

**AGM**

**23 May 2023**

**615pm – 915pm**

**The Bear Hotel, Devizes**

Recorded by

Carolyn Hudd, Secretary

**Committee Attendance:**

Colin Gault, Martin Bull, Carolyn Hudd, Vic Unsworth, Maddy hocking, Jamie Bowden, Alvaro Borges (LOCSU)

Apologies: Angela Davey, Rob Hopwood, Tom Mogford

**Chair’s Welcome**

Colin, Gault, Chair of LOC began the AGM by welcoming the attendees to the meeting and thanked them for their attendance. Attendees were asked to leave their name and GOC number at the registration document.

**Minutes of the previous AGM**

Colin recapped the minutes of the last AGM, held on 12 May 2022. These were approved.

**Chairs Report**

We began the previous year still having online zoom committee meetings roughly every quarter, but finally held our first face to face meeting in over 3 years in Devizes in February 2023.

In our first meeting following the last AGM in July 2022, I was voted on as chair person for my 4th year and Angela Davey from Haine and Smiths Opticians joined the committee.

We bid farewell to two committee members, John Leeman and Stuart Pell, who stepped down from their positions. We extend our gratitude for their contributions to Wiltshire LOC over the past three years. We also wish Stuart the best of luck as he embarks on an optometrist conversion course to further his successful DO career.

This year has been marked by progress in our engagement with various NHS bodies overseeing the Banes/Swindon/Wilshire (BSW) region.

With the support of Alvaro Borges from LOCSU and Amy Hughes from Primary Eyecare Services, we have participated in the BSW Eyecare Network meetings every two months. Additionally, four task and finish groups have been established to focus on different areas of eye health, including Cataracts, Glaucoma, Diabetic/WET AMD/ Medical retina, and Eyecare strategy development and action planning. A committee member attends these meetings on behalf of Wiltshire LOC to provide input and feedback. Although it is still early in the process, we hope to demonstrate our profession's value and the positive work we can perform in practice with appropriate funding to the secondary care ophthalmology providers.

An example of the valuable work we are doing is in cataract follow-up appointments. We now handle cataract follow-ups for three private providers in the region: SpaMedica, Newmedica, and Practice Plus, based in Devizes. Each appointment earns us £43, and the Opera IT platform, managed by Primary Eyecare Services, is used to fill in all the necessary information. Additionally, if the patient is eligible, we can claim an NHS GOS fee alongside the cataract post-op fee. Some ophthalmology providers currently conduct only courtesy calls instead of face-to-face follow-up appointments. This approach means they miss important refraction and visual acuity data and potentially put their patients at risk of post-op complications.

Our goal is for all cataract providers to utilize the Opera platform, allowing us to see our own patients following cataract surgery. This service oﬀers convenience to patients who can be seen locally and in a familiar setting. It also benefits surgical providers by freeing up their time to address surgical backlogs, while ensuring patients receive timely check-ups from qualified optometrists after routine surgery, addressing any issues promptly.

We can provide valuable support to the Integrated Care Board (ICB) through the Community Urgent Eyecare Service (CUES). This service, established during the COVID pandemic and offers urgent eyecare assistance, relieving pressure on GP practices and eye clinics. Patients can be triaged by phone and directed to local CUES-accredited practices for face-to-face appointments if required.

The BSW ICB plans to establish clinical hubs in Bath, Swindon, Salisbury, and possibly Devizes to alleviate waiting time pressures in hospital eye services. These hubs may focus on screening glaucoma patients and conducting pre-op cataract assessments or routine follow-ups through telemedicine. However, funding and staffing challenges need to be addressed, and we advocate for primary care practices to play a role in these tests if funding is agreeable.

Over the past year, the BSW ICB has been striving to enhance the quality of optometrist referrals sent to the triage referral center for eye clinic assessment. However, their approach of rejecting referrals with incorrect or missing information has caused frustration among many optometrists. While receiving an email outlining the missing information would be acceptable for learning purposes, requesting the entire referral to be resent with the corrected information seems excessive in my opinion.

Furthermore, the ICB is interested in implementing a minimum dataset standard for glaucoma referrals. Wiltshire LOC and LOCSU have expressed their dissatisfaction with this requirement. The minimum dataset includes various details such as IOP, disc assessment, photos/OCT scans if mentioned, anterior chamber angle measurement, and visual fields results if there is a defect.

While having comprehensive data may be valuable for hospital consultants, attaching visual fields results to every referral with a defect can be challenging and time-consuming. Additionally, the hospital trust will likely perform their own tests during the glaucoma screening clinic. A simple description of a field defect should suﬃce as the required information. Rejecting referrals and requesting more data causes delays in patient care and is not part of our GOS contract.

The BSW ICB has clarified that the referrals are not being rejected outright; they are simply requesting additional information. If no response is received within a week, the referral will be processed as usual.

**If you receive a rejected email from the referral center, please forward the information with the patient ID removed to Carolyn, our Secretary. We are keen to gather examples of when and how often this occurs. Please send the details to** **contact@wiltshireloc.org.uk.**

We are continuing to discuss the issue with the ICB and emphasise the importance of a more simplified and efficient referral system to alleviate extra work.

