Minutes of LOC meeting Tuesday 19th March 2024

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

Andy Partridge attended the first part of the meeting via Teams.

Guest: Nicola Beeston-Davies joined via Teams.

1. Apologies

Apologies had been received from Riz Choonara and Tom Gacek.

2. ELCO Update

Nicola updated the committee on the ongoing ECLO work in Gloucestershire and would send a referral form and some guidance.

It was agreed to review the documents before distributing County wide. Nigel suggested combining with a message regarding the new low vision service being up and running. Sid was considering a leaflet to promote the new service and could include some information regarding the ECLO referral if appropriate.¹

3. Declarations of conflicts of interest

There were no new declarations of conflicts of interest.

4. Minutes of last meeting

The minutes of the last Committee meeting were approved.

5. Matters Arising and Action Points

Meetings since last Committee Meeting

Date	Meeting	Attendees (external)	Notes
05/02/24	NHSSWCCH Liaison	Adrian	Appendix 1
06/02/24	Events & CPD Group		Appendix 4
06/02/24	Healthwatch	Amy	
12/02/24	Clinical Group		Appendix 2
19/02/24	Communications Group		Appendix 3
29/02/24	NHSSWCCH QiO Review	Adrian	
29/02/24	SW LOC Forum	Amy & Adrian	
06/03/24	Events & CPD Group		Appendix 5
13/03/24	CPG	Amy & Ankur	
13/03/24	LocumKit PAYE Webinar	Nigel	
14/03/24	LOCSU Treasurers	Nigel	

Action Points from last meeting:

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

i. Peter stated this could possibly be included as a break-out workshop at the next CPD day which was agreed would be a good idea. Andy noted someone would be required to lead the session, Amy & Ankur could do this. Andy would confirm the number of CPD points available and the costs involved for WOPEC accreditation. ⁱⁱ

Ankur noted a slit lamp would be required at the venue that might be provided by a sponsor and also suggested distributing an expression of interest to help manage the day.

- ii. Adrian had received an initial positive response nothing further. ⁱⁱⁱ
- iii. Amy was awaiting a response from the LMC.

vii. Postponed to the next Committee Meeting.

viii. Nigel would complete the exercise for the next financial year once the full 23/24 figures were available. $^{\rm iv}$

xii. Amy reported that Worcs would get in contact, it was agreed to send an invitation to the Quiz Night.

6. Chair's Update

Amy reported that there had been two complaints investigated by Healthwatch Gloucestershire regarding CUES appointments over the Christmas break. Two patients had been passed from pillar to post as a lot of practices had not been open. Both cases had been resolved and the cases closed.

From the CPG meeting funding for the COL in its current form had been confirmed until 2025. Accelerator funding had been applied for to make the link two-way communication but a response to the application was not expected until the next financial year.

7. <u>Revised Model Constitution Draft</u>

Nigel noted that LOCSU seemed to be trying to complete the process by the beginning of April, but Alvaro reassured that the deadline would be extended. He went on to explain that there were two parts to the proposal, a core constitution with more flexible schedules. The current LOCSU plan was to have the process completed in December for possible adoption of the new Model Constitution at LOC AGMs in 2025. There were some more listening events, Adrian shared the links.

Ian agreed to review the proposed constitution to possibly complete the LOCSU detailed feedback questionnaire and liaise with the Committee. $^{\rm v}$

8. <u>Communication Conventions/Practices</u>

There was some discussion around when it was appropriate to communicate using Teams, it was agreed that everyone should be mindful when sending messages and there shouldn't be an expectation of a reply to anything sent at unsociable hours.

It was noted that it should be possible to set 'do not disturb' profiles on 'phones to prevent unwanted messages and the possibility of scheduling the sending of messages in Teams.

Sid noted that the Communication group was considering limits on the various WhatsApp groups.

It was also agreed to share the dates of any external meetings attended for inclusion in future minutes to help with transparency of Committee activity.

9. Ophthalmology Triage Line

Ankur felt the issues experienced by Practitioners reported on the WhatsApp group were probable due to a resource issue and it was agreed some of the suggestions on the group were not acceptable.

Amy noted that in Worcestershire the triage line was only used for patients who the Practitioner felt needed to be seen on the same day.

