

Minutes of LOC meeting Tuesday 21st January 2025

Present: Alvaro Borges, Emily Emm, Peter Greedy, Nigel Harris, Dave Jeavons, Sid Maher, Rakhee Price, Ian Shapcott and Adrian Street

Virtual attendees: Courtney Campbell, Amy Clarke, Andy Partridge and Ankur Trivedi

1. Apologies

Apologies had been received from Riz Choonara, Tom Gacek and Danielle Ellis (LOCSU Lead)

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

Courtney informed the Committee that she had become a Director of Ashton & Daniels and was now a Contractor as well as a Performer.

Action Points from last meeting:

All Action Points had been completed.

See Appendix 1 for main body of the meeting recorded by AI

Key Points

2. Declarations of Conflicts of Interest

It was agreed verbal confirmation of no new declarations was acceptable, a written declaration would only be necessary if Committee Members circumstances changed.

8.1 E-mail hack

It was agreed that it was not necessary to notify the ICO of the e-mail hack as the consequences were not significant.

10.1 Treasurer's Report

See Appendix 2 for December Account Balance.

12. Date of Next Meeting

Wednesday 9th April - Part of the Strategy Day – details tbc

Committee Social Event – Tuesday 11th February – details tbc

Action Points

i.	Provision of activity data from VCHP to ICB	Peter
ii	Review draft letter to Practitioners regarding Patient Choice	All
iii	Collect Glaucoma referral data and develop action plan	Clinical
iv	Triage Line update for Newsletter	Clinical
v	Investigate possible Red Eye CPD for Community Practitioners to try to reduce referrals to IP Optoms	Clinical/Events
vi	Ideas for ways to improve Community Practice collaboration, especially around CUES	All
vii	‘Top Tips’ item for clinical pathways to be included in the Newsletter	Comms
viii	Set up MFA – Adrian & Nigel initially	Ian
ix	Submit expenses to Nigel via Teams Chat rather than e-mail	All
x	Flowchart to check e-mail rules to help prevent future hacks	Ian
xi	Discussion of Committee remuneration at Strategy Day	Events

Meeting Summary – Part 1

The meeting commenced with a call for declarations of conflict of interest, where Courtney Campbell announced her new director position at Ashton Daniels, Newent and Ross-on-Wye. The minutes from the previous meeting were approved without changes, and Amy Clarke provided updates on action points, noting most were completed. Discussions included the integration of IT systems in healthcare, particularly the Opera system, and the challenges faced in the hypertension pilot involving 14 practices. Concerns were raised about the funding and guidance for GPs, the slow progress of Phase Two of the COL project due to workload, and the potential funding shortfall for the low vision service. The meeting also addressed issues with glaucoma follow-ups, the complexities of patient choice, and the need for better use of referral pathways to reduce false positives. Participants agreed on the necessity of improving communication regarding glaucoma management and the importance of engaging with the ICB to expand services.

Next steps

- * Amy Clarke mentioned that action points would be discussed as separate items in the meeting if not they had not been completed.
- * PES is tasked with finding different blood pressure machines that only measure blood pressure without detecting irregular heartbeats.
- * The need for more detailed discussions and updates regarding primary care funding and guidance was highlighted, indicating a need for follow-up actions.
- * Kerry will attempt to secure more funding for the low vision service, although she noted that there are currently no available funds.
- * Caroline Graham will follow up with nurses and IT regarding the triage line issues and will seek more information on glaucoma follow-ups, with a two-week timeframe for correspondence.

- * A draft document was created to ensure quality patient care during cataract surgery referrals, which includes informing patients about all providers and supporting them in making informed choices.
- * The committee is tasked with reviewing the draft letter and ensuring it aligns with patient clinical needs and preferences before finalizing it.
- * Ankur suggests that the clinical group should have a wider discussion about glaucoma management options, indicating a need for collaboration among involved parties.
- * Alvaro mentions that Andy will draft an agenda for the meeting, which will include discussions on vitreomacular traction guidance, indicating a clear next step for the group.
- * The team agreed to consider inviting hospital optometrist Tom Dawson to a clinical call to discuss GRR and ECF, which will be addressed in future meetings.
 - * The team needs to engage with the ICB to advocate for an expansion of the service to include *treated* OHT patients, which would improve patient management.
- * Reference the triage line problems Caroline Graham will explore the possibility of implementing a two-tier approach for patient appointments, allowing for quicker responses for urgent cases and alternative communication methods for less urgent cases.
- * There is a need to empower secondary care providers to redirect referrals that do not follow the established pathways back to the original referrer or to the appropriate pathway.
- * A summary regarding the triage line is to be prepared for the newsletter by the clinical team.

