

***Minutes for the Dudley LOC Committee Meeting held at 6.30p.m. on Tuesday 16th January 2024***

**Held as a Zoom Meeting**

**Committee in Attendance**

Shamina Asif (Chair) Paul Sidhu (Secretary), Mark Tuffin (Treasurer), Charles Barlow, Shazad Mahmood, Ameerah Riaz Ahmed, Qadar Baz, Rosie Birhah, Sonia Tyrell, Hussnan Ejaz, Gurdeep, Amir Afzal, Davd Wright, Jasheen Mangat

**1. Apologies**

Nicky Ferguson

**2. Declarations of Interest**

No new Declarations of Interest. CB mentioned that he was trialling a new AI format for taking notes.

**3. Minutes of the Previous Meeting**

CB shared them to screen. RB proposed as an accurate record and ST seconded.

**4. Matters Arising from the Minutes**

* Amir following up emails with Mary Bairstow trying to arrange a convenient time for a Zoom meeting to discuss Jigsaw supporting corporate links with Optometry. Carried Forward

**ACTION: AA**

* CB to send out some dates for drop-in session on EeRS, for distribution. CB explained the reasons for not sending out and will send some dates out shortly. Carried Forward

**ACTION: CB**

* **(10 Hospital Liaison Business)**

 PS has sent out the survey asking which practices would be happy seeing children. He has received replies and will compile a list to circulate to the Committee. (This was a request from NF).

**ACTION: PS**

* MT to investigate and chase up outstanding sponsorship monies from the last CPD event. RB has sent a list to MT of payments to check for.

**ACTION: MT**

**5. Correspondence**

Nothing to report.

**6. GOS Update**

Nothing to report.

**7. CUES Update**

Covered in CB’s Report – main points arising were:

Attended a contract review meeting with Primary Eyecare yesterday – there will be one single contract covering all services provided by all LOCs, currently under construction with roll out date across the region hoped to be beginning of April. An increase in fees is also being looked at.

All other relevant information is covered in CB’s report.

**8. Chairs Business**

**10th January – Workforce Development meeting**. Grand rounds were a success and so the committee agreed to put on a further three training sessions in the next year.

Dispensing workshop – for DO’s willing to go ahead on a Sunday 15 in morning 15 afternoon – if successful we will then put on more sessions.

We will be looking at trusts to see if we can use them as venues and use local consultants to deliver events like Grand rounds – any suggestions?

Paediatric workshop – Planning stages – this includes Ret, different charts for kids, mohindra, dynamic and cover test and motility. Any other ideas? Nicky has shown interest in training and so has Sonia.

Other ideas are post-cat training. Any other subjects that are core – competency?

New rounds of application for higher qualifications. Email to be sent out in due course on some changes.

Discussion around MCN’s – Managed clinical networks SA to canvas this.

MCN – so in Staffordshire its like an informal peer review e.g. if someone doing GRRS and they have a query the consultants can respond- consultants are paid – they do like a regular call.

**9th January – Eers meeting,** I gave CB update he had emailed. CB to update but at this meeting the following was discussed:

Asda team and Boots team are stuck with legal so no progression at this moment in time with Eers. The main areas where roll out is happening is Lincolnshire and Dudley. Not every trust is working at the same rate. There was discussion around discharge letters – this question has been posed to the ICB and they are looking at feedback which wil be fed back at the next Digital forum.

Cinapsis needs to do a test on software before going live so they would like to practice on Dudley and Shropshire – it didn’t happen for some reason, and have feedback from Optoms– they will be liaising with CB on this. They are also looking for feedback on the template as the Optoms have been using this in Dudley? There was an apology on last minute cancellations of meetings, I did say welcome to the world of Chairs!

Any queries about Cinapsis should be directed to the Project manager.

There was talk of a phased approach and dealing with local challenges.

I asked whether it is worth putting on a training event about which clinic you refer what to, as they were talking about errors and having triage to sort this out – they said things need to be done step by step and I was jumping the gun. However, there is guidance on conditions.

