

AVON LOC MEETING
MINUTES
Monday 5th August 2019
The Kensington Arms, Stanley Road, Redland
18.30 for 18.45

Present

Ed Bickerstaffe (EB), John Hopcroft (JH), Amy Hughes (AH), Mark Humphrey-Ali (MHA), Anne-Ita McHugh (AM), Meera Patel (MP), Andrew Pinn (AP), Amar Shah (AS), Mona Thacker (MT), Peter Turner (PT), Gareth Whatley (GW).

Guests

None

Apologies

Andrew Edwards (AE), Lynne Fernandes (LF), Jennifer Ogidi (JO)

Minutes of last meeting

Approved

Declarations of 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 and owner and manager of Goldsmith and Harvey.

AM- Ophthalmic director at Specsavers Bedminster, Winterstoke Road, Bristol 1 Home Visits and Bedminster Hearcare. Level 7 Senior Leaders Apprentice incorporating MBA at Aston University.

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.

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.

None

Actions agreed – June 2019

AH to book and advertise Bristol Cataract Post-op accreditation evening. **Done.**

AH to publish LOC guidance on myopia as a news item. **Done.**

AH to email LF to follow-up with update of Bristol referral guidelines. **Done. WIP.**

AH to contact Jacque at LOCSU to confirm new member training going ahead. **Done.**

AH to look into using Mailchimp to manage the mailing list. **Done and set up.**

AS to follow up position on patient choice with Melissa. *To be bought up at next meeting.*

AS to set up a meeting between Melissa at NHS England and Avon, Wilshire and Swindon LOCs. **Done, although other LOCs were not invited. Meetings to take place every 1-2 months going forward.**

AS will speak to Melissa at NHS England for a NHS email work-around for Bristol practices. **WIP, AS and PT are keeping the pressure on.**

PT to decline meeting with Capita. **Done**

JO to approach companies for sponsorship of £500-£600 for Bristol CCG peer review/scheme launch late September. **Done.**

Action agreed – April 2019

AE to send RUH fax machine update to whole mailing list. *AH will check and confirm whether this has been done.*

AH to check process with LOCSU to see if timing of account auditing or AGM need to change for next year. **Done – on agenda**

AE will liaise with the RUH and update the BaNES referrals guidelines as necessary. **WIP.**

MHA to approach ABDO for AGM CET (or if not, for a DO centred event later in the year.) **CET on agenda**

1. BaNES update (AS/AE 10 mins)

AS met with Helen Broadbent and Richard Antcliff from the RUH. They have some reservations about the Evolutio schemes, and in particular are not getting any data from cataract post-ops. It is assumed that this is because Evolutio cannot share data with the Medisoft system.

There has been an email from Tom Rhodes at BaNES CCG informing all practitioners that they must send their referrals via the Evolutio software. AS has responded. A meeting has been set up with Tom Rhodes on the 30th of August to discuss the Evolutio schemes, as a number of complaints and concerns from both patients and practices have been received.

JH will email BaNES practitioners to ask for feedback on the Evolutio schemes, both positive and negative, to take forward to this meeting.

2. BaNES referrals to secondary care (AS 5 mins)

There has been feedback from the RUH that patients are being sent to the emergency department without a call in advance, leading to altercations with staff members. We have now sent out an email to the mailing list reminding practitioners that there is no drop in service available at the RUH and the department must always be called in advance of a patient arriving.

3. Primary Care Networks (PCNs), Integrated Care System (ICS) and the BNSSG Primary Care Strategy Event (AH/AS 10 mins)

There are major changes happening within the NHS, and in particular in commissioning. One of the big changes is the introduction of PCNs (Primary Care Networks). Each PCN will comprise of one or more GP practice working together with a range of local providers. Each PCN will cover around 30-40,000 people. Above the PCNs will be Integrated Care Systems (ICSs), which will mirror the current STPs (Sustainability and Transformation Partnerships), and will be responsible for a lot of commission, including for eyecare. LOCSU have stressed that LOC should work to improve communication with other local providers of healthcare, meaning that we will need to try to engage with both local PCNs and ICSs. Each PCN will have a lead who the LOC will need to make contact with.