AI Insights

The meeting demonstrated a strong level of engagement and participation among attendees, with multiple contributors actively discussing various topics, particularly around patient care and service improvements. Clear next steps were identified, particularly regarding actionable follow-ups related to funding requests and service issues, although some areas lacked well-defined actions. The meeting adhered to its scheduled duration, indicating effective time management. Overall, the sentiment was neutral to positive, reflecting constructive discussions and a focus on problem-solving, despite some concerns raised during the meeting.

Topics & Highlights

1. Meeting Preparation and Declarations of Conflicts of Interest

- * Fact | Courtney Campbell announced that she became a director of Ashton Daniels, Newent and Ross-on-Wye as of January.

2. Review of Previous Meeting Minutes and Action Points

- * Next steps | Amy Clarke mentioned that action points would be discussed as separate items in the meeting if not already completed.

3. Integration of IT Systems in Healthcare (COL/Opera/NHSMailetc.)

- * Concern | There are concerns regarding the potential for continued use of multiple referral methods, including Opera referrals and NHS emails, which may complicate the integration of healthcare IT systems.
- * Decision | It was decided that abandoning the Opera system is not feasible, and discussions will continue on how to integrate it effectively.

4. Hypertension Meeting Outcomes

- * Fact | Fourteen practices have signed up for the hypertension pilot, which aims to start taking blood pressure measurements.

Concern | There is a concern regarding the blood pressure monitors ordered, as they measure irregular heartbeats, which is not aligned with the service specification that does not include this detection.

* Next steps | PES is tasked with finding different blood pressure machines that only measure blood pressure without detecting irregular heartbeats.

5. Elective Care Reform Discussion

* Fact | NHS England aims for 92% of people wanting elective surgery to be seen within 18 weeks, addressing the current backlog of 16 million people on waiting lists.

6. Primary Care Funding and Guidance

* Next steps | The need for more detailed discussions and updates regarding primary care funding and guidance was highlighted, indicating a need for follow-up actions.

* Concern | There is a concern regarding the lack of detail in discussions about funding and guidance for GPs, particularly the absence of any fee structure for other primary care providers.

* Fact | The proposed fee for GPs is £20, but there was no mention of fees for other primary care providers.

7. COL Project Phase Two Progress

* Next steps | A request was made for the hospital to find more clinicians to assist with the workload, indicating a need for immediate action to address the staffing issue.

* Concern | There is a concern about the slow progress of Phase Two, attributed to the heavy workload on Will Fletcher, Will Dean, and Emily Fletcher.

8. Low Vision Service Funding

- * Fact | The funding for the low vision service is expected to run out in February, and the amount is less than £100k.
- * Concern | There is a concern that the funding for the low vision service may run out sooner than anticipated, with a request for more funding being flagged.
- * Next steps | Kerry will attempt to secure more funding for the low vision service, although she noted that there are currently no available funds.

9. Triage Line and Glaucoma Follow-ups

- * Concern | There is a significant concern regarding the triage line and the management of glaucoma follow-ups, indicating a need for immediate attention.
- * Next steps | Caroline Graham will follow up with nurses and IT regarding the triage line issues and will seek more information on glaucoma follow-ups, with a two-week timeframe for correspondence.

10. Patient Choice and Conflict of Interest

- * Concern | There are concerns regarding the risk of conflicts of interest affecting patient choice
- * Next steps | A draft document was created to ensure quality patient care during cataract surgery referrals, which includes informing patients about all providers and supporting them in making informed choices.

11. Patient Record Transparency and Provider Choice

- * Concern | There are challenges in some areas where offering five providers is almost impossible, raising concerns about patient choice and access to care.
- * Decision | The committee needs to review and agree on a draft letter regarding patient record transparency and provider choice, which can be modified before sending it to the community.

- * Next steps | The committee is tasked with reviewing the draft letter and ensuring it aligns with patient clinical needs and preferences before finalizing it.

