**AVON LOC MEETING**

**MINUTES**

**Monday 7 Aug 2023**

**1830 hrs**

**The Venue for the next LOC meeting will be as follows and include a sandwich buffet dinner:**

Newmedica, 720 Waterside Drive, Aztec West, Almondsbury BS32 4UD

Attendees:

John Hopcroft, Andrew Edwards, Andrew Pinn, Mark Humphrey-Ali, Lynne Fernandes, Carolyn Hudd

Apologies:

Mona Thacker, Amar Shah, Amy Hughes, Jenny Ogidi

**Action Log review:**

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| **LOC Member** | **Action** |  |
| **Actions as of 05/06/23** |  |  |
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| **Carolyn** | **Upload LOC Minutes to Website & Teams** | **✓** |
| **John/Amar** | **Contact Sarah Swift for an update on Glaucoma service** | **✓** |
| **Andrew Pinn** | **To show Carolyn how to interpret ODS codes from levy for Tube Map** | **✓Ongoing – more information for how to process** |
| **Committee** | **Digest Onecare Proposal and Feedback (On Teams under Committee folder)**  **https://locavon.sharepoint.com/:w:/s/Committee/ER6d2vjHHEhPt4-1gvNwqc4BV8O34Lh6cx44mEh6QpmrGw?e=973Nsd** | **✓** |

