

AVON LOC MEETING

Minutes

Monday 2nd October 2017

The Kensington Arms, Stanley Road, Redland

18.30 for 18.45

Present

Ed Bickerstaffe (EB), Andrew Edwards (AE), Lynne Fernandes (LF), Amy Hughes (AH), Mark Humphrey-Ali (MHA), Anne-Ita McHugh (AM), Jennifer Ogidi (JO), Andrew Pinn (AP), Meera Patel (MP), Amar Shah (AS), Kerri Thomas (KT), Peter Turner (PT).

Guests

Emma Perrigo – Optometrist and Store Director, Specsavers

Apologies

John Hopcroft (JH)

Minutes of last meeting

A number of small typos noted, *AH to correct and upload to LOC website.*

Content 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, 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.

MHA – DO and manager Goldsmith and Harvey.

Actions agreed - Outstanding from July 2017:

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

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

Actions agreed – August 2017

MHA - to liaise with Newmedica to arrange a CET/practitioner engagement evening. *MH sent the initial email and has chased twice to no avail. No further action, unfortunately Newmedica do not appear to be engaging further.*

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

JH and MP - to engage with BNSSG STP. *WIP - First draft of letter being written. Will share when nearing completion.*

RW - try to find contact information the operational lead at the University Hospital Bristol NHS Trust. *AH to email AS to chase.*

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

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

AH - to check declaration of interest publication requirements in the constitution and distribute accordingly. *Done, no requirement to publish. AH will circulate DoI among the committee.*

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

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

AH - to invite Chris Newell to October's meeting. *Done – no reply. Will continue chasing.*

Agenda

1. Direct referral to GPs/RUH letter, see attached letters (AS 10 mins)

The issue with a BANES GP refusing to take optom referrals discussed a few meetings ago has started again, this time involving a different practice in BANES. AS sent a letter to the GP via JCL. He has now received a letter back including a response from Richard Antcliff at the RUH stating that optoms are legally allowed to refer directly to hospital. While this may be correct in the legal sense, it is not in line with local protocol/pathways or what (to our knowledge) all other GPs are doing. AS emailed Richard Antcliff for clarification as was told that it was a matter for the CCG to deal with. However, as the RUH may well not be

paid if the referral does not go through the correct Choose and Book/eRS system, it may be that they need to be more proactive in helping to solve this issue. The LMC have been contacted. As of spring 2018 eRS (e-Referral Service) will fully replace Choose and Book and non-emergency direct referral will not be possible outside of this pathway, all referrals will have to go via the GP or referral management service. There is also a patient choice issue as referral directly to the RUH removes choice of centre to attend, particularly for those patients living on area borders. Furthermore there is a risk of referrals being bounced back to practices and lost in the system, particularly in large practices or locum referrals. There are therefore three issues if optoms choose to interpret Mr Antcliff's advice as an invitation for direct referral; 1) Does not follow local protocol and may cause funding issues, 2) Removal of patient choice and 3) Risk to patients if referrals are lost due to not using established local pathways. With this in mind, *AE will draft a further letter to the GP in question* and if this does not resolve the issue, further steps will need to be taken (involvement of the CCG etc).

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

Both schemes continue as before and are busy. Currently pausing renewing the NS repeat measures contract until a decision is made about PECs South, will continue with current rolling contract for now.

3. PECs South (PT/AP 10 mins)

If decision to join PECs South is finalised, NS will sign a contract with PECs South instead of Avon PEC.

LOCSU will become the directors of the dormant Avon PEC.

The LOC will continue to be responsible for commissioning negotiations with the CCGs. The role of PEC South will be one of contract administration. The benefit of joining the PEC group is commissioning power and lower running costs. At least one local director would need to join PEC South. This does not have to be a member of the LOC, it can be someone appointed to represent the LOC.

Proposal – to join PEC South and convert Avon PEC into a dormant company.

Proposed - AH. Seconded – AS. Motion carried.

