

# **AVON LOC MEETING**

## **Minutes**

**Monday 7<sup>th</sup> August 2017**

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

**18.30 for 18.45**

### **Present**

Ed Bickerstaffe (EB), Andrew Edwards (AE), John Hopcroft (JH) , Amy Hughes (AH), Mark Humphrey-Ali (MHA), Andrew Pinn (AP), Meera Patel (MP), Amar Shah (AS), Peter Turner (PT).

### **Guests**

**Richard Whittington (RW) – Chief Operating Officer, LOCSU.**

**Carl Hall – Regional Director, Newmedica.**

**Naomi Charlesworth – NHS Portfolio Manager, Newmedica.**

**Rebekah Stevens – Programme Leader and Senior Lecturer, UWE.**

### **Apologies**

Lynne Fernandes (LF), Anne-Ita McHugh (AM), Jennifer Ogidi (JO), Kerri Thomas (KT).

### **Minutes of last meeting**

Agreed.

### **Declarations of conflicts of interest**

LF- has 3 practices, works for NHS England on behalf of LOC, AH works with LF as locum. Works with KT

AE- owns own practice in Bath

AS- owns Keynsham Boots, is business consultant and work with owners around UK. Trustee for Bath Area Play Project and Butterflies Haven, consultant to the Macular society and associate school governor in Easton. Works with RNIB.

JH- works for Boots and is a Director of a PEC in London

AM- Director SS, Vice Chair of LHN

JO Director Mike Cees Opticians, Piloted Community eye service scheme for SGCCG.

AP- Independent Optom, owns practice, Director LOC Company

MP- director Specsavers Bath

AH – Locum optometrist, will be working for LF over next few months. PhD student at the University of Bradford, currently in receipt of iPro funding from the College of Optometrists.

EB – Optometrist at an independent practice in Wiltshire, Director of the AOP.

### **Actions agreed – June 2017**

AP - to upload shared care scheme information to relevant area of website. **DONE**

JH - to contact new RUH department head in June regarding hosting MECs accreditation (September 2017). **DONE, on agenda.**

*AH - to send out Conflict of Interest forms and upload to website once all received. A few forms still outstanding.*

LF - to update referral refinement entry for Vision North Somerset. **DONE.**

*AS - to publish as news update once above item has been done. WIP – R+R guide updates being finalised.*

PT – to email practitioners via Alison when the new repeat measures contracts are on their way out to practices. **Shelved as hasn't heard anything further.**

AS/AE – to start planning repeat measures/cataract accreditation at RUH. **Shelved until BANES discussions move forward.**

*AP – to invoice BANES CCG on behalf of LOC for AP's time at meetings. Outstanding. AE will send AP relevant info.*

AS - approve AH as website admin. **DONE.**

AH – to upload the new constitution, meeting dates for the year and meeting minutes for the year. **DONE.**

AS – to check website timeout with developer. **DONE, extended to 30 minutes.**

AH – to arrange with AS for emails to be forwarded to LF during July. **DONE.**

### **Matters arising**

Guest Richard Whittington added to agenda.

### **Agenda**

#### **1. Guest: Carl Hall from New Medica (30 mins, 7-7.30)**

***A copy of the presentation given to the committee can be found in appendix A, detailing the services offered, pathways and contact details for Newmedica.***

The contract for NHS cataract surgery was awarded in late 2016, but it has taken some time to mobilise the service. Newmedica are now offering ophthalmology service across Bristol, North Somerset, BANES, South Gloucestershire and Gloucestershire.

Newmedica is part of the Specsavers group and will be operating from the clinic at 2 Clifton Park (the SWES site). There is also a site in Gloucester and the patients of practices who sit on the border of these areas can go to either clinic. Patients can also choose to access the services from out of area.

Services offered will be: General, cataracts, glaucoma, medical retina, oculoplastics and lacrimal, YAG capsulotomy and peripheral iridotomy. GP permission will be needed for certain oculoplastic procedures.

Although the contract awarded includes ARMD services, Newmedica have chosen not to offer this service as yet.

Referrals will be triaged by a doctor and booked into a relevant clinic.

AP has spoken to the CCG; all referrals are to be done via e-refer. Discussion about venue for procedures will be done via the referral management centre, this is not something that is routinely done in practice (although some practitioners may choose to mention a patient's preferred venue in their referral letter to the GP).

