

Minutes of LOC meeting Tuesday 21st November 2023

Present: Riz Choonara, Amy Clarke, Tom Gacek, Peter Greedy, Nigel Harris, Dave Jeavons, Carole Jenkin, Sid Maher, Andy Partridge & Ian Shapcott

Via Teams: Alvaro Borges, Adrian Street, Ankur Trivedi

1. Apologies

Apologies had been received from Riz Choonara and Tom Gacek.

2. Declarations of conflicts of interest

There were no new declarations of conflicts of interest.

3. Minutes of last meeting

The minutes of the October Committee meeting and notes from the Strategy Day were approved.

4. Matters Arising and Action Points

Action Points from last meeting

i	Send EoI & consider applications	See Item 7
ii	Develop communication for Higher Qualification applicants	"
iii	Arrange and promote Newmedica/WOPEC event	"
iv	Refresher/FB event	"
v	County Wide e-mails with attachments options	Completed
vi	November Wellbeing CPD event promotion	Completed
vii	Opera payment delays	See Item 11
viii	Reply to Mark Harmer	Completed
ix	Book The Workplace for the next meeting	Completed

v. Ian had investigated various file sharing options but hadn't found anything better so recommended continuing with the current 2 contact groups in the countywide e-mail.

Peter noted that there had not been any contact with the Events Group regarding the WOPEC event yet, Andy had only just confirmed the event and needed an e-mail address to use to arrange the details. Ankur suggested Andy's glosloc address would be appropriate and it was agreed the event could be opened to practitioners outside Gloucestershire for a fee if it was undersubscribed. Andy would liaise with the Events Group moving forward.

Peter also asked about a possible CPD Event e-mail address, the idea behind it was post event administration to avoid individual communication on the various WhatsApp groups so this would not be required until the next CPD event was arranged.

5. Chair's Update

See Appendix 1 for notes from the November CPG Meeting.

Amy had e-mailed Will Dean, but he had not replied as he was on holiday.

Amy was awaiting confirmation of a further meeting with Emily Fletcher to discuss Enhanced Services following the GIRFT review. Ankur offered to attend if it was agreed there would be no conflict of interest.

6. NOC Feedback

All attendees agreed the event had been very worthwhile and productive and that as many committee members as possible should attend future events. It was noted that GlosLOC was referenced quite a lot in various discussion groups.

Sid and Daivd confirmed they would both like to attend the NOC in 2024.

The opportunity to contribute to the development of an updated urgent eyecare scheme was noted and it was agreed to highlight the role of DOs and CLOs in any response.

7. Clinical

See Appendix 2 for notes from the October Clinical Group meeting.

It was agreed that a matched funding scheme would be appropriate if the HE funding was oversubscribed.

If Wet AMD Enhanced Service with funded OCT imaging was developed practices without an OCT would be required to pass patients to a practice with an OCT to facilitate the referral. There were concerns this might cause delays for patients.

There was currently no Maculopathy Referral Refinement pathway from PES and Alvaro noted there were two possible options.

- a) Data and imaging capture only with no clinical input
- b) Full Referral Refinement

He felt the second option was preferable, but this would require some accreditation.

7.1 PES Update

Akur reported that some payments had been made by PES and an issue possibly causing the delays had potentially been identified with and a new framework for the remuneration was being developed. Amy noted the payments were for June and July, August onwards was still outstanding. Ankur also stated that the dissatisfaction had been made clear to the ICB.

8. Comms/IT

See Appendix 3 for notes from the November Comms/IT Group meeting.

There was some discussion around the Mission Statement, Vision and Values (See Appendix 4) and Sid would collate all of the views expressed and develop the document further ⁱ

Sid also outlined the need for a framework for policing the various social media platforms which would be discussed at the next Comms/IT Group meeting ⁱⁱ

A secure folder on Teams to store any confidential documents such as Committee Member bank details with access for Officers only was agreed. The folder would be a document repository only possibly with a public content of documents. ⁱⁱⁱ

9. Events

See Appendix 5 for notes from the November Events Group meeting.

It was noted the Events Group would be liaising with the Clinical Group to develop CPD topics.

See Appendix 6 for the Discussion Document David had created, it was agreed this would possibly be appropriate for the AGM and that it would be possible for the LOC to fund a speaker rather than relying on sponsor as had been done in previous years.

