

## **AVON LOC MEETING**

### **MINUTES**

**Monday 7<sup>th</sup> October 2019**

**The Kensington Arms, Stanley Road, Redland**

**18.30 for 18.45**

#### **Present**

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).

#### **Guests**

None

#### **Apologies**

Ed Bickerstaffe (EB), Anne-Ita McHugh (AM), 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 iPro funding from the College of Optometrists. PES CGPL South.

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

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.**

Meeting with Rhys Harrison A+E consultant 11.10.2019. *AS and LF will attend.*

### **Actions agreed August 2019**

AS to follow up position on patient choice with Melissa at next meeting. **Next meeting hasn't happened. Possible personnel changes and other priorities. WIP.**

AH will check and confirm whether the email has been sent to whole mailing list re RUH fax. **Done, yes it had**

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

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

PT will contact Max Halford at LOCSU to discuss engagement with ICs. **Done.**

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

**Done.**

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.

**WIP.**

AH to confirm whether PES have now fully taken over NS repeat measures scheme. **Done, on agenda.**

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

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

MT and GT to implement LOC engagement plan. **On agenda.**

### **1. BaNES update (AS/AE/JH 10 mins)**

JH, MP and AS met with Tom Rhodes (CCG commissioner), Jo Gallaway (CCG performance manager) and Paul Gibbs (CCG quality improvement manager).

The CCG are very much closed to the idea of making changes to the Evolutio service. They have had very few complaints from the service and the low uptake means that the service is under budget; the CCG are therefore happy.

The service has moved from block payment to payment by episode.

The LOC made the CCG aware of delays and changes to the pathways and the fact that patients have been lost from pathways. None of this is enough to change their position, the HCQ will be directly commissioned with Evolutio as a pilot. The CCG are not open to commissioning a service via PES to experience an alternative provider.

The CCG agreed on a complaint reporting procedure which has been shared with practitioners via the LOC. The LOC will also keep a complaint log.

*AH will keep logs of complaints from practices and patients.*

It was clear that the CCG do not differentiate between the LOC and PES and therefore they do not view the LOC as offering neutral advice. The service provision is likely to be changing from a small number of optometry practices to a dedicated medical eye clinic run by Evolutio at a GP practice. The LOC will continue to monitor the situation for the benefit of patients and practitioners.

## **2. BNSSG update (AS 10mins)**

AS, AP, PT and AE attended a meeting with Andy Newton, Rhys Harrison and Paul Spry.

BEH want to run an education event; the LOC were under the impression that this would be to launch the triage service, however they see this as being to launch the updated referral guidelines for GPs and Optoms and possibly for a new A+E phone line.

The CCG Ophthalmology triage service (staffed by BEH clinicians): This should be running 8 sessions per week as of next week, with each session triaging 40-70 referrals. Referrals are being triaged in up to 2 days. Urgency of referral can be upgraded but not downgraded by the CCG triage service. If a specific provider is requested in the referral, this needs to be clinically justified, otherwise the patient will be offered the usual choice of providers.

Currently 13-14% of referrals are being rejected which falls below the target of 10%. The main types of referrals being rejected are for cataract and dry eye. The CCG want to provide guidance to GPs and optoms to reduce the rejection rate.

Minimum referral info: there is best practice guidance but no legal minimal requirement.

The CCG are interested to know more about Paul Spry's virtual clinics, but also want to know more about what can be offered through community delivered care.

There is a meeting in November to discuss the possibility of rolling out the post cataract, repeat readings and OHT monitoring services across the BNSSG area as a pilot.

There are still mixed messages coming out of the BEH regarding fax referrals and urgencies. LF will contact Jenny Falco at the CCG for clarification.

### **3. BEH referral guidance (AS 5 mins)**

*All committee members – send any comments on BEH referral guidelines to AS (BY 25<sup>TH</sup> OCTOBER)*

### **4. BEH Primary Care Advice (AS 5 mins)**

Most of the conditions included would be much better off being seen in the community via a MECs service.

AS and LF will discuss with Rhys Harrison on Friday. *All committee members – send any comments on Primary Care Advice document to LF.*

### **5. Wet AMD referrals at BEH (AS 5 mins)**

Incident reported by an optometrists that a wet ARMD referral had been bounced back and the optometrist told to refer via the GP. Claire Bailey is dealing with this matter and investigating internally.