RW added that community based services are not obligated to offer patients a choice of provider.

Newmedica want to engage with practitioner via CET/enhanced training sessions.

Cataract service: One-stop pre-op, patient should be seen within 4 weeks of referral and have their surgery within 8 weeks of the referral. Newmedica are keen to utilise community cataract post-op. This can't be done under the current Bristol scheme as Newmedica do not/will not use Medisoft. Therefore a separate scheme would need to be set up with Newmedica. AP has looked into the option of running this through PECs. Currently Bristol CCG pay £40 for a cataract post-op appointment (to include dilation and GAT).

However the cost of auditing and billing is covered by the CCG. Newmedica do not want to pay more than £40, however the administration costs would fall to PEC. There would therefore need to be discussion about what the post-op would include, otherwise there would be more work being done for the same fee. It would not be financially viable to offer a scheme for small patient numbers, at the moment Newmedica do not have figures for projected patient numbers that would be discharged onto a scheme. Therefore, a post-op scheme administered via PEC is definitely an option, but will need to wait until significant patient numbers are involved e.g. needs to reach a "critical mass" before a scheme would be cost effective. A scheme may be able to be offered more promptly if Newmedica were willing to fund initial start-up cost.

Newmedica will not discharge any patient to a Specsavers practice who has been referred in from another practice. Only Specsavers patients will be discharged to Specsavers. There is currently a pilot scheme running involving Newmedica and two Specsavers practices.

*MH will liaise with Newmedica to arrange a CET/practitioner engagement evening.*

## **2. Guest: Richard Whittington, LOCSU**

Richard's visit has two purposes; to see if he can offer any advice to move along current shared care schemes and to talk about PECs (Primary Eyecare Companies) both nationally and locally.

Somerset CCG has recently been found to be inadequate and has been split into two CCGs. The North Somerset CCG is now much closer to the area covered by Avon LOC.

### Sustainability and Transformation Partnerships (STPs)

There are currently 181 CCGs. These are felt to be too small, doing too much commissioning and creating a lot of repeated work. NHS Trusts are often dealing with multiple CCGs. CCGs have therefore been grouped into 44 STPs, with these groups of CCGs making plans in partnership.

STPs should now be the chiefs of commissioning.

The benefit of this strategy is that commissioning can be done more efficiently and over a larger area.

The downside is that the shift to STPs is slowing everything down in the short-term while everyone gets used to working in this new way.

£1.8 million of funding has been made available, and this is only accessible via STPs.

PECs have tended to mirror LOCs. This means some STPs are now bigger than some PECs. This has led to some PECs talking about merging. There are options for Avon PEC to merge with Gloucestershire, Somerset or the larger South PEC group.

Avon LOC needs to decide whether we want to engage with a PEC merger, where, and under what terms.

The advantages include cost savings (overheads and insurance), opportunities for broader conflict resolution.

One director per PEC would need to join the board of the larger merged PEC.

While there is interest, it is important to time any merger correctly.

*AH will add as an agenda item for October's meeting.*

*AP and PT will write a short summary of pros and cons of merging and sent to AH to circulate.*

*AH will invite Chris Newell to October's meeting.*

### **3. Guest: Rebekah Stevens from UWE (15 mins, 8.15-8.30)**

Rebekah Stevens is the Programme Lead for the new optometry course at the University of West England (UWE) in September 2017. The aim is for the first cohort of first year students to start in September 2018.

The course aims to offer a three year BSc. Much of the structure is still being planned but the aim is to introduce and sit stage one GOC core competencies much earlier in the programme. As much patient content as possible is planned along with placements in a variety of settings such as lens labs, low vision clinics and contact lens manufacturers. There are also plans to incorporate stage one higher qualifications such as med ret, glaucoma and MECs into the course. It is hoped that this will produce confident graduates with good basic skills. A longer than standard course will be utilised to achieve this, within the set standard start and end dates.

UWE are currently advertising for a clinical lead to be instrumental in shaping the clinical side of the course.

The department will be based on the Glenside campus with other departments within Allied Health Sciences. It is hoped the clinic will incorporate some BEH satellite clinics.

Placements within practices will also be sought.

UWE approval of the course is planned for September 2017, with GOC approval to follow in October 2017.

