

Avon LOC  
Committee Meeting  
Monday 4<sup>th</sup> April 2022  
1845 for 1900 hrs

Record by:

Carolyn Hudd

Approved by:

**Attendees:**

John Hopcroft, Amy Hughes, Mark Humphrey-Ali, Andrew Pinn, Amar Shah, Carolyn Hudd, Lynne Fernandes, Mona Thacker, Amy Hughes, Andrew Edwards, Clare Bailey (Consultant BEH), Steve Eaton (Topcon), Jen Durant (Acting Glaucoma Service Lead), Vicki Frankcom (BEH Project Manager)

**Apologies:**

Gordon Batham, Jennifer Ogidi

**Changes to Conflicts of Interest**

No change to already noted conflicts of interest.

**Minutes of the last meeting:**

Previous minutes of February 7<sup>th</sup> 2022 approved

**Matters Arising**

See minutes

**Topcon & BEH Presentation**

Prior to confirmation of the main agenda points Topcon and BEH gave a presentation on the developments of the Glaucoma Community Monitoring Scheme.

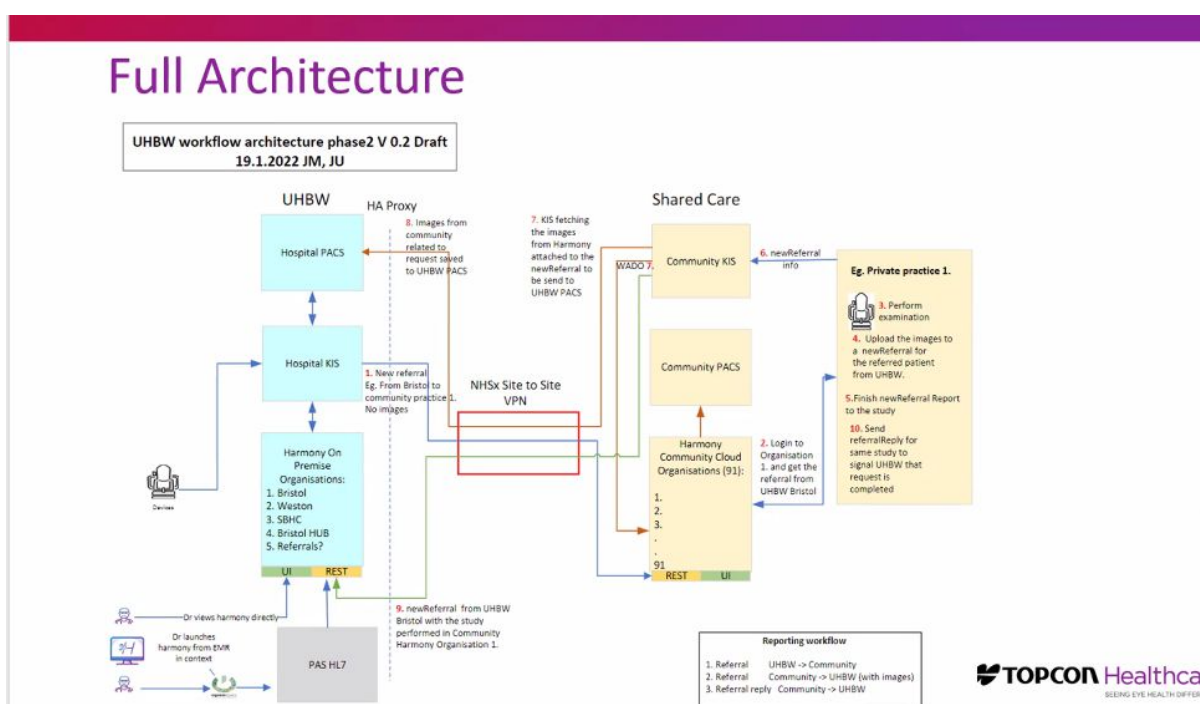
Two schemes are hoped to be in place by June. The first being the expansion of the post-op cataract scheme to the whole of BNSSG. This will drop the mandated dilation and GAT to just a post-op scheme for a £42 fee. The second scheme is a Glaucoma Monitoring Scheme for stable glaucoma patients, OHT and suspects. This would require a VA, a dilated disc photograph, pressure check and a visual fields check including indices and upload a questionnaire. This will all be done using the web-based Topcon Harmony software platform and will only be available for BNSSG practises at the moment.

The presentation was introduced by Clare Bailey (Consultant BEH) who stated the outcome of these new developments long-term are to develop better communication between BEH and the community. Clare placed a bid for funds. Topcon Harmony were reward the contract and the funds for these developments include enough for the full 91 BNSSG practices to participate in the schemes should they wish to. The alliance is set to improve Glaucoma Data Acquisition. The pilot for Glaucoma opens up a multitude of opportunities for further developments for example:

- Medical Retina: Advice and guidance, new referrals, follow-ups (potential pathways to be discussed)

- Potential for community follow-up/management for other stale glaucoma/ocular hypertension patients by community optometrists with higher qualifications in glaucoma in due course: historic images from BEH would be made available on Harmony for continuity as needed
- Opportunities in other specialities, to be discussed

Steve Eaton began the Topcon Harmony demonstration by giving an explanation of the work flow between community and BEH and how they will integrate with each other. Data sharing presented issues for both sides of the collaboration. The following follow chart gives you an idea of how the relationship and scheme will work. Much of the architecture is now complete and the aim is to deliver something that is suitable for both the hospital and the community.



