

Hampshire LOC
Minutes of Meeting
Wednesday 23rd September 2020
Conference Call

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| 1. | <p>Welcome:</p> <p>Jane Bell, Helen Haslett and Rachael Smith (Guests)</p> <p>Welcome Helena as a Performer representative to the Committee and Bryony as a contractor representative.</p> | |
| | <p>Present:</p> <p>Bill Vance, Anne Gill, Anthea Reid, Adam Knizat, Steve Rowley Bryony Allen and Denise Connor</p> | |
| | <p>In attendance:</p> <p>Ian Silk</p> | |
| 2. | <p>Apologies:</p> <p>Gina Graham and Kevin Oliver – NHSE (South East Region)</p> <p>Masooma Kassam has stood down from the Committee as a co-opted member having returned home to Tanzania</p> | |
| 3. | <p>Conflict of Interest Declaration of Members:</p> <p>No declarations received.</p> | |
| 4. | <p>Election of Officers:</p> <p>Following the resignation of Sean Matthews as Chair of the committee. Anne Gill was duly elected as Chair, there being no other willing candidates.</p> <p>Anthea Reid volunteered and was duly elected as Vice Chair, there being no other willing candidates</p> | |
| 5. | <p>To Approve Minutes:</p> <p>30 June 2020 - Minutes of Meeting were approved as read.</p> | |
| 6.. | <p>Matters arising not on the agenda:</p> <p>No matters arising</p> | |
| 7. | <p><u>Updates:</u></p> | |
| 7.1 | <p><u>PCSE</u></p> <p>No update had been received prior to the meeting</p> | |

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| 7.2 | <p>NHS England – South (Wessex) update:</p> <p>There was no representation but received report was submitted. See attachments to Minutes.</p> <p>Bill Vance raised a concern that PPE is capped at 15 sets per practice per day, but more practices are seeing patients over and above the nominal number of 15. Helen Haslett will raise with LOCSU and Bill was advised to raise with NHSE at the LEHN meeting on 24 September 2020</p> | |
| 7.3 | <p>LOC Support Unit: (Helen Haslett)</p> <ul style="list-style-type: none"> ▪ NOC this year is to be virtual and held over two weeks commencing 23 November 2020. All contractors and staff are welcome to join the conference which will be repeating talks throughout the two week period. Publicise to all contractors and performers ▪ LOCSU have published the Learning Disabilities pathway for sight testing. There was a brief discussion around who would commission the service and it was agreed that a national contract from NHSE & I would be the preferred route ▪ The committee were asked to review the LOCSU Action Plan to identify what has or has not been done well. After discussion it was suggested that LOCSU should produce a concise questionnaire asking questions which can be completed by LOCs using a tick box format as much as possible rather than working through the ‘wordy’ action plan. Ultimately feedback should be passed to Helen or Ian ▪ It was agreed that Helen’s continued LOCSU support should remain as current , i.e. “as needed” | <p>Ian</p> <p>Helen</p> |
| 7.4 | <p>Primary Eyecare Service: (Jane Bell)</p> <ul style="list-style-type: none"> • IT services are to be migrated from Cedegim to OPERA as Cedegim have given 6 months’ notice of stopping IT support for PES contracts through Optomanager • Prioritisation is move of current records from Optomanager to OPERA. As OPERA is patient based it means that there will be collective records held no matter if the patient is seen in community practice or HES. Practices will also be able to amend their own details once the system is live • Glaucoma monitoring is being added to the system as is MECS for those not providing a CUES service. There are two further phases of migration planned with Phase 3 being scheduled for completion by the end of the year • There will be a webinar for LOCs in due course regarding the switch over <p>CUES</p> <ul style="list-style-type: none"> • There have been capacity issue around CUES with West Hants and Southampton practices and within the next two weeks it is proposed to initiate a virtual CUES service with initial screening to be carried out centrally by PES. There will also be a rota of CUES optometrists to conduct virtual consultations which will manage approximately 25% of eth CUES patients • West Hants and Southampton City are happy to have an enhanced MECS service rather than CUES • There have been issues on-boarding Boots practices, however support is now being provided by Boots head office to assist practices • Following a query from a committee member it was confirmed that the MECS module does not have to be completed in order to provide CUES • North Hants signed their CUES contract 2 weeks ago and there is an on boarding event being held on 24th September | |

