

**MINUTES OF CHESHIRE LOCAL OPTOMETRIC COMMITTEE MEETING**

**14th SEPTEMBER 2021 HELD REMOTELY**

**Present**

Fionnuala Stott, Lyndon Taylor, Harinder Notay, Jane Smellie, Phil Cooke, Amy Thompson, Chris Houghton, Jill Umpleby, Andy Riley, Stephen Halpin, Fionnuala Kidd.

**In Attendance**

Rebecca Ireland – Clinical Governance and Performance Lead for PES

Sandie McBennett – Administrator

1. **Welcome and Apologies for Absence**

Fionnuala Stott opened the meeting and welcomed all to the meeting.

**2. Conflicts of Interest**

Fionnuala Kidd wished to note she had recently taken a position with LOCSU as the Optical Lead for the Northwest.

**3. Minutes of the last Meeting held on 22nd June 2021**

 **Resolved: That the minutes of the 22nd June 2021 be confirmed as a correct record.**

 **Matters Arising and Action List**

* Amend the website to note Gordon Elliott had stood down from the Cheshire LOC.
* Hari to contact the Lead Assessor to check availability for Glaucoma OSCO. The Assessor was available.
* Chris to contact Laura McCall regarding vacancies for practices and mentoring pre-reg optoms. Outstanding.

Fionnuala Stott had contacted Laura. Laura had recently taken up a mentor role with the AOP.

* Mail list update – complete.
* Update the levy – complete.

**4. PES Update**

Rebecca Ireland reported on the payments and invoicing; previously invoices had been managed manually, this had now been updated to an automated system. Presently, payments were split between those received from CCGs and payments received from Trusts. The Trusts had been behind in processing payments. PES had liaised with Cheshire CCG to progress April and May episodes.

* The OHT Monitoring Service payments should be up to date; any providers should confirm to Rebecca that the payments had been received and reconciled with Optomanager
* Email hello@referral.support quoting ‘finance and invoicing’, include practice name and code.
* When adding patients to the Opera system, use ‘quick add’ add it from the spine.
* Ensure the episode is closed.

Committee members raised concerns regarding the invoicing and Opera. A robust discussion was held.

**Action: Rebecca Ireland to share the power point information presentation with the LOC for dissemination with members.**

**Action: AT to include PES guidance in the next Cheshire LOC newsletter.**

**5. CET Update**

A CET event had been hosted on 28th July 2021; Lisa Donaldson presented on behalf of NHS special schools service and also gave an overview of the adaptions to practice to help with testing small children and patients with learning difficulties.

* 29 members joined the meeting
* A donation of £300 was given to See-ability for their support

Members discussed if a face to face meeting was possible. It was agreed to provide a peer review before the end of the year, November preferably.

**Action: LT to send details of approved CET to JU for potential use.**

**6. Atrial Fibrillation Pilot Update**

Jill Umpleby had been part of the AF Pilot Scheme; she had conducted over 100 tests, of which 13 had been referred with AF. Mark Simpson had completed 41 tests and had recorded 2 potential AF results. The national figures of first time strokes of 117k per year and 950k survivors or stroke, costing £25.6Bn to the NHGS each year. AF is one of the biggest problems contributing to stroke and appropriate anti-coagulant management of AF could avert 4500 strokes per annum.

JU requested a list of potential practices who would join the pilot.

The next step would be to seek funding from PCNs and HS England and negotiate payment for the testing by practices.

**Action: Notify JU of any practices in each area that would be willing to join the AF pilot.**

**7. LOC Needs Analysis**

The needs analysis survey had been outstanding since before the pandemic and had not progressed or updated since then.

**8. Future NHS**

 Fionnuala Kidd gave a presentation on NHS Futures, what it is and how it could be accessed.

* NHS Futures is an online platform to allow practitioners to work together, share and connect
* Open to anyone who works in health and social care.
* Working together across professions and across primary and secondary care, it is hoped this platform would enable that collaboration.
* It would act as a centralised hub and document depository
* Owned and managed by NHSE; it is safe and secure.
* The platform is transparent, open and accountable, no anonymous posting is permitted; it is administered in accordance with NHS governance rules.
* The National Eyecare Recovery Transformation Programme wants to help the ICS improve major care pathways to release capacity, improve patient flow and outcomes.
* Users need to have an NHS email to access the platform.
* Users can build a profile, work details, areas of interest and expertise can be added.
* Workspaces hold their own membership within a particular topic.
* Dashboards hold the up to date work, discussions and tasks. Workspace information and calendar of webinars would also be found on the dashboard.
* The Eyecare Hub was recommended.
* Recommend a nominated person from each LOC should log in regularly to update the committees as a whole.