Any and Ankur had not received a response from Will Dean so would again send a request for a meeting to discuss the issues.

Sid sent a message on the WhatsApp group to clarify that the Triage Line was a service provided by GHNSHFT and that the LOC would continue to liaise with the providers.

10. Clinical Group

See Appendix 2 for meeting notes.

Amy confirmed that there was currently no pathway for stable glaucoma patients to be discharged to Community Practitioners and that nothing further had been heard regarding the GIRFT initiative.

Nigel noted that the lack of consensus from secondary care was not ideal and some guidance for Community Practitioners would be helpful. The Clinical Group would discuss further at their next meeting. v^i

10.1 PES Update

Ankur confirmed that the ICB were considering PIFU for post cataract patients and he would keep the Committee updated if there were any further developments.

11. Communications Group

See Appendix 3 for meeting notes.

Sid confirmed that the Vision & Mission statement videos had been uploaded and that a SM Oversight Plan and Communications Strategy was being developed.

It was noted that the Low Vision section of the website needed to be updated, Ankur would confirm which practices were going to be involved in the new Low Vision service once all the required equipment had been delivered. ^{vii}

11.1 Divide County for Practice Visits

Postponed until next Committee Meeting.

12. Events & CPD Group

See Appendices 4 and 5 for meeting notes.

Peter confirmed that the costs for any future WOPEC events would be made clear in advance.

Peter noted that the original proposed venue for the Quiz Night could not host the event and that an alternative would be confirmed as soon as possible.

Peter reported that the Leonardo Hotel had been booked for the AGM and that Nikon would be the main sponsor and would cover the cost of the room hire. Their presentation would be around bespoke PALs. He suggested some recognition of Practitioner achievements where courses were sponsored by the LOC and possibly some other awards?

Peter requested that the Clinical Group consider if there were any particular topics that should be covered at the CPD day. $^{\rm viii}$

13. Finance Group

13.1 Treasurer's Report

See Appendix 6 for the account balances.

Nigel informed the Committee that the payments this month would be the last for the Financial Year and that P60s would be available by the end of May at the latest. March expenses claims would be paid in the next Financial Year. Nigel also mentioned Committee Members may receive a P800 which will rationalise any multiple PAYE accounts.

Nigel requested that expenses claims be sent to him by the 5th of each month at the latest and reminded everyone that it is the individual Committee members responsibility to notify him if there are any changes in Tax Codes.

14. Any Other Business

Ankur asked if the Committee were comfortable sharing the cataract waiting times for the County with the AOP. There were no objections.

15. Date of Next Meeting

Tuesday 21st May 2024 7:00pm at The Workplace

Action Points

i.	Review ECLO referral and promote LV Service	Sid/Communications
ii CPD points and cost of FB workshop		Andy
iii Investigate Primary Care Group with stakeholders		Adrian
iv	Expenditure forecast	Nigel
v	Review proposed revised model constitution	lan
vi	VMT referrals	Clinical
vii	Confirm Low Vision service practices	Ankur
viii	CPD day topics	Clinical

Abbreviations

COL	Community Ophthalmic Link	
ECLO	Eye Care Liaison Officer	
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust	
GIRFT	Get it Right First Time	
ICB	Integrated Care Board	
PIFU	Patient Initiated Follow-Up	
VMT	Vitreo-Macular Traction	

People

Nicola Beeston-David	Gloucestershire ECLO Team
Will Dean	GHNHSFT Ophthalmology Lead

NHSSWCCH (Optometry SW)/LOC Liaison meeting notes 5th February 2024

Present: Fiona Davenport, Nikki Holmes, Iona Neeve, Michelle Toy, Charles Bill, Suzanne Flay, Charles Greenwood, John Hopcroft, & Adrian Street

