moved to future meeting |
| iii | Notify when Children's Service changes made to Opera in preparation for Relaunch Event. | Ongoing |
| iv | Discuss resource for shared diary and other functions (Microsoft Teams?) at next planned committee meeting. | Item 10 on agenda |
| v | Record all known meetings with external organisations on shared diary. | Item 10 on agenda |
| vi | Share invitations to meeting with external organisations amongst whole committee in case anyone is available and willing to attend. | Item 10 on agenda |

iii. Ankur would send an update when the screening starts and briefly outlined the new system and communication – the episodes would appear on Opera and there would be a 6-week deadline rather than the old 2 weeks.

5. Treasurer's Report

See Appendix 1 - Nigel noted that spending had increased and there was an anticipated deficit of around £6k for the year as planned.

6. Chair's Update

6.1 CPG Meeting Feedback

David Adams had been providing a pilot scheme for in-patient eye examinations at the Dilke Hospital as he felt there was an unmet need but had reported little engagement from the CPG and the scheme had formally been closed by the CCG.

Andy McNaught had apparently been pushing back on guidance for laser treatment for glaucoma and Alvaro had suggested utilising OCT scans as part of the GRR pathway. Prof McNaught felt there were too many referrals from optometrists just from an OCT showing a red warning. Ankur did not think it was worth perusing this change at this time, he reported that a glaucoma monitoring scheme that was running in Devon had been well received and thought it would be better to work on something similar.

Regarding the Community Ophthalmic Link, some of the multiples were still resistant to allowing access via their systems and Alvaro had a meeting with Scott Vallence to discuss further and would include Ian's request for access from practice outside the County. Alvaro also confirmed that future development funding had been cut.

The ICS had asked if there were any other opportunities for funding for national schemes which Alvaro would try to access, and the ICS were also asking if the money for the Low Vision service can be transferred to the LOC. It was agreed this would be possible and the funds could be ringfenced, but Ankur felt an MOU would be appropriate which he would chase. [i]

Alvaro was also exploring possible financial support for the Low Vision start-up from the Central Optical Fund which had funds available. It was agreed to pay £1 to join the COF, Alvaro would send the details to Nigel who would arrange to make the payment. [ii] If in future the LOC would like to contribute to the COF then Contractors would need to agree so information on what the COF can support would need to be shared prior to a vote at an AGM or EGM.

6.2 Referral Guide

Ankur thought this would be nice to have in the County but thought it would be a lot of work. It would be easier not adapt an existing guide and Ian pointed out that co-operation from secondary care would be required. Amy had helped develop something similar in Worcestershire but it was very long so she would try and condense for Gloucestershire. [iii] Nigel noted that Oxfordshire and Avon had examples which he would try an obtain copies of. [iv]

6.3 Higher Qualification Funding

Alvaro stated that an invoice needs to be sent to Gloucestershire ICS for the HEE funding for the Higher Qualifications as the ICS prefer to transfer the money to the LOC. Any funds would need to be ringfenced and distributed to practitioners taking the qualifications. Ankur would send the information to Nigel who would organise an invoice. [v]

7. <u>PES Update</u>

Ankur reported that PES had requested he approach the LOC regarding the expansion of the Optometry First project to promote CUES and other Enhanced Services.

Matt noted that his practice was receiving a lot of requests for CUES appointments and had also heard that there were practices claiming for Telemed but not booking patients into clinics. Ankur was aware of these concerns, but reports were all anecdotal at this time.

Alvaro asked about centralised Telemed, Ankur reported this was happening successfully in some areas but would take some time to be introduced locally if that was what was required.

Nigel commented that for the scheme to be successful all local practices need to be involved and further GP updates would be required. Ankur and Alvaro were in the process of amending GCare and trying to get the ICS to provide some training for GPs and their staff. Ankur also noted there was to be a relaunch of an updated CUES service which would help.

Nigel felt non-participating practices and practitioners should be approached to establish any barriers to expanding the service as he felt the co-operation that was evident during the post lockdown period was not happening any longer. Alvaro suggested a survey on attitudes to CUES for all practices and practitioners.

Alvaro also wondered if funding may improve through Optometry First and it was agreed to discuss further but with concerns around capacity and consideration of the PES Telemedicine Team possibly taking on Gloucestershire. No commitment would be required at this stage.