- * Fact | The NHS provider choice framework mandates that patients should be offered a choice of five providers, which is achievable in the Glos area as there are five nearby providers available.

12. Discussion on Glaucoma Management Options

- * Concern | Ankur Trivedi raises concerns about the limited adoption of MIGS procedures in the county, suggesting that there is a need for more treatment options for glaucoma management.

- * Next steps | Ankur suggests that the clinical group should have a wider discussion about glaucoma management options, indicating a need for collaboration among involved parties.

13. Clinical Group Meeting Agenda

- * Decision | The clinical group has decided to propose a meeting with the trust and the clinical director to discuss high-risk F&F patients and the necessary guidance for clinical decisions.

- * Next steps | Alvaro mentions that Andy will draft an agenda for the meeting, which will include discussions on vitreomacular traction guidance, indicating a clear next step for the group.

14. Discussion on Clinical Call and Presentation

- * Next steps | The team agreed to consider inviting Hospital optometrist Tom Dawson to a clinical call to discuss GRR and GCF, which will be addressed in future meetings.

15. Glaucoma Monitoring Service Utilization

* Concern | There is a concern regarding the underuse of the stable glaucoma monitoring service, which is live but not fully utilized, leading to increased false positives in new patient referrals.

* Fact | In Tom Dawson's opinion approximately 50% of new patients entering the clinics at the hospital are considered false positives, indicating a significant issue in patient filtering.

16. ICB Commissioning and Service Expansion

* Concern | Ankur explained that there is a concern regarding the ICB's strict commissioning guidelines, which currently only allow for *untreated* OHT patients to be seen, limiting the service's effectiveness.

* Next steps | The team needs to engage with the ICB to advocate for an expansion of the service to include treated OHT patients, which would improve patient management.

17. Glaucoma Follow-Up Challenges

* Decision | It was agreed that the current communication process regarding glaucoma follow-ups is inadequate and needs to be revised to ensure patients receive timely information about their appointments.

* Fact | Andy Partridge mentioned that around 8% of glaucoma referrals coming into the hospital are on Opera, which he believes is too low, indicating potential issues in the referral process.

* Concern | There are significant delays in glaucoma follow-ups, which is causing confusion for patients regarding their appointments and follow-up procedures. This was highlighted by Alvaro, who mentioned that the communication from GPs and hospitals needs improvement.

* Next steps | Caroline Graham has said she will explore the possibility of implementing a two-tier approach for patient appointments, allowing for quicker responses for urgent cases and alternative communication methods for less urgent cases.

18. Service Pathways and Referrals

* Concern | There is a concern that the low percentage of Opera glaucoma referrals (8%) indicates that the existing service pathways are not being effectively utilized, which could lead to an increase in false positives.

* Fact | Andy Partridge pointed out that the false positive rate is high, suggesting that many referrals do not meet the criteria for the right pathways, which could be due to a lack of adherence to the established processes.

19. Referral Pathways and False Positives

* Fact | It was noted that only 8% of referrals for glaucoma are coming through the OPERA pathway, suggesting a lack of effective use of the established pathways.

* Fact | The cost associated with each hospital appointment is approximately 100 pounds, and the financial compensation for using the pathway is 25 pounds, which was discussed in terms of its value. *

Decision | Participants agreed that practices should be encouraged to utilize existing pathways more effectively to reduce false positives and improve capacity.

* Concern | There is a significant concern regarding the 50% false positive rate in referrals, indicating inefficiencies in the current referral pathways.

* Next steps | There is a need to empower secondary care providers to redirect referrals that do not follow the established pathways back to the original referrer or to the appropriate pathway.

20. Financial Implications of Referral Pathways

* Concern | There is confusion regarding the financial compensation structure for different types of referrals, particularly between GRR and

OCT services, which may affect the willingness of clinicians to utilize the pathways effectively.

21. Triage Line Summary for Newsletter

* Task | A summary regarding the triage line is to be prepared for the newsletter by the clinical team.

22. Discussion on OCT Element in Glaucoma Pathways

* Fact | Ankur Trivedi states that the GRR is meant for normal optic discs and that OCT is not currently part of glaucoma monitoring services.

