



**MINUTES OF CHESHIRE LOCAL OPTOMETRIC COMMITTEE MEETING
2nd MAY 2023 HELD AT THE FOX AND HOUNDS, SPROSTON**

Present

Fionnuala Stott, Phil Cooke, Amy Thompson, Harinder Notay, Fionnuala Kidd, Jill Umpleby, Helen Counsell, Andy Riley, Mark Simpson, and Cahir Mullan.

In Attendance

Sandie McBennett – Administrator

1. Welcome and Apologies for Absence

Apologies received from Stephen Halpin and Jane Smellie were accepted.

The Committee wished to note their thanks to Lyndon Taylor who had officially stood down from the Committee at the 2023 AGM.

Helen Counsell and Mark Simpson as newly elected members were welcomed to the meeting. Helen and Mark filled the casual vacancies after the resignations of Lyndon Taylor and Chris Houghton.

2. Declarations of Conflicts of Interest

No conflicts of interest were noted.

3. Minutes of the last Meeting held on 10th February 2022

Resolved: That the minutes of the 10th February 2022 be confirmed as a correct record.

Draft minutes from the Cheshire LOC AGM held on 16th March 2023 were circulated.

4. Chair's Report

Report received.

The consultation request from the GOC to contribute to the review to decide if the Opticians Act represented continued effective public protection, had been concluded. The committee held an in depth discussion on the current act and submitted comments.

ICS Primary Care Thought Strategy Paper: FS reported from 1st April, NHSE would delegate responsibility to all ICBs for pharmaceutical, optometry and dental to ICBs; in the Cheshire area this is the Cheshire and Mersey Integrated Care Board. The draft document was tabled for discussion by the LOC. The following points were agreed for insertion in the draft document:

Service Delivery: Across C&M we have some great extended services commissioned for example the Community Urgent Eyecare service however this is not available in Liverpool. Since the 1st of April NHS England has delegated responsibility to all ICB's for Optometry. It is hoped this delegation will allow the ICB to redesign services and pathways to better meet the needs of local populations, ensuring continuity for patients and improved health outcomes whilst optimising the use of resources.

Population Health and Integration: Optical practices are in most High streets and communities and with over 340,000 GOS eye examinations taking place per annum in C&M this is a great opportunity to open conversations around patient general health and wellbeing. As part of a sight test, an optometrist can pick up many conditions of the eyes that are related to the general health of their patient. Diabetes,

hypertension and hyperlipidaemia can all be identified during a sight test. There are also lifestyle factors such as smoking and poor diet which have an impact on eye health as well as general health. Optical practices have huge potential to support the public's health by promoting messages and campaigns, offering brief advice, signposting and even providing some public health services.

Access: With 220 Optical practices and an excellent domiciliary provision across C&M there is excellent access to core services. Optical professionals are often neglected – regarded mere spectacle sellers – and face an ongoing battle for recognition as front-line health professionals. Yet optical practices can act as high-street health hubs. Open over extended hours in the morning and evening and seven days a week, optical practices are highly accessible and convenient for patients. We need to improve and strengthen the links between general practice, community pharmacy, general dentistry and optometry, making best use of all of these professional groups close to home for patients. Patient reported outcome measures from extended services in Optometry have shown very high satisfaction.

Workforce and OD: Optometry is no exception to the workforce crisis. However Optometrists have the expertise, equipment and capacity to evolve and while the pandemic put a strain on services and increased wait times what it did show is how resilient this sector is. It is recognised that there are a number of health care professionals including Optometrists that could be better utilised to support the challenges to capacity issues in other areas. Utilisation of the whole of the primary care workforce would improve capacity. Consideration needs to be given to cross sector training to share resources and consider cross sector primary care services.

Funding: NHS sight test is not free to all. The national contract remains unchanged and underfunded. There are local enhanced services commissioned by the CCG's and Hospital Trusts however the provision varies across C&M. Many of the enhanced services use core competencies supported by practice teams and a network of Optical practices to provide care close to home. An increase in the number of IP qualified Optoms in the community would allow more patients to be treated near to home but there needs to be funding for this.

PCN's: To date there is little or no engagement with PCN's and Optometry. This will require funding and identification of appropriate leaders.

