

# **AVON LOC MEETING**

## **Minutes**

**Monday 9<sup>th</sup> April 2018**

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

**18.30 for 18.45**

### **Present**

Amar Shah (AS), Ed Bickerstaffe (EB), Andrew Edwards (AE), Lynne Fernandes (LF), John Hopcroft (JH)

Amy Hughes (AH), Mark Humphrey-Ali (MHA), Anne-Ita McHugh (AM), Jennifer Ogidi (JO), Andrew Pinn (AP), Meera Patel (MP), Peter Turner (PT).

### **Guests**

None

### **Apologies**

None

### **Minutes of last meeting**

Approved.

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

LF- has 3 practices, works for NHS England on behalf of LOC.

AE- Owns independent 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, Regional Chairperson for the Bristol/Gloucester region for Specsavers

JO - Director Mike Cees Opticians, Piloted Community eye service scheme for SGCCG (now part of the merged Bristol CCG).

AP- Independent Optom, owns practice, Director LOC Company

MP- Director Specsavers Bath

AH – Locum optometrist, works for LF. 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. Works for Wiltshire CCG optom led referral management centre.

MHA – DO and owner and manager of Goldsmith and Harvey.

### **Matters arising.**

None

### **Actions agreed – February 2018**

AH to email Chris Newall to confirm that he is attending England Vision Strategy Conference (London) and will be able to report back. **Done – have emailed CN for feedback** *AH to email PT/JH to follow-up with CN*

PT to send a letter out to practitioners just before the new Bristol glaucoma scheme contract goes out.

### **Done**

AP will ask for current waiting times from referral to assessment and listing to cataract surgery at BEH.

**Done. Data can be obtained from NHS Choices website at any time.**

RUH lists are currently shut for cataract referrals. *AE will seek further information then email out to BANES practitioners.*

AP to write to Pippa Craggs/John Sparrow regarding cataract study. **Done.**

AE to make contact with Helen Broadbent, the new Head of Optometry at the RUH. **Done.**

AH will contact BAWA to book AGM. **Done.**

AH to contact the Optical Engagement Manager of the Brain Tumour Charity to arrange CET lecture. **Done.**

**Not available on required date.**

AH to liaise with Alison regarding notice of AGM, elections etc. **Ongoing/on agenda.**

JO to arrange sponsorship for AGM **Ongoing/on agenda.**

AM to discuss whether Specsavers could offer MECs practical accreditation to external candidates. **Done.**

**Too complicated to run mixed accreditation due to payments.**

JH to send engagement letter to BNSSG STP, after committee approval and review from Chris Newall.

**Done.**

JH to make contact with Laura Nicholas, the Programme Director of Healthier Together. **Done. Awaiting response.**

EB to speak to AOP and LOCSU to confirm whether they are aware of this advice and whether any action/advice can be given about NHS Choices website content. **Done.**

### **1. PECs South (PT/AP 10 mins)**

Contracts for all schemes will be redone as merger progresses. We are currently working on an implied contract basis.

Avon PEC require a further £1000.00 loan to renew insurance as it is not possible to sign the contracts over to PEC South until further in to the CCG merger. Should the merged CCG not renew the schemes, a refund could be obtained. Motion proposed, seconded and carried.

## **2. England Vision Strategy South West and West of England Regional Event (AS 5 mins)**

- Mary Bairstow (Optom – LEHN B’ham) spoke about Eye care patient pathway standards.

Used the West Midlands Quality Review Service to support the effective change.

- They’ve been about for long enough that processes are in place: e.g. looking at whole pathways and supporting along the whole route.
- Prescriptive as necessary: least prescriptive as possible – using guidelines from Colleges and local links/info
- It has been worked on for some time – and has been published on WMQRS website now. Having had involvement from professionals and px/service users.

These standards have been used to commission standard specifications, which can be shared but would be a cost. Some is available publically.

- Andy Newton spoke about commissioning changes and eye care in BNSSG CCGs

Context for commissioning and where eyecare sits within it.

3 main acute trusts, 100+ GP practices, 3 separate community providers

Over the next 12 months – aiming to move towards single services from single providers

Eyecare – good example where having 3 separate CCGs haven’t helped us. Hopefully with one CCG will bring together the fragmentation across the patch.

Changes in the CCG from 1/4/18

Budget of 1.15bn with more flexibility to serve nearly 1million people.

Better focus on meeting health needs of all patients within available resources.

Transforming Care is a main focus. Tackling inefficiencies and unwarranted variation in services and support. Aim to provide consistent offer of care across BNSSG

£82.4million has been saved over the last 12-18months. £40 million of overspend saving has been achieved. A further £52 million of saving is now required over the next 2 years. “Pressure is off slightly now” due to saving 50% of the deficit – so can now look to 3 year plans again...

BNSSG – STP focus has not been eyecare (other than linked via Diabetes)

Mentioned A&E and working with UHB to come up with an emergency eye care plan. The post-cataract scheme was mentioned as a success in shared care provision.

It was stated that Devon are providing post op checks at no cost and expecting data to come back to HES without any fee by their ex-planned care lead (now planned care lead for Gloucester.) Although it was acknowledged that this is against Royal College guidelines – but they are just “guidelines” and “some people have chosen to save the money for the low risk conditions/follow ups”

The above information seemed dubious to various members of the committee. *JH will check the accuracy of these statement with Devon LOC and report back.*

### **3. Bristol glaucoma /NS repeat measures update, including NICE guideline changes (PT, 10 mins)**

Repeat measures/OHT monitoring scheme continues to run on the old contract template while CCG merger progresses. Estimate May 2018 for move to new contracts.