10.1 Treasurer's Report

See Appendix 7 for the November Account Balances

Nigel reported that a high interest account had been opened as agreed at the last meeting and the overall committee funds were now at approximately £40k so the post Covid surplus had reduced.

With the current levels of activity, approximately 2/3rds of expenditure was for Committee Members time, Nigel suggested that a total levy of 2% (1.5% Committee, 0.5% LOCSU) would be required to avoid a shortfall in 2024.

It was agreed this was necessary to continue to provide the current workload and successes. Alvaro felt that Contractors would not object to this amount, but it would be towards the top of national LOC levies. Adrian would check back to see how much the levy had been in previous years. ^{iv}

It was unanimously agreed to implement the 0.5% increase that was allowed between AGMs as soon as possible and then review the position before the AGM. The Comms/IT Group would create a communication to be sent County wide to notify and explain the increase. ^v

It was also agreed that some PR and report for the AGM detailing the achievements and successes was required and Sid requested any positive comments or communications be shared with the Comms/IT Group. ^{vi} Nigel asked if it was possible to find out how much revenue was generated by the Enhanced Services in Gloucestershire, Ankur reported it was approximately £60k per month, though the negative impact of the payment delays was also noted.

11. Enhanced Services Payments

David reported that the response from PES had been very slow and unsatisfactory, a meeting had been requested but nothing had been forthcoming. Ankur had given some feedback to PES but it was agreed a letter from the LOC on behalf of the Gloucestershire contractors should be sent. ^{vii}

12. Any Other Business

Sid confirmed he would like to take the LOCSU Leadership Module which was agreed.

Adrian had received an e-mail from NHSSWCCH asking for help with two practices in Gloucestershire still using paper GOS forms. Alvaro had already contacted Paul Westley opticians and reported they were aware of the need to change to eGOS, Adrian would contact the other practice, Fairford Opticians. ^{vii}

13. Date of Next Meeting

Tuesday 23rd January 2024 at The Workplace

Actions

i.	Mission Statement, Vision and Values document development	Sid
ii	Social Media platforms policing framework	Comms/IT
iii	Secure folder for confidential documents	Ian
iv	Previous levy amounts	Adrian
v	Levy increase communication	Comms/IT
vi	PR and Report on LOC successes	All/Comms/IT
vii	Letter to PES regarding payment delays	Adrian
viii	Contact Fairford Opticians re eGOS	Adrian

Abbreviations

CPG	Clinical Programme Group
GIRFT	Getting it Right First Time
NHSSWCCH	NHS South-West Collaborative Commissioning Hub (Optometry South-West)
PES	Primary Eyecare Services Ltd
WOPEC	Wales Optometry Postgraduate Education Centre

People

Emily Fletcher	GHNSHFT Clinical Lead
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CPG meeting 14/11/2023Performance update

A review of the number of referrals and follow-ups seen in secondary care has been carried out. The number of the referrals (these are EERS referrals, so they come from GPs) remain static at about 500 per year. Between April and September this year, the number of referrals compared to the same period last year has actually dropped, but the number of patients seen in Outpatients has increased so therefore there must be an increased number of follow-ups.

COL

This is running as 'business as usual.' They are collecting feedback from both practitioners and patients. There is currently no funding for this service after the end of the financial year, but Kerry is increasing its profile in the hope of finding money for continuation of phase one.

Higher education funding

The underspend from last year has now been allocated. From the overall allocation of £23,000, £8000 has been spent. There is a gap from practitioners from Tewkesbury, Forest of Dean and Stroud applying for the funding. A pro forma has been sent to Adrian of the LOC which is to be sent to the practitioners that have expressed an interest in the funding this year. We really need to spend all of the money. We feel that as a result of the underspend last year, the funding for this year has been reduced.

ECHLO service

The service has now been running for one year. It is a brilliant team and there is going to be a full evaluation of the service by the end of February.

Low vision pilot

Little was said as Ankur had sent his apologies. There is £4K left in the funding pot, so this service should be able to run for at least another year.

Pathway redesign

Following the 'getting it right first time' review, it has been suggested that the following pathways are introduced:

An increase in virtual glaucoma reviews within the hospital should expand from June when they have a new Ophthalmologist.

The hospital hope that some of the patients with a lower risk of progression, will be discharged to NewMedica or community optometry, but a new pathway is needed for this.