23. Concerns about False Positives

* Concern | Nigel Harris raises a concern about the occurrence of false positives, indicating that they are not being seen consistently and expressing worry about the implications of this issue.

24. Discussion on Resource Management

* Concern | Nigel Harris points out that there may be too many resources available, which could complicate processes and lead to inefficiencies.

He suggests that simplifying these processes could save time.

25. Individual Decision-Making

* Concern | Nigel Harris expresses concern about the complexity of individual decision-making, indicating that it involves various factors and that he does not want to be held responsible for the individual feelings involved in these decisions.

26. Concerns About Responsibilities

* Concern | Nigel Harris repeatedly states that he is not going to be charged with certain responsibilities, indicating a concern about the expectations placed on him.

Meeting Summary –Part 2

The meeting covered several key topics, starting with a clinical update from Amy Clarke, who reported a significant decrease in issues around IP appointments for red eye. Ankur Trivedi provided an updates on the low vision pilot, seeking committee feedback before sharing a funding proposal. Concerns were raised about CUES management issues in Gloucester, prompting discussions on improving collaboration among practices. The group agreed to explore relaunching the flashes and floaters service and organizing webinars to enhance communication and patient-centred care. Discussions also included reviewing the service provider list, addressing underutilization of healthcare pathways, and implementing stricter email security measures following a recent incident. The committee planned a social event for February 11th and discussed scheduling a strategy meeting for April 9th. Financial management strategies were reviewed, including fund movement to minimize tax liabilities, and the need for a consistent LOC expenses policy was highlighted. Engagement strategies for LOC constituents were proposed, and the importance of completing the draft constitution by the end of February was emphasized. The meeting concluded with discussions on collaboration with other groups and the significance of low vision data management for initiative success.

Next steps

- * Ankur Trivedi plans to share a detailed document regarding the low vision pilot with Kerry and Graham and is open to feedback from the committee before doing so.
- * Andy Partridge proposes the idea of organizing webinars to facilitate better communication and collaboration among practices, emphasizing the importance of patient-centred care.
- * Nigel plans to be more vigilant in verifying the identity of individuals requesting changes to bank account details.

- * Ian will reach out for volunteers to start the new MFA setup process, indicating a clear next step in the implementation of enhanced security measures.
- * Alvaro suggested that if anyone finds an authenticator app with a backup function, they should share that information with the group.
- * Nigel suggested that he should pick up the phone to discuss various reasons for changes directly with someone, indicating a preference for verbal communication over email.
- * Peter mentioned that the events team would find a suitable venue for the social gathering, indicating that planning is underway.
- * Peter will send out a communication to participants to block the date of April 9th on their calendars and will seek further clarity on the meeting details next week.
- * Nigel is following up with Claire regarding her volunteer commitment to audit the 2023-24 LOC accounts.
- * Nigel is attending the national treasurers meeting and has offered the opportunity for another treasurer-in-waiting to join if interested.
- * The events team has been tasked with drafting the agenda for the strategy day, which is a key upcoming meeting.
- * Sid explained there is likely to be a work stream at the NOC initiated to explore strategies for increasing engagement among LOC constituents, which is a significant focus area moving forward.
- * Sid suggests that the LOC should communicate the reasons for and outcomes of the recent social events to other LOCs.
- * Karen Gennard has expressed an interest in joining the LOC. Ankur will invite Karen to attend the next meeting.
- * Alvaro has sent a draft agenda for an upcoming meeting with GPs, dentists, and pharmacists, indicating a proactive approach to collaboration.

AI Insights

The meeting demonstrated a moderate to high level of engagement and participation among attendees, with scores reflecting active discussions and contributions on various topics, particularly around security practices and social event planning. Clear next steps were identified, indicating a structured approach to follow-up actions, although some instances lacked well-defined action items. The meeting adhered to its scheduled duration, suggesting effective time management. Overall sentiment was neutral to positive, highlighting constructive discussions and a collaborative atmosphere focused on problem-solving and future actions.

Topics & Highlights

1. Clinical Update – IP for red eye

* Fact | Amy Clarke mentioned that she was receiving one IP referral for red eye per day at the start but is now hardly getting any, indicating a positive change in the situation.