IT: Currently Optometry practices are not connected directly to the NHS IT infrastructure. In Cheshire and Mersey there is an electronic referral pilot using Opera Software to link with ERS. This is currently only funded until April 2024. This allows referrals to be sent electronically directly to secondary care providers. The system is not contractual or mandatory and practices are not funded to use the system, or to purchase or maintain the IT equipment required to Access the system.

The Opera system is also to record, monitor and claim for enhanced services in parts of Cheshire and Mersey (all bar the Wirral use Opera). Referrals required following enhanced services are sent electronically as part of the pathways.

There is little or no electronic communication from secondary care to primary care sites. There is no access in optometric practices to information about Recent ophthalmology visits. Primary care optometry sites have no electronic access to test results, scans or outcome clinic letters from HES sites. This will often result in duplicated work in primary and secondary care, and inefficient patient pathways.

Opera has a limited facility to allow clinic outcomes to be sent to optometrists, however this functionality is not currently used and has not currently been demonstrated to be possible. Opera allows limited access to the Summary care record, although not routinely and only for certain enhanced services (with patient permission). Opera also allows interprofessional referrals for some, but not all, enhanced services. Use of this is currently limited.

To enable more care to be delivered in primary care Optometry should be considered when developing IT infrastructure. Optometry should have access to HES electronic records, test results, scans and clinic outcomes. Two way communication between secondary and primary care should be implemented and

become routine. Some practices have access to NHS email accounts, but not all, and the processes to acquire an account are not clear.

All practices and practitioners should have an NHS email account. The procedure for acquiring these should be clear and communicated regularly.

Currently all practices provide their own IT infrastructure and there is no NHS funding or support for this. There should be hardware, software and technical IT support for primary care to be integrated and to maintain the level of connectivity required for the future delivery of patient care.

Business Intelligence: There is a need to improve the sharing of patient data both for use in primary care and to improve the interface between primary and secondary care and reduce unwarranted referrals.

Estates: Optical practices receive no financial assistance to adapt, equip or refurbish their premises. All optical practices have disabled access and excellent access for patients. There are often unused rooms with potential for use by other ARRS which need exploring.

Proactive Care at Home: Optometrists, and the wider primary care team, including dispensing opticians and optical assistants, also often see a demographic that might not necessarily visit the GP or hospital. With an excellent domiciliary provision Optometry reaches many patients other healthcare providers struggle with. These opportunities to embrace a more preventative and patient led way of thinking need exploring.

Innovation: The use of Telemedicine in Optometry practice was little heard of before the COVID-19 pandemic. Since then this trend has accelerated more than anyone would have envisaged and it is likely to remain a key part of care of patients with ophthalmic pathology. With the introduction of the Optometry First model new ways of delivering care will become the norm and patients and practitioners will soon adapt to new ways of working.

Covid 19 Backlogs: Through NHS England's National Eye Care Recovery and Transformation Programme, commissioners are being encouraged to take advantage of the full range of clinical expertise and infrastructure primary eye care has to offer, recognising it as the equivalent of general practice.

This is driven by the need to tackle outpatient waits, eliminate the risks of avoidable sight loss and address hospital capacity pressures which existed prior to Covid, and have increased significantly during the pandemic. The expansion of care outside hospital is also key to outpatient transformation and bringing the benefits of integrated care closer to home for an ageing population.

ICB Corporate Risk discussion: The committee discussed corporate risks from an optometry point of view. The following points were raised:

- Insufficient workforce/skills/exodus from the profession – risk level 6
- Uncertainty around longevity of commissioned services; commissioned based on trust, not contract – risk level 8
- Lack of stakeholder understanding of the need for funding for extended services – risk level 10

Primary Care Networks: FS reported there were 9 Place across Cheshire and Mersey; LOCs need to have a voice at these meetings. The LOC will ask, how can we best engage with PCNs? How will PCN's engage with Optometry in primary care?

Jill Umpleby had arranged to attend a meeting on 22nd June to talk about CUES.

Action: Jill Umpleby to speak with Fionnuala Stott regarding preparation for the meeting on 22nd June.

