

Minutes of LOC meeting Tuesday 23rd January 2024

Present: Alvaro Borges, Amy Clarke, Tom Gacek, Peter Greedy, Nigel Harris, Dave Jeavons, Carole Jenkin, Sid Maher, Ian Shapcott, Adrian Street and Ankur Trivedi,

1. Apologies

Apologies had been received from Riz Choonara and Andy Partridge.

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.

4. Matters Arising and Action Points

Action Points from last meeting

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

iii. Access confirmed by Officers.

iv. 2016 – 2019 – 1.4%
2020 & 2021 – 1.5%
2022 & 2023 – 1%

v. It was noted no feedback had been received from Contractors regarding the increase.

vii. See Appendix 1 for notes from the PES meeting.

viii. Fairford Opticians had reported that they had a plan in place to implement eGOS.

Adrian had attended one of the LOCSU Listening and had requested the slides to share but nothing had been received. Adrian thought it was a good event, the LOCSU plan moving forward was for the Constitution to be simple, high level, accessible and future proof with detail covered in various schedules.

Andy had sent a message reporting the OSCE event had been very successful. Ankur agreed the venue had been excellent, it was noted no one from outside Gloucestershire had attended and that the exercise would probably need to be repeated every 18 months to 2 years.

A LOC funded Foreign Body Removal Workshop had been suggested, the Events Group would investigate the possibility further. ⁱ

4.1 Meeting Dates

Committee Meetings:

Tuesday 19th March 2024

Tuesday 21st May 2024

AGM:

Tuesday 11th June 2024

Adrian would provide meeting notifications via e-mail and Teams Chat as well as in the General Team posts.

5. Chair's Update

See Appendix 2 for notes from the CPG meeting.

Amy reported that following an Accessible Information meeting there was a plan to be rolled out to GPs initially, it was agreed that Amy should not attend future meetings until there was a plan for Optical Practices.

Following the request from the CPG regarding practice access for the Visually Impaired patients, it was agreed the LOC could support a CPG information gathering exercise if there were suitable expectations.

While COL was moving towards the next stage which would include two-way communication no funding had been confirmed at this time.

Amy noted there was £8k of Higher Education funding left to spend this year that needed to be allocated by April.

It was agreed the documents from the College and RNIB that Ankur had shared were good sources of information to address the issue of patients not understanding the various practitioner's roles.

6. Primary Care Group

See Appendix 3 for some notes on a possible Primary Care Group. It was agreed this could be helpful and Adrian would try to contact other stakeholders to investigate further. ⁱⁱ

In the meantime, Amy would approach the LMC to see if she could attend a meeting to promote community eyecare e.g. CUES. ⁱⁱⁱ

7. Clinical

See Appendix 4 for note from the Clinical Group meeting.

Amy noted that while there was apparently no long waiting list for an appointment to see an Optometrist in the Trust it seemed a bit early for an Expression of Interest in the possible Data Capture service to be sent, more information was required.

Alvaro felt the Trust Clinical Lead and Commissioners possibly have different views on Commissioned Services, see Appendix 5 for an e-mail from Kerry O'Hara, and noted that Kerry was promoting COL as a possible alternative to an ERS.

7.1 PES Update

Ankur reported that PES were currently auditing pre and post cataract referral and outcomes to support the continuation of the current services.

Ankur noted that the September payment from the ICB was still outstanding but subsequent months had been paid. He also confirmed the actions outlined by PES in the December meeting (Appendix 1) had been implemented.

David felt the communication from PES had not improved and would e-mail Ankur to this effect for Ankur to inform PES ^{iv}.

7.2 VMT Management e-mail

The e-mail from Kerry Irvine would be discussed at the next Clinical Group meeting. ^v

8. Comms/IT

Ian reported that Sid and Tom were now au fait with management of the website.

It was agreed to post the excellent Mis, Vis & Values video that Ian had produced to the website with a social media 'fanfare'. ^{vi}

The Comms/IT Group would investigate a framework for social media (posts, policing etc) and discuss options for regional communication/representation for the County. ^{vii}

It was agreed the newsletter was very good and that something similar every quarter would be ideal in future.

9. Events

The Events Group had a meeting planned for next week.

Peter noted that there had not been any visibility of the WOPEC session and the possibility of a Memorandum of Understanding for future events might be a good idea to ensure transparency.

10. Finance

Nigel mentioned that he had received several spam e-mails and wanted to ensure no one would sign any suspicious requests to sign documents and suggested using Teams Chat if anyone was unsure to avoid security compromise.

10.1 Treasurer's Report

See Appendix 6 for account balances on 17/01/2024.

Nigel noted that the funds had reduced but the levy increase would not come into effect income until later in the month. Nigel would produce a forecast for expenditure up to the AGM ^{viii}, he felt the levy may need to increase to 2%.