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| | <ul style="list-style-type: none"> IOW do want to commission CUES and a Business Plan has been approved by the CCG Board on the island. Steve mentioned that island consultants are keen to see the service up and running as soon as possible Following a query from Jane, Steve confirmed that referrals go to St Mary's IOW or at the weekend UHS Eye Casualty It is anticipated that practices that completed an EOI at the beginning of the year will still be interested. <p>Post Cataract Service</p> <ul style="list-style-type: none"> Does not appear to be any activity generated from UHS. Lymington hospital is using the service. Winchester hospital is pleased with the IOP service being provided to support them <p>Glaucoma</p> <ul style="list-style-type: none"> CUES capacity in Southampton and West Hants needs to be addressed before any glaucoma service is introduced <p>Anthea raised a concern that UHS are referring patients out from their clinics to CUES practices, rather than managing the patients themselves. Jane will look into this. It was agreed that communications need to go out to all practices and hospitals</p> | |
| 8. | <p>Resolution for any representatives of LOCSU, NHSE, PCSE and CCGs to be excluded from the remainder of this meeting, having regard to confidential nature of the discussion to be transacted.</p> | |
| 9. | <p><u>LOC Chair:</u></p> <ul style="list-style-type: none"> • • Communications Lead – Bryony is unable to continue in this role due to pressure of work so the Chair asked for a volunteer to take over (None were forthcoming). It has been suggested that someone outside the committee may volunteer to manage communications if we raise a request through the next newsletter. There is a question as to how the committee manages an external person in abiding by the LOC code of conduct. Or it could be done by committee members on a monthly rota. (<i>Ian has since requested the login details from Bryony in order to takeover managing the accounts until a committee member volunteers!</i>) • Strategic Plan – Principles have been upheld but specifics have not necessarily been achieved due to circumstances around COVID-19. Year 2 activity needs to be reviewed • Clinical Lead – Needs to be sub divided across the committee to create leads across the county using local knowledge and take part in local CCG/HES meetings where optometry and associated contracts are being discussed as well as local issues. Local leads will be able to build relationships with other providers and commissioners. This is a real action point and volunteers should contact the Chair and Business Manager asap • It was suggested that in order to get more involvement with the LOC, committee members should 'bring a friend' to forthcoming meetings • Due to the volume of work discussed at committee meetings and the time taken on the meetings it was suggested that where possible sections of the meeting are covered by reports which are disseminated ahead of the meetings and then only questions or concerns need to be raised at the meetings. It was agreed to try this at future meetings. | <p>All</p> <p>All</p> <p>Ian</p> |
| 10. | <p><u>Clinical Update:</u></p> <ul style="list-style-type: none"> • Nothing to report on that is not covered elsewhere | |

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| 11. | <p><u>Treasurer</u></p> <ul style="list-style-type: none"> As per report sent out to committee. There is a query over whether or not all practices providing NHS GOS are having levy deducted as one practice has been identified as providing MHS GOS and not having deductions. Ian has requested copies of levy deduction summaries from Bill and Helen will provide Ian with a list of ODS codes so that anomalies can potentially be identified and raised with PCSE | Bill/Helen/ Ian |
| 12. | <p><u>Business Manager:</u></p> <ul style="list-style-type: none"> See attached notes Suggestion for Interim Meetings of Officers of Committee between full committee meetings – Agreed as being potentially useful by the Chair and will be implemented as soon as possible on a monthly basis between full committee meetings The next AGM has been scheduled for 09 June 2021 Business Manager on holiday 09 -16 October (hospital appointments permitting). | Ian Ian |
| 13. | <p><u>CCG Updates:</u></p> <p>SE Hants and Portsmouth</p> <ul style="list-style-type: none"> Bill raised the issue of GPs refusing to forward referrals and QAH saying that they don't want emails and that practices should send referrals by fax. All of which goes against current guidance from CCG and PHT. Ian has asked Bill to provide specific details of which GP practices (ideally with dates) and who at PHT is requesting that emails are not used for urgent referrals to them so that these concerns can be followed up Helen will talk to her contact at Wessex LMC to see if they are aware of any concerns raised by GPs | Bill/Ian Helen |
| 14. | <p><u>LEHN:</u></p> <p>Next Meeting 24th September at 10:00 – Bill and Ian will be joining the meeting CCGs are moving towards ICS structure People with learning difficulties – LOCSU pathway published Homeless People – Service report shows good outcome and request going to Central NHSE & I team for this scheme to be continued NHS Connectivity – still ongoing</p> | Jane |
| 15.. | <p><u>Any Other Business:</u></p> <p>Nothing further</p> | |
| 12. | <p>Date & Time of next meetings</p> <ul style="list-style-type: none"> 03 Nov 20 12 Jan 21 09 Mar 21 11 May 21 | |

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