A straightforward solution to improve the system would involve implementing an electronic referral platform that directly integrates with the NHS database, automatically populating GP look-up and patient details. This would eliminate the need for duplicative data entry and streamline the process. Additionally, if additional data is required, optometrists should be appropriately compensated for the extra time and eﬀort involved in conducting the additional tests and uploading the requested information.

However, implementing such a system faces challenges due to the diﬀering agendas and plans of individual ICBs across the country. It is crucial for LOCSU to work towards developing a national plan that caters to the needs of all stakeholders. The existence of various IT systems used by diﬀerent providers in diﬀerent regions adds complexity to this endeavor.

To achieve a more eﬃcient and unified approach, there needs to be a standardised system implemented nationwide, ensuring consistency and seamless integration for all involved parties.

Recently, we have been in touch with Wessex LMC (Local Medical Committee) and are in the process of organising a meeting with our primary care colleagues from the Pharmacy and Dentistry committees across the BSW area. This initiative is related to the delegation of POD (Pharmacy, Optometry, Dentistry) commissioning to integrated care boards (ICBs) starting from April 1, 2023.

This new approach to commissioning local services presents an opportunity to transform patient care, but it will require a realistic timetable and smooth transition to achieve this transformation successfully.

Delegating POD commissioning oﬀers the chance to enhance autonomy at the local system level, supported by regional and national resources. This can lead to improved access to services and better health outcomes.

In the future, our goal is to collaborate closely with eyecare colleagues in secondary care and establish connections with GP, Pharmacy, and dentistry colleagues. We anticipate changes in service commissioning, and our focus will be on prioritising primary care optometry.

We will seek additional services that complement the existing General Ophthalmic Services (GOS) contract, Community Urgent Eyecare Service (CUES), and post-operative cataract services in the BSW area.

Regarding the LOC levy, there have been recent funding changes. For those unfamiliar, the LOC levy is a small fee paid to Wilshire LOC by the ICB for NHS tests conducted in the area. It supports the committee's work, allows us to organise meetings and events, and compensates us for our time spent in ICB meetings.

In the past few months, we have transitioned all committee members to a PAYE system for HMRC tax purposes. Previously, we claimed our time and expenses through Martin and individually reported them in self-assessment tax returns. However, HMRC expressed concerns, and with LOCSU's assistance, a national PAYE system has been implemented instead.

Additionally, in January of this year, we conducted a needs analysis with the help of Alvaro, our LOCSU South West representative. This analysis has resulted in setting goals for developing a new website and enhancing our social media presence within the next six months, a project currently underway with Jamie. We are also working on establishing a succession plan by next year and implementing a longer-term plan over the next three years, which will be further discussed in our upcoming committee meeting.

We plan to host another in-person CPD event later this year. We are actively seeking new members to join our committee and aim to engage more colleagues in the region by organising local CPD events. Our goal is to create a welcoming environment for those interested in getting involved with LOC matters. After experiencing prolonged periods of social distancing, we believe now is an opportune time to resume social interaction and gather your perspectives on optometry practice in the area. The future of optometry relies on local optometrists collaborating for the betterment of the profession. We encourage you to participate, approach us during breaks or at the end of the event for a chat, and if you'd like to attend a committee meeting, simply email us to arrange for an invitation to the next one. We would be delighted to have you join us.

**Treasurers Report**

* Martin Bull, Treasurer, gave an insight to LOC expenditure in the last year.

Opening balance £30,269

Closing balance £17,922

£3523 expenditure went on committee expenses

£1253 expenditure went on meeting fees

£425 expenditure went on CET, £42 ICO fees

The LOC Levy had been suspended during covid in consideration of no face to face venues. Since this is no longer relevant and a projected increase in meetings with the ICB etc, Martin proposed to reinstate the levy at it’s original 0.25%. On top of LOCSU’s levy of 0.5% this brings the total to 0.75%.

This motion was seconded by Colin Gault and all were in favour.

**Nominations**

There were three spaces on the committee this year and two committee members were up for re-election. The only nomination forms received were from those committee members and therefore Neelam Patel and Rob Hopwood were re-elected unopposed.

**LOCSU Update**

In the previous year, LOCSU have been supporting local contractors and performers in the following ways:

3 new pathways, 7 local case studies, 445 extended services, 1116 meetings, 677 CPD points, 8 courses, 8 national consultations.

Most significantly, LOCSU provided a detailed response to GOC’s Cfe potential reform of the Optician’s Act.

The following items are areas of focus for LOCSU within the coming year:

* LOC Payroll
* National LOC Forum
* Increased training and development
* Webinars, podcasts and accessible information and learning
* LOC model constitution engagement and update
* Further development of clinical pathways and services
* Extend the suite of case studies and tailor them to different audiences
* Refresh LOCSu website and LOC’s online
* Active promotion of LOC’s throughout to encourage membership and succession planning.

The biggest challenges for 2023 are as follows:

* Direct Referrals
* Advice & Guidance
* Shift to ICB local/regional commissioning
* Providing eyecare services to meet the populations health needs
* Connectivity
* Glaucoma Minimum Dataset/ Rejected Referrals Audit
* CUES contract renewal
* GOS levy changes
* Glaucoma GER/CCF proposal

Alvaro Borges, LOCSU lead, encouraged all to use the LOCSU website to explore access to learning by many types.

**Peer Review – 810-915pm**

Neelam lead the Peer Review on what makes a good referral which was based on 4 case studies. This had 3 approved CPD points of Optoms and Do’s.