

AVON LOC MEETING
MINUTES
Monday 2nd December
The Kensington Arms, Stanley Road, Redland
18.15 for 18.30

Present

Ed Bickerstaffe (EB), Andrew Edwards (AE), Lynne Fernandes (LF), 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), Peter Turner (PT), Gareth Whatley (GW).

Guests

None

Apologies

None

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 iPro funding from the College of Optometrists. PES CGPL South.

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 SGCCG (now part of the merged Bristol CCG).

MP- Director of Specsavers Bath

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.

PT – Optometrist at Turners Opticians Bristol and the Bristol Eye Hospital. Community Ophthalmology Clinician Evolutio, Director of PEC (Avon).

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

Matters arising.

Anne-Ita McHugh has resigned from the committee with immediate effect. The committee declare a casual vacancy and elect Mark Humphrey-Ali to fill the vacancy.

1. BaNES update (AS/AE, 10 mins)

There is an ongoing dialogue with Tom Rhodes (BaNES CCG), and a response to his last letter has been prepared. In his last letter Tom Rhodes states that all optometrists must send referrals to the Evolutio triage centre. However this is not part of the GOS contract and therefore not reasonable. AE will also reiterate once again that the LOC has no power to prevent practices signing up to the Evolutio service if they wish to do so, and our role is simply to represent local performers and contractors. The RUH continue to express dissatisfaction with the Evolutio service (e.g. Patients unhappy with the limited choice of post-op provider, RUH unhappy with the standard of triage decision making).

AE to finalise and send letter to Tom Rhodes

2. BNSSG update (AS 10mins)

AS & AP attended a BEH “workshop” on the cataract patient choice. BEH want it live on the 5th January for a two week pilot – approximately 800 patients. The LOC have raised concerns around driving safety. AS & AP were explicitly told that the purpose is not to deflect patients from cataract surgery, but to ensure that patients are only seen at the HES if they actually want surgery. The LOC advised that if this was the aim, community pre-op would be much more effective but were told that there was no budget for such a service. Although it may be best practice for optometrists to indicate on the referral that the patient wants surgery, this is not part of the GOS contract and therefore cannot be insisted on. GOS fees do not include any kind of referral refinement.

There is a planning meeting for the BEH education event on the 17th of December. The event will be on the 21st January from 5-9pm at the Bristol Dental Hospital. CET will be applied for.

AH to send out a save the date for BEH education event

3. BEH update, including referral guidelines update (LF 10 mins)

LF attended a meeting with Abosede Cole, BEH consultant.

1. Bose is frustrated that med ret referrals (e.g. wet AMD, BRVO, triaged by the CCG) are being sent to New Medica resulting in NM seeing them, claiming a fee, then forwarding the patient on to the BEH. This means the patient's time is wasted, there is a delay in care and treatment and an unnecessary additional appointment is being paid for. This occurs even if the optom does not request NM, and even if they request the BEH. This is because when a patient is triaged, they are referred on using a criteria that includes waiting time. NM are registered as seeing med ret and so therefore are being referred these patients that then they have to refer on to the BEH, possibly because their waiting time is shorter. LF suggested that Bose talk with Paul Spry who is the lead of triage and Julian from NM to ask if he would remove the med ret term from their procedures list. LF also suggested letting the CCG know that patient care is being delayed / compromised/ costing more than it should.

2. Some optoms are specifying NM see their med ret px when referring. Bose was pleased with the actions that the LOC have taken to resolve this (spoken with SS prof services who said they will send an email to all stores in the area with the info that NM cannot see macula patients and they have offered to contact the optom involved. He has also contacted NM requesting they make this clear to all optoms and feels this has improved in the last month).

3. Bose reports that there is over-referral from a few, specific optoms.

The LOC has offered a member to speak to individual optoms/organisations confidentially if the BEH feels appropriate.

Bose is happy to come and talk at an LOC organised evening, funded by the LOC, to talk about improving referrals.

It was suggested that letters back from the BEH help improve referral accuracy but appreciate funding and logistics make this difficult. NM are very good at this, though the template isn't perfect. Bose reported that with new patient record software this may improve, but they do try to reply to poor referrals giving advice.

The benefits of an audit of the new BNSSG triage scheme were discussed.

4. Bristol cataract follow-up (AP, 5 mins)

Emerson's Green Treatment Centre (Care UK) are interested in a community cataract post-op scheme. This could be done via PES (as it is elsewhere in the country) or at the same time as wider BNSSG eye care commissioning in the spring.

AP to suggest a meeting with EGTC

Bristol – there is an ongoing issue where recently accredited optoms can't get onto Medisoft.

AP will publish a short update on cataract post-op (also forward to AH to include in newsletter)

5. Bristol glaucoma service (PT 5 mins)

Version 3.0 06/02/2020

BNSSG CCG are looking at aspects of the NS and Bristol services and Margaret Kemp has been asking PT and AH various questions about the services. PT and AH will coordinate responses.

6. National Optical Conference (MT/AP/AE 10 mins)

MT has shared report of key messages from all delegates.

7. NEEDS ANALYSIS (AH/AS 10 mins)

AH has now produced an updated draft Needs Analysis following the Needs Analysis meeting and workshops at the NOC. It was agreed that our three key aims are:

- Engaging with PCNs
- Creating and defining named roles for all LOC members
- Engaging with and influencing BNSSG CCG Eye Care Strategy

MHA appointed as Low Vision Lead – motion proposed, seconded and carried.

The Needs Analysis will be finalised and revisited at each meeting.

