**Wiltshire LOC Committee Meeting**

**29 March 2023**

**1930 hrs – 2200 hrs**

**Attendees**

Ed Rendell (GP, Wessex LMC), Alvaro Borges, Jamie Bowden, Martin Bull, Colin Gault, Victoria Unsworth, Rob Hopwood, Maddy Hocking, Neelam Patel, Carolyn Hudd

**Apologies**

Angela Davey, Tom Mogford

**Welcome**

Colin thanked everyone for coming and introduced special guest, Ed Rendell (GP, Wilton/Director of Wessex LMC).

Ed explained that he is keen to make connections with all the POD (pharmacy, optometry and Dentistry primary care) committees to aid with commissioning new services. He has been in the role of director for a year and is looking to expand communication to deliver a partnership dynamic to the ICB when looking to commission new services.

Wessex Local Medical Committees (LMCs) is the representative team, on behalf of the LMC Committees, covering all GPs and their Practices, operating across the counties of Dorset, Hampshire and the Isle of Wight, BaNES, and BSW. They also provide services to the Islands of Jersey & Guernsey.

In total they represent approximately 445 practices and 3400 GPs, existing to represent, advise and support them.

The Committees they represent are Dorset, Hampshire & Isle of Wight, BaNES & BSW.

Each Committee is elected by the GP constituents it covers, and is entirely independent. These LMCs have formed a Secretariat comprising the elected Chairman and Vice-Chairman of each LMC. The Secretariat employs Joint Chief Executives of Wessex LMCs, Dr Laura Edwards and Dr Andy Purbrick, and through them, the Directorate and Admin team, and together they run the Chandler’s Ford Office.

All LMCs are funded by statutory levy and is based on the number of patients registered at a practice. Wessex LMC staff supports each LMC separately, and this pooling of resources and expertise allows great economy of scale. Ensuring each LMC gets more for it’s money than everyone having its own office and staff.

The LOC committee welcomed the new relationship and arrangements will be made for further meetings.

For more information use <https://www.wessexlmcs.com>

**Minutes of the Last meeting**

Minutes were the last meeting were approved by the committee

**New conflicts of interest**

There were no new conflicts of interest declared

**PES News – Amy Hughes**

* BSW CUES is now half way through the 2 yr contract. There has been ongoing discussion with the ICB over the budget for the final year. Initial contract figures were based on Worcestershire MECS in the first few weeks of Covid; hence this could not properly reflect the caseload. A study by Amy concluded that 0.82% of the population is likely to be seen through CUES within the next year. The ICB has been able to find the funds going forward. Maintenance of the CUES pathway for the future poses a challenge. At any opportunity, we must reiterate to the ICB that over half of the referrals into CUES are coming from GPs and this needs support.

The CUES re-engagement event was put on hold but since the service has been allocated appropriate funding, Amy will now work to arrange one as soon as possible.

Rob Hopwood asked for confirmation that a telemed consultation following referral by triage does still qualify for payment. Amy confirmed, yes that is correct if it’s eligible on the CUES pathway.

Given the continuing funding made available for CUES, PES will now work to develop the new IP pathway.

* Post-Cataract Follow- up pathway is now live with Practice Plus Group and the system appears to be running well. There is some push back from other practices concerned they are losing their own patients. PES is working to bring on new people; post-ops work best when the original referrals see patients post.

Martin, Neelam and Rob all gave examples of queries with help lines at Practice Plus Group and some advice given. There are also concerns that other practices are sending through post-op patients to registered practices, late, at 4 weeks. This presents the issue that the patients can’t be seen within the correct time frame. If a practice is over time for seeing that patient, explanation is able to be ‘patient’ factor not practice factor due to late referral.

**Action:** Examples of practice-to-practice transfers to be sent to Amy for more investigation and potential training

**LOCSU News**

* The Regional Southwest Transformation Program in its entirety saw little operational progress. Due to recent operational changes and maternity leave, the small team, now has no lead and is unlikely to get a replacement due to no allotted resources.

One of the projects the team worked on was Glaucoma Referral Minimum Data Set, lead by Ewan Macmillan. This project has not produced expected results but Larraine, ICB wishes to push forward with its implementation across the Southwest. This will actually require each area commissioner to decide to implement it – operationally and with no lead, this target seems unlikely.

* LOCSU has enabled LOCs to provide PAYE to committee members with a company, all expenses paid.

**ACTION:**

Martin Bull will need the following information from all committee members:

**Full name, address, NI Number Date of birth and tax code.**

* LOCSU have begun collating glaucoma reject referrals across the country and what happens to them after they are rejected.

Rob Hopwood attended the last eyecare health meeting where it was noted that out of 80 referrals during December 2022, 17 were returned without the minimum date set. 10 of those had two items missing, 1 didn’t have 3 items and 6 didn’t have 1 item. The minimum data set was intended to improve the quality of referrals but statistics show its opposite effect. No training or guidance is being offered to recurrent applications. Rob reiterated that after two weeks of waiting for requested information, the referral centre will put forwards anyway. Alvaro suggested it is important to get that declared in writing to ensure the LOC is protected and the Optoms are not liable in duty of care. Rob suggested this is an item to speak with Edd Rendall about. All referrals are CC’d to the GP and therefore they could also be liable if the referrals do not reach consultants in time and someone goes blind.

There is still a 30 week wait to been seen at the hospital for glaucoma.

Alvaro noted how LOCSU’s data gathering will help support this cause.

**LOC Updates**

**Cataracts- Jamie Bowden** – Jamie attended a meeting but unfortunately no consultant came on the call so ended meeting.