**9. NOC**

 **Action: All Members to confirm which elements of the NOC they could attend and report back.**

**10. Treasurer’s Report**

Phil Cooke gave an overview of the current position of the LOC accounts; from June, £22k was held in the account; when payments to LOCSU were clear that would leave £16K and incorporate all expenses to date. Circa £4k per month income from the levy continued to be received. Should more meetings for committee members be required, then an increase in the levy would be required to meet expenses.

FS noted that engagement and attendance with PCNs would require more time from members of the committee and therefore it was important that there were reserves to support the work.

It was suggested the levy be raised from 1.1% to 1.25% to accommodate the increase in expenses to attend meetings and promote engagement with PCNs.

**Resolved: It was agreed to raise the levy from 1.1% to 1.25%.**

FS reported that further funds for the AF pilot may be received from NHS England and therefore would need to be ring fenced before transfer to participating practices.

**11. Chair’s Report**

Fionnuala Stott reported she had spent time with Cheshire and Mersey Forum to discuss the new ICS to discuss the need to LOCs to be involved the PCNs. The PCNs were mainly focused on GP agendas. It had been suggested that there should be an optometry representative at all PCN meetings. The AF pilot had to date had a positive impact; it would be of interest to GPs to demonstrate the value and impact of optometric practices to deliver the testing and collect data.

A meeting had been held with Macclesfield Hospital; they had notified cataract patients not to buy frames; directing patients to practices for an eye test and return to the hospital with the prescription. The meeting covered pathways were required and what the LOC considered the membership could provide, such as cataract, pre cat, glaucoma and AMD service.

FS attended the Ophthalmology Clinical Network Meeting where it was recorded 2700 patients were seen across the patch per month. 26% of planned operations were cancelled and increasing. Patients were waiting over 104 weeks for 4000 patients. The private sector had been utilised to reduce the wait list.

The Cheshire and Mersey Outpatient Transformation had been discussed – PIFU - each Trust had to try to get 3 of their services to use PIFU – Patient Initiated Follow Up; where a patient initiates their own follow up.

Andy Riley reported on ERS the contract had been awarded to Opera. Some practices were involved in being a test site and had received a demonstration on how it would work to promote inter-management systems and interaction with hospitals after referral. Wirral had been noted as one of the areas to trial where few practices used Opera already. Further volunteers were asked to be part of the trial, Andy Riley’s practice had been put forward, Andy would forward details to Jane Smellie for her practice to be involved. One of the improvements requested of the system would be to improve the communication between primary and secondary care.

FS requested members get involved as much as they can in engagement consultations with CCG initiatives. The division of work amongst the committee required members to come forward and take on tasks.

The Chairs actions from the previous meeting was to collect the contact list for Pharmacy. Their Pharmacy comms lead – Adam Irvine had offered to include Cheshire LOC news on their newsletters.

Suggestions were requested from the committee to suggest other potential pilots such as obesity, healthy living and fragility and falls.

**Action: AR to forward details of the ERS trial to JS.**

**Action: FS to request communication between primary and secondary care to be the monitoring task of the system within Cheshire.**

**Action: AT to include news and comms to Pharmacy for their newsletter.**

**12. Secretary’s Report**

Amy Thompson reported the newsletter needed content. The Instagram page was active and news items was required, together with Twitter for the LOC. Suggestions for the newsletter were requested.

**Action: All Members to forward news items to AT.**

**Action: AR suggested ERS should be included – AR would write a short brief to be included in the next Newsletter.**

**13. Date of Next Meeting**

The next meeting of the Cheshire LOC would be held remotely **on 23rd November 2021 at 7.30pm.**

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| **Owner** | **Action** | **Update** |
| **RI** | **Rebecca Ireland to share the power point information presentation with the LOC for dissemination with members.** |  |
| **AT** | **AT to include PES guidance in the next Cheshire LOC newsletter.** |  |
| **LT** | **LT to send details of approved CET to JU for potential use.** |  |
| **ALL** | **All Members to confirm which elements of the NOC they could attend and report back.** |  |
| **ALL** | **Notify JU of any practices in each area that would be willing to join the AF pilot.** |  |
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| **ALL** | **All Members to forward news items to AT.** |  |
| **AR** | **AR to forward details of the ERS trial to JS.** |  |
| **FS** | **FS to request communication between primary and secondary care to be the monitoring task of the system within Cheshire.** |  |
| **AT** | **AT to include news and comms to Pharmacy for their newsletter.** |  |
| **AR** | **AR suggested ERS should be included – AR would write a short brief to be included in the next Newsletter.** |  |