

AVON LOC MEETING

MINUTES

Monday 3rd April 2017

The Kensington Arms, Stanley Road, Redland

18.45-20.30

Present

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

Guests

Alec Leggat - RNIB.

Apologies

Kim Williams (KW)

Minutes of last meeting

Agreed.

Declarations of conflicts of interest

LF- has 3 practices, works for NHS England on behalf of LOC, AH occasionally 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, consultant to the Macular society and school governor in Easton. Works with RNIB and works with KW

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.

Matters arising

None

Actions agreed checklist

AP - to discuss domiciliary provision of shared care schemes with Claire Bailey at BEH. *WIP.*

AM - to write brief summaries of current shared care schemes and send to AS to put up on the website. *WIP*

AH – to put minutes up on website after each meeting. *Sent to AS to publish as do not have admin access. AS will arrange for an area of the website to be set up specifically for minutes and arrange admin access for AH. AH to put up minutes once access available.*

AH - to publish dates of all meetings at the beginning of each year. *Done*

AS – to email AH instructions for publishing items on website *WIP - See above*

All members - to look at the model constitution again and email any comments to AS **by the 6th of March**. *No further comments received so model constitution to be taken to AGM for a vote on whether to adopt. AS to publish model constitution on website for practitioners to consider before the AGM.*

AP and PT - to discuss the LOC company Memorandum of Understanding and the advantages/disadvantages of PECS Avon vs PECS South. *WIP*

AE – will email out regarding shared care schemes to BANES practitioners via Alison. *WIP*

AP/JH/AS/AE – to look through BANES service specification. *WIP*

JH – to email out for practitioners to register their interest for the next MECs accreditation event. *Done/on agenda*

AE - to distribute the secure link for sending confidential patient data to NHS mail from a personal email account. *Done*

JH - to digest College of Ophthalmologists document and distribute the key messages to practitioners. DONE. *JH will also publish on website.*

AH - will email KT to see if she is willing to organise booking and sponsorship for AGM. *AH has arranged venue and AS has arranged sponsorship.*

AS – to look into CET for AGM. *Done*

AP - to email optoms with an Evolutio update via Alison. *Done*

1. “Seeing Refugees” grant submission – AM/ Alec Leggat

Alec Leggat is a statutory fundraiser for the RNIB whose responsibility is to write large funding bids, in this case to the National Lottery Fund. The application is titled “Seeing Refugees” and aims to work with the Bristol refugee community and local eye care practitioners to improve eye health (see appendix A for a summary of the application). This is a complex project with a number of partners involved including Ashley Housing (refugee housing association).

Members of these communities don’t always seek out eye examinations and other health services. Research from elsewhere in the county shows that this sort of awareness raising work is successful in raising the number of eye examinations amongst the target community (specific research references not available at this meeting). The refugee housing association and two-way communication between services providers and users will be key to the success of the application and project.

CET is potentially a good route to raising awareness of the needs of these communities among optometrists, and it is hoped that the LOC would be involved in this.

For the grant to be successful it will have to show “co-creation” e.g. people from the target communities need to be involved in designing the project.

LF – are there learnings to be shared from projects designed to provide eye care to homeless people etc.? AL – This project is quite Bristol specific but point taken on board.

CE has sourced a piece of research that had been done previously. AL is aware of this piece of research and feels it could be improved upon.

The LOC expressed an interest in being involved throughout the application and planning phases of this project as it progresses. As yet the application is in its early stages, with the stage one application being submitted in 6/52. AH is happy to take the lead on this project once it is a little further along the line and funding provision etc. is clearer.

2. Model constitution – all

See above – no further comments received so will go ahead to be voted on at the AGM.

3. Memorandum of Understanding /PEC Avon vs PEC South - AP/PT

Nothing to report today – WIP.

4. BANES shared care update (including service spec) – AE

AE and AP have looked through this. Melissa at BANES CCG has left it to us to make adjustments the service specification. The details for post-op provision will be copied over from the Bristol service spec. Funding needs to be made available within a short period of the end of the financial year so the CCG are keen to get these schemes up and running ASAP. The need for pre-approval of all cataract referrals is going through the process of being removed, but this will take some time. There is still some question over funding; AP is pushing for the same payments as the historic schemes in this area.

BANES practitioners need to do the WOPEC cataract and repeat measures modules so they can be ready to do the practical accreditation. *AE will ask Alison to email out about this.*

The RUH have expressed willingness to provide a venue for the OHT monitoring/repeat measures practical accreditation. We would also like a commitment from the CCG to pay for regular future accreditation sessions (perhaps one every 12/12).

There was a discussion around whether to provide our own accreditation (as we have done before) or whether to use WOPEC accreditation. The pro of doing it ourselves is that it is significantly cheaper (about half the cost). The advantage of using WOPEC is that the accreditation is then universal so practitioners could use it on schemes anywhere in the country. There was a suggestion that as there is a drive for universal schemes across the country it would be better to use WOPEC.

