

## Minutes of LOC meeting Tuesday 26<sup>th</sup> November 2024

Present: Alvaro Borges, Courtney Campbell, Riz Choonara, Amy Clarke, Emily Emm, Tom Gacek, Peter Greedy, Nigel Harris Dave Jeavons, Sid Maher, Rakhee Price, Adrian Street and Ankur Trivedi

Guest: Danielle Ellis, LOCSU Advancement Lead

### 1. Apologies

Apologies had been received from Andy Partridge and Ian Shapcott

### 2. Declarations of conflicts of interest

There were no new declarations of conflicts of interest.

Nigel noted there was some new draft Conflicts of Interest Guidance which he would share. <sup>i</sup>

### 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.	VMT Referrals	Ongoing
ii	Ascertain individual member's availability for practice visits	Ongoing
iii	GP Education events 2025	Ongoing
iv	Feedback to ICB on need for audit of stated cataract wait times	Ongoing
v	Red eye Peer review session	Ongoing
vi	Poll for attendance of ROC, Bristol	Completed
vii	Contact Ben Clarke for high-risk F&F protocol clarification	Ongoing
viii	E-mail CPD Day 2023 attendees about 2024 event	Completed
ix	Add Sid/Peter as bank a/c signatories	Ongoing
x	Contact auditors re progress on 2023-24 accounts	Ongoing
xi	Circulate LOCSU Induction Course details to new members	Completed

ix. Peter had been added, Sid's application was still in progress.

It was agreed that Otter AI would be used to transcribe the meeting, and Adrian would just list the Actions (NOTE – Otter AI was only free for 30 minutes, up to Agenda item 7, and didn't record the speakers name). See Appendix 1 for transcript.

## 7. Clinical

David noted that the number in the queue on the record message on the Triage line as he had dialled in on two different lines and number 3 in the queue got answered before number 1. <sup>v</sup>

It was noted that some of the conditions for direct referral of F&F seemed to have fallen away recently. <sup>vi</sup>

It was reported the Trust had had a cataract away day to try to understand why the Trust waiting list was so long and some changes were to be implemented to try and improve the situation including possible first eye post cataract follow-ups in the Community.

Contracts had been signed for the blood pressure monitoring service and finds were now available and training would be provided via PES. It was noted some practices had withdrawn due to the low fee.

The School Screening service would be moving forward with an alternative to the Thomson software to reduce costs.

### 7.1 PES Update

Ankur noted that provision of cataracts was moving to the Primary Care Network Team, the ICB had agreed extra uplifts in fees (a communication was expected in the near future) and orders for the blood pressure monitors was expected shortly.

## 8. Comms/IT

A Comms group meeting was planned for the 3<sup>rd</sup> of December and Sid requested items for a pre-Christmas newsletter. <sup>vii</sup>

## 9. Events

Peter noted that the CPD Day and Skittles Night had been held since the last meeting.

Good feedback had been received from the CPD day, though there had been some e-mails received querying CPD certificates. Sponsors were all happy and all but one had paid – Nigel notes that the vent costs had been covered by the sponsors and attendee fees.

There had been an issue with the last FB workshop being cancelled in error and Ankur would try to organise a catch-up session. <sup>viii</sup>

Nigel noted that the University of Gloucestershire had attended the CPD day and had requested a meeting to discuss possible future collaboration. It was agreed the Comms Group would discuss and Nigel would forward the e-mail from Sally Lincoln. <sup>ix</sup>

Peter reported that that Skittles night had been well received and £185 had been donated to the Brain Tumour Trust.

## 10. Finance

See Appendix 2 for the Account Balance.

Nigel noted there seemed to be sufficient funds moving forwards with the current levy and that the Finance section of the new constitution had been discussed at the recent ROC and there was a possibility that a non-statutory levy could be applied locally to raise funds from non-GOS practices.

There had also been some benchmarking around fees claimed, the GlosLOC hourly rate was in line with other LOCs but the average meeting rate was £120 and daily rate £400, and Nigel wondered if the Committee should consider increasing the expenses amounts? Nigel would provide a forecast for the proposed changes. <sup>x</sup>

Nigel reported that Locum Kit could support GlosLOC with the suggestion in the new constitution that the Committee accounts should be signed off by a qualified accountant.

## 11. Any Other Business

Peter noted that Spa Medica had announced some redundancies, but it was not clear if there would be any impact locally.

Peter also suggested a Christmas social event, dates and times to be suggested.

Amy suggested a Strategy Day in 2025 to include a discussion on succession planning. March was agreed, the Events Group would make the arrangements, Danielle requested it not be held on a Tuesday or Friday. <sup>xi</sup>

Adrian asked if the committee wanted to continue with the Primary Care Group that didn't include the ICB as he would no longer be able to attend. Alvaro agreed to take on the role of GlosLOC representative.

