Avon LOC

Committee Meeting

Monday 03 October 2022

1845 for 1900 hrs

Record by:

Carolyn Hudd

Approved by:

**Attendees:**

Amar Shah, Amy Hughes, Jenny Ogidi, Andrew Edwards, Lynne Fernandes, Alvaro Borges, Andrew Pinn, Carolyn Hudd, Gordon Batham

**Apologies:**

Mark Humphrey-Ali, Mona Thacker, John Hopcroft

**Changes to Conflicts of Interest**

None

**Minutes of the last meeting:**

Previous minutes of 08 August 2022 approved with minor spelling error correction

**Actions Agreed at the last meeting**

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| **LOC Member** | **Action**  | **Progress** |
| **Actions as of 08/08/22** |  |  |
| Carolyn Hudd | Resend poll suggesting alternative dates in October for the LOCSU Needs analysis Strategy Meeting.To forward a copy of the survey results to Alvaro. | 🗹 |
| John Hopcroft | To call Frank, Specsavers, concerning the wording of the sharing of information (BEH/Glaucoma pilot) | Unavailable for comment |
| Committee | To respond to Carolyn on availability to attend the NOC | 🗹 |
| Lynne Fernandes | To contact Alvaro to submit application for grant from Health Education Training  | Ongoing |
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**Agenda**

**Guest Speaker 1 – Charles Barlow, Central Optical Fund**

The Central Optical Fund is now 50 years old. It has developed alongside optics.

The fund is now being asked to support smaller local projects that have the potential to lead to bigger projects nationally and also being asked by national bodies to fill in the gaps where national funding is unavailable or the bodies are not cooperating effectively. Charles thanked Avon LOC for contributing to the fund and asked that it signs up as a member of the fund. The commitment to become a member of the LOC is £1. The Central Optical Fund is the only organisation accountable to LOC’s. Approximately half of the LOC’s are signed up as members. In the Southwest there are two LOC’s signed up. Signing up means you have a say in what the organisation does.

AP – In the unlikely event the Central Optical Fund becomes massively in debt, do the LOC hold liability? Charles – No, £1 only.

AS – Your balance sheet says you have £500,000 sitting in account of money collected from contractors, why is that? When it was first created, it had to set up a reserved rainy day fund for unforeseen events. This has been dipped into a many times in support of Optics during historical changes and used for support of lobbying government etc.

AS – how easy is it to apply for support for something like the homeless project if the ICB cannot provide support? It’s a case of filling out forms to check the correct criteria are adhered to. It is not a fund set up to help continue a service but rather help new initiatives get off the ground. Once it is approved, funds will be received in days.

**Action: AP to return form for joining the Central optical Fund.**

**Guest Speaker 2 –Karen Gennard, Vision Care for Homeless People (VCHP)**

**Providing optical services to the homeless (see circulated documents attached)**

Karen works for VCHP two days a week and the remaining is in practice. VCHP is a small charity run by 4 full time equivalent people that hold six clinics across country. The clinics operate for one day a week or one day a fortnight. The aim is to reach out to those who don’t feel comfortable into traditional high street practices. The clinics are often situated in day care centres, meal services or multidisciplinary building. They are strategically placed in areas people already feel comfortable coming in to.

One of the problems with funding, is that many of the homeless people don’t come under GOS services for a variety of reasons and therefore between about half to two thirds of clients. Previously these people have been funded through the charity. The CCG at Gloucestershire now fund those patients for VCHP.

Karen invited the LOC to think about how it should be reaching out to these patients considering a duty of care to them and health inequalities, helping them find a way that the can access care.

There are three ways the community can reach out to these people:

1. Pop up clinics or local practices who will run specific clinics for the homeless and make their practices more welcoming (can be sporadic)
2. Domiciliary Optoms to visits day centres (very little GOS funding for that)
3. Set up a static clinic for continuity of care. Patients will get to know the location and links to other services develop effectively. This solution tends to work best.

The service would require the community to find several optometrists or DOs locally; identifying a suitable location and then VCHP can help with set up procedures.

LF – What has the process been in other areas? How do you move forward?

Karen – In Gloucester as an example, the CCG funded her one day a week to concentrate on getting equipment set up.

AS – NHS SW were happy to support the set up initially for the Gloucester area, but they are less likely to be able to influence an ICB in the current climate. AS suggest Karen gets an initial conversation going with the ICB and then move forwards in getting the volunteers.

AB – ICB’s need to prove that they are trying to address health inequalities so they may be more willing to help.

AH offered help with starting the project and investigate how much funding will be needed from Gloucester

Karen stated that in Gloucester, they had approx. £8000 of funding per set up; That cost was not actually fully used on set up but rolled over to running costs. This is because lots of practitioners donate. Gloucester is the only clinic in the country that is run on CCG funding. The other clinics are run on GOS funding and charity fundraising. Most of the clinics have a fundraising team which is committed to receiving about £5000 a year.

AP – Is it not easier to run it as a charity?

AS – As this is one of the interests of the ICB (health inequalities), it’s worth a try.

**ACTION: AH Offered some time to help with the early conversations going forward (after checking there is no conflict with PES role. AH will be point of contact for Karen. JH will be the Ophthal lead in conjunction with information from AH to take to meetings.**

1. **LOC**
	1. **LOCSU Needs Analysis** – Best way to organise the needs analysis is to present the results with a new interactive tool with pie charts. A meeting to discuss this will need a good hour for all to contribute. Amar feels this should be face to face run by Alvaro. Amar stated that after the next AGM, he will no longer be chair so succession planning is vital and the vision for the future. He felt that someone outside the LOC facilitating difficult questions is the best way forward. The majority will need to attend.