Ankur would share the current Gloucestershire PES quarterly report to the ICS and explained he would be asking Gloucestershire ICS to accept a different format that was used in other areas to simplify the reporting. [vi]

8. PR/Get to know your LOC

Alvaro had been approached by Peter Greedy who was offering to help support the LOC with some CDP. Adrian had arranged to meet up with Peter and would report back and possibly invite Peter to the next meeting. [vii]

Alvaro also shared that Harps Grewal was considering attending the next meeting as an Observer and Alvaro would share an invitation. [viii]

Sid felt that updated pictures and biographies on the website would be helpful and would update on the practice posters at the next meeting. [ix]

Alvaro had shared details of the update from the Diabetic Screening Service and template letter, Ian would update the website. [x]

9. IT Solution for LOC

Advantages and disadvantages of the Google and Microsoft Cloud systems were discussed. All agreed to one or the other in principle, Ian would research the possible integration with the existing domain and also whether he would be happy to administer the system and report back at the next meeting. [xi]

10. CPD

Matt reported he had found the CPD section of the GOC site difficult but there were plenty of suitable locations for CPD events, as noted earlier, Peter Greedy had offered to assist.

Alvaro would go through the application process with Matt, Matt & Alvaro to liaise re availability. [xii]

Amy suggested a 'pre-packaged' CPD event initially, Matt & Alvaro already had some possible contact, but Matt noted these would not provide Peer Review points. It was agreed to start with a simpler interactive event early in 2023 with a Peer Discussion event later in the year. Matt would distribute some ideas for events. [xiii]

11. HES Wet AMD Referral form

Ankur had received an updated Wet AMD referral form from Aisling O'Donovan, the concerns shared on WhatsApp had been fed back (Appendix 2) but the HES were keen on the change and Ankur reported he had seen some examples of very poor referrals. While the new form couldn't be insisted on there were some potential patient safety issues with the current system.

Ian suggested an option would be to remove any interpretation of OCT from the form and just leave an option of whether a scan was attached or not.

It was also suggested that the Trust could possibly launch any agreed form at a future CDP event.

Ankur proposed attaching the Wet AMD form to an Opera episode, but David noted that confirmation of receipt was not received via Opera which was an issue with Wet AMD. Ankur would liaise with the Wet AMD team to find a solution and share proposed updated forms. [xiv]

12. Any Other Business

Carole had had a difficult conversation with HG and asked for everyone to be reminded that outside of agreed minutes no other discussions should be shared outside of committee members. This was agreed and it was suggested that this should also be included as part of new committee members induction.