Nigel had set up a folder in Teams and had added all payslips for the year and noted individual files were password protected.

Nigel reported that all sponsors had now paid their contributions for last year's CPD event.

It was agreed to cancel the mail scanning service at The Workplace as nothing had been received in the last 6 months and Adrian would check the mailbox regularly. ^{ix}

Nigel also proposed updating the name on the bank account which was agreed. ^x

11. Any Other Business

Peter reported that he had applied to join the College of Optometrists as the representative for the South-West and that a ballot of members would be running from the 25th January to 29th February.

Ankur reported that Pre-Reg Optometrists could have access to COL, he would communicate this in a County wide e-mail. ^{xi}

Ankur also wondered if it would be a good idea to revive something along the lines of the old Three Counties Optometry Society in the form of collaboration with Worcestershire and Herefordshire LOCs. The Events Group would discuss the possibility at the next meeting. ^{xii}

Sid notes he was now a Contractor as he had obtained a GOS Contract to provide the Domiciliary Low Vision Service.

David asked if there was any etiquette for the timing of communications? It was agreed to add as an item for the next Committee meeting.

Nigel noted that the new MFA requirements for nhs.net e-mails would mean shared practice mailboxes would stop working.

12. Date of Next Meeting

Tuesday 19th March 2024 at The Workplace

Actions

i.	Investigate possible Foreign Body workshop	Events
ii	Investigate Primary Care Group with stakeholders	Adrian
iii	Approach LMC to attend meeting	Amy
iv	Email to Ankur re PES Communication	David
v	VMT Management e-mail	Clinical
vi	Mis, Vis & Values video & SM fanfare	Comms/Sid
vii	SM Framework and regional options	Comms
viii	Expenditure forecast	Nigel
ix	Cancel mail scanning service	Adrian
x	Change bank account name	Nigel
xi	County wide e-mail re Pre-Reg access to COL	Ankur
xii	Possible collaboration with Hereford & Worcs LOCs	Events

Abbreviations

COL	Community Ophthalmic Link
CPG	Clinical Programme Group
ERS	Electronic Referral System
LMC	Local Medical Committee
PES	Primary Eyecare Services Ltd
MFA	Multi-factor authentication
WOPEC	Wales Optometry Postgraduate Education Centre

People

Kerry Irvine	Community Optometrist & Contractor
Kerry O'Hara	Associate Director - Transformation & Service Redesign

PES Meeting Notes 5th December 2023

- Gloucestershire ICB have gone from being prompt normally paying in around 5 weeks to current situation in 2023.
- There had been a lot of back and forth around submission of data which resulted in resubmission of several months claims. The ICB were also complaining of a shortage of staff.
- It was felt the ICB issues were around the process rather than there being a structural issue, there was a view that the ICB had not been completely transparent, but plans were in place to try and ensure there would not be a repeat of the payment delays.
- Payments had now been received for Gloucestershire for August and October with another query from the ICB for September that was being processed.
- Moving forward payment to practices should be expected 6 to 8 weeks from a month end.
- PES were toughening their stance on late payments and ICBs have new payment guidelines in place which allow the possibility of interest charges on late payments.
- An update to practices was due this month and PES had taken on board the issues around communication and have plans to improve.

CPG Meeting Notes - 9th January 2023

Action log

There is still no social care rep on the CPG. The group will keep trying to recruit.

LOC needs to find out what the access to Optom Practices is like for patients with visual impairment.

ASS meeting agenda to move to March.

COL feedback.

Feedback form has been running for the last six months with responses coming both from practitioners and patients. The uptake of the survey has been excellent for both parties. One of the questions that the survey had raised was that Patients don't know the difference between Optometrist, Ophthalmologist, Orthoptist, Dispensing Opticians etc. It was asked if an information sheet could be produced.

They have secured funding through to 2025 for the COL in Phase 1, as it is now. They are applying for accelerator funding to see if Phase 2, a two-way communication, can be implemented.

Deep dive into low vision service.

Currently, there have been no episodes of this service. There have been a few stumbling blocks with practitioner signups so far. There are still no practices in Tewkesbury, in the Cotswold area, and Patients referred from the Forest of Dean area have not been suitable.

The Contract has been extended to June 2024. A meeting will be arranged to see if the issues can be resolved with the use of training etc.

Higher education funding

Spend from 2022/2023 has now been allocated.

There are £8k left from this year. This needs to be spent before April. A further push for people to apply for courses was agreed.

The spread of applicants across the whole of Gloucestershire County has been good.

ECLO.

Full review will be given in March meeting.

Vision care for homeless people.

So far 112 sight tests have been carried out and 101 pairs of spectacles have been provided.

A business case needs to be arranged for further funding.

Special School Services.

Currently, there is no information of what is happening locally.

