

AVON LOC MEETING

MINUTES

Monday 6th July

Zoom Meeting

19.00

Present

Ed Bickerstaffe (EB), Andrew Edwards (AE), John Hopcroft (JH), Amy Hughes (AH), Mark Humphrey-Ali (MHA), Jennifer Ogidi (JO), Meera Patel (MP), Andrew Pinn (AP), Amar Shah (AS), Mona Thacker (MT),

Guests:

None

Apologies

Lynne Fernandes (LF), Gareth Whatley (GW).

Minutes of last meeting

Approved

Conflicts of interest

EB – Optometrist at an independent practice in Wiltshire, AOP council member. Works for Wiltshire CCG optometrist led referral management centre.

AE- Owner of Bath Opticians.

LF- Owner of Lynne Fernandes Optometrists group of three practices, works for NHS England on behalf of LOC.

JH- Professional Services Manager for Boots Opticians and FODO board member.

AH – Locum optometrist. PhD student at the University of Bradford, currently in receipt of FODO funding.

PES CGPL South West.

MHA – Dispensing optician, owner and manager of Goldsmith and Harvey, local lead for ABDO.

JO - Director Mike Cees Opticians, piloted community eye service scheme for SG CCG (now part of the merged BNSSG CCG).

MP- Director of Specsavers Bath. Newmedica run post-op cataract clinics once a month in Specsavers Bath.

Version 2.1 3/8/2020 AH

AP- Partner in Andrew Pinn Optometrist, Director of PEC (Avon).

AS- Owner Keynsham Boots, business consultant and work with owners around UK. LOCSU Optical Lead.

Works with RNIB. Works at Bath RUH. Trustee with Vision West of England, J&J faculty associate.

MT – Locum working in practices across the BNSSG area and at the Royal United Hospital, Bath.

GW – Resident optometrists Boots Bath Southgate, Senior Lecturer in Optometry University of West England

Matters arising

None

Actions agreed checklist

Actions agreed May 2020

JH will edit and share the suggested response to BNSSG CCG **DONE**

AS will send response to BNSSG CCG **DONE**

AS will look into setting up a survey to vote on LOCSU membership during the meeting (with a backup of vote by show of hands/yes or no in comments etc.) **DONE**

AH to send a final reminder and circulate Zoom link. **DONE**

Agenda:

1. Election of officers

Chair: Amar Shah proposed by AH, seconded by AE, motion carried.

Treasurer: Andrew Pinn proposed by AS, seconded by AE, motion carried

Vice chair: Andrew Edwards proposed by AH seconded by MT, motion carried

Secretary: Amy Hughes proposed by AH, seconded by AE, motion carried.

JH proposed the motion of having a second vice-chair as a trial for one year, to allow for another BNSSG contractor/practitioner officer and to support the officer succession planning of the next year. AS seconded motion, motion carried.

2nd vice chair: Mark Humphrey-Ali proposed by MT, seconded by AH, motion carried

2. Resumption of routine testing/OFNC statement (AS)

Routine testing has restarted. Two recent statements from the ONFC have gone out, further financial support for practices has still not been secured. The most recent offering has been rejected by ONFC – we don't know what the offer was. Once this announcement is made, another LOC Q+A may be useful. Regional hubs – AS has asked Nikki Holmes of NHSE where these may be, her response was to push CUES for BNSSG further and felt that would help this - WIP. We may need to do some work around separating mailing lists into performer and contractors.

AH will look into the options of separating mailing lists on the free version of Mailchimp

3. BNSSG

3.1 Urgent eyecare (JH)

AS/JH/AP/AH met with BNSSG CCG and various people @ BEH on 18th June 2020 to discuss urgent eyecare/CUES. BEH/BNSSG CCG remain totally unwilling to consider CUES. BEH adamant they have more than sufficient capacity to meet current and future demand. David Peel, GP Clinical Corporate Lead for Planned Care did ask some good questions and suggested that data collation may help the CCG. Subsequently Rhys contacted AH asking for BSW CUES data.

AH to share BSW and/or BSW CUES data (TBC with PES) once available

We confirmed that all patients presenting with possible urgent/emergency symptoms should be directed straight to BEH. We made it clear that community optometry no longer has capacity for unpaid work and we are not able to see, or triage, patients presenting with urgent symptoms without a commissioned service. Rhys accepted this and confirmed that they had ample capacity for the additional demand. JH sent an email, summarising points, thanking for their time, expressing our disappointment about the lack of movement on CUES, and asking for further meeting in due course. There has been no response to date. Some LOCs where CUES has not been commissioned are taking a firm line and advising their members to work to rule. The recent LOCSU data suggests this could lead to 100 extra urgent cases per week at the BEH ED (Emergency Department).

We have also had an email from Rhys advising that the additional BEH ED phone lines put in place for COVID-19 are now closing, and they will be going back to their single phone line for practices and patients. This is the number that it was made clear at the January joint event that no-one at the BEH is paid to answer. This is therefore a cause for some concern, given that the BEH is the only source of urgent and emergency eyecare in BNSSG and they appear to be reverting to a single phone line that was only sporadically answered. There is also information stating that primary care (GPs and Optoms) should not contact the BEH ED for referral advice but should just use the referral guidelines on Remedy.

AH will email Rhys expressing this concern and asking for clarification around the way this phone line will now be manned.

3.2 Proposed community services (AP/AS)

22nd June 2020 – AS/AP/JH/AH attended

Bristol Eye Hospital video meeting “Community Optometry Collaboration”

BEH are aware that their capacity post COVID and the backlog of routine appointments not processed result in them having to source capacity elsewhere.

