Avon LOC

Committee Meeting

&

LOCSU Needs Analysis Strategy Evening

Monday 6th February 2023

615-915pm

**Attendees**: Amar Shah, Alvaro Borges, Mark Humphrey-Ali, Andrew Edwards, Andrew Pinn, John Hopcroft, Jenny Ogidi, Amy Hughes, Lynne Fernandes, Carolyn Hudd

**Apologies**: Mona Thacker.

Due to unforeseen family circumstances, Gordon Batham resigned with immediate effect. Amar noted, with thanks, for the contributions he was able to make whilst on the committee.

**Declarations of interest**

There was only one new declaration of interest. This was to note that Lynne has now taken over two Carter & Harding practises in Wiltshire.

**Minutes of the previous Meeting**

The previous minutes were approved and seconded.

**NOTE: Whilst the LOC meeting took place during the meal, the agenda items were discussed in a different order. For the purpose of the minutes, they will be written in order of the agenda.**

**1.**  **LOC**

**1.1 LOC Website**

The LOC website continues to have the final touches added after an arduous task of reloading all the relevant information. Amar and Andrew Pinn will liaise for access to the IONOS platform to enable the old website to point to the new website. At which point, Amy will liaise and it will go live.

**2.** **NHSE (SW)**

eERS (Eyecare Electronic Referral System) has been trialling across the country but the Southwest chose to do things differently with a system called ERS. This is the same as the GPs systems for referral. Unfortunately, there have been technical difficulties getting this system up and running that will require a key to enter the system. A trial is taking place with a practice in Devon for two weeks. If this is successful, the new system will be rolled out to Devon first, followed by Cornwall and then Somerset. The committee raised concerns that this system will not work for BNSSG.

**ACTION:**

A notice to contractors should be circulated encouraging feedback from anyone that receives a face-to-face visit from the eERS providers claiming to be running their system in this area after at least one contractor has experienced this.

The topic of referral rejections is also high on the agenda with NHSE after a notable number of unnecessary rejections. LOCSU has asked for feedback relating to any pattern that the community begin to notice so that this can be addressed.

**3.** **BNSSG**

**3.1** **Bristol Glaucoma and post-cat services**

This pilot has now gone live with potentially 10 practices taking part. Topcon Harmony now wish to roll this out to the next ten contractors. This will be offered to practices that had expressed interest originally and some of the committee will also register their interest. There are currently approximately 4000 patients likely to need monitoring and with the scheme rolled out, practises can expect to see approximately 2-3 patients a week.

Amar and John are now looking at ways of expanding this service using the qualifications of those in the community.

The Post-Op Cataract Scheme Is now £43 (not including GAT or mandated dilation) and is rolled out BNSSG wide. This is a unique scenario because post-op schemes are getting moved to PIFU (patient Initiated follow up). The ICB have had an issue with not having received many signed contracts back. This is probably because there was a mistake made in the first copy. The amended copy was sent back out for signing. However, it was also noted that the contracts team have been slow to respond to queries or confirm contract receipt. The community needs to be encouraged to get the contract lined up.

BEH have sent out a promotion for the LOC to send out on their behalf. This will be adapted and circulated.

Amar & Andrew Pinn are trialling using a spreadsheet for bulk payments and will feedback at the next BEH meeting.

**3.2** **ICB Update**

John is attending the Primary Care Committee Meetings (PCC), held every 2-3 months. Participants include pharmacy, dental, optometry and GP representatives. This meeting is based more on reporting; however, it is important that primary care optometry has a representative voice present. It will soon become the Primary Care Committee Operations Group (PCOG) and will specifically focus on recommendations for improving services. During the first meeting with the PCC, the majority of the meeting comprised of talk of winter pressures of which John reiterated the need for CUES to help relieve the burden on GPs and the hospital.

John has also attended the ‘Primary Care Group’ (PCG) comprising of Onecare, LMC, LDC, LPC, LOC. This group is in the process of agreeing the terms of reference and will become the primary care representative to the ICB. These PCG meetings will become a very important tool in achieving future aims and reiterating how community optometry can work collaboratively with local GPs and secondary care.

John continues to attend the Eyecare Delivery Board meetings between BEH, Opthalmology groups, Newmedica, PPG and the LOC. This is chaired by Andy Newton and attended by Margaret Kemp. This meeting is used to discuss the National Eyecare Devlopment plan and although there has been resistance to new services, the meeting is developing better relationships with senior staff at BEH.