Next, meeting 12th of March

Possible Primary Care Group

At the last South-West LOC Forum John Hopcroft (Avon LOC Chair) talked about a Primary Care Group that Avon LOC have found extremely helpful and has sent me this outline.

- The group was instigated by the ICB Primary Care Representative
- Original aim was to coordinate the primary care plans across all providers and feed into the ICB.
- Tried to get funding however that has been a struggle and so moved from a formal board structure to a group.
- Meet monthly for about an hour before the equivalent of the PCB meeting.
- Attendees include LMC, LPC, LDC, the GP federation & 24hour providers.

I know similar collaborations have been discussed for Gloucestershire in the past and while it could be beneficial it will also potentially be a lot of work. Does GlosLOC have the desire and resources to try and set up something along these lines?

If the Committee decide the idea is worth further investigation, I'd be happy to get the ball rolling by trying to identify the main players in each organisation, especially the ICB, and trying to find out if there is any appetite for a similar Gloucestershire based group.

Clinical Group Meeting Notes 20th December 2023

1 Review of meeting with Emily Fletcher: GIRFT Review.

A review of this meeting took place and the areas that the hospital feel that Community Optometry can assist are:

The backlog of glaucoma patients.

Initially, this was thought to be an easy area that Community optometrists could help with, but there is a successful clinic within the hospital where Hospital optometrists manage some glaucoma patients and there is currently no long waiting list for this clinic. The long waiting list is for patients waiting to see an Ophthalmologist. So the only possibility for these patients would be for the community optometrist to do the data gathering and then an ophthalmologist carry out a virtual review. A survey to local optometrists will be sent out in the New Year to see if there would be any interest in a service like this.

AMD Referral refinement.

The Hospital were very keen on a commissioned service so that an OCT could be attached to all wet AMD referrals. It was felt that then, Patients would be put into the correct clinic and therefore treated faster. A discussion was had as to how the OCT could be attached to referrals and the Ophthalmologist still be able to see it.

Naevus monitoring service.

Emily Fletcher was keen to investigate the possibility of being able to discharge patients who are currently being monitored annually in the hospital for naevi within the central arcades to see if they could be monitored in the community. Again a survey would need to be sent out to community optometrists to see if they would be interested in this service. It is felt that there would be a low number of patients within this category.

We are currently waiting on the notes from this meeting from Emily Fletcher. It was decided that Amy would chase if we had not heard anything by the 15th of January so that these possible new services could be moved forward. (email sent on 15th with no reply as yet.)

2. IP placements at Gloucestershire Hospital Trust.

They are trying hard to get this organised. The department is keen. The stumbling block is HR and they are working through this.

3. Higher funding

Last years spend now allocated. All people who requested funding have been given the full amount. The people starting IP have had the course paid this year and the placement will be funded if further funding is available in the future.

Update since meeting: £8k left to spend this year. Needs to be spent by April.

The context for us and driver for change is the growth in demand for ophthalmology services, the growth in the number of people with visual impairment and the capital investment required to safely manage these patients with secondary care. Coupled with this for Gloucestershire, as we as a county will see an higher than England average for these issues.

The strategy that we are working to is how do we make best use of the workforce, skills and infrastructure that exist across primary and secondary care to relieve the demand on secondary and commission this in a way that is financially viable for both the system and primary care optometry.

The key enabler to this for us is bi-directional image sharing and whilst this being enabled by DICOM standards would be platinum service it isn't something we can afford to wait for. Having said that we also wouldn't settle for attaching images to emails or use of JPEGs and similar – the image transfer must be of a high enough standard to be diagnostic and allow the same image to be used as part of the patient record in both primary and secondary care. An example of the end point of this is to commission virtual clinics for stable glaucoma and allow an OCT taken in primary care to be part of the patients secondary care record.

The second enabler is to create a RAS/Single point of access/workflow within the system we are using for image transfer to that patients can be flagged for referral/advice and guidance/onward management and this is something that can be used by both primary and secondary care for shared care. Examples of where this is useful to secondary care are referral refinement +/- OCT scan for very urgent medical retina referrals, wet AMD referrals, naevus referrals and for secondary care work being passed to primary care would include monitoring of stable glaucoma, medical retina, naevus and ocular hypertension.

We already commission primary care for CUES, pre and post op cataracts, glaucoma repeat readings and glaucoma referral refinement, school vision and low vision so would see the system continuing to support in those areas and this would give enhanced benefits once we achieve bi-directional image and data sharing.

The electronic referrals is of less importance to us as a system. Whilst use of a single system has it's advantages, the referral systems in use such as Opera work well and are closely linked to payment mechanisms for primary care that we wouldn't want to entirely replace any system. The focus we would like is single sign on for practitioners and interoperability between systems.

Mr N. Harris

🔒 Last logged on 12 January 24 at 06:30 PM

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