- Iona Neeve explained Professional Standards oversee the Performers List and manage any concerns around professional standards mostly GPs, there were very low numbers for Optoms. Concerns mainly come from other practitioners, secondary care, or GOC notifications. There is a platform at:
 <u>NHS England South-West Professional Standards FutureNHS Collaboration Platform</u>
- Iona is working to make clear there is a supportive element to her role and explained Optoms can access Occupation Health services and NHSSWCCH can support with coaching and remediation. Services can be access at: <u>NHS England » Looking after you: free confidential coaching and support for the primary care workforce</u>
- Iona offered LOC representation at SW PAG meetings; Charles Bill would take the proposal to the SW LOC Forum for discussion.
- Michelle noted that there were only 4 Contractors that NHSSWCCH hadn't received a QiO submission from in the South-West and none from Gloucestershire and confirmed that paper forms would no longer be accepted for GOS and that the deadline for claiming had been reduced to three months.
- Charles Bill asked if there was a possibility of revisiting a LEHN, he explained in the past there was a budget and LEHNs were active and effective in other parts of England. John agreed the South-West was an outlier without something in place. Nikki Holmes agreed to discuss with ICB colleagues.
- John asked about an issue with Trusts no longer sending referral outcome notifications and ongoing information updates to practitioners due to GDPR concerns. Adrian mentioned COL and again Nikki agreed to feed back to ICB colleagues.
- Adrian explained the confusion around practitioners claiming a GOS1 for a 2nd opinion and the possible inconsistency as it was possible to claim a GOS1 for a recheck. NHSSWCCH would investigate and advise.
- Charles Bill queried whether NHSSWCCH was happy for practitioners to claim an annual GOS for patients that come under the recent College of Optometrists guidelines around primary angle closure glaucoma monitoring. Again, NHSSWCCH would investigate and advise.

Clinical Group meeting notes 12/02/2024

AGENDA

- OSCE's / WOPEC review and feedback from CPD group
- AMD referrals BNSSG TOPCON Harmony OCT data capture
- GIRFT
- Newmedica Glos (Glaucoma monitoring)
- Dry AMD / VMT (email from Kerry Irvine)

OSCEs / WOPEC

It wasn't SS centric. Only for Gloucestershire practitioners. Anyone outside would need to pay for it. Andy recognised that CPD group could be more involved. 1st time for Andy to be involved and felt there was a lot to learn from it.

One training day to be a WOPEC lead which didn't prepare them well enough.

Andy wasn't aware that LOC would pay for the assessor's time. Andy will raise with Sasha as he felt that WOPEC would be paying for the assessors.

Everyone felt it was a success.

Andy felt that FB workshop would be well received. Kevin may need to lead on it if put together, as lead may need IP or extensive FB experience.

AMD referrals BNSSG (Bristol, North Somerset, South Gloucestershire)

Andy went to the pre-launch meeting. BEH keen to have service implemented.

Only data capture. Discussion about quality of imaging. DMO also included on the service specs. Andy feels there could result in too many FPs

Webinar to be announced soon. No date yet.

£30 fee. Based on the accelerator programme funding.

Andy not sure if service is only for symptomatic patients. He is happy to enquire at the webinar.

Action: email John & Amar. comms between Avon and Glos for BNSSG maculopathy service. (via LOCSU)

GEECS Email

Action: add need for practitioners to call eye casualty for all referrals to GEECS A&G can be sent to the CBO. it will be triaged by a clinician. Flowchart idea floated. Alvaro volunteered to draft it. (sharable) Webinar idea suggested including input or attendance by an Eye Casualty nurse.

GIRFT

No notes received from Emily Fletcher Amy will chase both Clinical Leads (Emily + Will) Alvaro suggested tis to be raised at the next CPG meeting if not reply before the next one.

Newmedica Glos (Glaucoma monitoring)

I had a meeting with Mr Kirkpatrick this morning about our glaucoma monitoring population. I explained that when I was locuming in the community I was able to participate to the OHT and glaucoma suspect monitoring scheme. I've been waiting for a while to being able to discharge some Newmedica monitored patients to the community when meeting the agreed standard of the scheme. This has been historically just between the Trust and the community. What steps do we need to take in order to make this happen? Nigel and I are both keen to involve and rely on community optometrist skills whenever possible.

Ankur suggested for Amy to raise this with the ICB. No clarity at the moment about who commissions the service (ie NM or ICB)

If ICB commissions it, then it would be the same as the as the untreated OHT. If not, then rise with NM for clarity.