**Agenda**

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| Item | Topic | Notes | Decision Required |
|  | Welcome |  |  |
|  | Apologies, Minutes, Declarations | Minutes from June approved and no new declarations of interest |  |
|  | Review of actions log  Committee lead roles | As required post AGM we need to consider the roles of Chair, Vice, Treasurer and Sec | Yes |
| Decision:  Chair Role: Andrew Edwards proposed John Hopcroft, Mark Humphrey-Ali seconded, all were in favour.  Vice-Chair Role: Andrew Edwards proposed Mark Humprey-Ali, Lynne Fernandes seconded, all were in favour  Treasurer Role: Andrew Edwards proposed Andrew Pinn, John Hopcroft seconded, all in favour  Lay Secretary Role: All in favour  The committee want to express their thanks and appreciation to the outgoing Chair, Amar Shah who has made a big impact on building relationships with BNSSG/ICB and implementing new services.  ACTION:  Andrew Pinn to request clarification from Alvaro Borges as to paying honorarium to Lay Secretary | | | |
| 1 | BNSSG Health & Wellbeing in the workplace | In the absence of Tailte Breffni (BNSSG Health & Wellbeing) Jenny Ogidi attempted to dial in remotely and give an update on the work that has taken place to quantify the wellbeing needs of the primary care community. Two practices were assessed using a diagnostic framework to help put new initiatives in place.  Unfortunately, the connection was poor and it was difficult to hear and so this item has been rescheduled for the next meeting | No |
| ACTION: Add to October 2nd 2023 Agenda | | | |
| 2 | How is the committee feeling? | The committee discussed how to improve quality outcomes and collaborations in moving the aspirations of the committee forwards. It was agreed that Teams will help aid the flow of communication and keep everyone updated with relevant information. A consistent plan will be required for different categories of meetings and collaborators will be clear on the message the LOC wants to push for the sake of the community. The LOC will begin to move away from WhatsApp and use Teams for all communications. | No |
| 3. | Levy funding review | Andrew P proposed to reintroduce the levy at its former level of 0.6%. The levy had previously been halted due to a significant increase of funds sitting in the account that were not being used. Partly due to the introduction of PAYE, these funds have begun to dwindle and, as stated by John H, the coming year may require additional funds for a collaborative role with Onecare and POD and since the transition to ICB’s the committee has seen a sharp rise in meetings to attend and, therefore, member fees to pay out. | Yes |
| ACTION:  Andrew P proposed reintroduction of 0.6% levy, John H seconded and all members were unanimous. | | | |
| 4. | What are our strategic pillars? | This item is to be readdressed at the next meeting but the following items are what the LOC want to be famous for: Expansion of Services, Engagement with correct people, First point of contact for NHS GOS Contractors and Performers, Improvement of patient care, Good communication with the Community and CPD Event organisers.  The details of how these categories are approached will be a work in progress | Yes |
| ACTION:  John H to type into a spreadsheet and discuss at October 2nd meeting | | | |
| 5. | AOB.   * PES and Amy as key liaison * Website (see update below) * Social Media   Engagement Manage-ment   * GOC   Standards   * NOC Attendance | PES & Liaison – The committee voted unanimously to formalise Amy H as key liaison with PES with any decision making required to come back to the LOC committee first.  Website Strategy will be addressed with Strategic Pillars at next meeting in October with more attendees.  Social Media and engagement strategy to be addressed with Strategic Pillars at next meeting in October with more attendees.  We received an email from GOC reviewing the standards review project (standards for optical students) and are seeking feedback from stakeholders on standards and framework in a safe environment. A virtual meeting is being held on 5th September between 1030am & 12pm which they would like someone to attend. There will be an update on the standards review, sharing updates on others feedback and identifying areas to make changes. Are there any volunteers?  This year’s NOC will be taking place in Bedfordshire. LOCSU will pay for one space on behalf of the committee and a further space for someone new to the committee or someone that has not been before. John H felt there was no one to fill that criteria. | Yes |
| Decision:  Amy H will be LOC’s formal point of liaison with PES  ACTION:  Mark HA to come back to the committee and confirm whether he could attend  John H will forward original email request to the rest of the committee  Andrew P may attend the NOC, John H will attend in one of his roles. | | | |
|  | * BEH | Following the updates on teams, John H gave a quick synopsis to explain the system had £500,000 they could apply for to showcase digital transformation. BEH wanted to apply for that money through the ICB and did so and that came to the LOC at the extraordinary meeting as a request to participate in a pilot until March 2024 for suspect/wet macular referrals being sent to the hospital via a platform with the dicon OCT file. In addition to what happens in the practice a further £30 will be paid for uploading the images. It was unanimous at the committee meeting (with some fair challenges) that we were supportive of that and so it was agreed. At the last meeting Amar attended there was some challenge from Amar to say is Topcon Harmony the right platform for community. This generated a lot of meetings and suggested Opera would be a better platform for us to do this. John H arranged a meeting with BEH and PES to provide a demonstration and gave a presentation of 3 options:   1. Use Opera end-to-end (BEH not keen due to the amount of work that has gone in to trying to integrate Topcon Harmony with their systems) 2. Use Opera in community and PES transcribe on to Harmony for us and then it’s transmitted to BEH on Harmony 3. An integrated model, still using Opera in the community but in the background it transfers all the information into Harmony digitally (however, this would take time and money – of which PES are willing to do)   Concerns were raised by BEH over the security of these options.  During a meeting with Sarah Swift John explained how the approach doesn’t feel like a working partnership, at which she accepted it wasn’t meant to feel like that. BEH receive 40,000 referrals a year and 1% has an error rate.  As the LOC have committed to the bid, a discussion took place as to how we proceed without derailing the bid. LOC choose to push the second option above as the risk sits with the LOC and stats look safe. The second option is that we go with Harmony and have a clear timeline of when to move over to Opera.  Lynne challenged the decision debating the LOC should be choosing the first option only.  John H uncomfortable about pulling out of the bid at this late stage for ongoing relationships.  John feels that option one should be pushed until the end where option two would be a good compromise.  Some practices would be go-live in September.  New people at the ICB watching to see how we form relationships and if the bid was derailed it wouldn’t reflect on the LOC well.  John proposes continuing to push option one this week with a view to compromising on option two with a clearly defined timeline.  Committee vote was hung – half agree to John’s proposal, half vote for just option one.  When the LOC agreed to sign up to the bid, they agreed to sign up to Topcon Harmony so the LOC are the one’s moving the goal posts. The LOC can justify its query because we had such a tight deadline to sign up to it.  John H feels uncomfortable that the LOC may destroy the delicate new relationship. Lessons should be learned from the original request to join the bid – there must be more time to reach a decision. |  |
| ACTION:  John H will have to report back to BEH over the LOC’s decision this evening and inform them that the LOC will need to readdress this in another meeting. | | | |
| Close: 2045 hrs | | | |

