

***Minutes for the Dudley LOC Committee Meeting held at 6.30p.m. on Tuesday 24th September 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, Hussnan Ejaz, Amir Afzal, Nicky Ferguson, David Wright, Rosie Birhah, Jasheen Mangat

Also in attendance – Chandni Sharma, Dan Wright

Andy (existing LOCSU Lead) introduced Steve Roberts (new Advancement Lead for LOCSU) and were in attendance for part of this meeting for Steve to introduce himself to the LOC.

**1. Apologies**

Sonia Tyrell, Gurdeep Dosanjh

**2. Declarations of Interest**

Mark Tuffin declared that he is now employed by ABDO for 3 days per week as a Distance Learning Coach.

**3. Minutes of the Previous Meeting**

SA proposed as an accurate record and QB seconded.

**4. Matters Arising from the Minutes**

* SA has now set up a What’s App Group for IP Optometrists.
* SA informed the Committee that Divya (from MOS) would be organising an IP related CPD event**.**

PS/SA commented that Chandi has taken on the role of Social Media for the LOC and is doing a good job.

MT has sent the new remuneration rates to PS and they have been added to the Website.

**5. GOS Update**

Nothing to report.

**6. CUES Update - CB**

The ICB has decided there is no need to hold Quarterly Contract Reviews they will now be held every 6 months.

Wasim (Clinical Lead) is talking to the Commissioner regarding the Cataract Service. The new CUES service contract is ready to be released.

**7. Chairs Business**

SA asked the Committee if anyone has been experiencing issues with fast track Cataract Referrals to Russells Hall Hospital. NF stated that she referred a patient in December last year who has had both eyes done within 3 months. SA suggested to John Barry that he employs a person to visit practices to explain the services that Russells Hall Hospital can provide.

CB suggested that the LOC give feedback to Russells Hall about how they could improve their reputation.

ACTION: SA/CB

HE suggested that regular communications from Russells Hall regarding number of clinics/number of patients seen etc. would be helpful but that it does need to be regular. HE also stated that with other providers you are able to call and chase up referrals.

PS commented that it is great to have a fast track service but when you refer a patient you are never quite sure which track the hospital is going to put them on.

Shazad will report back to the next Committee meeting regarding an issue he has had with a referral.

ACTION: SM

Paediatric Training Day at NRC: SA reported very good feedback from the event organised by MT.

NHS Leadership Meeting – full day held in Nottingham. SA will circulate the report.

ACTION: SA

SA reported on yesterday’s Alcohol Awareness Training Day that she organised. Six optical practices attended.

The Public Health contract will be renewed this week with the relevant participating practices.

SA attended an event for National Eye Health Awareness week after being invited by Dolores Wishart from Dudley Vision Support Service.

SA is going to be attending a meeting of the Chairs of the Black Country LOCs. PS reminded SA that any decisions should reflect the view of the LOC and would need to be ratified by the LOC. CB is to facilitate.

**8. Regional Update**

##

## CB Report to Dudley LOC 24th September 2024

|  |  |
| --- | --- |
| Grants Provided by Workforce Development Project SummaryHigher Qualifications Awards139 Applications have been received. A total number of 57 higher qualifications grants have been paid since January 2023 totalling £51,686.50A further £31,639 has been allocated for approved application grants not yet claimed. Course  | No. Courses Completed |
| Independent Prescribing and placement | 1 |
| Independent Prescribing Course | 11 |
| Independent Prescribing Placement Only | 7 |
| Professional Certificate in Glaucoma (Prof Cert Glauc) | 17 |
| Professional Certificate in Medical Retina (Prof Cert Med Ret) | 12 |
| Professional Certificate in Paediatric Eye Care (Prof Cert Paed Eye Care) | 7 |
| Professional Higher Certificate in Glaucoma (Higher Cert Glauc) | 1 |
| Professional Higher Certificate in Paediatric Eye Care (Higher Cert Paed) | 2 |
| Grand Total | 58 |

## Funding amounts and eligibility has not changed since the last meeting - 100% of glaucoma certificates and 75% of other certificates; IP 50%. Only new applicants would be eligible, no retrospective claims.

