

AVON LOC MEETING

Minutes

Monday 5th October 2020

Zoom Meeting

19.00

Gordon Batham (GB), Andrew Edwards (AE), Ed Bickerstaffe (EB), Lynne Fernandes (LF), John Hopcroft (JH), Amy Hughes (AH), Mark Humphrey-Ali (MHA), Andrew Pinn (AP), Jennifer Ogidi (JO), Meera Patel (MP), Amar Shah (AS), Mona Thacker (MT), Gareth Whatley (GW)

- Apologies

None

- Minutes of last meeting

Approved

- Declarations of conflicts of interests
 - 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.
 - 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
 - GB - Director of Goatman and Batham Opticians Bristol
- Matters arising
 - Historic BNSSG services
 - Nightingale Hospital

Guests: None

Materials shared with agenda:

- Summary of ICP meeting 8th Sept 2020
- CUES – A Catalyst for Change
- RCOph/COp joint vision for eyecare services

Actions agreed August 2020

AH will pass dates for Sight and Sound Webinar to MT. **Done**

AH will circulate declaration of interest forms, all committee members to complete. Forms circulated, EB, JO outstanding. *MP and EB to complete DOI forms*

Agenda:

1. NHSE SW Update (AS)

NHSESW and LOC/LOCSU regional COVID meetings were happening weekly then reduced to fortnightly and are now monthly. Attendance remains important for information and networking. AS and Max Halford attend as LOCSU leads for the area.

Version 1 .1 22/10/2020

- Flu vaccinations: Front line NHS worker + POD (pharmacy, optics and dentistry) were told these would be provided free of charge. We have now been told that this is not the case, and optical contractors have responsibility to supply vaccinations for all staff, including support staff. NHSESW have informed us that this is mandated and falls under Duty of Care and have asked us whether we can arrange via local arrangements with pharmacies. It has been fed back that practices are unlikely to have the expertise or experience to contact with pharmacies in this way. NHSESW will go away and get further information and pricing structure.
- POD are being looked after together, with different priorities. Any future COVID vaccine roll out is expected to follow the same mechanism as the anti-body testing roll out, and this demonstrates the importance of optics being included.
- PPE: The portal is only accessible through invite and practices only have this is they have applied for a shared mailbox via the most recent application process. This means the portal remains difficult to access for many and this has been fed back to NHSE.
- NHS mail: The process is slow but does seem to be working. No way has been found to add an existing practice NHS email into new system and it seems to be quicker to apply for a new one.
- NHSESW are happy with new practice openings in the SW and emphasised the three month notice required if practices want to reduce or change their hours.
- CCG engagement. This is positive in BSW and Gloucestershire but remains challenging in BNSSG. NHSESW are keeping the dialogue open and speaking to the CCG on a regular basis. The delays in routine care may become emergency or urgent due to backlog.

1.1 Framework application

There has been a directive that procurement for services will now be via a national framework. Providers will be able to join the national framework if they are able to fulfil the necessary requirements. The commissioner in an area will pick providers from the framework. Large organisational structures are needed to get on the framework. PES are currently applying to be on framework, they are CQC (Care Quality Commission) registered and set up for SUS (Secondary User Service) for NHS Digital reporting. There is no optom platform in SUS as yet, PES and LOCSU working on this. No action needed for us due to MOU with PES. It would be very difficult to handle this change in commissioning as a small PEC.

1.2 Eye Care Restoration System Engagement Webinar

This webinar will take place on Thursday 8th October at 10am, AH will attend, and the link has been shared if anyone else wants to join.

There was a commissioners meeting related to CUES; Sarah Swift, Deputy Director at BNSSG was there and engaging with Zoe from LOCSU with some positivity. Zoe will continue this link.

2. BNSSG

2.1 Waiting lists

LOC members have been receiving email queries regarding BEH waiting lists. There is no information available via the usual NHS websites. Mark Stevens has informed us that the wait is 36 weeks for cataract. There was some discussion and if and how this information should be shared with our mailing list. ICPs have started accepting direct referrals as of last week so this will affect waiting times. There are also issues with providers appearing as a choice of patients, but it is not then possible to book an appointment. Suggests ask BEH for full update of waiting times. AP will go back to Mark Stevens and ask for a full update on waiting lists to share. Information not confidential. UWE will be providing some services.

2.2 Urgent eyecare (AS)

Nothing to report.

2.3 Proposed community services (AS/AP)

Nothing to report.

2.4 Sharing data with BEH (AH) – share CUES a Catalyst for change and BaNES

WIP, nearly done. 111/135 CCGs have MECs or CUES.

2.5 ICP meeting 8th Sept (AH/MHA)

A GP Collaborative Board has now been formed to provide governance for the ICP and be a single voice for GPs and for other organisations to speak to.

Discussions remain highly GP-centric, but it remains important to be at the table. ICP development remains at a planning/theoretical stage, using the structure to work to a “real-life” project still feels some way off. Organisations are focussed on their own day-to-day challenges and running.

AH will email and volunteer for working groups and give summary of GOS

JH will write summary of GOS

3. BaNES (AH/AE)

3.1 New referral pathway (AH)

With the end of the Evolutio contract, the Wiltshire ophthalmology referral triage service has been expanded to include BaNES. Referrals can be sent directly to the referral centre NHS email address. The service has been launched in BaNES very swiftly compared to Wiltshire, and there has been less community engagement work, due to both COVID restriction and short timescales due to Evolutio contract ending.