Amy suggested combining the LOC meeting and the LOCSU needs analysis meeting.

ACTION: Carolyn to contact Kensington Arms or alternative venue for December 5th 2022.

* 1. **LOCSU**

None

* 1. **LOC Website** – continues to migrate over to the new website and will be redirected when all documents are in the right place. Amar gave some feedback to Amy on a few presentation edits and an edit on the vacancy page. Andrew Pinn spoke of a change to make to ‘CCG’s instead of ICB’s.

Amy has found the task laboured to upload the initial documents but going forward it should be a lot easier.

**ACTION: Lynne to check Bristol information and confirm with Amy that this is all ok. Andrew Edwards to check BANES information and confirm with Amy that all is ok.**

**All committee asked to check over new website and feedback any issues asap.**

Lynne suggests putting under Bristol Community Cataract Contract – plans are in place to expand the contract to include all those in the BNSSG ICB area. This is awaiting approval.

1. **NHSE SW Update**

Alvaro Borges – The National Eye Care Transformation Recovery Programme that came off the back of COVID effectively no longer exists. This is due to some of the work being transferred to a regional level.

On 1st November they are doing a NHS SW Patient Summit to get people from the 3rd sector and charities involved in eyecare amongst patients for feedback on services.

There was some communication recently from FODO stating that eERS is now changing to ERS (Electronic Referral Systems). It was stated that there was some piloting happening in the Southwest but this appears to have been a false message.

Health Education England is going to merge with the NHS so any application for funding will need to be money spent in this financial year. This may be funds that will be easily accessible. LOC could apply for funds for training in the community.

**ACTION: Carolyn to send a community survey out to gauge interest and capacity for further learning. This will then be correlated to use in an application for funds for BNSSG and BSW in combination with Wiltshire LOC. Andrew Pinn volunteered to apply for BNSSG.**

1. **BNSSG**
	1. **Bristol Glaucoma and post-cat services**

The service has stalled due to lack of communication with Topcon who are blaming delays on IT.

AP has had emails from Topcon asking him to send through examples of test results and exports from a maestro disc photographer. AS stated this is to check the messages received between computers are not being corrupted. AP states this has been requested by an email not through software.

AS has an update meeting the following week and a BEH education evening will be held on 1st November 2022.

Post-Op cataract scheme has changed. The new scheme no longer mandates GAT and pays at £42 and it’s BNSSG wide. It also doesn’t mandate dilation but for some reason that was missed off on the contract (spotted by AP) so this has been raised with Margaret Kemp and acknowledges this is a typing error. But it was agreed that it doesn’t mandate dilation so it matches with the Newmedica and SpaMedica pathway. Amar will discuss at the next BEH meeting for clarification of signed contracts and form documents for invoicing.

**Action: Andrew Edwards will help anyone needing to convert the new PDF to word if necessary**

* 1. **ICS Update**

ICB moving forward at pace now that it has a new Chief Exec. Amar asks the committee to be aware and mindful of any meetings we are invited to, to show a presence.

* 1. **BNSSG Future Services Update**

None (John Hopcroft to update at next meeting)

1. **BANES Update**

AE – Minimum Data set has come to a halt due to Alvaro’s interventions. Rejections of referrals haven’t appeared to be a problem in BANES like Wiltshire.

**PES**

Two events will be held on the refresh of CUES. One will be for new practises/lapse practises and another for feedback for practises already using CUES and want to give suggestions for improvements.

Salisbury post-cat contracts are just about to be signed for patients possibly on the very periphery.

Practise Plus Group – about to be signed for Post-Op Cataract service.

1. **AOB**

Alvaro can offer a document for supporting claiming CPD points. He will discuss at next meeting.

Andrew Pinn encouraged committee contractors to do the interactive CPD with NHS Business Services Authority. It was all about post-payment verification. It is rather worrying as they are changing the rules. The date of the NHS test becomes the date they pay you and the two year recall is from that date. You have to prove the patient requires earlier recall.

Gordon – had a couple of patients at Newmedica Aztec West that have had trouble getting back from appointments as taxis won’t go there and there is no public transport. So if they are on their own, they cannot get home after an appointment.

**Actions**

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| **LOC Member** | **Action**  |
| **Actions as of 03/10/22** |  |
| **AP** | **Return form joining the Central Optical Fund** |
| **AH** | **VCHP - Offered some time to help with the early conversations going forward (after checking there is no conflict with PES role. AH will be point of contact for Karen. JH will be the Ophthal lead in conjunction with information from AH to take to meetings.** |
| **JH** | **Will be the Ophthal lead in conjunction with information from AH to take to meetings re VCHP scheme** |
| **LF** | **To Check Bristol information on the new website and feedback to Amy** |
| **AE** | **To Check BANES information on the new website and feedback to Amy** |
| **Whole Committee** | **Review new website and feedback any suggestions or alterations** |
| **CH** | **send a community survey out to gauge interest and capacity for further learning** |
| **AP** | **To apply for educational funding with the help of AB** |

**Date of Next Meeting :**  5th December 2022 ­