## 12. Date of Next Meeting

TBC – w/c 20<sup>th</sup> Jan 2025

### *Action Points*

i.	Distribute draft Conflicts of Interest Guidance	Nigel
ii	Resend PES e-mail and forward and PES comms in future	Ankur/Adrian/Comms
iii	Link to Secondary providers on Pes site from GlosLOC site	Comms
iv	Draft comms to remind practitioners to discuss Patient Chise	Comms/Clinical
v	Triage Line feedback	David
vi	Discuss direct F&F referral with Trust	Clinical
vii	Newsletter items	All
viii	FB Catch Up Session	Ankur
ix	Forward UOG e-mail to Comms Group	Nigel
x	Forecast for possible increased remuneration	Nigel
xi	Arrange Strategy Day in March 2025	Events

### *Ongoing Actions*

a	VMT Referrals	Amy/Clinical
b	Ascertain individual member's availability for practice visits	Sid/Comms
c	GP Education events 2025	Clinical
d	Feedback to ICB on need for audit of stated cataract wait times	Ankur/Amy
e	Red eye Peer review session	Clinical
f	Contact Ben Clarke for high-risk F&F protocol clarification	Alvaro
g	Add Sid/Peter as bank a/c signatories	Nigel/Sid/Peter
h	Contact auditors re progress on 2023-24 accounts	Nigel

Otter AI GLosLOC partial meeting notes (first 30 minutes approximately)

### **Committee Meeting Summary**

The committee discussed the importance of managing conflicts of interest and ensuring transparency in decision-making. They reviewed the new constitution and templates for the LFCS, emphasizing the need for better documentation. The group addressed the challenges of patient choice in cataract referrals, highlighting the need for clinicians to discuss options with patients and ensure informed decisions. They noted the new enhanced cataract referral tool and the importance of accurate data and communication. The clinical group also discussed the need for stronger governance in advice and guidance, particularly for conditions like swollen discs, and the importance of regular updates on waiting times from ICBs.

### **Action Items**

- [ ] Discuss patient choice and the factors to consider when referring patients for cataract surgery.
- [ ] Ensure the enhanced cataract referral email is sent out to all practitioners, not just practice leads.
- [ ] Add an agenda item to the next meeting to discuss conflicts of interest in more detail.
- [ ] Follow up with Ben Clarke to get his final review and recommendations on the victory macro faction referrals.
- [ ] Follow up with Rizwan about the GP education event.

### **Outline**

#### **Conflict of Interest and New Constitution**

- Speaker 1 discusses the importance of managing conflicts and having challenging conversations, emphasizing the need to declare conflicts even if uncertain.
- Speaker 1 mentions the involvement of Emm and data work around the new constitution, suggesting better documents and templates for the LFCS.
- Speaker 1 highlights the necessity of conflicts of interest, noting that 15 people on a committee should have some conflicts at some point.
- Speaker 2 shares experiences of checking with committee members to ensure transparency, using an example of a chair and their partner running an IT platform bidding for a scheme.

#### **Discussion on Conflict of Interest and Decision Influence**

- Speaker 1 elaborates on the importance of transparency and self-disclosure in conflicts of interest, using examples like a chair with an IT platform partner.
- Speaker 2 emphasizes the need to check for influence at the point of decision-making, whether direct or through third parties.
- Speaker 3 stresses the importance of protecting the committee from future accusations by being mindful of conflicts of interest.
- Speaker 1 mentions various committee members who wear different hats in different contexts, highlighting the complexity of managing conflicts.

### **Action Items and Follow-ups**

- Speaker 4 mentions checking with everyone on the book and the victory macro faction referrals, having emailed Ben Clarke for a final review.
- Speaker 9 inquires about practice visits, with Speaker 4 confirming it is ongoing and on the agenda.
- Speaker 4 updates on GP educational events, mentioning Rizwan's involvement and the need to follow up with him.
- Speaker 2 asks if someone has followed up on the clinical group's audit of cataract waiting times, with Speaker 4 confirming the need to add it to the next clinical group note.

### **Clinical Group Updates and Patient Choice Discussion**

- Speaker 4 provides an update on the clinical group's meeting, including a visit to Penn in Manchester to understand how money is spent and organizational structure.
- Speaker 4 shares insights on the turnover and surplus of Pairs, emphasizing the importance of communication with practices about payment delays.
- Speaker 4 discusses the renewal of DFP team governance and the integration of secondary user services data to release funds related to COVID recovery.
- Speaker 3 mentions a new ped website and the integration with other platforms to avoid double entry, with Speaker 7 adding that they are working on it.