It was noted that there is a lot of cross over between LOCSU, LOC and PES roles and this has positives and negatives. CCGs etc do not necessarily understand where the boundaries between the roles are.

Comms have gone out through the LOC, comms were received at the last minute from CCG, and worked on by an BaNES LOC working group to iron out and improve comms.

Speed of transition – does LOC actually want a referral service? There will be a difference of opinion across LOC and indeed Nationally. We need to decide as an LOC where we want the direction of referral pathways to go.

Further comms need to go out, and possibly need to suggest to the CCG that a letter should go to all contractors.

All referral services are a sensitive area; CCG don't own the GOS referral pathway.

AH will arrange a meeting between AE as BaNES lead and CCG to discuss comms pathways and engagement event/Q+A

3.2 CUES (AH)

Numbers stable and the CCG are happy with the service.

Payments are on the way, financials for the service have proved very complicated but this is now close to being resolved and payments will then be received regularly.

AH will send comms out regarding CUES payments.

3.3 Post-cat (AS)

No update but AS chasing regularly. Conversations are with the Deputy Director of commissioning.

ARMED clinics continue as remote for now.

Glaucoma monitoring – keeping dialogue open

3.4 Referral guidelines on website

BaNES referral guidelines on the LOC website are out of date (e.g. still mention fax machines etc).

AE to update referral guidelines for BaNES

It was also noted that some of the guidelines in the BEH referral guidelines are incorrect.

LF will approach Rhys Harrison to get BEH referral guidelines updated.

3. PES update (AH)

PES has now announced FDS Consultants as its long-term IT partner, and Opera will become the IT platform for all PES services. This platform, which is already being used in BaNES for the CUES service, has many advantages over Optomanager, including eRS and NHS Spine integration. Work on Medisoft integration is progressing well. Ceredim, providers of Optomanager, are leaving optics in January 2020 and a large piece of work has begun to transition over to Opera.

5. LOC (AS)

5.1 Succession planning

AS has said that this will be his last year as Chair, so need to start thinking seriously about succession, with six months to start the handover. Vice-chair should ideally be someone who would be willing to be chair in due course.

There is a need for discussions around clearly separating roles for those who hold dual roles in LOCSU, PES etc.

It was decided to revisit the LOC needs analysis at next meeting and continue the work that was started pre-

GW is keen to develop his suggested role as student, newly qualified and social media lead.

AH will share the latest version of the LOC needs analysis before December's meeting

5.2 NOC

Virtual NOC (National Optical Conference) is planned w/c 23rd and w/c 30th November. There will be 4-8 remote sessions, including a session for students. The focus will be Ophthalmology Transformation.

Sessions will be open to all LOC members and community optoms to attend. A flat rate of £45 per session was agreed for all LOC members wishing to attend sessions.

5.3 LOC website

An example of the new look LOCSU developed website has been shared via the LOC What's App group. To be discussed at next meeting as part of needs analysis update.

5.3 Hourly rate for LOC work

The rate was lowered as a response to reduced income during the COVID-19 pandemic, and it was agreed that this would be reviewed at this meeting.

It was proposed to keep £45 p/h for work, £45 for meeting for simplicity and £45 per session for NOC regardless of session length.

Proposed and seconded, motion carried.

5.4 CET feedback (MT)

Sight and Sound Webinar: 30 registered and 14 attended, which was at the lower end of what was expected. The feedback was positive. There is a part 2 in currently being developed. It was noted that there is a lot of remote interactive CET available at the moment so demand may be low.

6. AOB

- **Nightingale Hospital**

It was reported on Bristol 24/7 on 30th September that plans were being discussed to use the Nightingale Hospital in Bristol to see Ophthalmology patients. The figures mentioned in the article are 250 patients a day. A two million pound spend has also been mentioned. The story was then picked up by other national news outlets.

It is unclear how concrete and/or realistic these plans are at this point.

AS has been invited to give a response. The committee agrees that the best response was to talk positively about the work that primary care optometrists are doing, and their nationally recognised key role in supporting Trusts through shared care extended services.

LF, GW, AS, GB, JH will form a working group to support a response to Nightingale Hospital news

- **Historic Bristol services:**

There have been queries about how to contact CCG, chase payments, add new practices etc and the CCG don't seem to be responding to emails via the email address on the LOC website.

Someone needs to take the lead for glaucoma (no-one has officially taken over from PT) and keep the service functioning and be a point of contact. The bulk of it is now on the monitoring side, we do not want those patients to fall through the gaps. AP to take on.

AP to check Bristol service CCG email still active.

Meeting ends 21.10

Next meeting 7th Dec

Actions

AH will arrange a meeting between AE as BaNES lead and CCG to discuss comms pathways and engagement event/Q+A

AH will send comms out regarding CUES payments.

AE to update referral guidelines for BaNES

LF will Approach Rhys Harrison to get BEH referral guidelines updated.

LF, GW, AS, GB, JH will form a working group to support a response to Nightinggale Hospital news

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MP and EB to complete DOI forms

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