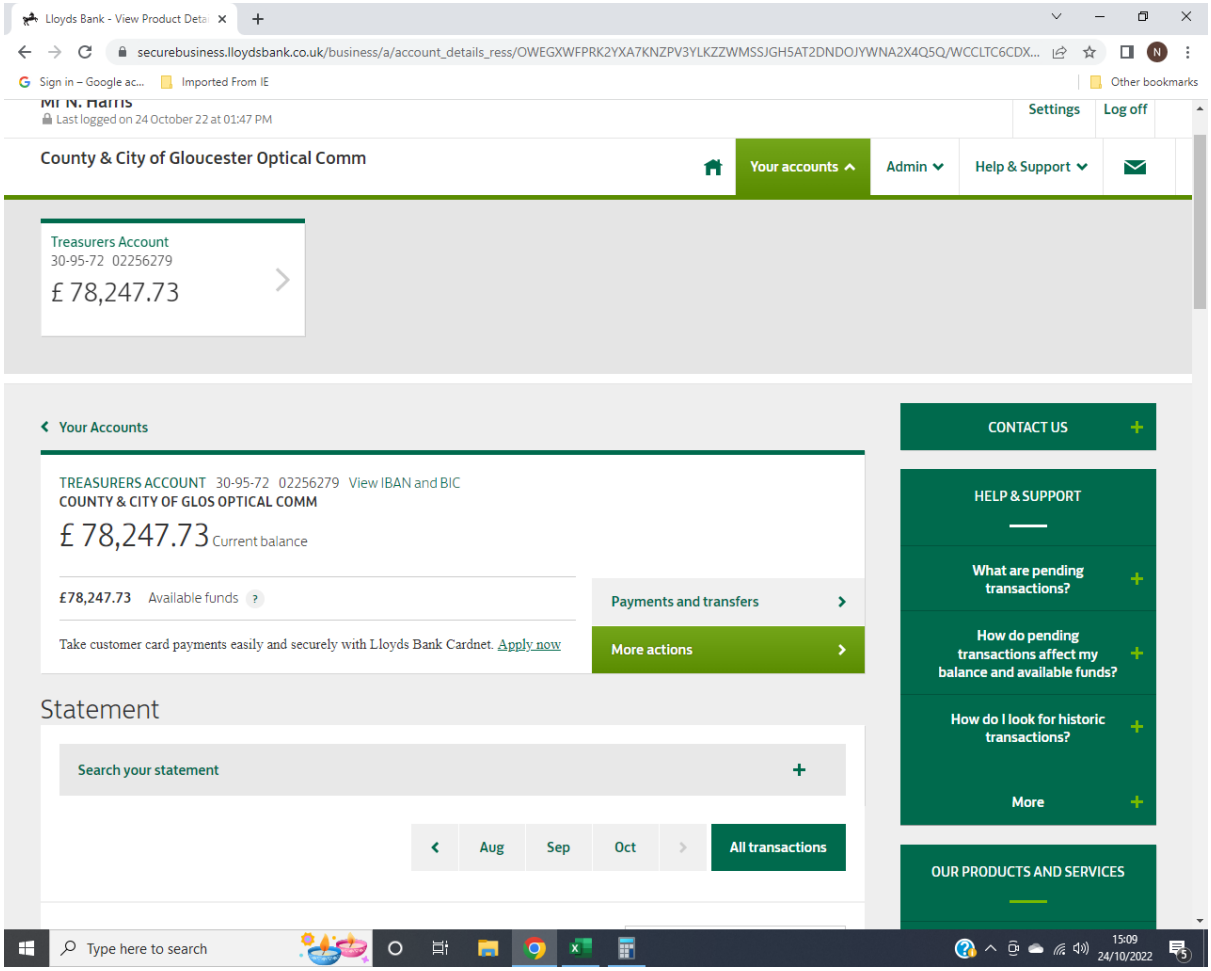
13. Date of Next Meeting

Tuesday 22nd November 7:00pm

*Action Points*

| | | |
|---|---|---|
| i. | Low Vision funding MOU | Ankur |
| ii | Central Optical Fund membership | Alvaro/Nigel |
| iii | Review Worcs referral guide for Glos | Amy |
| iv | Example referral guides | Nigel |
| v | ICS invoice for Higher Qualifications | Alvaro/Nigel |
| vi | Share Glos PES quarterly report to ICS | Ankur |
| vii | Possibly invite Peter Greedy to next meeting | Adrian |
| viii | Invite Harps to next meeting | Alvaro |
| ix | Practice Posters update | Sid |
| x | Web-site update | Ian |
| xi | Cloud integration and administration | Ian |
| xii | CPD application process | Alvaro/Matt |
| xiii | CPD event suggestions | Matt |
| xiv | Wet AMD referral system | Ankur |

APPENDIX 1


Lloyds Bank - View Product Deta
securebusiness.lloydsbank.co.uk/business/a/account_details_ress/OWEGXWFPRK2YXA7KNZPV3YLKZZWMSSJGH5AT2DNDOJYWNA2X4Q5Q/WCCLTC6CDX...
Sign in – Google ac...
Imported From IE
Other bookmarks
Mr N. Harris
Last logged on 24 October 22 at 01:47 PM
Settings
Log off
County & City of Gloucester Optical Comm
Your accounts
Admin
Help & Support
Treasurers Account
30-95-72 02256279
£ 78,247.73
Your Accounts
TREASURERS ACCOUNT 30-95-72 02256279 View IBAN and BIC
COUNTY & CITY OF GLOS OPTICAL COMM
£ 78,247.73 Current balance
£78,247.73 Available funds
Payments and transfers
Take customer card payments easily and securely with Lloyds Bank Cardnet. Apply now
More actions
Statement
Search your statement
Aug
Sep
Oct
All transactions
CONTACT US
HELP & SUPPORT
What are pending transactions?
How do pending transactions affect my balance and available funds?
How do I look for historic transactions?
More
OUR PRODUCTS AND SERVICES
Type here to search
15:09
24/10/2022

APPENDIX 2

WhatsApp Message re concerns around proposed Wet AMD referral

1) Giving the appearance that inclusion of OCT is mandatory when it isn't

2) A clinical decision made on how quickly the Px is seen is made based on the OCT slices shared (as difficult to share full volumetric cube) and may lead to unnecessary delay to the patient and them coming to harm

3) Potential for it to damage the possibility for a fully encompassing commissioned community optometry pathway around Wet AMD case finding and filtering.

Ultimately it would be in the patient's best interest if there is a robust clinical pathway for referring medical retina patients that require an expedited secondary care opinion. There should be a mechanism for the sharing of the full volume OCT and allow for the inclusion of all patients along that pathway i.e., not only those willing and able to pay for a privately funded OCT (and potentially other imaging as clinically indicated). This would be delivered via an IT platform in a secure and timely manner. Currently only those patients that self-report sudden onset distorted vision get this via the CUES pathway. Some of the issues will be coming from suspect changes being detected as an incidental finding during a routine sight test or eye examination.