F+F High risk

Discussion about having clarity on the service protocol for High-risk F+F. **Action**: Amy to email Will

VMT local clinical protocol (Kerry Irvine Email)

Discussion about what should be the local guidance for px's with VMT. Action: Amy to email local VR consultants (Ben Clarke, Safuiliina, Kantansis) On the CPD day in September, there was a presentation from Nick Rumney. One of the conditions that was briefly mentioned was vitreo-macular adhesion, VMT and macula hole. I noted that Nick's recommendation was that if VMT was symptomatic, he would refer. The current CoO guidance on VMT is to monitor only : https://www.college-optometrists.org/clinicalguidance/clinical-management-guidelines/vitreomacular-traction-and-macular-hole I was wondering if our Trust would like to provide localised guidance? Should we follow the CoO guidance? Is Ocriplasmin available for VMT? Is Vitretectomy a possibility? If intervention is possible, what symptoms/VA would meet the threshold for referral? It would be helpful to have an update so that we can provide our patients with the most appropriate care and hopefully all work to the same standard.

AOB:

Discussion on raised discs. John Ferris says he only receives 3 or 4 a month. LOCSU will appoint someone else rather than Alvaro to be a representative at the AGM. Healthwatch two complaints for CUES.

Tetbury post op issue. Mis communication. Ankur will f/u to ensure all solved.

Communications Group meeting notes 19/02/24

Present: Adrian, Ian, Sid & Tom

<u>Agenda</u>

- 1. Evaluate Mission statement upload to website.
- 2. Dissect LOC buddy geographic area and outline plan.
- 3. Social Media oversight plan.
- 4. General communication strategy for 2024-25.
- 5. AOB

1.Agreed web-site video is excellent – possibly set to autoplay, Ian to investigate. Sid will share on social media feeds and update LinkedIn profile.

2.Adrian to investigate map for regions, at next committee meeting, members to agree who looks after which practices.

Guidelines for practice visits:

Drop in introduction with follow-up arranged visit if required.

Take small gift (box chocs, doughnuts etc)?

Leave contact details – Sid to develop business card/leaflet to include QR code. Possible multiple QR codes for different sections of the website, Ian to get web-site usage statistics.

3. Agreed that people may be put off WhatsApp group due to some possible repetitive discussions.

Sid noted WhatsApp commenting can be turned off but if switched off someone would need to switch it back on! Sid suggested WhatsApp for Business may give more control, will investigate further.

Emergency group any time – easy to police inappropriate messages

LOC Community suggested 8:00am to 6:00pm Mon – Fri only.

Reduce Admins to Comms Group members. Adrian to talk to Clare to leave group to remove admin status and then re-join as member.

Any breaches of WhatsApp group rules to be notified to Comms group who will agree what, if any, action might be taken. Comms Group will develop process, communication to come from Comms Group similar to e-mail footer.

Sid to review WhatsApp rules to include something regarding repetitive topics.

4. Current Chanels:

E-mail – ad hoq. Newsletter – quarterly WhatsApp – dynamic Facebook – community based, update in newsletter. Remove Gloucestershire LOC page & just keep Opticians in Gloucestershire. LinkedIn – getting more prominent, all committee to repost LOC posts please. Web-site – updated as required. Twitter/X – delete if not already gone.

Quarterly newsletter needs to be produced by Comms Group, Ian to investigate instructional videos for Sway to add to resources.

Sid to send 'Save the Date' message for AGM.

5.AOB

Low Vision page needs to be updated with contact details of practitioners providing the new service – Ian to add relevant information.

Sid to share World Optometry Day/Week on social media feeds.

DONM - 15th May 2024.

Events & CPD Group Team meeting notes 06/02/2024

Minutes:

WOPEC training event in January.

- No delegate fees.
- No real involvement of LOC. Seemed to be a SS event.
- What was the purpose GRR, GEC, MECS.
- Alvaro, Ankur and Andy assessor. And Dermot.
- Need to clarify the situation is it officially LOC.
- AP: *Nigel* will have a follow up chat with Andy to clarify the event.

Q1 event ideas

- Networking event. Sid. Aim for April.
 - 12th April.
 - *Sid and Ankur* to do the quiz.
 - Pub quiz attendance as an LOC team. Research pub quizzes in county.
 - Enter to rise £ for charity Optical theme??? Student Optometry Quiz???
 - Find a pub to host the quiz. Sub section of a pub
 - *Peter:* Ask Tim and Ali! Pubs? Golf Clubs?
 - Friday Night???
 - Raise money for VCHP
- Other ideas:
 - CPD escape room event. Nigel did one with Boots. Puzzles to get the answer to a clinical question. E.g. jigsaw of retina and what is the lesion/defect.
 - Dragon boat teams?
 - Lab visit
 - Nonclinical education AI, Teams, social media Gary Kousoulou?