BEH suggested 2 schemes where collaboration with community optometry practices may be possible:

Glaucoma

Initially this would be a data gathering scheme aimed for their OHT and suspect glaucoma patients. These patients represent approximately one third of the BEH glaucoma service patient base. There will be no clinical input and reviews will include measuring threshold visual fields preferably with Humphrey Field Analyser, tonometry (but not NCT) and disc imaging by photography and possibly OCT.

After the initial phase BEH would consider rolling out a further enhanced service to optometrists with higher glaucoma qualifications.

Medical Retina

BEH Medical Retina report no current problems or perceived future problem with their wet AMD service so do not want to outsource any of this work.

BEH are considering collaborating with optometry practices who could provide both wide field imaging and spectral domain OCT to initially gather data for remote review by BEH ophthalmology staff.

On Avon LOC's behalf Primary Eyecare Services (PES) outlined how they could provide IT solutions to support data gathering and transmission, audit and financial management of the proposed schemes.

Overall this was a positive meeting however Avon LOC stressed that more detail including an idea of proposed service specification and remuneration is needed before we can approach our community colleagues for an expression of interest and that we would ideally want schemes that utilised the same clinical skills we use on a daily basis to detect and refer patients with both suspected glaucoma and medical retina problems.

We have sent out a request for expressions of interest for the two services and a list of equipment held in each practice. So far we have only had 20 responses. There has been feedback from the community expressing frustration at being asked to engage in the early discussion around proposed services when they do not come to fruition. There is anger and frustration around CUES not being commissioned. We will extend the deadline to Sunday 12th July and AH will send out a follow up email. MT is available to call round practices w/c Monday 13th July as needed.

AH to send out follow-up comms for EOI

AH and MT to liaise about need for follow-up calls to practices

4. BaNES (AH/AE)

The BSW CUES services is running successfully, with first quarter data looking very positive.

There was a meeting between Wiltshire LOC, AE and MP from Avon LOC and AS and AH in their LOCSU and PES roles on Weds 17th June to discuss proposed RUH (and possibly GWH) post-cat service and a OHT/glaucoma data gathering service with a pathway agreed by all three trusts (RUH/GWH Swindon and SFT Salisbury). At the moment the fees thought appropriate by the LOCs and those proposed by the Trusts are some way apart, discussions continue.

Some feedback that NHS 111 are not directing patients to nearest CUES practice and/or are not offering patient choice of practice.

AH will contact DOS services to discuss NHS 111 are not directing patients to nearest CUES practice and/or are not offering patient choice of practice.

5. Staff testing (AS)

Plans are in progress to roll out staff antibody testing across BNSSG.

This is for research purposes only; there is no evidence that the presence of antibodies are proof of immunity so all usual infection control measures must continue. It is also not known for how long after infection antibodies can be detected.

Hospital Acutes and Trusts have been tested 1st, with staff being able to be tested at their place of work and a high level of uptake.

The BAME community have also been prioritised.

Community staff testing followed with Sirona and AWP. Uptake was much lower at around 30%.

The next priority is GP practices and their staff, limited by the availability of phlebotomy.

Tests are ordered by active booking process which will be an email request and then booked via the ICE system and using the NHS database

Pharmacy started testing at the end of last week and it is anticipated that optometry and dental will follow in the next 3 weeks. Attachments will be sent including a consent form, adapted consent form, FAQs, and signposting email for unusual results. All testing will be coordinated by a LCC – (Local Coordination Centre.) Testing will be carried out, to start with, at the BRI and Emmersons Green Treatment Centre. Optometrists will need their NHS number to request a test. There will then be a call back to book appointments, AS has fed back that this is not ideal for optoms in clinic and they have confirmed a message can be left for those in work to call back. Fiona Davenport co-ordinating for BNSSG. We do not have a timeframe for BSW as yet.

AH will circulate antibody testing information as soon as received

6. Data officer (AS)

We need a new data officer following PT ending his term on the committee. MP volunteered.

AH/AP/AE to send any information relevant to data officer role to MP.

7. Joint pharmacy event (AH/MT)

AH has been contacted by venue asking if we plan to go ahead in October. With the current uncertainty it was agreed that postponing would be the best course of action, with the LPC's agreement. The option of a virtual event was discussed but since one of the aims was to strengthen local networks it was felt that this event is best held in person.

AH to speak to Lisa Fisher to discuss postponing joint event and let the venue know.

It is not felt that the LOC need to offer any online CET at present as there is a lot available. We will continue to run Q+A sessions as needed

8. AOB

- JULIAN JACKSON - UPDATE on online interactive sessions on assistive technology. The committee gave the go ahead for MT to work with provider to set this up

- A number of practitioners have contacted the LOC reporting that patients are being asked by the BEH to see community optometrists for IOPs and other tests without sufficient information or a commissioned service. There was also feedback that Nuffield are providing shared care for glaucoma.

MHA will send a redacted copy of the letter and AH will share with Bose and Rebecca at the BEH.

AE will speak to GB about ability to connect into remote meetings

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- It was agreed that another Q&A session should be held on Monday 27th July.

Next meeting:

3rd August 2020

7pm

Actions agreed

AH will look into the options of separating mailing lists on the free version of Mailchimp

AH to share BSW and/or BSW CUES data (TBC with PES) once available

AH will email Rhys expressing this concern and asking for clarification around the way this phone line will now be manned.

AH to send out updated BEH ED and urgent eyecare comms to mailing list

AH to send out follow-up comms for EOI

AH and MT to liaise about need for follow-up calls to practices

AH will contact DOS services to discuss NHS 111 are not directing patients to nearest CUES practice and/or are not offering patient choice of practice.

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