A commissioned pathway for OCT scans to be attached to every new wet macular degeneration referral and a further pathway for low-risk naevi that are currently being monitored within the hospital.

Program review

Work is currently being carried out to review the roadmap, each product is going to have a project start update and this will help with business cases in the future. All these project updates are hoped to be completed before Christmas.

AOB

Eylea Extra Strength will be available from January. This is the same price as standard Eylea.

Next meeting

09/01/2024 9:00am Teams

Clinical Group meeting 25/10/23

Present: Ankur, Riz, Alvaro, Andy, Amy

IP placements

Gloucester hospitals have agreed in principle to take IP placement students and the first 2 are Andy and Poonam. The block in getting started is the need for an honorary contract to be written to allow the students to see patients and not just observe the clinic. Ankur is going to follow up this issue with Anna after half term, to see how far they have reached in the process. Riz is going to share a copy of his Bristol honorary contract that he can share with Gloucester, so they have a possible template to follow.

WOPEC events

Andy has arranged to run a WOPEC using Aspen NewMedica on the 21st of January. We plan to run a glaucoma OSCE and possibly a foreign body workshop too. It was suggested that, if necessary, we could open any spare places to two applicants outside of the Gloucestershire area and maximise numbers for the half day course. A discussion was had about adding a MECS workshop to the same day, as some participants may need to have a MECS level 2 to take part in a foreign body workshop. Andy is going to do more research on the requirements, and then send the information across to the comms team so that the event can be advertised.

Higher Certificate Funding

Alvaro has the results from the expression of interest into higher certificate funding, and so far, has had 15 responses with the deadline for filling the form is October 31st. So, we are not expecting many more applications. The requests so far have been for:

- 4 IP
- 3 professional certificates in glaucoma
- 1 higher certificate in glaucoma
- 1 professional certificate in low vision
- 4 professional certificates in medical retina
- 1 higher certificate in medical retina
- 1 unclassified

A discussion was had about how the funding could be spread among the applicants. It was decided that rather than turning people down, if there were insufficient funds, we would use shoulder to shoulder funding, but not put a percentage on it. In this way, each candidate would know that they would have to be responsible for part finding their chosen course. It was also decided that any person applying for the IP certificate would have to reapply to get their placement funded. This latter money was not guaranteed. It was decided that we would contact the ICS to find out exactly what funds we have, so that all of it can be shared among the candidates fairly. We need to spend all the money in the pot so that we are more likely to get the same amount next year and not get a reduced amount. It was also decided that the applicant must have applied and been accepted on the course before their funding is allocated.

Getting it right first-time report.

Local monitoring and clinical services.

The team went through the proposals from the 'getting it right first-time report' and discussed the possible community services that could be discussed with the ICS for possible future commissioning. These included virtual glaucoma appointment review, OCT for wet AMD referrals, monitoring of stable wet macular degeneration. Either OCT, capture for the consultant to review, or OCT capture and Optom review and a Naevus monitoring service. There was also a request to find out how many glaucoma referrals had had enhanced case findings first. It was decided that we should send a communication out to the optometrists in Gloucestershire to say the above services had a possibility of being commissioned, and we would like to hear their views on this.

Webinar and PES Update

Discussion was had about working with the events team to organise webinars, including a PES update and some CPD that would link to common conditions arising in Cues. It was suggested that Cam Ballagan could speak on PVDs and retinal tears, and possibly Jim Osborne on Red Eyes. This is not necessarily for this year, but they could be included in the events team's plan over the next couple of years.

Any other business

Ankur brought up the fact that the next CPG meeting is clashing with NOC so he and Alvaro will not be able to attend, but Amy said she would contact Fran to say she is available, so the meeting remains quotable.

Amy brought up the possibility of introducing Healthy Living Practices in Gloucestershire. She will contact Harpreet Kular, who has all the information that this may involve, and it will be discussed in more detail at the next clinical meeting.

Comms/IT Group meeting 6/11/2023

Present: Adrian, Ian, Sid & Tom

It was agreed:

- Adrian would be Group Lead and would act as secretary, keeping notes, arranging meetings, distributing emails etc.
- Ian would continue to look after the website and be MS365 Administrator.
- Sid's role as Comms Lead for the Committee would not change and he would carry on managing the GlosLOC Social Media channels.
- Sid and Tom would take on the marketing and creative work including designing and producing communications, flyers, newsletters etc.
- Sid and Tom would also work with Ian to be able to support with MS365 and the website. ^{i, ii}

Ian estimated the website took around 2 to 3 hours a month for routine updates, any major changes would take longer but were more likely to be completed with more people involved. Now that MS365 Teams were set up the admin was generally adding and deleting users and troubleshooting but again would take more time if any major changes were required.