AS proposed using WOPEC for future practical accreditations. JH seconded. Motion carried.

It was suggested that two evenings should be carried out for each scheme in order to reach as many practitioners as possible. We will have a better idea of numbers once the WOPEC codes start being requested.

If the CCG are commissioning a scheme directly, they should be responsible for providing and funding the relevant accreditation. However, if the CCG are in contract with PECs we would probably need to take on that responsibility.

AE also attended a STP meeting and was told he did not need to attend – but the CCG say otherwise.

5. MECs expression of interest – JH

There have been 28 expressions of interest, one of which is a retake. There seems to be good uptake from BANES practitioners. As there is no MECs scheme at the moment, there is no great urgency so we will plan for the next practical accreditation to be in September. *JH will start looking for a suitable venue.*

6. Venue for meetings – AH

Everyone was happy to hold meetings at The Kensington Arms going forward. *AH will book the rest of the year's meetings.*

7. AGM – AS

BAWA has been booked for Weds 10th May for 50 delegates. So far only 19 delegates have registered, so we may be looking at a smaller number than last year. So far only two members of the LOC have confirmed their attendance! However, the CET speaker has not been confirmed and advertised as yet. Michael Johnson has been confirmed as the speaker, *AS will confirm the CET subject with him and ask Alison to email out details.*

AH will contact BAWA to see if a smaller room or reduction in numbers for the buffet is possible.

AS has secured £550 of sponsorship from Dunkley's and Octogen (£200), 360 (£150) and Clinitas (£200).

8. Evolutio – AS

A number of complaints are still being received about the original South Glos CCG pilot scheme, on this occasion about patients having GOS eye examinations without their consent/understanding whilst being seen on the pilot when they wanted to return to their original practice to do this.

There is no reason why patients should be having GOS EEs under the new scheme; this is not what the scheme has been set up to do. However, it is not clear whether it is explicitly stated in the service spec that patients should be encouraged to go back to their original practice for their future eye examinations and that practices involved in providing the scheme should not be using it in any way to gain patients from other practices. PT explained that the individual practice contracts do not mention eye examinations as this is not part of the scheme.

JH will request a copy of the service specification from South Gloucestershire CCG to make sure that this is explicitly stated.

9. Post cataract update –AP

Seems to be running reasonably well. The accreditation session last week was well attended.

However, a problem has arisen caused by the BEH sending out identical refraction data request letters for patients on the scheme as to those who are not on the scheme. There have been lengthy discussions with the BEH about this but so far a resolution has not been reached.

Somerset LOC sent out an advisory email advising practitioners not to send back refraction data for any patient not on a funded scheme, as this undermines the success of such schemes.

JH will draft a similar email and send it out for approval before circulating to practitioners.

10. glaucoma monitoring update – PT

No update

11. Newmedica – AS

Newmedica are a private company providing NHS ophthalmology services. They are now active in Bristol and are listed on Choose and Book. There were supposed to be letters going out to local optometrists and a CET evening introducing practitioners to their services but this has not happened as yet.

If AS is contacted further by Newmedica he will direct them to AP and PT as cataract/glaucoma leads.

12. LEHN -AS/AM

The next two meetings have been cancelled and no information has been made available regarding the appointment of a new Chair (following the resignation of Chrissie Edwards). Everything is potentially on hold until at least the end of the year.

13. Elections –AS

Options for elections

- 1) Andrew Pinn, Peter Turner, John Hopcroft, Kim Williams, Meera Patel all stand down for re-election – then four places at three years and one place at one year up for re-election.
- 2) Decide which two stand down and let the other stay until 2018.

It was decided that JH will stay on until 2018. Therefore AP, PT, MP and KW will stand down. AP, PT and MP have confirmed that they will stand for re-election. KW has indicated to AS that she will make a decision about this before the AGM.

AH will email Charles informing him of this decision.

DOs will be able to stand as full committee members with voting rights as part of the new LOC constitution. However, as this will not be voted on until the AGM, it is not clear whether or not KT could stand for election (if she wished to) or whether this would need to happen at the 2018 AGM. *AH will email Chris Newell at LOCSU to seek clarification.*

14. AOB

AS – The Retinal symposium was successful and there is a plan to run 3 a year. A tiered venue would be preferred; *could anyone who knows of anywhere suitable please email AS to pass on.*

LF – UWE are advertising for lecturers for a new optometry department, presumably opening in September 2017.

Birmingham LOC have published guidelines on GOS eye examinations, should we do something similar? The strong feeling was that we should not, given that there are already detailed guides produced by other organisations (e.g. the College of Optometrists).

Meeting closed 20.35

Next meeting: 5th June 2017 18.30 for 18.45 at The Kensington Arms, Stanley Road, Redland.

Actions carried over from February

AP - to discuss domiciliary provision of shared care schemes with Claire Bailey at BEH.