### **Enhanced Cataract Referral and Communication Challenges**

- Speaker 3 raises the issue of the newly launched enhanced cataract referral and the need for a county-wide communication to ensure everyone receives the information.
- Speaker 1 notes the inconsistency in receiving the email with the template attached, with Speaker 9 confirming there is only one county-wide comms list.
- Speaker 3 suggests forwarding emails from Central Pairs to the county-wide group to ensure coverage, with Speaker 1 agreeing on the importance of communication.
- Speaker 5 apologizes for being late and joins the discussion, with Speaker 4 mentioning the clinical group's meeting and the need for patient choice discussions.

### **Patient Choice and Clinical Discussions**

- Speaker 2 introduces the topic of patient choice, mentioning the rules around cataract referrals and the need for clear communication with patients.
- Speaker 6 discusses the challenges of patient choice in the context of new providers and the importance of a pre-op pathway for informed choice discussions.
- Speaker 5 emphasizes the need for a county-wide approach to patient choice, with clear communication and data sharing among practitioners.
- Speaker 1 raises concerns about the efficiency of the new cataract referral system and the time required for patient choice discussions.

### **Implementation of New Cataract Referral System**

- Speaker 3 explains the new provider choice tool and the importance of formalizing the choice discussion with patients.
- Speaker 7 expresses concerns about the time required to complete the new referral system, suggesting the possibility of discussing patient choice over the phone.
- Speaker 3 supports the flexibility in completing the referral process, emphasizing the importance of accurate record-keeping and patient interaction.
- Speaker 8 raises the issue of impartiality in patient choice discussions, with Speaker 2 suggesting that clinicians can delegate the completion of the referral form to non-clinicians.

#### **Supporting Patient Choice Communication**

- Speaker 9 suggests creating a website for patient choice, with Speaker 3 providing a link to the existing provider tool on the PERS website.
- Speaker 3 confirms the availability of the provider tool and the need for clear communication about patient choice.
- Speaker 8 proposes sending a county-wide communication about patient choice, with Speaker 2 agreeing on the importance of a supporting document.
- Speaker 6 offers to work with the clinical group to draft a communication and share it with everyone before sending it out, with Danielle providing additional resources from London.

#### **Clinical Group Meeting and Advice and Guidance Workshop**

- Speaker 4 provides an update on the clinical group's meeting, mentioning the split into two sessions due to a broad agenda.
- Speaker 6 shares insights from a workshop on advice and guidance for cold phase two, emphasizing the need to limit the scope of advice initially.
- Speaker 6 highlights the three main pathways for advice and guidance: swollen discs, imaging, and advice and guidance.
- Speaker 6 mentions the need for stronger governance in sending emails for advice and guidance, with feedback provided to the ICS.

Live Transcript:

#### **Committee Meeting**

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referrals, highlighting the need for clinicians to discuss options with patients and ensure informed decisions. They noted the new enhanced cataract referral tool and the importance of accurate data and communication. The clinical group also discussed the need for stronger governance in advice and guidance, particularly for conditions like swollen discs, and the importance of regular updates on waiting times from ICBs.

## **Transcript**

<https://otter.ai/u/KYxMTsd2LsUP47j4jGvpu4gtvFk?view=transcript>

## **Action Items**

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Gloucestershire Local Optical Committee  
Treasurers Account

2024-2025			
INCOME		INCOME	
	Item		
	Opening Balance at 01/04/24	£	18,570.50
	Solatory Levy	£	42,274.99
	Bank Interest and Refunds	£	-
	Other credits	£	11,128.29
	<b>TOTAL INCOME</b>		<b>£ 58,403.28</b>
EXPENDITURE		EXPENDITURE	
	Chairs Time	£	1,382.00
	Secretarys Time	£	1,340.29
	Treasurers Time	£	3,688.46
	HMRC PAYE	£	3,879.00
	Committee Expenses	£	12,678.17
	Travel	£	494.73
	Courses	£	350.00
	Other expenses	£	42.37
	Room Hire / Meetings	£	8,808.70
	CPD Costs	£	45.00
	Website	£	1,102.15
	TBC	£	-
	TBC	£	-
	OTHER costs	£	-
	<b>TOTAL EXPENDITURE</b>		<b>£ 58,837.87</b>
	<b>INCOME SURPLUS/ (DEFICIT)</b>		<b>£1,865.41</b>
	Total		£ 58,135.91
	BANK STATEMENT AT 15/11/2024		£ 58,135.91
	Variance		£ -
	Trade Creditors	END.	
	Nigel Harris	TREASURER NAME	
		date of report	21/11/2024