

Avon LOC
Committee Meeting
Monday 6th December
1845 for 1900 hrs

Record by:

Carolyn Hudd

Approved by:

Attendees:

John Hopcroft, Amy Hughes, Mark Humphrey-Ali, Andrew Pinn, Amar Shah, Jennifer Ogidi, Carolyn Hudd, Lynne Fernandes, Mona Thacker, Amy Hughes, Andrew Edwards

Apologies:

Gordon Batham

Changes to Conflicts of Interest

No change to already noted conflicts of interest but Amar asked that all NHS contracted LOC members inform the committee prior to ending an NHS contract as this will change their role on the committee.

Minutes of the last meeting:

Previous minutes of October 4th 2021 approved by committee

NHSE SW Update

Vaccinations

The vaccination booster program is now up and running

NHSE Update

The LEHN role continues to remain empty but this is still top of the agenda and it is actively being addressed.

LFT

LFTs can now only be obtained through the NHS website or through a pharmacy. If it is clear that they are for an NHS worker, it is possible to obtain two boxes at the same time.

GOS Contract

Lead by Jenny Bowker, BNSSG Commissioning has begun the process of migration of the GOS contract from NHSE to ICB SW.

Omicron

With the emergence of the new omicron variant of COVID, the Royal College of Optometry advised clinicians not to see anyone experiencing the symptoms of a common cold. The LOC will advise a common sense approach to this.

BNSSG Update

Bristol glaucoma and post-cat services

AP – There are no further updates on this scheme. Those already on it will continue to be paid but no new applicants will be accepted.

ICS Update

No Update is available. Amar and Carolyn continue to work alongside the LMC and LPC to move services forward in conjunction with the ICS.

ERS BEH

JH and AS continue to attend fortnightly meetings with BEH. Some progress is being made and in a nutshell, the following is being considered at a £40 per patient consultation fee:

1. Dilated Photo Disc
2. VA
3. Contact tonometry
4. Fields
5. Questionnaire.

This information will be uploaded using Topcon but confirmation is need including what will happen to the patient after exam. Concerns were raised by LF over the low fee in comparison to the £50 fee seen in Bristol for Glaucoma. JH reiterated keeping the fee higher is being driven forwards, but that there is a small financial envelope. These observations can be carried out by a technician rather than a clinician and therefore that fee reflects as such. Other schemes will be negotiated with a higher rate when a clinician needs to be involved.

LF wants the minutes to note that she believes this is not a good idea. She feels the fee is too low and not good for the community of optometry; seeing it as a screening event rather than using the brain. A data led service rather than a clinical one.

JH feels there is progress being made with BEH like nothing before and this scheme would offer a route into the development of other schemes.

AP stated he too felt there would not be a high take-up to the scheme due to the fee being less than the Bristol fee that has been in place for the last 10/15 years.

BANES

BANES Update

AE discussed a change in what Ewan is requiring for Glaucoma referrals, of which was discussed and agreed does not fit with the GOS contract. These include pressure, fields, discs and Van Herricks.

Richard Antcliffe has shown increased interest in a post-op cataract service. Work continues to try and arrange a higher fee for such a service. £35 was agreed in June 2021 but this still needs to be increased to nearer £43-45 especially as this is what Newmedica are being paid.

CUES

AH continues to work with PES on improving the service. PES will be undergoing a restructuring and this will incorporate a new triage hub. As of January 2022, other than if a patient arrives at their practise with an urgent eye problem, all GP, 111 and other referrals to CUES will be signposted to a PES hub telephone number. PES will then take charge of allocating and triaging. This will take away the demand of practises being asked to triage on an unpaid basis and the responsibility to see them or find another service that has capacity for them to be seen.

There will no longer be a necessity to use a telemed service and the time frame to see patients will be clarified to a more achievable target according to the condition.

All CUES payments are now up-to-date. These only become overdue 8 weeks after submission.

From October, practises will receive a new type of invoice to include every patient recorded for CUES. This is to aid reconciliation.

RUH

AS spoke of new appetite from the RUH via Sandra Brereton to commission services directly between the community and the hospital. Possible scheme fees being discussed are:

£50 Glaucoma

£40-50 pre/post op schemes

£70 AMD

AS sat with Sandra to produce a draft one-page document outlining the services the community could offer. Potentially the IT to support this would come from PES but only if the financial systems they have in place improved.

AH reiterated that there have been a lot of challenges at PES and recognised in retrospect that there were some things that could have been done differently. However, the service has been under great pressure and should be allowed to showcase how the system works during 'normal times'.

JH wanted clarification that PES is robust enough to cope with future services. JH would like to apply for governance by LOCs to oversee processes.

AH reassured the LOC that the restructuring of PES should eliminate some of the problems that have occurred. She also made it clear that queries with Opera should always go through the blue bubble and the help pages should be used in the first instances of any issues. AH cannot carry out her role in PES whilst fire-fighting queries that can be answered by team members working in the blue bubble or from the help pages. JH has drafted letter to be sent to PES expressing concerns. This letter will be copied to AE AP and Carolyn for editing etc.

Agreement was reached that this subject should be readdressed and added to April's agenda

AH stated that LOCSU and PES will separate in the near future when it comes to commissioning services. LOCSU will take the lead in negotiation and PES will help mobilise the services as previously.

AOB

GOS Contract – Jenny Bowker (BNSSG CCG) is moving towards localising the contract between April 2022 and April 2023. Gloucestershire and BNSSG will be going live first. It was suggested that an LOC member could be elected to provide advice as a clinical lead.

ICB Chair BNSSG has been appointed as Jeff Farrar.

Chief Executive/ Head of ICB are appointed as Shane Devlin. He will begin in February.

LOCSU Levy Payment - The LOC pays 0.5% of the levy to LOCSU for their support but queries were discussed over what services the LOC receive for that. In normal times,

the year ending 31/12/18, the LOC gave LOCSU £29,800. With little contact or involvement from LOCSU can the LOC still justify spending this much?

LOCSU provide the codes for WOPEC training but what would that total in a year? JH Suggests making a wish-list of what the LOC need from LOCSU. AP will making enquiries over how much other LOCs pay to LOCSU as there is some discrepancies. A request for transparency should be carried out. AP will email LOCSU asking for clarification.

Needs Analysis – MH will take the lead on this and this will be on February’s agenda.

Table of Ongoing/Actions

LOC Member	Action
Andrew Edwards	Liaise with BaNES re ICP
Gareth Whatley	Handover website and social media to Amy and Carolyn (January)
Amar Shah	Look at dates for exploring listening forums
Actions from 06/12/21	
John Hopcroft	To email copy of ‘letter of concern’ to be sent to PES for comment
All	PES Performance to be discussed in April’s LOC Meeting
Mark Humphrey-Ali	To lead the Needs Analysis in February

Items for next agenda

February – Needs Analysis

April – LOCSU/PES effectiveness

Date of the next LOC Committee Meeting

Monday February 7th 2022 645pm for 7pm start