AM - to write brief summaries of current shared care schemes and send to AS to put up on the website.

AP and PT - to discuss the LOC company Memorandum of Understanding and the advantages/disadvantages of PECS Avon vs PECS South.

AE – will email out regarding shared care schemes to BANES practitioners via Alison.

AP/JH/AS/AE – to look through BANES service specification.

New actions

AS – to arrange for an area of the website to be set up specifically for minutes and arrange admin access for AH.

AS – to arrange specific section of the website for enhanced services for Bristol/South Glos/N Somerset as there is a BANES section

AH - to put minutes on website once access available.

AS - to publish model constitution on website ahead of AGM.

JH - to publish his key points from the College of Ophthalmologists document on the website.

AE - to ask Alison to email BANES practitioners to complete WOPEC modules.

JH - to start looking for a suitable venue for the next MECs accreditation (September 2017).

AH - to book the rest of the year's meetings.

AS - to confirm the CET subject for the AGM and ask Alison to email out details.

AH - to contact BAWA to see if a smaller room or reduction in numbers for the buffet is possible.

JH - to request a copy of the Evolutio service specification from South Gloucestershire CCG to make sure that the gaining of patients using the scheme is explicitly not allowed.

JH - to draft an email about requests for post-cataract refraction data and send it out for approval before circulating to practitioners.

AH – to email Charles with election decision

AH - to email Chris Newall at LOCSU to seek clarification about DO membership/model constitution timings.

Appendix A: Summary of “Seeing Refugees” grant application

Below is a version of the summary for the application we are putting together for the proposed project. You'll see that it is written in direct language. This is to impress the funder that we are positive about project. Of course, in reality, we would discuss the LOC's involvement in the project in due course.

The other thing to say is that we are intending to work with the refugee community. BME is a relevant term in this context but it is more accurate to refer to the group of people who would benefit from the project as refugees and former refugees. Most will have come from the Horn of Africa but there will also be people from Syria, Kurdistan and Afghanistan. These distinctions are important for clinical and cultural reasons.

Seeing Refugees – working with the Bristol refugee community and local eye care practitioners to improve eye health

Seeing Refugees aims to improve eye health seeking behaviour amongst refugee populations in Bristol, particularly from East African communities.

The project will increase awareness of eye health and uptake of eye care services, promote early diagnosis and prevention, and improve treatment of the leading causes of sight loss among people from Bristol's refugee communities.

There is low awareness in the Bristol refugee community of the genetic and lifestyle factors that can lead to sight loss, particularly in later life, and of the availability of eye health services. Our survey of the Bristol refugee community shows eye health seeking behaviour is limited. RNIB research with BME communities in the UK indicates that language barriers, the cost of spectacles, the stigma attached to sight loss and a fatalistic attitude towards age-related sight loss all contribute to poor eye health seeking behaviour.

A survey by the UK College of Optometry found that more than twice as many BME people over the age of 40 had not been for an eye test in the last 10 years compared with the wider population.

RNIB will recruit two part-time Community Sight Loss Advisors (1.2 FTE) to manage the project and liaise with partners to oversee the delivery of activities. Ashley Community Housing (ACH) will recruit a part-time Refugee Eye Healthcare Programme Manager who will recruit and train temporary interns from the refugee community to join the project delivery team as Eye Healthcare Assistants to act as eye healthcare champions. The project team will deliver eye healthcare messages to up to 1000 trainees per annum on training courses for refugees and work with local optometrists to facilitate community eye health awareness events for the wider refugee community. The team will use materials, co-produced with refugees and optometrists in appropriate languages, at community events to raise awareness of the importance of eye tests. The learning resources developed will aid the replication and sustainability of the project outcomes.

Optometrists will also take part in workshops raising their awareness of the complex needs and barriers to taking up eye health care services faced by members of the Bristol refugee community. Learning opportunities will be delivered through the General Optical Council's Continuing Education and Training scheme. The training will help optometrists communicate more effectively with members of refugee communities. This will help them maintain their professional status and improve their understanding of the needs, interests and challenges faced by the refugee community.

RNIB will lead the management of the project. Together with ACH they will oversee the involvement of blind and partially sighted people and refugees in designing and guiding the project. ACH, which is run mostly by former refugees to provide housing support for refugees and people from refugee backgrounds, will implement most of the activities. Through Himilo Training they provide language, IT literacy and employability skills.

The supporting partner for this project will be the Local Eye Health Network for the NHS area, including the Local Optical Council. They will provide expert advice on eye health and contribute to the development of the cultural competency awareness raising programme for local optometrists.

Bristol Clinical Commissioning Group will advise on Seeing Refugee's contribution to their Sustainability and Transformation Plan in relation to patient empowerment and preventable sight loss. Bristol City Council and South Gloucestershire Council will be asked to contribute to a wider eye health campaign

