**Wiltsire LOC Committee Meeting**

**06 April 2022**

**1930 hrs**

**Via Zoom**

**Recorded by:**

Carolyn Hudd

**Approved by:**

**Attendees:** Colin Gault, Martin Bull, Carolyn Hudd, John Leeman, , Neelam Patel, Maddy Hocking, Rob Hopwood, Tom Mogford, Alvaro Borges (LOCSU lead), Amy Hughes (PES), Victoria Unsworth

**Apologies**: Jamie Bowden, Stuart Pell,

1. **Chairs Welcome**

Colin thanked everyone for attending.

No new conflicts of interest were declared and actions from the previous meeting were left for discussion later in the evening.

1. **Actions of the Previous Meeting & Minutes**

Neelam will be working on a CPD event after the AGM.

Volunteers are needed to go through LOCSU Needs Analysis with Alvaro Borges

Previous minutes were agreed.

1. **Alvaro Borges – LOCSU News**

Alvaro was unable to attend but sent an update as follows:

The NOC will take place on October 10, 11 & 12th in Leeds. Colin requested members consider attending on behalf of the LOC. The event will be paid at a daily rate plus expenses. Attendees will be decided at the next meeting.

Richard Whittington has stepped down as LOCSU CEO. A replacement is unknown yet.

At the LOC SW meeting, Alvaro mentioned that Ewan Macmillan has been appointment as Clinical Optometry Lead to NHS SW transformation program. Concerns are that he does not technically represent Primary eye care. Alvaro as already stressed this with the senior programme manager and will be discussed further.

Colin mentioned he finds it difficult to attend these meetings as they are weekly and often at 1pm in the afternoon. There are many alterations and it is often too difficult to rearrange because of clinics. All the CCGs attend the meeting and there are many agendas

1. **PES News – Amy Hughes**

Amy was unable to attend the meeting but sent the following update:

* PES are finalising a new CUES contract from April 2022 to run for two years. We will be moving permanently to the "CUES 2.0" pathway and protocol, piloted from January 2022, and continues giving access to the CUES Hub.
* As discussed, let's use this as an opportunity to re-engage/re-launch in the community.....A meeting will be arranged to discuss this at the end of April.
* Cataract post-op service with Salisbury Trust did seem to be getting some traction again but it's all gone quiet again. Amy will keep the LOC updated
* Practice Plus are interested in commissioning a cataract post-op service for their clinics in Emerson’s Green, Shepton Mallet and Devizes. Patients would be discharged and managed through Opera the same as is currently in place for Newmedica, Spa Medica, Optegra etc, with the national fee of £43. We've had an initial meeting and they seem keen to move quite quickly. Amy will keep the LOC updated with the progress.

Following this update a discussion took place on the effectiveness of the CUES triage hub. Examples were voiced where patients had been inappropriately referred into practice by the hub. Other concerns were raised over the making of appointments where the hub have not been clear and communicated with both the patient and the practice about the appointment. And finally, concerns were raised over GP’s referring in for IOPs and how to claim for them. Practices are seeing an inflated number of these requests and trying to use them under CUES. Tom pointed out that CUES is for emergencies and if it doesn’t fall in to that bracket he won’t see them. All of these issues will be discussed at the joint LOC meeting.

Tom would like to see numbers coming into the triage hub as he is no seeing more obscure cases and none of the normal conditions that normally would be presenting themselves.

1. **CCG News**

Colin last attended a BSW Eyecare Network meeting on 25/1/22. During this meeting Ewan Macmillan discussed the Glaucoma Minimal Referral Standard. This data set, he feels, is required to keep patients safe.

It was felt this is to justify how long it takes for the patients to be seen. Sending referrals back creates a problem when there are Locum Optoms that work in a variety of areas. If the returned referral isn’t picked up by email, who will then be responsible for rescanning. Colin asked for referrals not to be sent back as this is itself is creating a delay.

A dataset was sent out in March indicating the results of the audit that was carried out on Glaucoma service referrals in February 2022 in BSW.