2. PES Update and Low Vision Pilot

* Next steps | Ankur Trivedi plans to share a detailed document regarding the low vision pilot with Kerry O'Hara and Graham Mennie and is open to feedback from the committee before doing so.

3. CUES Management Issues

* Concern | Ankur expressed concerns about a breakdown in cooperation among practices in Gloucester, with issues arising from CUES patient referrals. There is a need for improved communication and collaboration.

4. Relaunching Pathway Services

* Decision | The group agrees to explore the relaunch of the flashes and floaters service alongside a talk with a VR surgeon and CPD opportunities.

5. Improving Communication and Service Delivery

- * Next steps | Andy Partridge proposes the idea of organizing webinars to facilitate better communication and collaboration among practices, emphasizing the importance of patient-centred care.

6. Service Provider List Review

- * Concern | Andy Partridge expresses concern about practices being on the service provider list without providing the service, indicating a need for a review of the list.

7. Pathway Utilization Issues

- * Decision | The group discusses the need for a best practice document to help guide the use of pathways, particularly for red-eye & CUES.
- * Fact | Nigel mentions that 90% of suspect glaucoma patients not going through OPERA, highlights a significant gap in pathway utilization.
- * Concern | Nigel Harris expresses concern that the pathways for managing conditions like glaucoma are not being effectively utilized, suggesting that practitioners may be unaware or indifferent to them.

8. Email Security Incident and Learning

- * Concern | Nigel expressed concern about the ease of email hacking and the potential risks associated with changing bank account details without proper verification.
- * Next steps | Nigel plans to be more vigilant in verifying the identity of individuals requesting changes to bank account details.
- * Concern | Ian expressed concerns about the effectiveness of MFA, noting that it is not infallible and shared an incident where it took multiple attempts to access an account, highlighting the need for improved security measures.
- * Decision | Nigel decided to implement stricter verification processes for changing bank account details to prevent future incidents.

- * Fact | Nigel reported that the bank has a guarantee for recovering funds lost due to online fraud, which involves a £100 charge for investigative work.

9. Multi-Factor Authentication (MFA) Implementation

- * Decision | It was decided that Ian would enforce MFA and seek volunteers to test the new MFA process as recommended by Microsoft, indicating a shift towards stronger security protocols.

- * Next steps | Ian mentioned he would reach out for volunteers to start the new MFA setup process, indicating a clear next step in the implementation of enhanced security measures.

10. Two-Factor Authentication Issues

- * Concern | Alvaro raised concerns about the difficulties users face when they lose access to two-factor authentication, highlighting that recovery is not straightforward and requires contacting the provider.

- * Next steps | Alvaro suggested that if anyone finds an authenticator app with a backup function, they should share that information with the group.

- * Fact | Ankur mentioned that some authenticator apps may have a backup function to help users recover access if they lose their phone.

11. Account Security and Password Changes

- * Decision | It was decided that Andy would change his password again to enhance security after the attempted breach.

- * Concern | Andy expressed concern about a potential security breach when someone attempted to sign into his account, prompting him to change his password.

12. Secure Communication Practices

- * Decision | The group agreed to use Microsoft Teams for sending sensitive information instead of email to enhance security.

13. Email and Communication Tools Usage

- * Decision | The committee reached a consensus that it is important to have a written record of agreements made during discussions, ensuring that all decisions are documented and dated.
- * Concern | Alvaro expressed concern about the potential risks associated with using personal emails for communication, suggesting that it could have led to more serious issues if not managed properly.

14. Bank Account Security

- * Fact | Nigel stated that the bank confirmed there is no risk to the accounts, as accessing them requires multiple verifications, ensuring their security.

15. Discussion on Email Management and Communication

- * Concern | Peter expressed uncertainty about the management of emails through Outlook, indicating he does not use it for his business emails and suggesting a need for clarity on this issue.
- * Next steps | Nigel suggested that he should pick up the phone to discuss various reasons for changes directly with someone, indicating a preference for verbal communication over email.

16. Planning a Social Committee Meeting

- * Decision | The committee agreed to hold a social event on February 11th which was proposed by Peter to strengthen team relationships.
- * Next steps | Peter mentioned that the events team would find a suitable venue for the social gathering, indicating that planning is underway.

17. Strategy Meeting Planning

- * Decision | It was provisionally decided to schedule the strategy meeting for April 9th, pending further confirmation from participants.