The LOC felt the ideology of a Chair from the LOC attending important meetings made more impact and so John Hopcroft was unanimously voted to be joint Vice-Chair with Mark Humphrey-Ali until at least the AGM.

**3.3 BNSSG Future Services**

Clare Bailey (BEH) would like to pilot using Topcon Harmony for emergency medical retina referrals. Andrew Pinn was asked if he would consider being used as a test subject for these means. The committee discussed this at length and it was decided this would be possible as long as it is reinforced that it is used as a ‘proof of process’ rather than pilot. This will alleviate any assumptions that community optometry will provide this service for free. John and Amar have asked for a meeting with key heads at BEH to formalise an official pathway.

Spamedica had a discussion on post-op cataracts. There is a suggestion in the new contract that they should only be paying £5 for refractive data as per the Royal college of Ophthalmologists guidance. Amar made it clear to them that no one will take part in that and that they are reading it literally not in the spirit of collaboration. They are able to take part in the wider BNSSG scheme but that wouldn’t be through Opera or PES. That would be through the ICB directly.

Part of the problem is that services done through PES are paid by the ICB, services outside PES are paid through the ISP who request it from the ICB. A further post op cataract meeting is due in 2 days and more clarity will be sought then.

**4.** **BANES**

BANES has become quite stale in progress with the ICB although it has made progress with the implementation of CUES.

Andrew Edwards had no new updates for the BANES area, however, Amar and Amy stated there will be new hubs set up for virtual clinics lead by trained nurses. A hub will be set up at each hospital location.

**5.** **PES**

BANES & CUES: The funding for CUES was never secure. Now the commissioning is secured until April 2024. It is felt this is to buy some time to relocate where funding comes from. Currently, the area is significantly over the estimated contract values. This is because the values in the contract are based on the first four weeks of COVID pandemic, in a low point of CUES in Worcestershire.

In the last few weeks, Amy has been analysing CUES activity compared to other areas and BANES is lower than other areas. The hub has helped ease the initial capacity problems but the projected figures are still likely to be 85% over the estimated. The ICB has tried to hand the funding responsibility over to the trusts although this is a primary care service.

The service is under threat but PES are fighting to keep, support and validate the need for CUES to continue, as do GPs at regional meetings.

The contractors running the service have been paid in ‘block’ payment based on an estimated amount of patients. This will change in April or the following April 2024 where payment will be received on a more individual case basis.

**ACTION:**

Optoms to question any consultant that disagrees with the conditions laid out within CUES and what it is for.

Amy to meet with Colin Gault (Wilts LOC Chair), Andrew Edwards & practices taking part in CUES, particularly Salisbury ones.

**6.** **AOB**

- Amy has met with Karen from VCHP and will collectively meet with BrisDoc at the Compass Centre (Jamaica Street) and go from there in developing a service. Margaret Kemp has not responded to VCHP, so if anyone is in any meetings, please bring up the proposals.

- The committee voted to adopt the new Microsoft 365 system

**ACTION**: John Hopcroft to raise awareness at an ICP meeting.

- Health & Wellbeing – Tailte will be invited to the next meeting

- Amar Shah will be resigning as Chair after the AGM.

- NHS BSA will begin practice visits for PPV. The LOC will be informed and provide support. It is not known yet whether this will be 7 practices a quarter or 7 practices a month.

- The treasurer’s meetings continue over the introduction of PAYE to LOC members. LOCSU is seeking clarification and support.

- **Date of the AGM: Tuesday 16 May 2023**

**ACTION**: Lynne to contact Kate Powell to organise CPD event

**LOCSU Needs Analysis Strategy Planning**

Alvaro Borges, LOCSU Lead, gave a presentation on the results of the survey sent to the committee to analyse needs, roles and aims.

As a result of this interactive discussion, the following was identified or decided upon:

- Avon LOC will sign up to new MS Office 365. This will enable easier file sharing, sharing of minutes, easier interaction between the committee members and will aid succession planning such that the shared space will be up to date with the latest updates, initiatives and works in progress. John and Amar to lead and action.

**ACTION**: Organise a hour meeting to discuss technicalities

- Launch the new website for better communication with the community

- Consider formulative mini LOC groups to focus on specific areas such as social media

- Look to recruit new committee members with particular interests or skills

- Consider changing the committee's name to better reflect the area

- Use LOCSU more for additional training.