**Tom Mogford– Glaucoma meeting** – no update

**Neelam – Medical retina** – Neelam attended two meetings (January & March)

January was more for introduction to each other. March was more productive – Consultant from GWH will chair the group so be more divisive. This meeting also had someone from diabetic screening service join and explain their processes. This seemed completely separate from BSW triage. This highlighted a potential new pathway for some types of referral to be sent straight to the diabetic screening service rather than secondary care. Very different to how we work. Minute 37 – They may come up with new pathway from triage centre straight to diabetic screening service.

Next meeting is in June – Consultant seems to want to do more and be more efficient – Colin stated he needs to be aware that can’t see people for free so needs to be a commissioning a service.

**Strategic Planning – Rob –** Attended 2 meetings

Topic - how better to communicate with patients and GOS contract migration – devolving to ICS level instead of NHS England. The team eventually will be relocated, but won’t change initially and therefore won’t have impact for contractors initially (same people just new name – clinical commissioning hub). Local commissioners can’t change the contract.

Nicola Hazel – POD – Mostly concerned about funding for dental but wants to know who LOCs are. Hopefully Jamie’s engagement with LMC’s will improve this.

**Maddy – VCHP –** Very early planning stages – great idea but it’s the politics of how you get a GOS contract etc. Comms have not been circulated as there are no locations set yet.

Rob Hopwood – David Brown was talking about expanding this to refugees, prisons, care homes and long stay hospital patients and is hoping to encompass all this in that project.

**BSW Eyecare meeting – Colin Gault/Rob Hopwood)**.

One of the hospitals has found some internal money to move around to deliver referral service to monitor patients on Hydroxychloriquine. BSW triage rejects any referrals for this.

Alvaro stated there is a referral pathway available through LOCSU of which a practice could run a service from with the right qualifications and equipment.

**Amy – PES Update**

BSW CUEs is half way through 2 yr contract- quite a few discussion with ICB as been over budget for that year of that. Catch 22, because initial contract figures are based on Worcestershire MECs in first few weeks of Covid. The numbers going through CUES are therefore much higher and those initial figures are not appropriate going into 2023. Amy submitted a case actually showing under-activity. Projected a 0.82% BSW population would be seen through CUEs. Informed services would be reduced for flashers and floaters. ICB has now found funds to carry on at the current activity level and therefore can continue the service. Challenges holding it at current level and we will need to reiterate to ICBs over half is coming from GPs so need ICBs need to support.

Next steps – was on hold for service development; now we will arrange an educational evening.

The IP pathway also can now be further developed.

Post-Cataract Service – This is now live with Practice Plus Group and system is running pretty well. There is some push back from other practices showing concerns they are poaching patients. PES is working to bring people onboard. Post–op work is best when original referrals see them after their operation

**AGM**

Peer review – Neelam to organise a peer review (round tables) with a lead per table to facilitate. Martin suggested choosing a peer review from AOP website. Neelam asked if we want to steer the topic. The event will start at 615pm.

Vic, Colin, Rob and Maddy can facilitate.

Maddy suggested we could use Misha, who led a Medical Retina CPD event at Bailbrook House, for another event. To be organised later on in the year.

There are five spaces on the committee this year to be advertised. Neelam and Rob must also send in their nomination forms to confirm they wish to continue their committee services.

The LOC Levy was discussed and the current amount in the account is £16,700. £3500 was spent last year. In 2019, the LOC spent about £6500. Expenses will increase this year.

Martin discussed the implementation of PAYE being introduced as of 1st April 2023. Attendance payments will need to increase to make working on the committee worthwhile. Alvaro suggested committee members should be paid at least £100 for a two hour LOC meeting.

Optometry Southwest have contacted the LOC to raise concerns that it’s the Outside Clinic’s head office is based in Swindon and that the LOC levy collected by Wiltshire will be significant due to the clinic being nationwide. Optometry Southwest wishes to know what plans are in place to disseminate the money thereby sharing evenly across the other LOC areas.

Martin confirmed at the moment the only money being collected is going straight to LOCSU who redirects it across the country and that is because we have not reintroduced our own levy yet. LOCSU needs to redirect levy across country. Alvaro does not know the impact of this going forward but LOCSU will need to understand the impact of what happens when the levy is reintroduced.

A separate meeting will be needed to discuss the levy funds provided by the Outside Clinic with LOCSU, the LOC and the clinic.

The LOC voted to reintroduce the levy at 0.25% especially considering Jamie will be doing extra work as agreed in February 2023. All were in agreement.

**Honorarium**

It was agreed that Colin would be paid the same for last year’s honorariums. Martin did not want to be paid for his honorarium.

Colin suggested the honorarium is split into payments to make the amount smaller.

**Jamie – Paid Role**

Jamie’s role will develop organically. We will definitely attend PCN meetings and work to engage a relationship with them and LMC. At first, Jamie will do approximately 1-2 days a month. His day rate will be £350(voted and agreed by all) and will get mileage for travel.

**LOCSU Needs Analysis**

This item will be reviewed at the next LOC meeting. The first aim from the strategy planning is to transfer the emails and take the new website live within the next 6 months.

**Wiltshire Eye Health Promotion Group**

This group has now started again post- covid in Trowbridge – anyone attend – ask Angela

**ACTION: Ask Angela to attend.**

**AOB**

Alvaro applied for funding to HE England for higher qualifications on behalf of Wiltshire LOC – Results are unknown at the this time but funding could be used for IP training, Medical Retina Training and Glaucoma.

**Date of next meeting**

Wednesday 12 July 2023