**Wiltshire LOC Committee Meeting**

**13th September 2023**

**Via Zoom**

Recorded by: Carolyn Hudd

Approved on:

**Attendees:**

Victoria Unsworth, Colin Gault, Carolyn Hudd, Jamie Bowden, Rob Hopwood, Maddy Hocking, Neelam Patel

**Apologies:**

Angela Davey, Tom Mogford, Martin bull

**Chairs Welcome:**

Colin thanked those that were able to attend the first meeting since the AGM, where approximately 20 people attended. Neelam organised a very useful CPD event that went very well and was praised by Colin.

During the interim between meetings, the committee voted virtually to decide the officers for the coming year. The following were all voted in unanimously:

Colin Gault – Chair

Rob Hopwood – Vice-Chair

Martin Bull – Treasurer

Carolyn Hudd – Lay Secretary

**New Conflicts of interest:**

There were no new conflicts of interest. Jamie has been offered a position for the Independent Health Group in Westbury carrying out cataract post-ops two days a week.

Carolyn will be helping Dorset LOC with their secretarial responsibilities and is also helping the Southwest Regional LOC Forum with their meeting record keeping.

**NOC**

This year’s NOC will commence on Mon 13th November to 14th November 2023. The event always includes a dinner and dance. On this occasion Jamie Bowden will be attending on behalf of Wiltshire. Other members were not available on this night but Colin may join Jamie if he can reorganise his schedule. Maddy and Vic showed interest in attending on another occasion on a whole committee rotational basis.

**PAYE Payments**

Martin sent a message last week to suggest paying £55 per hour now we are on PAYE to balance the transition across.

Martin also reported on the Wiltshire LOC Levy in regards to the Outside clinic. The LOC Levy is now based on ODS code and so Wiltshire is getting a large amount of extra money due to the Outside Clinic Headquarters based in the region. Following meetings with LOCSU it was decided that LOCSU would take the money and distribute it evenly between the national LOC’s. During a meeting with NHS England and LOCSU, Martin reported NHS England are keen to pay the LOC levy 2.5%, including the Outside Clinic, direct to us and inform him how much of that relates to the Outside Clinic. Martin will then transfer that direct to LOCSU to distribute. This has caused problems for BSW ICB who has been left approximately £600k over budget.

**LOCSU Needs analysis**

**Forward planning**

**6 month Plan** – The LOC had decided to get the new website up and running and improve social media presence. Jamie confirmed the website is up and running. This means we will now be able to advertise our next meetings properly and allow the community access to approved minutes. LOCSU updates their news on the website automatically.

Colin queried the LOC’s presence on social media and potentially using it to send out a quarterly newsletter. Carolyn reported that using Mail Chimp allows you to upload updates to Facebook, Twitter (X) and Instagram alongside mail outs automatically as well. Colin suggested used AI to create content for engaging optometrists in the area.

Vic suggested starting with ‘Meet the Team’ posts and then move on to other topical, regular content.

Rob mentioned the Twitter account is currently a private account and suggested changing it to public to help with followers.

Previously, the committee agreed to pay Jamie a few days a month to build relationships with GPs and other organisations to increase weight to discussion with the ICB, like with the CUEs discussions.

Colin acknowledged the previous decision but recognised that the LOC now sits on a primary care committee run by Edd Rendell, GP in BSW (Chair of Wessex LMC). This relationship is designed to work collaboratively with pharmacy, optometry and dental to identify overlaps in services and how money can be saved with services such as CUES that takes the responsibility away from GPs for example. Colin stated that now we have a link with the LMC, it won’t be necessary to pay Jamie to be in this role, particularly as the meetings are at random times and days. It would be better to use Jamie’s time to update social media and increase presence in the community, engaging more people with the LOC and encouraging interaction.

Vic reminded the committee that we discussed a shared mailbox (MS 365) and how much this would be of benefit to the committee as a whole. Carolyn shared that Avon uses this system and the committee are now able to have frequent updates which leaves meetings more free for decision making.

**Action: Carolyn to work with Jamie to enable subscription to the mailing list.**

**Action: Carolyn to work at completing MailChimp account.**

**Action: Jamie to change the status to public in line with other LOCs on twitter (x).**

**Action: Jamie & Martin to begin setting up Ms 365 and migration process by November 2023. Jamie to use first names. Jamie and Carolyn to discuss how other committees set up their mailboxes.**

**Action: Jamie to create LOC Instagram account.**

**12 mth Plan** – (By next October) – Succession planning. LOC needs to engage more people to maintain a flow of committee members. Carolyn spoke of a new LOCSU training session aimed at guiding LOCs in Strategy and Planning (Wed 11th October).

Rob suggested that the LOC create more of a proper mindset of remuneration for works participated in. If people can see the committee are paid well for work they have been involved in, this is likely to encourage new members to join.