Glaucoma Working Group to meet at BEH on Monday 16<sup>th</sup> April. AP is not able to attend so JH will attend in his place with PT. *AH to send meeting details to JH.*

BEH are discussing possibility of OHT monitoring being done only by optoms with an additional glaucoma certificate. This related to the RCOPthal guidelines, but these guidelines did specify that currently commissioned and working shared cared schemes should not be affected.

#### **4. Bristol CCG merger (PT/AP, 5 mins)**

The CCGs (Bristol, South Gloucestershire, North Somerset) have merged as of 1<sup>st</sup> April 2018.

Payment pathways for schemes should not be affected. AP has sent out update to practitioners advising that they can continue invoicing as previously.

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

There has been a further meeting with the BEH and CCG. AP has flagged up all the outstanding concerns again and an action plan has been written up with a view to resolving these ongoing problems.

Stickers which were supposed to be used to easily identify patients discharged onto the scheme may be being used by theatre staff to indicate to consultants patients eligible for discharge on to the scheme so have just caused more confusion.

##### Newmedica

PT, JH and AP have met with Newmedica.

There is an intention to provide ophthalmology services at scale throughout the region with centres in Bristol and Weston-Super-Mere.

Newmedica want to commission a cataract post-op scheme through PEC South. The LOCSU pathway will be used as far as possible; dilated fundus exam has been added.

Accreditation will be via the WOPEC cataract module (2016+ version). It is proposed that those who have been accredited through the older version of this training within the last three years would have a 6 month period to update to the new version.

Payment proposed is £43 per patient. Reporting will be via Webstar.

A pre-contract letter of engagement has gone out to practitioners.

Newmedica are discharging some patients to a small number of Specsavers stores for their post-op appointments. This only involves patients referred in by Specsavers, and is done under much the same framework as the Bristol post-cataract scheme.

Newmedica have asked us to publish their cataract waiting times. Would need to wait until this is available on the NHS Choices website so can show waiting times for all providers.

#### **6. BANES update (AE, 5 mins)**

No progress to report. *AE will chase Millie Cooper.*

### **7. PCSE/eGOS (AE, 5 mins)**

Provisional launch October 2018. Phased implementation, voluntary initially.

### **8. AGM (AH/JO, 10mins)**

In place of the usual CET lecture, Ms Sarah Williams will be our speaker this year. She has Marfan's syndrome and will give us a talk titled: A life with a purpose.

There has been some confusion around notifications/reminders being sent out. CET advertised incorrectly.

JO has secured £450 of sponsorship (Essilor £300, Altacor £150).

Performance finance were booked elsewhere of the relevant date and Zeiss to not sponsor LOCs as policy.

### **9. MECs (JH, 5 mins)**

Under 5 on waiting list at present.

### **10. BNSSG STP (JH/MP, 5 mins)**

Covered under actions agreed

### **11. New member online training (MHA, 5 mins)**

MHA completed the LOSCU new LOC Induction Course, an online, facilitated module lasts for four weeks and requires between two to three hours per week to complete. He reported it to be worthwhile and useful and would encourage other/future new members to complete. It was proposed that the LOC offer a training grant of £250 to help cover the time involved. Proposed, seconded and carried.

*AH to email LOCSU to find out how often the LOC Induction Course will be offered.*

### **12. Allied Health Professionals Day (AS, 5 mins)**

Discussion around whether, being based in Manchester, there is enough relevant content to justify the cost of a member attending.

*JH will find out whether a LOCSU representative is attending and can report back.*

### **13. Patient Survey for Diabetic Eye Services (AS, 5 mins)**

The LOC have been asked to help share the survey, aiming to understand service users' views on Diabetic Eye Screening Services across the South West.

*JH will send information to practitioners via Alison.*

### **14. AOB**

- The proposed VisuXL/Meibopath meeting has been postponed, aim to reschedule later in the year.
- The GDPR (General Data Protection Regulation) consultation went live last week. Further advice has been sought from LOCSU.
- GOS fees have been frozen.
- The MHRA website have made new optometry updates. Registration is free until the 23<sup>rd</sup> April 2018.  
*PT to send AH information to circulate*
- The previous problem we had with a Banes GP not accepting referrals has recurred. AE is in discussion with the LMC and NHS England to see if this can be resolved easily.
- There has been a complaint from a patient who was unhappy that a practice had closed and passed her records to another practice. This is standard practice as someone has to take responsibility for maintaining the records of the closed practice.
- *All members – to send a few lines to AS about their work for the LOC over the last year to be included in the Chair's Report.*
- There has been a further complaint from a practitioner (following a complaint 2 years ago) against EGTC. The practitioner considers that EGTC is discharging patients to practice for YAG follow-up when no scheme for this exists. Committee members agreed that the previous advice given to the practitioner was correct, namely that this process is the norm and patients can be seen under a GOS 5.1 code.

**Meeting closed 20.35**

**Next meeting: Monday 4th June 2018 18.30 for 18.45 at The Kensington Arms, Stanley Road, Redland.**

**Actions agreed**

AH to email PT/JH to follow-up with CN

AE to seek further information re RUH cataract lists then email out to BANES practitioners.

JH to check the accuracy of statements regarding post-op cataract scheme with Devon LOC and report back.

AH to send details of Glaucoma Working Group meeting to JH.

AE to chase Millie Cooper.

AH to email LOCSU to find out how often the LOC Induction Course will be offered.

JH to find out whether a LOCSU representative is attending the Allied Health Professionals Day and can report back.

JH will send information about the Patient Survey for Diabetic Eye Services to practitioners via Alison.

PT to send AH MHRA website information to circulate

All members – to send a few lines to AS about their work for the LOC over the last year to be included in the Chair's Report.