## The grant applications portal is permanently open and can be found on the Regional Workforce webpage at :

## <https://www.loc-online.co.uk/heartofwestmidlandsoc/cpd/>

## Workforce Development Workstreams

## *Grand Rounds VR*

## one event has taken place with the next schedule for October.

## *OCT workshops*

## are being organised across each region

## *Peer Discussion*

## Sessions have been delivered; further content is under development.

## *Paediatric dispensing workshops*

## two have taken place – with options for more

## *Paediatric Ophthalmology*

## the first workshop with BMEC is scheduled for the 16/10/24

## *FB workshops*

## first scheduled for January

## *Glaucoma*

## this workstream is being piloted in Wolverhampton.

## *Neuro-Ophthalmology*

## this new workstream is looking for members

## A framework for IP placements with Midlands Eye has been developed.

## Black Country EeRS Update

## EeRS went live on December 15th 2023

## Referrals can be made to all BlackCountry Ophthalmology Providers by any BlackCountry optometry practice or domiciliary provider.

## Sandwell Hospitals is piloting and Emergency Pathway

## Cross border referrals from BSol to BMEC and South Staffs to Wolverhampton are trialling.

## Comms to all GP practices and manager and GPs have been sent by ICB comms team.

## On the 23rd September 2024 practice engagement is:

## The first full month of all Providers accepting referrals was August 2024.

## The data on the following page is for the whole of August and shows 909 referrals by specialty.

## The Number of referrers in column 4 is the number of practices that have sent referrers to the Trust. This is to demonstrate the amount of cross place/border referrals to the providers.

## For WALSALL HEALTHCARE NHS TRUST this is 20 compared to 25 live practices (80%)

## For the Dudley Group NHS Foundation Trust this is 31 compared to 32 live practices (97%)

## For Sandwell and West Birmingham Hospitals NHS Trust (BMEC) this is 64 compared to 29 live practices (221%)

## For The Royal Wolverhampton NHS Trust this is 50 compared to 24 live practices (209%)

|  |  |  |
| --- | --- | --- |
| LOC Area | Number of practices | % of practices |
| DUDLEY | 43 | 28% |
| In Progress | 7 | 16% |
| Live | 33 | 77% |
| Not Started | 3 | 7% |
| SANDWELL | 46 | 29% |
| In Progress | 4 | 9% |
| Live | 30 | 65% |
| Not Started | 12 | 26% |
| Walsall | 29 | 19% |
| In Progress | 3 | 10% |
| Live | 26 | 90% |
| WOLVERHAMPTON | 38 | 24% |
| In Progress | 2 | 5% |
| Live | 25 | 66% |
| Not Started | 11 | 29% |
| Grand Total | 156 | 100% |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Trust | Number of cases | Percentage | No Referrers |
| Sandwell and West Birmingham Hospitals NHS Trust (BMEC) | 272 | 29.92% | 64  |
| Glaucoma (â‰¥16) | 53 | 19.49% |  |
| General Ophthalmology (â‰¥16) | 46 | 16.91% |  |
| Medical & Diabetic Retina (â‰¥16) | 33 | 12.13% |  |
| Corneal (â‰¥16) | 31 | 11.40% |  |
| Vitreoretinal (â‰¥16) | 29 | 10.66% |  |
| Paediatric Referrals (<16 yrs) | 22 | 8.09% |  |
| Emergency Eye Clinic | 22 | 8.09% |  |
| Adult Orthoptics (â‰¥16) | 9 | 3.31% |  |
| YAG Capsulotomy Laser (â‰¥16) | 8 | 2.94% |  |
| Cataract (â‰¥16) | 7 | 2.57% |  |
| Oculoplastics (â‰¥16) | 6 | 2.21% |  |
| Uveitis/Inflammatory Eye Disease (â‰¥16) | 3 | 1.10% |  |
| Wet Macular Degeneration (â‰¥16) | 3 | 1.10% |  |
| The Dudley Group NHS Foundation Trust | 206 | 22.66% | 31  |
| Glaucoma | 62 | 30.10% |  |
| Medical and Diabetic Retina | 48 | 23.30% |  |
| Orthoptics | 18 | 8.74% |  |
| Wet Macular Degeneration | 18 | 8.74% |  |
| Other General Ophthalmology (A&G only) | 14 | 6.80% |  |
| Paediatric (squint/amblyopia/retinal problems) | 12 | 5.83% |  |
| Corneal | 10 | 4.85% |  |
| Cataract | 10 | 4.85% |  |
| Oculoplastics | 10 | 4.85% |  |
| Paediatric (anterior segment  | 4 | 1.94% |  |
| The Royal Wolverhampton NHS Trust | 307 | 33.77% | 50 |
| General Ophthalmology | 182 | 59.28% |  |
| All Paediatric Referrals (17 or under) | 50 | 16.29% |  |
| Wet Macular Degeneration (18 & over) | 22 | 7.17% |  |
| YAG Laser (18 & over) | 14 | 4.56% |  |
| Glaucoma (18 & over) | 12 | 3.91% |  |
| Adult Orthoptics (18 & over) | 12 | 3.91% |  |
| Cataract (18 & over) | 9 | 2.93% |  |
| Contact Lens/Low Vision/General Optometry  | 3 | 0.98% |  |
| Retinal Vein Occlusion (18 & over) | 3 | 0.98% |  |
| WALSALL HEALTHCARE NHS TRUST | 124 | 13.64% | 20 |
| General Ophthalmology | 39 | 31.45% |  |
| Glaucoma | 27 | 21.77% |  |
| All Paediatric Referrals, excluding Keratoconus (17 or under) | 19 | 15.32% |  |
| Medical Retina | 15 | 12.10% |  |
| Diabetic Retina | 6 | 4.84% |  |
| YAG Laser | 6 | 4.84% |  |
| Oculoplastics | 5 | 4.03% |  |
| Cataract | 4 | 3.23% |  |
| Adult Orthoptics (18 and over) | 3 | 2.42% |  |
| Grand Total | 909 | 100.00% |  |