Actions from the October Strategy Day were considered:

County Practitioners & Contractors Feedback exercise
Mission Statement
Practice visits
Possible communication with OAs
Possible engagement with pre-reg Optoms

It was agreed the priority was to nail down the Mission Statement, Vision, Aims and Values. A WIP folder was created to enable everyone to contribute to the document. ^{iii, iv}

The rest of the actions would flow from this:

- Community Engagement/Practice Visits – share the Mission Statement.
- Working with Pre-Reg Optoms, Student DOs and OAs would follow the initial engagement. ^v
- A feedback exercise would be the last piece of work, potentially in advance of the 2024 AGM.

Sid suggested Social Media policies and procedures be considered at the next meeting, he was happy to police the various groups but needed some structure to work with.

Future meetings were agreed for the first Monday of each month initially, the next one would be 4th December at 6:00pm in person at the Workplace to enable Ian, Sid & Tom to work through admin rights for MS365 & the website.

Actions

i	Set up Sid & Tom with Admin Rights for MS365 & website	Ian
ii	Review Ian's Website & MS365 Help folders in the Communications Channel	Sid & Tom
iii	Request suggestions/contributions for Mission Statement etc in General Channel	Sid
iv	Develop Mis, Vis, Aims & Values	All
v	Try and find information on Pre-Reg Optoms & Student DOs in Gloucestershire	Adrian

GlosLOC

Mission Statement

Championing Community Eyecare Excellence in Gloucestershire

Vision

GlosLOC is committed to maintaining, developing, and expanding realistic, sustainable Community Eyecare Services in Gloucestershire utilising:

- Outstanding working relationships with County Stakeholders.
- Knowledge Sharing and Networking opportunities.
- CPD and other education events.
- LOCSU resources.

Values

GlosLOC exists as a Statutory Body established to represent providers of GOS services in Gloucestershire and is:

- Community Based
- Trusted
- Transparent
- Respectful
- Collaborative

GlosLOC

Mission Statement

Championing Community Eyecare Excellence in Gloucestershire

Vision

GlosLOC is committed to maintaining, developing and expanding realistic, sustainable Community Eyecare Services in Gloucestershire utilising:

- Outstanding working relationships with County Stakeholders including:
 - Gloucestershire ICB Commissioners
 - One Gloucestershire ICS
 - County Practitioners, Contractors and Practice Teams
 - GHNHSFT
 - Independent Service Providers
 - NHSSWCCH (Optometry South-West)
- Knowledge Sharing and Networking opportunities such as:
 - National Optical Conference
 - Regional LOC Forum
- CPD and other education events.
- LOCSU resources.

To achieve this Vision, GlosLOC aim to:

- Work with Commissioners and other Stakeholders to continue to deliver established local Eyecare Services that provide high quality patient outcomes and fair remuneration.
- Advise Commissioners on opportunities for developing new Eyecare Services and assist in designing and commissioning integrated community-based schemes that meet the needs of patients and compensate Contractors appropriately.
- Collaborate with all Stakeholders to improve eye health outcomes and reduce inequalities in the provision of Eyecare in Gloucestershire.
- Support the recruitment, retention, and development of the current and future workforce.
- Advise NHSE and other Stakeholders on matters affecting Contractors, Performers and Practices providing General Ophthalmic Services.
- Engage with Contractors, Practitioners and Practice Teams in Gloucestershire to enable formulation of collective views and develop ideas for improving Eyecare services and better ways of working.
- Provide a range of educational events and opportunities to include CPD events incorporating Peer Discussion for all Practitioners and opportunities to develop relationships with Secondary Care providers.
- Facilitate communication and co-operation between all Eyecare providers in Gloucestershire.
- Inspire and lead other LOCs in improving standards in Community Eyecare.