The BNSSG Primary Care Strategy Event brought together GPs, patient representatives and others from community healthcare and voluntary sector organisations to consult on changes to the GP Primary Care Strategy via a series of workshops. We were able to discuss the opportunities available (and difficulties faced by) optometry practices with GP and pharmacy colleagues.

AH will make contact with LPC (Local Pharmacy Committee) to start to build a local links.

It is critical that LOCSU can support LOCs in being able to offer the ICSs a complete package of eyecare provision, including IT solutions etc.

PT will contact Max Halford at LOCSU to discuss engagement with ICSs.

4. LOC needs analysis (AS 10 mins)

LOCSU have requested a completed needs analysis from every LOC.

All committee members to complete LOC needs analysis and return to AS by 31/8/2019

5. BEH eyecare strategy meeting (AP 10 mins)

16/07/2019

BNSSG CCG Eyecare Strategy Meeting – discussion meeting between BEH and Avon LOC

Attendees:

BEH: Paul Spry; Jen Durrant; Mark Stevens

Avon LOC: Amar Shah; Andrew Pinn

No agenda – had assumed it would be to discuss collaborative working between community optometry and BEH on all aspects of the strategy.

Paul Spry lead discussions and centred them around glaucoma service only.

He wants:

- 1) Completely NICE compliant service
- 2) OHT, glaucoma-suspect and possibly stable glaucoma patients.
- 3) Data collection only – no clinical decision making – BEH to have clinical oversight and make clinical decisions.
- 4) IT based however the IT solution is not going to be available in under a year as procurement is ongoing.
- 5) Patient numbers approx. 3,000

- 6) Fee circa £45.00
- 7) To include fields, GAT, probably photos and OCT. AP and AS advised OCT would need additional funding and an IT solution for transfer of data from differing manufacturers.
- 8) Only BEH patients

Following the meeting AS and AP agreed the meeting had not been as constructive as hoped due to delayed start and some participants conflicted as they had commitments elsewhere.

During the meeting we asked for a change in culture from BEH when dealing with community optometry.

Cited: historic and ongoing problems with Bristol RMMS and Bristol CFU schemes: changes in referral arrangements not being communicated to community.

6. BNSSG CCG triage service meeting (AP 10 mins)

22/07/2019

BNSSG CCG triage meeting. Communication & Education Plan

BNSSG CCG: Andy Newton; Lauren Oakes, Jack B

Avon LOC: Peter Turner; Andrew Pinn

Triage Service Provider: Paul Spry (BEH) – sent his apologies

Initially provided feedback on Eyecare strategy meeting with BEH on 16/07/2019.

Then discussed triage service:

Triage service now live but not up to speed.

We are going to send out a comm explaining how the current BNSSG CCG triage service is being extended to ophthalmology and how that will impact community optometry and that it has been soft launched.

CCG happy for LOC to work with Paul Spry in designing comms to be used by triage service.

CCG to fund and arrange (not attendance) of evening meeting to introduce and officially launch the service – November 2019.

All routine referrals still through GP however requests for further info etc will be direct from triage service to referring optom.

In the interest of patient safety I asked for:

- 1) a default position of the referral being progressed even if the requested info isn't received (should be extremely rare).
- 2) A pathway for direct referral of urgent cases to triage (bypassing GPs) in the same way that we used to Fax direct to urgent care BEH etc.

BNSSG CCG are working on a telephony system that will give us direct access to clinical/triage advice for emergencies/very urgents to take the place of BEH A&E 0117 3424613 which never gets answered.

7. Bristol cataract follow-up update and recent accreditation event (AP, 10 mins)

A successful event, with 20 new practitioners accredited to the scheme.

8. Refraction advice at Emersons Green Treatment Centre (AP 5 mins)

There have been a number of concerns raised by practitioners about the post-op refraction advice given to patients by EGTC ("just buy ready readers" etc.).

