LOC Minutes 14/12/2023

In attendance

Divya Sudera (Chair) DS

Peter Hampson (Secretary) PH

Louise Sarjeant (Treasurer/Vice Chair) LS

Wasim Sarwar (CPD Officer) WS

Inderpal Bansal IB Jaspinderpal Bansal JB

Anisha Chowlia AC Paul Sidhu PS

Apologies – Peter Bainbridge, Saima Naroo, David Wright, Majid Jawaid, Abrar Zaman

Conflicts of Interest – No changes. PH to review.

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

Matters arising – Richard Stokes has resigned from the committee. The committee acknowledges his contributions will be missed.

Chair’s Business – DS

Meeting with chief medical officer, chief nursing officer and local dental network lead – engaged and keen for us to be involved.

Attended clinical summit, due to attend primary care collaborative meeting, not as member unfortunately, WS will do presentation.

Met with Mr Naseem and Mr Barry about placements for higher certificates. Informed them placements don’t need to be eye casualty as long as cover glaucoma, uveitis and corneal clinics.

Talked about increasing cataract referrals to BMEC. WS checked VAs of cataract referrals, all 6/12 or below or good reason. Also provided waiting list times.

PS can you choose “low complexity” clinics on Opera? WS no HES will triage. So eg if refer to New Cross and low complex, warn patient may be seen at Cannock. PH need to know what exclusion criteria are, same for NHS as ISPs?

Meeting with Andy Byrne (LOCSU lead) about engaging LOCS to make sure LOC functioning well and future proofing. Talked about roles on LOCs eg practice engagement, newsletter hospital reps. PS Dudley LOC send invitations to mailing list, so observers can attend and may encourage new members.

Need to plan what we want to achieve next year? LS more engagement, a local speaker at AGM, such as Dave Heely (“Blind Dave”). IB multiple stores to give their perspective of optometry. JB could invite practice staff (or +1) to AGM. PH maybe aims for 2024, needs more planning and advertising. WS could send out forms for LOC members to fill in for suggestions for plans and what roles members would like.

No progress with LEHN.

 Secretary’s Business – PH

At NOC discussed new LOC constitution, don’t have to adopt, but can consider. PS Wolverhampton have created draft proposal. PH may want to share with HWMOC for consideration?

Government requested national MECS specification, minor and urgent eyecare. National project, but ICBs not universally supportive. Ophthalmology keen for red eyes to be pharmacy managed. WS in Black Country if under 8 weeks old, red eyes go to GPs for swabs, if under 2 years can send to GP for co-management. Hoping more optometry management after paediatric training.

EeRS

DS not live in Sandwell. Live in Dudley for a few practices referring to RHH. Cinapsis haven’t provided feedback mechanism, which was in the service spec, so NHSE working with them, but acute trusts are the issue. BMEC not ready for EeRS.

Local Workforce Development

DS workshop grand rounds at New Medica very successful. IB excellent and worthwhile, should be available to all. DS will do more sessions, beneficial for CUES optoms. Looking at paediatrics, special characteristic dispensing. FB workshops due to happen. IB ask Andy Miller for low vision lecture?

Primary Eyecare Services -WS

Completing cataract referral audit, to make sure optoms giving patient choice. CMO due to do some CUES practice visits, will showcase high volume practices, but a mix of practice types. Black Country ICB supported, no issues so contract should be extended. There’s a new commissioner, will do presentation about STs/CUES/EeRS.

Funding available from Hereford and Worcester training hub, ICB applied for funding for placements (IP and glaucoma), commissioner will engage with acute trusts for placements. Keen to get GERS started, but unlikely soon. Also due to give talk to a Sandwell PCN.

CPD Officer – WS

CPD Day 16th September at WBA ground.

Treasurers Business – LS

LS need to update signatories for bank account. All agreed to remove PB and add DS & PS.

Levy payments from domiciliary providers now going to head office LOC rather than where ST took place. Difficult to reconcile, LOCSU to try and help, but doesn’t seem to have made any difference to our income.

AOB

PS had a number of GPs send patients for ST due to slightly raised blood pressure. Anyone else? No. IB had GPs send patients for hydroxychloroquine monitoring. PH GOS not appropriate, needs to be formal screening or by HES. IB can we contact GPs? DS hopefully after local engagement.

DS what do we want from LOCSU? Email me suggestions.

Date of Next Meeting

LOC meeting - Thursday 29th February 2024 @7pm – virtual

AGM - Wednesday 20th March 2024

Action Points

LS update signatories

LS email form to LOC members to complete

Suggestions for LOCSU needs