There were 193 Glaucoma referrals. Out of those 27 % satisfied the minimum dataset. The most common data set recorded was IOP, discs and visual fields. 80% referrals included at least 3 of the minimum dataset. Anterior chambers were omitted most (only reported on 35%). 78% of referrals support visual fields. 79% state abnormal visual fields.72% include abnormal field. 99% of referrals report IOP. 5% referrals to not report an Optic Disc. 16 % report IOP of disc only.

After the meeting in January, Andrew Edwards (Avon LOC) and Colin attend a separate meeting on this issue and Colin expressed his disagreement with what is being requested. However, on April 5th a letter came out from Ewan that stated the LOC’s were in agreement with what he wanted to make happen. Colin will reply with his email with a clear statement that this was not agreed by the LOC and therefore cannot be used in its implementation.

The dataset required is not covered for payment under GOS and therefore the extra work would not be claimable. The requirement for an official commissioned pathway to be in place is essential.

Rob thanked Colin for fighting the corner of community optometry. Tom voiced concern that if it becomes difficult to refer someone for glaucoma, a culture of placing patients on shorter recalls will emerge. The key point is about the wellbeing of the patient, not the money or time. The referral centre returns the referral as they have decided the paperwork doesn’t fit the criteria. There needs to be an element of trust in the professional that submitted it.

John stated nobody is trying to send in referrals that create false positives. Referrals are sent in when there appears to be a genuine need for further investigation. Glaucoma is difficult to detect and if those referrals are not sent in, the next question being asked will be why are there not many referrals coming through for glaucoma.

After further queries from Neelam, Colin confirmed with Duncan Ledbetter that rejected referrals will be the full responsibility of the referral centre. The patient will receive a letter informing the patient of signs and symptoms to be aware of but they are not at risk at this time.

Points to feedback about the letter sent out by Ewan Macmillan:

1. Neelam – They talk about the minimum dataset (point 2, 3rd page) – Methods for obtaining AC, IOP, Optic Nerve Head and visual fields should follow NICE guidelines. They’ve made a link at the bottom of the page that takes you to the NICE guidelines and the first thing those guideline say is, ’recommendations on case finding are primary eyecare professions before referrals for diagnosis on glaucoma and related conditions and are separate from GOS sight testing.

This is in contradiction to the request for the minimum dataset. The NICE guidelines also recommend you do GAT with these referrals.

1. Clarification that if there has been no response to a returned referral within a week, they will continue with the process anyway as they can’t reject it.
2. Rob - The final two points, with the extra work they are asking for (including GAT) they are suggesting commissioning a service for it. Then you follow the links through to what their repeat measures and enhanced case finding measures, it is actually what we’ve been pushing for so hopeful that with some nudges from Colin will force this.
3. Tom – Be careful the referral centre doesn’t deem community optometry incapable which will in turn enable them to set up the hubs they discussed and take work away from the community. Would like them to send back bad referrals to educate the community. As agreed by Martin. Let those people sending out bad referrals know where they have gone wrong.
4. Reject the claim that the letter was sent out with the agreement of the LOC.

To add any more feedback, send via the Whatsapp group tomorrow.

**AOB**

AGM – Colin & John up for renewal and a spare place due to Mark leaving. Nomination forms must be back to Carolyn by 21 April 2022. Confirmation that all attending will be able to attend the AGM was received.

1. **Date of the Next Meeting**

Thursday 7th July 1930 hrs, Via Zoom

**Actions**

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| **Committee Member** | **Action** |
| Whole committee | Consider attending the NOC event (Oct 11/12/13th) and to confirm at the next LOC meeting their intentions |
| Amy Hughes | To keep LOC updated on the Post-Op Cattaract Service discussed in Salisbury |
| Amy Hughes | To keep LOC updated on the post-op cataract service being developed with Practice Plus |
| Whole Committee | To create a dialogue at the joint LOC meeting reference some issues with CUES triaging at the hub |
| Who committee | To forward any further feedback concerning the letter sent out by Ewan Macmillan by whatsapp so Colin can pen a response asap. |
| Colin & John | To sendin their nomination forms by the 21 April 2022 |