## The implementation phase terminates on the 30th September, when it becomes business as usual.Matters incomplete include, final practice sign ups; protocols relating to unallocated and rejected referrals; Optometric and GP practice contract changes.

## Data from the EeRS service will be used to review referring patterns and will be shared to enable enhance service development and practice/practitioner learning.

## Enhanced Services update

## There have been no Contract Review meetings since the last LOC meeting.

## HWMROC meeting 12th September 2024

## Key Takeaways

## *Diabetic Eye Screening Survey*

## [Diabetic eye screening survey results show similar issues to last year; plan to invite screening provider to next meeting for discussion](https://fathom.video/calls/146710232?tab=summary&timestamp=463.0)

## [16 responses received this year (similar to last year's 14-15)](https://fathom.video/calls/146710232?tab=summary&timestamp=463.0)

## [Key issues: limited screening locations, lack of flexibility with appointments](https://fathom.video/calls/146710232?tab=summary&timestamp=1177.0)

## [Plan to invite screening provider to next meeting to discuss progress and share information with practices](https://fathom.video/calls/146710232?tab=summary&timestamp=510.0)

## [Consider approaching provider about funding training for primary care workforce on managing retinopathy](https://fathom.video/calls/146710232?tab=summary&timestamp=1428.0)

## *Primary Care Meeting Report*

## [Event held September 5th in Nottingham](https://fathom.video/calls/146710232?tab=summary&timestamp=4312.0)

## [Limited optometry representation; late/unclear communication about invitations](https://fathom.video/calls/146710232?tab=summary&timestamp=4730.0)

## [Discussions on challenges and opportunities for optometry sector](https://fathom.video/calls/146710232?tab=summary&timestamp=4506.0)

## [Calls for better engagement with optometry and representation on boards](https://fathom.video/calls/146710232?tab=summary&timestamp=4551.0)

## [Proposal for national Chief Optometrist role (needs further discussion)](https://fathom.video/calls/146710232?tab=summary&timestamp=4785.0)

## [Concerns raised about exclusion of key optometry bodies (e.g. LOCSU)](https://fathom.video/calls/146710232?tab=summary&timestamp=4429.0)

## *Discussions regarding extending invitations to LOCSU leads for future regional meetings*

## National LOC Forum

## I represent the Midlands on the National LOC forum – last meeting 1st August

## *Key achievements over the past year were reviewed:*

## Distribution of acronym crib sheets and creation of a LEHNs mapping document.

## Updated guidance for correspondence with CCGs and ICBs, along with template letters for LOCs.

## Conflict-of-interest document in development.

## Improvement in regional insights forms.

## Clarified regulatory requirements for LOC engagement with ICBs.

## A&G webinar planned to address advice and guidance issues.

## GOS contract webinar held, though feedback indicated disappointment in its focus on funding rather than the contract's scope.

## *NF Representation and Communications Flow -* Improving communication flow between NF members, LOCSU board, and regions was discussed. NF members suggested faster production of meeting minutes, better visibility of regional insight forms, and alignment of regional forums with meetings*.*

## *ROC24 -* Regional mini-NOCs will take place in November, focusing on regional issues, governance training, and discussing next steps in regional strategy.

