AVON LOC MEETING

MINUTES

Monday 6th February 2017

Zazu's Kitchen, Gloucester Road

18.45-20.30

Present

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).

Guests

Kam Kalsi (from the Outside Clinic).

Apologies

Kerri Thomas (KT), Peter Turner (PT).

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 and Vision North Somerset, 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, 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.

Matters arising

None

Actions agreed checklist

Not discussed.

1) Shared care schemes for domiciliary providers AH

Kam from the Outside Clinic (nationwide domiciliary providers) attended the meeting to discuss this item.

The Outside Clinic currently provide a number of shared care schemes in the North of England, and one in Gloucester. They have provided practitioners with hand-held slit lamps, VOLK lenses and Perkins tonometers to provide various schemes. LOCSU are supportive generally of domiciliary provision of shared care and advise that this should be set out specifically in service specifications. Where there is not domiciliary provision, LOCSU advise that the LOC should liaise with the CCG to see if this is possible within the service specification.

Within our current available shared care schemes:

Cataract post-op: Patients who have transport to the HES arranged for them are also allocated this for follow-up. As such, these patients are excluded from discharge into the community scheme and therefore this scheme is not relevant for inclusion of domiciliary provision.

Repeat measures: There is an approved list of approved models of fields machines so it would also depend on a mobile fields machine being included on this list. Furthermore, it would depend on Perkins being an acceptable form of contact tonometry in these cases.

AP will discuss with Claire Bailey at BEH.

Domiciliary provision will also be considered at the commissioning stage of any new schemes.

2) Shared care schemes and website – AH

It would be useful to have a brief overview on the website of shared care schemes currently running, and how practitioners can become involved in them. This might include a very brief description of the scheme, which CCG areas are involved, what online training is needed and

how to access this and when the last and predicted next dates of practical accreditation may be.

AM will write these summaries and send to AS to put up on the website.

3) Bristol Cataract Scheme – AP

AP and JH have had their meeting to discuss how the process can be made easier for multiples. The use of NHS mail makes the process arduous.

AP has agreed the following changes with the BEH to simplify the process:

- Optoms do not need to sign the redesigned claim form.
- The form does not have to be submitted by NHS mail, it can be sent from any email account or posted as it does not contain any patient sensitive data.
- Listing for second eye will be streamlined so that within 12/12 of first eye surgery the community optom will be able to refer straight back to the BEH for second eye surgery. It is not yet clear whether this applies to ALL post cataract patients or only those discharged onto the scheme.

60% of post-cataract patients are being discharged onto the scheme. However, many patients still do not seem to have a clear understanding that they have been discharged into the community and many are still arriving in practice without the correct paperwork as they don't understand which pieces of paper to bring. AP has suggested to the BEH that all the relevant sheets be stapled together so everything is brought into practice together.

4) Revised LOC Model Constitution – AS/AP

The following points (in bold) raised by PT were discussed:

1.3.2: performers who have notified NHS England that they wish to be represented by Avon LOC
Is this not done by default? This seems to suggest that performers have to opt into representation by the LOC, is this item covered when registering with NHS England as a performer?

The above is relevant to 4.2 when it comes to voting other performers onto the committee

JH pointed out that the wording of this item is no different from the current constitution.

8.2 - not sure we actually give advanced notice of meetings apart from the AGM, perhaps ask Alison to advertise this before each meeting or send an email once saying the LOC meetings will be advertised on a public area of the website?

Agreed that this could be done in a more clear and consistent way.

AH – Will put minutes up on website after each meeting. AH will also publish dates of all meetings at the beginning of each year (with the proviso that these may occasionally be subject to change and therefore to check with a committee member before attending, and to refer to the minutes of the previous meeting for confirmation of date and venue of next meeting).

AS – to email AH instructions for publishing items on website

16.1 - did we not take the last constitution vote to the AGM not just the committee? Not an issue I guess as we need to ask the AGM to adopt the new constitution anyhow, but then for the future would the committee be able to amend the constitution? As three quarters of the committee may change the constitution this could be only four people as the minimum number of committee members is six (item 4.1).
Should we not change this point 16.1 - so that the AGM needs to agree any changes to the constitution?

Agreed that these changes need to be made at the next AGM

4.1 and 16.1 are perhaps though not consistent with 8.3 which allows only 3 committee members to be a quorum?

8.3 states that a meeting cannot take place unless three members or 1/3 or members (whichever is greater) are present. This point is only really relevant to very small LOCs.

Section 4 of our constitution is currently different to the LOCSU model.

All members to look at the model constitution again and email any comments to AS ***by the 6th of March****.* The final updated constitution can then be agreed at the April meeting; this can then be actioned at the AGM in May.

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

5) Children's vision info – AS

AS has received an email from his contact at the HES saying that it seems unlikely that they will be able to collate all the data they need though community optoms. Therefore, this item is parked until they contact us again.