The workflow through the pilot scheme will be as follows:

1. Pilot patient cohort agreed by clinical team – these will be existing follow-up patients of BEH under the Glaucoma team; a selection of patients across BNSSG catchment with Stable Glaucoma, Suspected Glaucoma or Ocular Hypertension. This selection was agreed by BEH clinicians
2. A pilot patient will then be contacted by BEH via a letter to explain the change of their imaging appointment. BEH will deliver a follow-up by telephone to explain the next steps
3. Pilot patient will given a choice of Optom Practice to attend based on the patients preferred location. They will be offered their current optometrist if they are part of the scheme.

4. When a chosen provider is agreed, BEH will complete a request to the provider in Harmony. This will contain the details of what is required.
5. The practice will receive the request via email and the request will also appear on the practices harmony work list.

Using the link provided in the email or via the practice harmony work list, the patient's examination will be entered using various information and tick boxes. The patient's details will already have been entered. Photographs and scans can be uploaded on to the record during the entry. These will show in a timeline at the bottom of the screen and over time will be invaluable for tracking.

When the patient data is complete it will be submitted to BEH for review.

BEH will use the reporting feature in Harmony to confirm to the CCG the number of patients seen. This will be provided to the CCG as a per practice overview to facilitate payment. Practices will also be able to run their open report to assist with their audit.

Clare Bailey requested to learn the practices able to be included in the pilot as soon as possible due to the start date being June. Amar asked that she write a short summary of the pilot scheme to be disseminated to the LOC members for response.

Lynne queried the amount of patients the community is likely to receive, pointing out it would need to be enough to hold a separate session for these patients and enable practices to cover wages for potential extra technicians. Whilst the pilot may only be 10 patients for 10 practices each, Clare stated there are approximately 3000 patients on BEH records potentially eligible for the scheme. This would enable some security in providing resources for the scheme.

Andrew Pinn reminded the group that there may be some reluctance to join the scheme due to failed schemes in the past. It was also recognised that there is potential for this scheme to grow and improve the quality of eyecare between the community and the hospital.

Steve Eaton agreed to share a video explaining the Topcon Harmony software for practitioners interested in joining the scheme. This can be shared with the members to increase interest.

## **LOC**

**2.1 Website** At the beginning of the meeting Amar reiterated the importance of the migration to the new website for dissemination of information. There were no concerns raised by the committee over the source of the new website and a meeting to begin the migration of information will be arranged between Amar, Andrew Pinn, Amy and Carolyn

**2.2 LOCSU Needs Analysis** - to be discussed at next meeting

**2.3 LOCSU/PES effectiveness** – to be discussed at next meeting

## **NHSE SW Update**

Nothing to update this time

## **BNSSG**

The Post –cataract scheme for Bristol GP registered patients will go countywide for all patients with in BNSSG; open to all existing providers or new providers. Confirmation on how this will work is in process but the fees will be £42 as per SpaMedica and Newmedica fees and will include mandated dilation and GAT. There will also be a subset of patients to be agreed shortly. This will be when a patient is seen, post –op, and they still have some CMO present - using the Harmony software new images will be sent back to the hospital. The hospital would then prescribe the relevant treatment for the CMO and the patient would be seen again in community 6-8 weeks later for refraction and a further payment for confirmation that everything's cleared.

Andrew Pinn queried whether a fee exists for a repeat OCT with these CMO patients? Amar stated there is but not in the intermediary. A practitioner would receive £42 fixed fee for the post op check. If you happen to see a CMO you will have to see that patient again, but the fee for that is yet to be confirmed.

## **BANES**

There are currently no updates from Andrew Edwards and BANES

## **PES Update**

- Amy Hughes updated the committee of the latest PES development. PES are in the final stages of signing the contract for CUES 2.0 set to go live this April. This now has approval for a further two years.

This is an ideal time to re-energise the appetite and re-engage practices for CUES. Much of the admin burden has now been taken over by PES and this should add further attractiveness to practitioners. Amar suggested PES have a stand at an upcoming RUH event covering a Medical Retina and glaucoma CPD linked lecture evening. Agreed by Amy.

Amy also added that SDH are keen to hold an event to iron out differences across their area.

Amy would like to arrange a cross-committee meeting with Wiltshire to discuss the development of CUES in the area. The aim will be to iron out what 'we' want from CUES across the 3 CCGs before the AGMS. Amy given the agreement to go ahead and arrange.

- SpaMedica Post-Op Cataracts referrals are still not coming through via Opera. Amy will add this to the list of items to chase.
- PES has been working with Emersons Green to develop a post-op cataract scheme too. More information will follow.

**AOB**

Andrew Pinn reminded the members that meetings need to stick to the agenda as written, in line with the constitution. Amar recognised this point and explained this was due to the presentation length and time restrictions.

**Actions**

<b>LOC Member</b>	<b>Action</b>
<b>Actions from 04/04/22</b>	
Amy Hughes	To arrange cross-committee meeting - CUES
Clare Bailey	To provide a summary of the new pilot scheme for circulating amongst the LOC members before April 8th
Steve Eaton	To provide video demonstration of software to interested parties
Amy Hughes/Carolyn Hudd	Arrange meeting to discuss migration of the website to new LOCSU platform
Amy Hughes	To liaise with SpaMedica re referrals

**Date of Next Meeting :** 6th June 2022