There was discussion around triage – different types ie; admin triage and clinical triage.

There was discussion that when PDFs were printed out it wasn’t an easy read, so you need to look at how the referral letter looks on the other end. There was a discussion around how choice should still be happening around the time of referral even with eERS.

There was also a discussion around trusts using Eers as an opportunity to reject referrals – if it’s been sent to the wrong clinic there should be an internal pathway to redirect to appropriate clinic.

18th Dec – Meeting with Shaneela khakh – she is NHS England and fully supportive of HLOP as they have just commissioned a BP service in Dentist in Worcestershire. She said she could pay for training of HLOP’s and also, pay for resources and blood pressure machines across black country etc, but she also wanted us to talk to ICB about this. – Meeting planned end of January

**HLOP** – just awaiting dates on Health champion training and alcohol training – have emailed numerous times.

**NOC Report** – Attended some sessions.

Welcome address and keynote speech – the chief strategy officer of NHSE – he sent a video message as he couldn’t be there in person talking about eye health inequalities at a national level.

Keynote national address: Eyecare services for the future – Here there was discussion around the national eyecare project – so a national MECS scheme that they have been working in conjunction with College, FODO AOP etc. it has taken them 6 months to complete and unfortunately that day the MP that had been pushing for it had resigned – the Health Secretary, so this will probably delay things.

Session 1 – AI and Oculomics – Here there was discussion around how many AI software will be available on the market – as it is being opened up the wider market from this year. We need to be careful bout choosing software that is good for us – e.g. there could be an AI software that helps to detect any errors in your record keeping or by looking at the record they can highlight when a referral letter should have been sent and whether or not you did. There was discussion around what things can be used – if members of LOC ask for help as an LOC can we advise – legality issues for future. There was also a discussion around AI for blood pressure monitoring schemes and would this need to be built into service specs with public health. Finally, there was a discussion around if AI will replace the Optom – do we need to go ahead with it or stay away from it.

Session 2 – ICB involvement with GOS. – the presentation consisted of figures around GOS sight tests the rise they have asked for and what we have got etc. The key thing was that we are lucky that we are not capped in terms of numbers of sight tests we can do like dentists etc and that asking for more money – it has to come from somewhere. However, a lot of it was delegates complaining how we are not paid what we are worth etc – FODO was explaining that they are pushing for this and they spoke about inflation etc.

Session 3 – GOC misconceptions of fitness to practice cases – This was a series of cases that went to the OCCS and discussion about whether they did the right or wrong thing – and discussion of interesting cases eg Amsler on hydroxychloroquine and also the role of OCCS. I did say that maybe this session should have been relevant to LOCs.

Tuesday 14th November – Regional focus – CB and Andrew Bryne led on this – there were discussions around what we are doing right, what we need to do for the future, what we require from LOCSU and what support we require from the leads. So, there was a lot of discussion of issues and how to move forward.

Final session – keynote action to action. From Professor James Kingsland – He was talking about transformational projects that he has led – he was the co-designer of the blueprint of PCNS and was talking about ICB board structures etc and where we should be. CB was our representative and spoke about some of the actions as a region we will be taking. Other areas gave their updates too.

Interesting NOC – would like to have attended other sessions so repeat of sessions would have been good.

24th November we had a cataract waiting time action group meeting – result of the meeting we will now be sending out waiting times regularly from ICB – and we will also have resources albeit digital for patients. LOCs will distribute. Also, we are planning on holding some cataract engagement events with local trusts – SA to speak to JB at RHH.

**Ophthalmology meeting** – 1.5 hours CB to discuss however it was about the situation of cataract HVLC and complex cases and how the hospital need to organise this.

**24th October – CMO away day** – networking opportunity and presentations around other specialities

**27th October Clinical Summit** – this was more useful – we had presentations from different specialities in terms of advancements in technology and cutting edge technology. However, all the important people from ICB were there, so was great for networking we had an ophthalmology meeting and most importantly, we were able to connect with the primary care collaborative and I managed to get invited to the next PCN meeting. I think having Optometry as part of the primary care collaborative – we are far from it.