Initial a first year cohort of 60 students will be sought, and although this number is likely to increase over the following years, there are no plans to take very large cohorts.

Although Specsavers is performing considerable external advisory role, the course is not being delivered in partnership with any organisation external to the university. There has also been contact made with other multiples, independents and hospital eye departments and placements would be offered to all practices.

The clinic is due to open in 2020 for the then third year students.

#### **4. MECs (JH, 10 mins)**

The BANES MECs stage 2 accreditation has been provisionally booked at the RUH for the 1<sup>st</sup> October. The cost of using the hospital facilities will be £200 and the cost of WOPEC accreditation per candidate approximately £150. Forty places will be offered and funded for practitioners within the LOC area, with BANES practitioners being given priority. If there are any remaining places they will be offered out of area at a cost of £150. Any FTAs will be invoiced for the £150 cost as before.

*JH confirm date with LOCSU and the RUH will email out via Alison for practitioners to book their place.*

#### **5. BNSSG Sustainability and Transformation Partnership (AS/JH, 10 mins)**

There is no optics specific content at current so it is important for the LOC to engage.

JH will take the lead on this, supported by MP.

*JH and MP to engage with BNSSG STP.*

## **6. Bristol cataract follow-up update (AP, 10 mins)**

Ways of ensuring long term engagement and commitment to the scheme from the BEH were discussed. RW suggested that the best way to do this is to engage with the operational lead at the University Hospital Bristol NHS Trust.

*RW will try to find contact information the operational lead at the University Hospital Bristol NHS Trust.*

## **7. Bristol glaucoma /NS repeat measures update (PT, 10 mins)**

NS contract is due to be renewed. We need to think about whether to do this under PECs.

## **8. BANES update (AE, 10 mins)**

Primary contact is off work after an injury so things are not moving along.

It has been specified that using a Perkins tonometer would not be acceptable on a repeat measures scheme.

## **9. New committee members (AS, 5 mins)**

We need to make sure that all members are contributing to the work of the LOC. With this in mind, new members will be allocated a shadowing position with one of the LOC leads and will also need to complete the LOCSU training materials for new members.

MHA proposed as co-opted member (DO) by AS. Seconded by AH. Carried, MHA to join the LOC as a co-opted member.

## **10. Recourses and Referrals Guide (10 mins)**

2 Clifton Park needs to be updated to SWES.

BANES: Private consultant and secretary details need to be added.

Proposed that it may be best to split the document into two; Bristol and BANES. AE willing to manage and update BANES section.

*AH to liaise between LF and AE to arrange this.*

## **11. AOB**

1. AP has had a discussion with Bristol referral management who currently deal with optom referrals. They are now looking at doing ophthalmology referrals and have asked about sending referrals back into practices for additional information/referral refinement. AP has made it clear that we cannot offer this service unless there is funding available for it. We are very happy to engage with a funded referral refinement scheme.

2. It was questioned whether declarations of interest need to be published on the website as they may contain sensitive information. *AH will check this in the constitution*; if it is not a requirement there will simply be a statement published saying that all members have submitted them and they will be circulated to committee members only.

**Meeting closed 21.00**

**Next meeting: Monday 2<sup>nd</sup> October 2017 18.30 for 18.45 at The Kensington Arms, Stanley Road, Redland.**

### **Actions agreed**

Outstanding from June meeting:

AH - to collect outstanding Conflict of Interest forms from LF, JO and MHA.

AP – to invoice BANES CCG on behalf of LOC for AP's time at meetings. Outstanding. AE will send AP relevant info.

New actions:

MH - to liaise with Newmedica to arrange a CET/practitioner engagement evening.

JH - to confirm MECs stage 2 accreditation date with LOCSU and the RUH will email out via Alison for practitioners to book their place.

JH and MP - to engage with BNSSG STP.

RW - try to find contact information the operational lead at the University Hospital Bristol NHS Trust.

AH - to liaise between LF and AE to arrange splitting the R+R guide into Bristol and BANES.

AS - to publish as news update once R+R guide has been updated.

AH - to check declaration of interest publication requirements in the constitution and distribute accordingly.

AH - to add PECs merger as an agenda item for October's meeting.

AP and PT - to write a short summary of pros and cons of PEC merging and sent to AH to circulate.

AH - to invite Chris Newell to October's meeting.