AP and JH will contact EGTC to restart the conversation about community post-ops, and to clarify whether College of Ophthalmologist guidance on refraction advice is being followed.

9. Bristol glaucoma /NS repeat measures update (PT 5 mins)

Bristol CCG contract has been opened again.

NS scheme – PES should have taken the contract over and Avon PEC needs to wind down.

AH to confirm whether PES have now fully taken over NS repeat measures scheme

10. PSCE/Capita information videos/ Meeting with Kirsty Adams (PT 5 mins)

May start to get queries from practitioners once various aspects go live. *AH to leave PSCE/Capita as live item on agenda.*

11. LOC engagement action plan and new member training feedback (MT/GW 10 mins)

MT and GW have developed a LOC Action Plan as part of their induction module. They will work on this over the coming months.

1) Address the issue of poor local engagement. Due to changes in enhanced services in the area, particularly in BaNES, involvement of practices has increased considerably and with a review of the services in Bristol on the horizon we have another great opportunity to support practices who are going to have a lot of questions. The aim will be to unite all practitioners with one voice to get the best outcome for everyone.

2) Reach out to the 106 individual practices over the next 3 months, via emails/phone calls/ leafleting, about the purpose of the LOC and ask the local optics community exactly what they want from their LOC. Examples may be more support/more CET driven events/coaching sessions, i.e. what will engage them to create a more cohesive community? A Survey Monkey survey will be created to canvas opinion and to ask if practitioners are MECS, post CAT, repeat Glaucoma accredited etc., what enhanced services they offer or are prepared to offer and where they see the future of optometry. This will provide data to help the LOC campaign for optometrists to play their role for PCNs.

3) Look at the website and its functionality. Is it user friendly? -Due to costs and our current website being recently commissioned there isn't a lot of room for improvements there at the moment. However we could look at increasing our Social Media exposure which may be a better platform to increase engagement particularly with the new generation of pre-regs & newly qualified who have grown up with social media. Chosen #@LOCAvon as the tag.

4) Use WhatsApp as a communication tool between the committee to ensure effective involvement of all.

MT and GT to implement LOC engagement plan.

12. CET schedule 2019/2020 onwards (AS 10 mins)

We have received a proposal from Perceptive to provide our CET programme. They can either offer a one day conference, or 6 events throughout the year. It was agreed that events through the year would work better, and that we need to have a more consistent and regular CET provision. There were some questions about what they can provide e.g. webinars? And whether they can offer less events through the year. It was also suggested that we get quotes from other companies offering similar provision.

MT to contact Perceptive for further details, and to obtain quotes from two other CET providers.

This will allow us to make a final decision about 2020 CET provision at the next meeting.

13. AGM process (AH 5 mins)

LOCSU have confirmed that we need to alter our schedule to complete the AGM process correctly. This year's accounts will run on a short year (April 2019 – 31st Dec 2019). We will then run on a 1st Jan – 31st December financial year in order to allow accounts to be audited in sufficient time.

14. AOB (10 mins)

None

Meeting closed 9.05pm

Next meeting Monday 7th October 2019 at The Kensington Arms.

Actions agreed August 2019

AS to follow up position on patient choice with Melissa at next meeting.

AH will check and confirm whether email has been sent to whole mailing list re RUH fax.

JH will email BaNES practitioners to ask for feedback on the Evolutio schemes, both positive and negative, to take forward to this meeting.

AH will make contact with LPC (Local Pharmacy Committee) to start to build a local links.

PT will contact Max Halford at LOCSU to discuss engagement with ICSs.

All committee members to complete LOC needs analysis and return to AS by 31/8/2019

AP and JH will contact EGTC to restart the conversation about community post-ops, and to clarify whether College of Ophthalmologist guidance on refraction advice is being followed.

AH to confirm whether PES have now fully taken over NS repeat measures scheme

AH to leave PSCE/Capita as live item on agenda.

MT to contact Perceptive for further details, and to obtain quotes from two other CET providers.

MT and GT to implement LOC engagement plan.