**9. Regional Update**

##  CB Report to Dudley LOC – January 2024

## CB Report to Dudley LOC 16th January 2024 CUES update I attended a Contract Review meeting with PES and the ICB on the 15th January. Important points are:

## One single contract is being proposed for all services from April 2024 and is being worked on by the commissioners. If not ready it was agreed to roll over the existing contracts and launch the new Contract ASAP afterwards.

## The commissioners have agreed to GERS and cataract post op being rolled out equally across the system, subject to suitable financial modeling.

## We requested increased fees for services in line with NHS contracting uplifts.

## There will be a push for further PROMS as numbers are not high enough.

## There will be 6 monthly meetings in future Black Country ICS Ophthalmology Network Board • Update on progress with HVLC cataract services – progress slow.

## Cataract waiting times workgroup established and Wasim (from Primary Eyecare) is now receiving monthly updates from the Black Country Trusts on cataract waiting times to be published across the region.

## Glaucoma group – the lead Glaucoma Consultants from all four trusts met and agreed to support the role out of GERS across the system Workforce Development

## A total number of 41 higher qualifications awards have been paid since January 2023 totalling £31,200.

##  Grand Rounds event at New Medica successful. Further sessions are planned with improved booking processes and priority for those previously waitlisted.

## Managed Clinical Networks are being considered.

## OCT workshop with TopCon considered. Locations across the region were suggested to maximize accessibility.

## Paediatric workshops - to upskill optometrists in working with children.

##  The group discussed funding various qualifications and placements and debated funding for glaucoma training due to upcoming service plans.

##  Funding amounts and eligibility - It was agreed to fund 100% of glaucoma certificates and 75% of other certificates. Only new applicants would be eligible, no retrospective claims. IP offers of 50% to continue.

##  A new applications window will be opened shortly. Dispensing workshops with ABDO to be organised. Midlands Optometry Workforce Transformation Project Update

## This is a different NHS funding opportunity from the Workforce development project, to support the creation of placements for Optometrists for higher qualifications.

## We have been supporting the ICB in applying to be part of this project and have requested places for higher qualifications in Glaucoma to support the role out of GERS. There are many barriers to creating places locally, so we are unlikely to see any places in the short term. National LOC Forum I represent the Midlands on the National LOC forum that met on the 4th January Matters discussed included: Availability of outcome letters from EeRS – being worked on Nationally.

## Support for Administrative capacity for LOCs – this is a LOCSU priority.

##  Hospital Placements for higher qualifications – joined up work with College undertaken

## Advice & Guidance is a major topic for this year – if we have any queries, I will raise them.

## National Service Specification for CUES – the Oversight Group met on the 12 January to receive feedback and make final recommendations with the aim to receive CCEHC and joint College endorsement for acceptance by the DoH

## Discussions around LOC Constitution are scheduled for the next meeting. HWMROC Next meeting 18th January EeRS Update EeRS went live on December 15th.

##  Initially only referrals can be made to Russells Hall – so far 11 practices are live, and a small volume of referrals have been processed.

## Russells Hall have set up a Triage system and queue to manage the referrals – note these come directly from us, not via the GP.

## RHH are reviewing the processes, and we are hoping to expand the number of practices and to encourage a greater volume of referrals ASAP.

## Wolverhampton and Walsall are currently building their systems and it is hope for them to go live at some time in February.

## Sandwell (BMEC) is not as advanced therefore will go-live last. For feedback from the early adopters and for planning the comms for the next stage.

CB did refer to the Workforce Development meeting where it was agreed that the next window for applications would be opened next week and that the window would stay open indefinitely, to encourage more applications.

Cinapsis referral feedback and issues were discussed.

CB/PS to liaise to decide on an email to be sent out to the remaining practices in the area re signing up to Cinapsis. Plus arrange a date for a drop in session

**ACTION: PS/CB**

CB congratulated Dudley LOC for all their hard work in relation to the initial roll out of this system.

