LOC Minutes 22/09/2022

In attendance

Peter Bainbridge (Chair) PB

Peter Hampson (Secretary) PH

Louise Sarjeant (Treasurer) LS

Divya Sudera (Vice Chair) DS

Inderpal Bansal IB Jaspinderpal Bansal JB

Saima Naroo SN Wasim Sarwar WS

Paul Sidhu PS David Wright DW

Abrar Zaman AZ

Apologies - Majid Jawaid, Iram Noreen, Richard Stokes

Conflicts of Interest

LS still missing several declarations. No changes otherwise

Minutes of previous meeting – Proposed as correct by PS, seconded by IB

Matters arising – IB any progress with domiciliary forms? PH some. PB problems with Optix and GOS. PH not aware of issues with electronic submissions. Email me.

Chair’s Business

PB Black Country Collaborative conversations, meetings, no outcomes yet.

Secretary’s Business

PH NOC – anyone want Sandwell’s free place, CB will go if not.

Regional confederation

PB decided at HWMOC meeting will start with process to form confederation at the next meeting.

Diabetic Screening

PB InHealth Intelligence haven’t been in touch since application process. Considerably fewer optical sites. PH HWMOC drafted a letter to all practitioners remining screening practices of their duty not to ‘poach’ patients and to all practices to invite reporting of issues. LOCs will monitor how IHI deliver the contract. PS Heartlands were good at checking if practices were ‘encouraging’ STs as well as screenings.

Primary Eyecare Services

WS new ICB commissioner on long-term sick, so progress difficult. Meeting with BMEC about rejected referrals. Said some should be sent to local hospitals. A CUES audit was completed and found only 39% were accurate. Nurses are triaging, need to find out why consultants rejecting referrals. Can do another CPD talk. PS need to know why rejecting. If sending dry eye then inappropriate, if they think its more serious, then valid referral. DS form not good, difficult to find diagnosis and information. IB sometimes HES say can’t view photos and as such delayed appointment. PH if information in the referral is appropriate, doesn’t matter if they can’t see the photos. PB waiting time for AMD seems to be 6 weeks. PH that’s a clinical incident.

PH any more details about the audit as it’s lacking in information. SN is it credible? WS they looked at data remotely. LS were the actions appropriate? DS diagnosis not necessarily outcome, just a query. PS also need to look at how many deflected in first place. LS it would help if BMEC answered the phone and then could triage.

AZ if urgent referrals not being seen within 1-2 weeks, then some of those same day referrals will be to ensure patient seen ASAP. WS virtual meeting with BMEC on Wednesday with some LOC chairs.

WS still looking at bypassing telemedicine. Payments up-to-date. IB ours aren’t. WS send message and it’ll be looked at.

WS GERS- can’t do anything without clinical commissioner. They are interested in GERS and post-op cataract. HES want it, depends on CCG. Another discussion about stable glaucoma, working with Charles Barlow.

PH there’s talk about DRS maculopathy pathway using OCT in practice. Featured in recommendation to the joint medical colleges.

PB with cataract referral, direct to operating table, are Ayrshire still going or not? PH challenge with consent needing to be truly informed, and that’s where the risk is. Patient’s need to be informed about consent with real world scenarios. PS can a script help? PH yes, but needs to be tailored to be specific to patient. Ideally consultant has final check.

Local Workforce Development

DS working on CPD peer discussions. Two streams of money, local training and higher certificates. Survey feedback showed local teaching should focus on ONH, OCT, paediatrics and VFs. Virtual CPD for the region, will need facilitators, hopefully two dates prior to Christmas. PH can we record virtual event for those who can’t make it? PS could have LOC YouTube channel. LS could be self-directed learning.

ICS/PCN engagement

PB contacts no longer up-to-date. PS not sure if any gain with PCNs and ICSs will be approached regionally. PH if at risk population in a particular area may be useful, otherwise just done regionally.

CPD Officer Update

WS CPD event Monday 26th September. 10 CPD points, first face-to-face since Covid. Been approached about offering a free peer discussion about mental health and managing anxiety.

Treasurers Business

LS at LOCSU treasurer meetings, they advised LOC payments should be subject to PAYE. Will see if LOCSU can help with something centrally. Maybe that payments for meetings are cumulated to once a year for ease, rather than after every meeting. PB is there not documentation to say ‘money is paid into this company and is taxed..’. PH not convinced by advice. PS if LOCSU can’t help, then regional confederation may help.

AOB

DW had paper GOS3 from another practice, wrote on the form where patient would sign “uncollected specs”, sent in form and it was rejected because the patient’s address wasn’t filled in under the collection. Said would have to fill in a new form, but couldn’t as from another practice and patient wouldn’t then sign the front. PH can send in and mark it for exception processing, so manual processer will look at it. Email me and I’ll chase it.

PB at the next AGM I will be stepping down as chair. Needs to be considered, variable time commitment. Helpful to have own practice as can commit more time. Intend to stay on committee, so can offer support. Email me if any questions. PH need to try and recruit more young people generally.

Date of Next Meeting

Thursday 12th January 2023 @7pm

Actions- LOC members to complete conflicts of interest form