**Written Updates - Pre-Meeting (no decision required)**

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| Item | Who | Update |
| LOC Website | Amy H | The website is live, but we have not as yet officially launched it.  Can we please agree at the meeting how we want to launch and whether we want to send a brief survey out for feedback at the same time.  Updates to website going forward: can we agree a process.  Suggested: items to add to website are put in the Team website stream for Carolyn to add, with support from AH as required.  Suggested: A committee member to be responsible for each section on the website, ensure older materials are removed, information is up to date etc. |
| BEH & ICB | John | A quick update that we have had a couple of meetings with BEH and the ICB following the successful bid for funding from NHS E.  As an LOC we are trying to push the importance of simplicity for payments and contracting whilst ensuring the best uptake of the service. With this in mind we have arranged for a system demonstration by PES of Opera to both BEH and the ICB.  Will update once this is complete on the trajectory that we take next.  PCB - July 23  ICB - share on the structure of ICB and how committees interlink  Strategic priorities  PCB TOR  We agreed a proposal to amend the TOR to indicate quoracy required 3/5 and that a member specialty is required for any decision but not discussion into that specialty.  PCB/ICB Team proposal  Initial proposal has been shared on the PCB funding request from ICB. This includes a two page business case with a request from each specialty to share savings in the system. **For Optometry that includes CUES savings** |
| BANES (CUES) | Andrew E | We had a meeting with Wiltshire LOC today to discuss the BSW CUES scheme and how we ensure that as a group we do all that is possible ahead of the commissioning review in late September. We agreed the following actions which Andrew Edwards will lead for us as an LOC.   Actions:  Data from PES to share ICB/ NHS  LOC’s to push for practice engagement - joint LOC comms and mini events?, top shares  26 July CUES POD meeting to share position with GP & Pharm  Setup ICB meeting to promote CUES - using Ed contact  Follow up meeting with this group from BSW ICB 21 Sep meeting |
| POD | John | PCOG:  Discussion on approval processes for POD against the SW PCOG and  SW PCOG can sign off £10k per system which Jenny Bowker attends, this was approved.  For Optometry :    **Quality in Optometry (QIO)**  It has been confirmed that in the South West that QIO for the current 22-25 cycle will be requested by 31 Dec 23  The exception is those that didn't complete in previous cycle will need to complete in 8 weeks of breach notice (there was 1 practice in BNSSG)  Visits will then be planned April 24 onwards for 5% of contractors and non-submissions  Lessons learnt from visits from last cycle is attached (QIO Learnings 19-22) |
| PES | Amy | As outlined by AE BSW CUES contract ends 31st March 2024, and the service remains at risk due to the lack of a secure funding stream. PES and the two LOCs are working together to do what we can to secure the service, and we will know more about future commissioning plans in September.  There continues to be some confusion around what is happening with PES ISP post-Op. Can we discuss to see if we can make sure that we have clear understanding on which ISPs are continuing on the ISP through Opera, and if there is any further action we can take to encourage this pathway to remain available to all 3 ISPs (NewMedica, SpaMedica, Practice Plus Group). |
| NHS South West | Alvaro/ John | SW update  Complaints window closed 68% response rate which is the higher return rate (nationally 50%)  Portal remains open to 31 July for contractors to complete response (contacted LOC at end June)  SW will send those that haven't completed to LOC so that we can target comms  eRS  Task and finish group, still trying to source funding to add 50 in each system to user pilot (Devon, Cornwall and Somerset)  National direction parked discussions until September.  Developing two toolkits 1. Optoms all steps needed to onboard 2. ICB toolkit what they need to do. Publish this on NHS E website by Sep  User feedback… big fans… Quicker and better than using NHS mail and you can advise on waits.  ODS codes per practice, so you can pick the store when you refer so use at multiple sites. A locum can refer using the admin rather than delaying a referral. Anyone with ODS code can track referral if they are linked. Keys feel physically flimsy and worried of breakage.  Special Schools program  Had confirmation that this will be a nationally funded program April 2024  Work undertaken to scope where the schools are  QIO  Agreed to date changes  27 in South West who didn’t complete  May be that they completed however didn’t add the right area or commissioner.  They will be contacted by SW to notify of a breach  **Next meeting FEEDBACK on local conversations to understand how we are building relationships with ICB** |
| LOCSU | Alvaro |  |