Values

GlosLOC exists as a Statutory Body established to represent providers of GOS services in Gloucestershire and is:

- Community Based - led by a dedicated team of Eyecare Professionals working in practices in the County.
- Trusted – a reliable source of information for Community Contractors, Practitioners and Practice Teams.
- Transparent - open and honest in all decisions and actions.
- Respectful - champions fair treatment and opportunity for all and is an advocate of career progression in Optics.
- Collaborative - prepared to learn from each other and achieve more together.

Events Group Meeting: 7/11/23

Attendees. Carole, Dave, Nigel, Peter.
Apologies: Sid

CPD discussion

Dave to prepare discussion brief to Clinical team for Topic ideas relating to CUES CPD.

CPD Events for 2024

Q1. March, first week, Tuesday, Wednesday, or Thursday.

Evening Networking and CPD.

Venue – Gloucester area – possibly Hatherley Manor – Carole to investigate. Also suggested Glos Brewery (have a private mezzanine area now available for private functions; Portivo.

Aim for 30- 40 Pax. Budget £1000

Topic suggested – Bespoke spectacle lenses. Suggested companies: Zeiss, Nikon, Seiko, Rodenstock, Hoya, Essilor.

Q2 AGM: 50-60 pax. Budget £1500

Q3 CPD Day: 80 Pax. Same format at Kingsholm. Budget £8000.

Ideas for 2024: Ad breakouts with specific CPD for IP or CLO?

Attention needed to food and parking on day. Also, better check in system

Sponsors; based on 2023 experience, void B&L and J&J? Encourage more kit suppliers. Low Vision. Frames. Accessories.

Q4: Another online event.

Proposal for CPD topic relating to CUES system and Emergency Eye Care

At a meeting of the Events sub-group of Gloucestershire LOC the suggestion was made for a specific CPD topic to be considered as part of our ongoing Events Programme.

As the topic of Emergency Eye Care sits within the clinical domain the Events Group would appreciate the opinion and further input of the Clinical Sub-Group.

One of the team, in recognising a range of capabilities with their employed optometrists, suggested that the topic of Emergency Eye Care specific to Gloucestershire's CUES protocol would be extremely useful.

It was thought that a broad overview of likely CUES presentations could be the initial aim of training and development.

Perhaps starting at the triage stage could assist all Practice staff rather than everything resting on the Optometrist? For example, looking at the question of what constitutes an ocular emergency? The potential for some symptoms to suggest possible permanent damage to sight and/or secondary physical harm threatening to neurological performance and circulatory consequences.

A bullet point approach could help administrative staff appreciate how important it is to extract useful information without asking leading questions - an issue frequently faced e.g., a subconjunctival haemorrhage can be presented as a "red eye", but this would not be an ocular emergency. A method to better quiz a potential CUES patient would also be of benefit. What do we ask the patient and how do we ask it?

Once the triage element has been considered, could the next step be to highlight the most common eye conditions the CUES system should be helping. Again, the idea would be to present bullet point information rather than in-depth clinical explanation of each ocular complication. Perhaps there could be secondary stages to looking at the conditions raised in a more detailed fashion as an ongoing programme of training.

Guidance concerning best clinical practice in terms of examination could be another section or interspersed within the highlighted conditions. An example here would be when is it appropriate to use an OCT? Does this apply for presentations of Flashes and Floaters, or is it solely for central vision concerns? How could we better use IP Practitioners?

Deliberately being less polarised on a few conditions, which has been the experience of some attending Emergency Eye Care lectures, could enhance the ability of those signed up to CUES. The hope would be to provide a better service with more accurate time management strategies and appointment necessities. The system needs to develop so that Practices and clinicians are not overwhelmed by providing emergency eye care or the process required to document and report the use of CUES.

Please consider if this is something thought useful and is within the remit of Gloucestershire LOC to develop.

GlosLOC November Account Balance 18/11/2023

<p>TREASURERS ACCOUNT 30-95-72 02256279 COUNTY & CITY OF GLOS OPTICAL COMM</p> <p>£ 20,197.84 Current balance</p> <hr/> <p>£20,197.84 Available funds ?</p> <hr/>	<p>View statement ></p> <p>Payments and transfers ></p> <p>More actions ></p>
<p>32 DAY NOTICE ACCOUNT 19575249LS</p> <p>£ 20,114.61 Balance</p> <p>2.60 % Gross p.a. (variable) ?</p>	<p>View details ></p> <p>Add Funds ></p> <p>Withdraw Funds ></p> <p>More actions ></p>