## *LEHNS Mapping* - Discussion of the mapping document detailing LEHNs across regions.

##  *Regional Insights* - Key themes identified were EeRS, LEHNs disparity, and advice & guidance.

## *PPV Visits and LOC Involvement* - LOCSU will address post-payment verification (PPV) concerns, signposting resources and offering peer support for practice visits.

## *Other*

## Need for administrative support and data storage governance.

## Plans for clarifying the ONFC’s remit and refining election processes for NF members.

EeRS query – NF is being continually chased by patients being referred as the patients have no way of finding out where they are in the system. Asked if the hospitals can communicate with the patient that their referral has been received. CB to investigate. Currently no agreed timeframe is in place from referral to date of appointment.

## ACTION: CB

**9. Hospital Liaison Business**

NF reported that Russells Hall hospital are looking to relieve the backlog of referrals by holding some evening clinics. Happy to take comments back to John Barry regarding the hospital’s reputation. Could LOC members please send feedback (positive or negative) to NF to address.

ACTION: ALL

**10. Secretary’s Business**

**10.1 – Social Media Update –** Chandni Sharma attended a LOCSU Comms Network meeting which Chandni found very useful with a lot of good advice. She asked if the Committee has a LinkedIn account. At the moment SA uses her own personal account to promote the LOC but thinks it would be a good idea to have their own account.. Progress is being made and it was agreed that Chandni is doing a good job.

**10.2** – **LOC Cloud file Storage** – carried forward

**11. CPD Officer’s Business**

CPD event held during September with 100 delegates attending. Sponsors said it was one of their best events. Due to the amount of events being held, RB has agreed with other CPD leads that each region will put approx.3 to 4 events on per year.

Dudley LOC is looking to hold a joint event with Sandwell in early November, regarding the Reflective Learning Exercise now required by the GOC. SA commented that she is receiving a lot of enquiries regarding this.

CB suggested that RB runs a CPD event on Referrals as the next topic potentially early 2025.

**12. Treasurer’s Report**

 Total balance in account at time of meeting £110K

Total balance after LOCSU overdue payments are made £106K

The £106K balance include approximately £68K of EeRS funds with Septembers expenses still to be made and no claims have been made by Wolverhampton LOC. Charles has tried to chase them for the claims but at time of writing this report nothing has been received

The remaining balance of £38K belongs to the Dudley LOC this is a healthy balance and we only have the current months expenses and meeting costs to be paid from this along with fees for the training supplied for Alcohol awareness.

MF reminded officers that the honorarium cease this month and all officers should be billing for time spent on a monthly basis

CB asked if the LOC had claimed from LOCSU the Domiciliary grants. MT replied yes and payment already received.

CB also asked if the LOC were making a donation to the COF as per the AGM minutes. MT suggested that the previous year’s donation was missed that a double contribution (£1,000) be paid this year. A vote was carried, CB abstained, otherwise unanimously. MT to make payment. **Paid**.

 **13. 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

**14. 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

**15. A.O.B.**

CB suggested a working framework for when SA meets with other LOC Chairs. CB offered to Chair the next meeting due to be held 27th September.

ACTION: SA/CB

CB asked if anyone had any feedback regarding how valuable LOCSU is to Dudley LOC.

SA raised concerns about a couple of patients who have not been seen either in the community or at the hospital for the Post-Cataract check ups and had just received a telephone call. SA asked who she should raise this issue with? Both patients were treated at Cannock Hospital. CB asked SA to find out what protocol this hospital is working to.

ACTION: SA

**16. Date of Next Meeting**

The next LOC meeting will be held on Monday 20th January 2025. It was decided to have the next meeting as a Face to Face meeting at Russells Hall. RB to book and confirm to PS.

ACTION: RB

The meeting closed at 8.15pm

|  |  |
| --- | --- |
| Actions | Action by |
| Fast Track Cataracts feedback to Russells Hall Hospital | SA/CB |
| Referral problems experienced Shazad to comment on | SM |
| NHS Leadership Meeting Notes – SA to circulate | SA |
| EeRS Referral issues – CB to investigate | CB |
| Russells Hall reputation feedback request | ALL |
| LOC Chair’s Meeting – CB to Chair next meeting and help SA with a framework for reporting to and from this Committee | CB/SA |
| SA to find out Cannock Hall protocol for Post-Cataract procedure | SA |
| RB to book venue and food for next LOC meeting on 20th January 2025 | RB |