AH to finalise and circulate Needs Analysis

8. CET 2020 ONWARDS (AH/MT, 10 mins)

Feedback from LOC engagement evening has been sent round. Key feedback on CET provision:

- There's plenty of CET around and multiples tend to do their own CET. Don't need LOC to provide all of the points.
- Getting local information and updates from LOC events is more important than CET.
- The LOC is not seen as a main provider as CET, but people are more likely to come to events if there are CET points on offer.
- Would like some kind of CET once a quarter with relevant local updates.

- It would be better to know the planned program well in advance, how many points, which competencies etc. Helps individuals plan their CET for the year and avoids clashes with other events.
- Want Peer Discussion event a year, it's good to do this with local colleagues.
- Evenings are better than daytime events.
- Suggested topics: ARMD, binocular vision, paed, dispensing, CET from consultants, orthoptists

Varying opinions within the LOC on CET provision. On one hand, 2020 could be a very busy year with service launches so we don't want to crowd the calendar with paid CET. On the other hand, a new CET programme could be good to increase engagement with the LOC.

A vote was taken and the decision carried to not initiate a paid programme of CET from an outside provider in 2020. We will resume the discussion in the future as appropriate.

In the meantime we need to clarify our current 2020 programme and inform local ECPs as soon as possible.

As it stand the projected programme is:

January 21st – Ophthalmology Engagement Event

February 12th – Heidelberg OCT Live Event

Late March – TBC – Joint education event with LPC

13th or 20th May (TBC) – AGM

AH will contact Julian at New Medica and invite them to sponsor and provide CET.

It was suggested that it would be best to vary venues throughout the year(s).

Bristol Cricket Ground – *MT will check availability and get quote*

UWE – *GW will look into catering and parking options.*

9. PCN engagement (JH/AE/AH, 5 mins)

The draft letter has been completed with input from several committee members. It was stressed at the NOC that we must avoid at all costs PCNs engaging with individual practices. **It has been made very clear that committee members must not use PCN engagement to preferentially benefit their own interests or practice, for example by recommending their practice to provide clinics within a GP surgery. All conflicts of interest must be declared, including any prior communication any of their practice team/staff have had with local PCN / GP surgeries, and in the case of a likely conflict a different committee member will be nominated to liaise with the PCN in question.**

JH to send AH references for included figures.

AH to send PCN engagement letter to all BNSSG and BaNES PCN Leads.

10. Meeting with LPC (AS/AH 5 mins)

AH met with Richard Brown of Avon LPC (Local Pharmacy Committee). Richard is keen to increase engagement between the organisations and proposed a joint education event in spring 2020. He also supplied contact details for Beverley Haworth, Models of Care Lead at BNSSG CCG, who is involved in primary care strategy and has reported to Richard that she has been unable to make contact with anyone from eye care.

AH to make contact with Beverley Haworth

MT to plan joint education event with LPC

11. AOB

Other feedback from LOC engagement evening.

- Would like a regular newsletter with dates, updates, events etc. Propose that this is 4 monthly initially, so after every other meeting, then review. Microsoft Sway suggested as a good platform

AH will collate first Avon LOC newsletter

- Website – Needs to be kept up to date, isn't easy to navigate, to not want to have to log in/follow links to find content.

We do not want to make major changes to the website until we see the new LOCSU offering next year, but it was agreed to make the website open access (in line with other LOCs across the country). It was also agreed to go back to sending emails rather than publishing news items.

AS to discuss removing log in from website

- Optometrist ASP has contacted AS in a number of occasions looking for help finding supervised work to comply with GOS restrictions. AS has requested a detailed list of all actions taken so far to find suitable supervision. This has not been received as yet. No further action unless this information is received.

Actions agreed October 2019

AS and LF will attend the meeting with Rhys Harrison **DONE**

AS will circulate collated needs analysis. - **DONE**

AH will keep logs of complaints from BaNES practices and patients. **ONGOING** *AE and JH will send BaNES update to AH to add to newsletter.*

LF will contact Jenny Falco at the CCG for clarification on BEH fax referrals. **ON HOLD**

All committee members – send any comments on Primary Care Advice document to LF.

DONE

All committee members – send any comments on BEH referral guidelines to AS. (BY 25TH OCTOBER) **DONE**

AP will check the correct claim forms for Bristol cataract and glaucoma schemes are on the LOC website and circulate. *AP will publish a short update on cataract post-op (also forward to AH to include in newsletter)*

PT to investigate possible next steps – NHS England Optometry Bulletin **ON HOLD**

JH will write brief bulletin reminding practices that the LOC can be contacted for support with the PPV process. **DONE**

AS will write a brief bulletin reminding practices to use code to register for eGOS ? **LEAVE ON ACTION LIST AND CHECK**

AH will discuss social media accounts with GW **DONE**

AH to arrange peer discussion event. **DONE**

Meeting closed 8.15pm. Next meeting Monday 3rd Feb 2020 6.30 for 6.45

Avon Optical Committee Action Tracker, December 2019

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AH to finalise and circulate Needs Analysis

JH to send AH references for included figures.

AH to send PCN engagement letter to all BNSSG and BaNES PCN Leads.

AH to make contact with Beverley Haworth

MT to plan joint education event with LPC

AH to send out a save the date for BEH education event

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AP will publish a short update on cataract post-op (also forward to AH to include in newsletter)

AH will contact Julian at New Medica and invite them to sponsor and provide CET for the AGM

MT to check availability and get quote from Bristol Cricket Ground – AGM

GW will look into catering and parking options at UWE – AGM

AH will collate first Avon LOC newsletter

AS to discuss removing log in from website

AE and JH will send BaNES update to AH to add to newsletter.

AS will write a brief bulletin reminding practices to use code to register for eGOS ? **LEAVE**

ON ACTION LIST AND CHECK