6) PEC South update – AP

WIP (see earlier agreed action)

7) Update on Evolutio evening (31/1/17) – AP

AP's notes from the evening as follows:

Primarily: an IT based referral triage service.

In time will receive referrals direct from community optometry, (virtual) triage and arrange secondary care for the patient. All triage decisions are overseen by an ophthalmologist.

Evolutio can access the Px SCR (Summary Care Record) and attach to the onward referral.

Have the ability (if permission granted by secondary care provider) to book patients directly into appointment slots and communicate with the patient re: the appointment.

<u>At the moment nothing is set up so referrals should continue via the GP in the normal way.</u>

Secondarily: a secondary care provider "eCare". Governed by strict protocols agreed between them and the CCG.

See: eCare exclusion and inclusion criteria and pathway.

At present they have a local centre in Aztec West. Ewan MacMillan is employed at this centre. Also setting up sites across South Glos with "affiliates" – probably x 5. 1 confirmed site in Fishponds.

Will be launching their e referral system which they expect community optoms to use as it will speed up the referral process and improve Px care.

There is no funding for optoms using this route and no financial contribution to practice IT costs or time costs in upskilling to use the service however training is FOC.

Worryingly Evolutio return approx. 10% of referrals usually for admin errors including not having the GOC No.

Other concerns were that if having triaged a patient they feel it is an ophthalmic emergency they do not send to A&E but contact the original referring optom and suggest referral to A&E. If they cannot contact the optom they send to GP for A&E referral. I raised holidays locums etc. but they were adamant this was the correct way of doing things.

Note: protects Evolutio but questionable this is the quickest way of getting Px to A&E.

From the eCare exclusion and inclusion criteria list my concern is inclusion of Maculopathy and retinal disease. Does this include suspect wet AMD? Are BEH aware of this? And does the existing Med Ret urgent fax referral bypass this.

AP will email optoms with an update via Alison

8) BANES update – AE

We are nearly there with a new commissioning of cataract direct referral and post-op and repeat measures. Once this is complete we will need to hold an information/accreditation evening for BANES practitioner.

AE – will email out to BANES practitioners via Alison

AE also attended a STP meeting (Wiltshire/Swindon/BANES). These areas are interested in MECS and Evolutio are involved.

AE has emailed BANES practitioners for data on who is already accredited for shared care services.

As of 31/10/2016 BANES have moved cataract surgery from "criteria based access status" to "prior approval status".

AP – has looked at BANES service specs, seems to include cataract referral refinement but not post-op follow-up? AE has liaised with the RUH and they will not want any scheme that does not include post-op assessment. We also need to look closely at the auditing section of the service spec as currently it indicates that all practitioners are responsible for their own auditing and to submit this data to the CCG.

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

9) MECs- latest and accreditation update – AS

The MECS practical accreditation session in December was a great success with 36 out of 40 practitioners passing and receiving their full MECs accreditation.

The total cost was approximately £100 per head (£4000), but after sponsorship the cost to the LOC was about £1330. It was felt that this represents an excellent use of LOC funds as even if the commissioning of a MECs scheme may still be some way off, it is advantageous to upskill local community optometrists. With this in mind, and with the positive noises coming from BANES, it was agreed that further accreditation should occur. The suggested timeframe was June, and this will be open to BANES practitioners. JH is the lead on MECS.

JH – to email out for practitioners to register their interest for the next event.

10) AOB

- AP – The Royal College of Ophthalmologists have published a document outlining "the way forward" for various pathologies. *JH will digest and distribute the key messages to practitioners.*

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

- AP – has seen a patient will a letter from BEH orthoptics department asking for a refraction to be carried out as the waiting list is too long for this to be done in the HES. This can be done under a GOS eye examination.

- **AGM – a date of Tuesday 9rd May was agreed.** Venue – BAWA 6.45 for 7pm.

AH - will email KT to see if she is willing to organise booking and sponsorship again.

AS – to look into CET for AGM

- Meera Patel nominated to committee by AS and seconded by JH. Carried. MP joins Avon LOC as a committee member.

Meeting closed 20.30
Next meeting: 3rd April 2017 18.30 for 18.45 at Zazu's Kitchen Gloucester Road.

<u>New actions</u>

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.

AH – to put minutes up on website after each meeting.

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

AS – to email AH instructions for publishing items on website

All members - to look at the model constitution again and email any comments to AS **by the 6th of March**.

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

JH – to email out for practitioners to register their interest for the next MECs accreditation event.

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

JH - to digest College of Ophthalmologists document and distribute the key messages to practitioners.

AH - will email KT to see if she is willing to organise booking and sponsorship for AGM.

AS – to look into CET for AGM

AP - to email optoms with an Evolutio update via Alison