**Action: Maddy to attend LOCSU training and feedback at the next LOC meeting with ideas of how the LOC could engage new people**

**3 yr plan** – Colin suggested on the advice of Andy Byrne, LOCSU Lead, that the 3 year plan should be aligned with the BSW ICB and how the LOC can find ways of supporting that. Colin feels this will develop alongside working collaboratively with the Primary Care POD group with Wessex LMC. Lauraine (BSW ICB) should be consulted for more information on the BSW 5 year plan.

**ACTION** **CUES: Revisit at next meeting**. **Colin to consult Lauraine about the BSW 5 year plan.**

**CUES** –

The CUES service funding is secured until April 2024 but after which the future looks uncertain. Amy Hughes, PES, has a meeting with the ICB on 22 September when the LOC can find out more. Colin has call on 25th September.

Maddy raised a CUES query based on when a patient needs to been in hospital and an urgent referral is submitted but the patient doesn’t hear back. Later, the referral is resubmitted and feedback received from hospital states the patient will be seen in a month. In this instance Maddy questioned whose responsibility is the patient until they are seen. Rob advised he always sends cases that are not straight forward through Opera and asks the patient to return to him if they have not been seen within a sensible time frame you enabling you to chase the hospital.

Neelam has written to Richard Antcliffe to complain about the RUH triage service and communication. She has been able to get him to step in and help with urgent cases. Rob agreed the RUH are not responding to acute referrals.

**ACTION: Rob to ask for clarity from RUH concerning their referral and triage system and feedback to the committee.**

**ACTION: Any committee member attending upcoming CPD events to try and discuss this issue face to face with the consultants.**

**BSW Eyecare Group Meeting**

This group met recently and discussed double referrals and hydroxychloroquine.

 Martin received a letter about a patient that had been on hydroxychloroquine for more than 5 years. The rheumatologist requested formal OCT screening take place via the optician. Colin & Matt Wakefield agreed this could not be done under GOS and so they will contact rheumatology and ask them to refer to ophthalmology not optometrist. Neelam agreed to raise it at the next medical retina meeting as part of the screening should be OCT and autoflourescence. None of the hospitals have the equipment to enable monitoring. Alvaro suggested that any practices that have Optomap in the area could offer their services for autoflourescence for a certain fee.

**Primary Ophthalmic Services Operational Group**

Colin has attended one meeting so far in relation to the new POD (pharmacy/Optometry/Dental) scheme but is just attended by BSW management. This meeting was to give information on the structure of the management and governance of the board. BSW ICB was interested in the topics that need to addressed, such as CUEs. Meetings will be bi-monthly.

**POD – Wessex LMC meeting**

Colin has attended three of these meetings so far and finds them dynamic. Avon LOC also attends. The topic of discussion at the moment is saving CUEs. Another meeting will be taking place in October to make a plan.

**Future Planning**

Rob has attended one meeting where he found about the new hubs and discussed the ongoing concerns with CUES. Alternative options to CUES were discussed and the positive and negative things that came of CUES. The meeting was supposed to discuss the future steps of optometry. He felt the meeting had come off the back of a different meeting the LOC were not invited to and was more of a tick box exercise in engaging the LOC.

**Medical Retina**

Neelam attended a meeting in June but the Chair of the meeting has now moved. The August meeting was cancelled and there has since been no communication for another date. They are having difficulty finding a replacement Chair.

At the last meeting they focused on wet AMD and each hospital shared their protocols. All the hospitals expressed they would like more consistency from their referrals from community. Each meeting discusses how they could come up with a system that would allow Optoms to send in OCT scans as the consultants don’t believe that single shot images are particularly useful. Trials are being carried out in some areas but they all require funding.

**Glaucoma**

There was no update from Tom

**Cataracts**

The last two meetings were cancelled. Jamie is hoping to attend the next one, next week.

**AOB**

Salisbury has opened a new hub for glaucoma screening and at the moment will see up to 20 patients a day. They may also do cataract follow-ups depending on staff and funding available. Salisbury has two rooms where they will also use OCT’s to check inter-cranial hypertension for example. The hub will be the first point of call in diagnostics that will then be passed to Salisbury hospital for further investigation. This is different to the hub in Eldene, Swindon who use Health Assistants to monitor fields and pressures. By using special pressure machine they provide monitoring and assessment without any special training or qualifications. Eldene have no optometrists or ophthalmologists on site.

Neelam suggested the LOC organise another CPD event following the success of the one at the AGM. It was decided to arrange an event for January – building relationships with consultants and ophthalmologists at the hospitals.

**ACTION: Neelam to approach Optom lead at the RUH and GWH to arrange CPD event led by the consultants in January 2024.**

**Date of the Next Meeting**

Wednesday 22nd November 2023, 630pm, The Bear Devizes