4. MECs (AS, 5 mins)

The latest MECs accreditation took place yesterday (1/10/2017) at the RUH. 17 candidates took the stage 2 accreditation. One was from out of area and will be invoiced accordingly. The original target was 40 candidates, later reduced to 30. It may be that the accreditation was run at the wrong time of year so we will learn from this in future.

AH to liaise with JH to confirm all signed up candidates attended, the split between BANES/Bristol candidates and to follow up with AP RE invoicing

Going forward, it may be best to set up a waiting list of interested candidates, and run a session once there is sufficient demand.

AH – add MECs as agenda item for next meeting.

5. BNSSG Sustainability and Transformation Partnership (AS, 5 mins)

WIP. A conference call was organised but didn't happen. First draft of letter being written. Will share when nearing completion (*to be continued by JH and MP*).

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

There are ongoing problems with patients being discharged with non-standard or misleading letters, without care plans, nurses writing additional instruction on envelopes etc. This continues to cause confusion in practice when booking appointments, and wastes significant clinic time. There are also letters going out to patients who have been discharged onto the scheme but have not yet been seen. These

letters do not contain the Medisoft pin or any indication that the patient needs to bring their original discharge paperwork to the appointment.

Direct referral for second eye surgery is currently still in discussion, the proposed pathway is too complicated. AP has asked for another meeting.

AP will email out via Alison to find out if these problems with the scheme are affecting other practitioners.

7. BANES update (AE, 10 mins)

Contact at CCG has left, progress has slowed/stopped.

8. 'Extended Services' for Contact Lens Opticians in England (KT)

ABDO are working with WOPEC to look at ways of involving CLO in MECs schemes. This would need to involve a separate accreditation covering the anterior eye only. Care would need to be taken that a suitable pathway existed for a patient presented with a suspected anterior eye problem who, in fact, has posterior eye involvement.

9. NOC (AS, 5 mins)

The NOC is to be held over one day this year, to encourage attendance. Suggested that AS, PT, AE and AP attend. One place will be funded by LOCSU.

10. Resources and Referrals Guide (AH, 5 mins)

Discussion around whether to split into Bristol/BANES or leave as one document. Decision made to split into two documents.

LF will email to AE, AH will email AE BANES updates identified at last meeting. Upload to website once complete.

11. Admin tasks (AH, 5 mins)

Just a brief reminder that we need to let JCL know if we are doing any additional admin tasks so that AH and Alison do not repeat the same work.

12. AOB

- One of the Heads of EOS for Specsavers has emailed PT asking for details of enhanced services in the area. As he practices in the area, PT will send him a link to the Avon LOC website which contains all the relevant information.
- Patients who select the BEH for their cataract surgery via Choose and Book are being sent a letter saying that due to demand they cannot be listed for an appointment, but will be put on a waiting list and contacted when there is availability. These patients are not being told how long this wait is likely to be or being given the opportunity to select another provider.

AP will email BEH and Bristol CCG for further clarification.

Meeting closed 21.00

Next meeting: Monday 4th December 2017 18.30 for 18.45 at The Kensington Arms, Stanley Road, Redland.

Actions agreed

AH to correct typos in August minutes and upload to LOC website.

AH to email AS to chase Richard Whittington RE contact information the operational lead at the University Hospital Bristol NHS Trust

AH to circulate Dofl among the committee.

AE to draft a further letter to the BANES GP who is not following local referral pathway.

AH to liaise with JH to confirm all signed up candidates attended MECs accreditation, and the split between BANES/Bristol candidates and to follow up with AP RE invoicing

AH to add MECs as agenda item for next meeting.

JH and MP to continue engagement process with BNSSG STP

AP to email out via Alison to find out if problems with the post cataract scheme are affecting other practitioners.

LF to email R+R guide to AE, AH will email AE BANES updates identified at last meeting. Upload to website once complete.

AP to email BEH and Bristol CCG for further clarification on the letters coming out from the BEH regarding delays in cataract surgery.