Q2: AGM. June 11.

- Leonardo Hotel *Carole* to organise venue.
- Sponsors: Talk Nikon or Rodenstock.
- NewMedica? PES (Ankur). LOCSU (Alvaro). COL (Scott Valance). Trust (Kerry)
- CPD peer review point? Bespoke varifocals Nikon, Rodenstock. Carole to investigate.
- Awards/Recognition: Higher qualifications recognition.
- Raffle from manufacturers? Keeler?

AOB: Post meeting note from Nigel to consider final year of CPD cycle requirements.

Next meeting date: TBD.

Events & CPD Group Team meeting notes 06/03/2024

Minutes:

1. Action Items report:

• Feedback from Nigel on WOPEC event. Nigel spoke with Andy. The event was not organised in cooperation with the Events Team and going forward this need to be better communicated. Also, some concerns about budget and who is responsible to pay what.

NH to provide update on this at next fell committee meeting.

2. April Networking event: Date changed to Thursday 11th April.

• Venue Options: Glos Brewery – <u>PG reached out to Geoff Smith (Group MD)</u>, waiting confirmation still. (15th March)

• Rolling start from 7pm. Quiz to start 8pm for 1 hour.

• Quiz update. Sid, Ankur, and Sid's brother-in-law (experienced quiz master) will host the quiz.

• PG had idea to include a CPD element like Visual Recognition and/or case studies to be discussed by teams to enable the event to be CPD accredited by way of extra attraction. Time scale too short for this event but PG to investigate it for subsequent events.

• Another suggestion for "Escape Room" type quiz. Nigel has done one with boots. Krypton Factor type puzzles to get from one stage to the next, done at a table. **NH to check with boots colleagues.**

• Kit needed. Laptop connection. Venue has Screen and projector. Need to check about Microphone.

• Cost: £10 per team to enter – money going to charity. Winners choose the charity.

• Need to start putting out announcement of save the date etc and ensure we get teams signed up. Practices to enter as a team – all to encourage their colleagues to join in.

Individuals welcome and will be added to other teams or create a new team.

- 3. AGM Planning. June 11th.
 - Venue update Carole confirmed Leonardo same room as last year.

• Room hire: £495. £18.50/person food charge.

Sponsors discussion – Nikon (+ Optos). <u>CJ to confirm – asking Nikon to cover</u>
 <u>room hire cost.</u> Also consider second sponsor – suggestion of Grafton to demo VR
 VF Headset. SM to talk to Grafton.

• Subject – Bespoke Varifocal.

• Awards/recognition: ideas – recognise all people who have achieved Higher Qualifications and supported by LOC. Other categories? Hero? Community service? Initiative? <u>Committee to discuss.</u>

• Raffle from manufacturer for charity. Licence considerations?

4. CPD Day

• Date – 25th September proposed. <u>CJ to check with Kingsholm</u>.

• Venue – <u>CJ to ask about 2 breakout rooms</u> for additional CPD workshops run parallel to the main CPD talks. These would be limited and need to be booked by delegates.

- Sponsors
- Speakers/Talks: Looking for input from CLINIC TEAM HERE ALSO!
 i.Ophthalmologist From New Medica this year or other??

ii.Zeiss – now available for LOC support. PG to follow up.

iii.Contact lens company? Ortho K – Scotlens or Cooper.

iv.AI talk?

v.Diagnostics.

vi.Non-Clinical – PG could do workshop on leadership or

communication.

vii.Breakouts:

- 1. Foreign Body workshop?
- 2. Therapeutics workshop for (IP Point?)

viii.Facilitated workshop on reflective statements or some guidance?

- o Charity
- Other considerations
- 5. Date of next meeting: TBD at next Committee meeting.

APPENDIX 6

/19/24, 7:47 AM	Lloyds Bank Account Overview	
LLOYDS BANK 🎌 👘		
Mr. N., Harris Last kryged on DE March 24 at 00:59 PM		Sextraga Log off
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