**10. Hospital Liaison Business**

NF not in attendance – nothing to report.

**11. Secretary’s Business**

**11.1 LOC Cloud File Storage**

PS looked at several solutions for storage most of which were very expensive and more than required. Cheapest solution is to share a Drop Box folder on a personal account of an LOC Officer as a short-term fix. CB/PS to investigate further. CB asked PS to remind him to speak to LOCSU about this as it is an area they are interested in supporting LOCs with. Carried Forward

**ACTION: PS/CB**

**11.2 AGM** – although a way off the Committee were asked to think about what they want for this year. Face to Face meeting was the preferred option. RB asked for suggestions on a theme and it was also discussed whether to include a Peer Review or just have a speaker. A lecturer was the preferred option. CB will ask around for a presenter. Date suggested – 11th June 2024. Venue Russells Hall. RB to arrange CPD

**ACTION: RB**

**12. CPD Officer’s Business**

RB suggested a Peer Review event via Zoom be held before the AGM but dates may be a problem. RB will have a look and possibly suggest something at the next meeting.

**13. Treasurer’s Report**

MT queried the amount spent on attendees going to the NOC. A discussion took place. CB suggested putting a budget on spend going forward. MT will produce the exact figure spent at the next meeting.

**ACTION: MT**

Current Balance 118K. True LOC balance approx. £30K - remainder is the grant from NHS for EERS.

All expenses need to be submitted as soon as possible after the end of each month as I need to submit the payroll by the 7th of the following month for payment.

MT will automatically pay out for LOC meetings where he is present, but will require a list of attendees sending whenever he is not present.

 **14. Authorisation to act and email conversations**

The motion from previous meetings was put to the committee (*the committee give continued permission and authority for officers to deal with and make decisions on matters that arise that need urgent attention. When this occurs, wherever possible a discussion by email with the Committee should take place before a decision is made. Whenever possible and reasonable officers should bring all matters that require decisions to the next committee meeting, and decisions will only be made outside meetings where waiting is not a realistic option.)*

Agreed unanimously

**15. Authorisation to act on ROC**

The motion from previous meetings was put to the committee (*The committee to agree to Charles Barlow and Paul Sidhu continuing to represent the LOC at HWMROC, with permission for them to use their judgement when deciding if individual decisions made there amount to minor decisions or major decisions. For decisions they consider minor they are authorised to act on the LOCs behalf. For all decisions they consider major they must seek to have those ratified by the LOC, and they must make this clear to the ROC.)*

Agreed unanimously

**16. A.O.B.**

Ameer proposed holiday a Peer Discussion which was IP-relevant with CPD points to aid more Optometrists. SA said this was a good idea and would take it back to the Workforce Development meeting as holding it via Workforce Development would encompass more IP Optoms.

**ACTION: SA**

CB brought up issue with a contractor having a referral rejected by BMEC saying the postcode was not acceptable despite their regional contracts. This issue has been raised with the ICB who have had a contract meeting with BMEC and told them they are in breach of contract by doing this. Please send any rejected referrals direct to SA – these will be dealt with at a higher level.

**17. Date of Next Meeting**

The next LOC meeting will be held on Tuesday 23rd April 2024 – 6.30pm via Zoom. The meeting closed at 8.00.pm

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| Action | Action by |
| Amir following up emails with Mary Bairstow trying a Zoom meeting to discuss Jigsaw supporting corporate links with Optometry | AA |
| CB to send out some dates for drop-in session on EeRS, for distribution | CB |
| PS to send out survey about children’s vision, compile and put on website | PS |
| MT to investigate and chase up outstanding sponsorship monies from the last CPD event | MT |
| CB to ask LOCSU about cloud file storage and together with PS continue to investigate provision | CB/PS |
| Arrange CPD for the AGM | RB |
| Report on LOC spending on NOC | MT |
| Look into providing regional CPD for IP optoms via the Workforce development project | SA |