### **6. Bristol cataract follow-up (AP, 5 mins)**

It is looking like the service may be rolled out over all BNSSG areas. AP has contacted EGTC to ask them to join service.

A new cataract commissioning policy was released on 1.9.2019. Doesn't seem to be any significant differences from previous policy.

### **7. Bristol glaucoma service (PT 5 mins)**

New claim forms has gone out for Bristol glaucoma and cataract services.

*AP will check the correct forms are on the LOC website and circulate.*

### **8. North Somerset Repeat Reading service (AH 5 mins)**

PES are keen to relaunch this service as activity is very low and as it is the only PES commissioned scheme in BNSSG it isn't felt that this reflects well when trying to win further services.

However, the committee feel strongly that the time is not right to do this; the CCG are deciding how and when to roll glaucoma services out across the region so a relaunch now could cause a lot of confusion and unnecessary work for practices and possibly damage engagement once the service is rolled out fully.

#### **9. Referral guidelines update – Bristol and Bath (LF and AE 5 mins)**

WIP

#### **10. LOCSU needs analysis – Including meeting on Monday 11<sup>th</sup> November (AS 5 mins)**

Needs analysis meeting with LOCSU 11.11.2019. To be paid at hourly rate, capped at 2 hours.

Invites have gone out – please could as many committee members as possible attend.

#### **11. NOC (AS 5 mins)**

AS, AH, JH will be attending and funded through other roles.

MT – LOCSU funded place.

AP and AE – LOC funded places.

#### **12. NHS England Optometry bulletins (AP/PT 5 mins)**

PT has fed back on several occasions where the information provided has been inaccurate. The LOC are not always provided with the draft document with sufficient time to comment.

*PT to investigate possible next steps.*

#### **13. Post Payment Verification (PPV)**

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

#### **14. PSCE/Capita**

A letter has been sent to practices containing a code to be used to register for eGOS.

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

#### **15. LOC engagement action plan including social media accounts ongoing maintenance (MT/GW 5 mins)**

Twitter and Facebook accounts have been set up. However, there does need to be a commitment to maintain these, otherwise this may backfire. AH not prepared to take on maintenance of social media accounts, so if no one can volunteer to maintain them it is probably best to deactivate for now.

*AH will discuss with GW*

#### **16. CET schedule 2019/2020 onwards incl Sight and Sound Technology (AS/MT 10 mins)**

The proposals from two CET providers were discussed. Perspective is a significant cost and there were questions about how much would be able to be claimed back from DOCET. Going with this sort of CET programme would be likely to raise the statutory levy. As JO has already secured sponsorship for a peer review event, it was suggested that this be run and also used as an opportunity to talk to practitioners about what sort of CET provision they want to see from the LOC.

#### **17. Peer discussion CET event (AH/JO 5 mins)**

Suggested date – Wednesday 27<sup>th</sup> November. Suggested venue – Bristol and Bath Science Park

*AH to arrange peer discussion event.*

#### **18. Declarations of conflicts of interest (AH 5 mins)**

All now received.

### **19. AOB (10 mins)**

-Shared decision making – cataracts. A number of CCGs have implemented a “shared decision making” decision aid for cataracts (cataract surgery vs visual aids and adaptations). BNSSG CCG are considering a 2/52 pilot involving asking patients to call and discuss options after they have been referred and if they fail to do so they will be removed from the list (!). The LOC are strongly opposed to this and have been invited to a workshop to further discuss the matter, we need to engage with this to minimise the risk of it going ahead in the wrong format. AP advised the CCG that the LOC had significant concerns about this as it does not appear to be in the patient's interests and will potentially create significant extra unfunded workload for community optometrists and GP services.

Meeting closed 21.10

Next meeting Monday 2nd December - The Kensington Arms, Stanley Road, Redland, 18.00 for 18.15

### **Actions agreed October 2019**

AS to LF will attend the meeting with Rhys Harrison

AS will circulate collated needs analysis.

AH will keep logs of complaints from BaNES practices and patients.

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

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

All committee members – send any comments on BEH referral guidelines to AS. (BY 25<sup>TH</sup> OCTOBER)

AP will check the correct claim forms for Bristol cataract and glaucoma schemes are on the LOC website and circulate.

AS will circulate collated needs analysis.

PT to investigate possible next steps – NHS England Optometry Bulletin

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

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

AH will discuss social media accounts with GW

AH to arrange peer discussion event.

### **Actions agreed August 2019**

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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. **WIP.**