- * Next steps | Peter will send out a communication to participants to block the date of April 9th on their calendars and will seek further clarity on the meeting details next week.

- * Concern | Participants expressed concerns about scheduling the strategy meeting in March due to potential conflicts with their work commitments and the short notice required to cancel appointments.

18. Financial Management and Account Adjustments

- * Decision | There will be a national treasurers meeting in February, which will include discussions on accounting variances and constitutional changes.

- * Next steps | Nigel is attending the national treasurers meeting and has offered the opportunity for another treasurer-in-waiting to join if interested.

- * Task | Nigel is following up with Claire Griffin regarding the audit of last year's accounts for which she volunteered.

- * Fact | Nigel moved approximately £15,000 back into a notice account to earn interest and manage surplus funds As this is less than £500 in interest it will avoid tax liabilities.

19. Strategy Day Discussion

- * Next steps | The events team has been tasked with drafting the agenda for the strategy day, which is a key upcoming meeting.

20. LOC Expenses Policy

- * Concern | There is a concern regarding the comparison of expenses policies among LOCs to ensure consistency and fairness in how expenses are managed.

21. National Optometric Conference

- * Next steps | There may be a work stream at the NOC initiated to explore strategies for increasing engagement among LOC constituents, which is a significant focus area moving forward.

22. Discussion on Social Events and Engagement

* Concern | Nigel expresses uncertainty about the effectiveness of the social events and the need to discuss their outcomes with other LOCs. *

Next steps | Nigel suggests that the LOC should communicate the reasons and outcomes of the social events to other LOCs, indicating a plan to engage in further discussions.

23. Draft Constitution and Communication with LOCs

* Concern | Alvaro raises a concern about the value of including Danielle in the WhatsApp group, suggesting that it may not be beneficial given the group's current usage patterns.

* Fact | Nigel states that the draft constitution is expected to be completed and communicated to all LOCs by the end of February, which is crucial for the AGMs.

24. Engagement of New Members

* Next steps | Karen Gennard has expressed an interest in joining the LOC. Ankur will invite Karen to attend the next meeting.

25. Collaboration with ICS and Other Groups

* Next steps | Alvaro has sent a draft agenda for an upcoming meeting with GPs, dentists, and pharmacists, indicating a proactive approach to collaboration.

26. Low Vision Data Discussion

* Fact | Sid praised Ankur for the efficiency of the Low Vision Project data, which is crucial for the success of the initiative.

TREASURER NAME	
date of report	31/12/2024

Notes from CPG Meeting 14/01/2025

Laura Williams Tetbury CEO

Douglas Forbes (? New eyecare ICS project manager) and Cathy will be replacing Megan Terrett role

- Reforming elective Care
 - ✦ New government guidance, still very little detail
 - ✦ 92% px's need to be seen within 18 weeks
 - ✦ 6 million people on waiting list
 - ✦ Reduce "unnecessary FUs"
 - ✦ Refresh the relationship with the ISPs
 - ✦ Ophthalmology not mentioned specifically in the report yet
- Reform elective Care by using A&G (elective tariff will be split and GPs will get £20 for each A&G episode)
 - ✦ Equals primary care to only GPs. Kerry flagged Primary care is not only GPs
 - ✦ PIFU to be expanded to at least 5%. Glos ahead of the curve with already 12%
 - ✦ Report mentions high DNAs in secondary care
- Glos 4.4% / National median 6.8%

Kerry will have a meeting today with AOP to clarify if optometry included.

Graham Mennie also agrees that primary care is not GPs only as in fact GP surgeries employ many other healthcare practitioners which are not GPs (ie Nurses, pharmacists etc)

COL Phase 2

Douglas and Cathy will be now supporting this project.

Kerry feels that relying only with Will or Emily Fletcher is perhaps not working as they are very busy. Charlotte to liaise with Emily Fletcher to identify other clinicians that could support with the pathways identified as the priorities

Low vision:

Kerry will flag with the ICS. Because funding is under 100k, this may be easier to escalate for continued funding in 2025/2026

BP service

Monitors order by PES had AF measurement option. This was not aligned with Service description. New monitors ordered by PES.

Emily Fletcher couldn't attend and there was no update on the BEH version of COL which she investigated in more detail.

END