- Practitioner upskilling: it was noted that some practitioners would appreciate the opportunity to

upskill to enable the performer or practice to join enhanced services; with this in mind, it was agreed to arrange a Peer Review Drop-in Sessions on Goldman/Perkins use.

- FS noted there would be increased demand for Glaucoma accredited optoms as funding had been approved from the Elective Transformation Scheme.
- There would be an increased and refreshed push on the PwLD Pathway, to encourage optometry staff to upskill and complete the accreditation available through Seeability. An event would be held in May.

Action: Fionnuala Kidd would speak with Jane Smellie and Mark Simpson regarding PwLD.

- Special Schools Contract: Cheshire optoms had taken part in the scheme to date, however the voucher system had changed under NHSE.
- LOC Constitution would be reviewed by LOCSU later in 2023. Circulated for information.

5. Finance Report

Phil Cooke reported the bank account balance held was healthy and in line with projections. £21k had been received from NHSE for the Blood Pressure/Atrial Fibrillation Pilot; it was agreed the funds should be ring fenced and probably transferred to PES as the funds should be shared between Cheshire and Mersey areas.

Action: PC to speak with Rupesh Bagdai and Paul Carberry regarding the BP/AF Funds

Further to guidance issued by LOCSU and HMRC, Officers of Cheshire LOC, the Chair, Secretary and Treasurer, would be paid for their time and expenses through PAYE.

Committee members day rate and expenses had been reviewed and benchmarked with neighbouring LOCs. It was agreed that the day/evening rate would be simplified with one rate at £450 per day or £65 per hour. Mileage at £0.45 would be paid if the journey to the meeting was over 30 minutes. These rates would be effective from 1st May 2023.

Action: Phil Cooke to update the expense claim spreadsheet with the reviewed rates.

Action: Phil Cooke to benchmark the administrator fee.

Following the resignation of Lyndon Taylor, the bank mandate had been amended and a new signatory was agreed. It was agreed to add Harinder Notay to the mandate.

Action: Phil Cooke to supply forms for signature and verification to Harinder Notay.

Phil Cooke confirmed the unexplained NHS payments had stopped.

An optom had missed out on attending the recent Glaucoma OSCE, the LOC had agreed the optom could attend an alternative OSCE and it would be funded by Cheshire LOC.

6. Website Update

Amy Thompson, Hari Notay and Stephen Halpin would meet to update the website with a view to making the referral guidelines more accessible to newly qualified and locum optometrists in the area.

Action: Amy Thompson to arrange a remote meeting.

7. Digital Update

Covered earlier in the agenda.

8. Glaucoma/OSCE

Harinder Notay had researched the procedure and cost of hosting an OSCE:

- A Lead Assessor would be required (employed by WOPEC)
- WOPEC would provide a list of Lead Assessors in the area.
- WOPEC is paid for the service (tbc)
- 5 General Assessors are also required (paid for by the LOC)
- 3 Patients (sourced by the host practice)
- 5 Rooms/3 with a slit lamp

9. Secretary Update

Amy Thompson requested content for the next Newsletter.

Action: Mark Simpson would write up the PwLD pathway news for the Newsletter.

10. LOCSU

Fionnuala Kidd reported from LOCSU:

- NOC would be held on 13/14th November 2023 in Bedfordshire.
- LOCSU are drawing up an interactive map of LOCs, a member of each committee was requested to add to the map. Stephen Halpin would be the contact on the map.
- Suggestions for workshops at the NOC were requested.

11. AF/BP

Covered earlier in the agenda.

12. AOB

13. Date and Time of Next Meeting

The next meetings of the Cheshire LOC would be held on:

- Tuesday 4th July 2023 at 7.00pm remotely
- Wednesday 13th September at 6.30pm at the Fox and Hounds, Sproston
- Thursday 7th December 2023 at 6.30pm at the Fox and Hounds, Sproston

The meeting closed at 10.00pm.

Actions

Item 4	Jill Umpleby to speak with Fionnuala Stott regarding preparation for the meeting on 22 nd June.	JU
Item 4	Fionnuala Kidd would speak with Jane Smellie and Mark Simpson regarding PwLD.	FK/JS/MS
Item 5	PC to speak with Rupesh Bagdai and Paul Carberry regarding the BP/AF Funds	PC
Item 5	Phil Cooke to update the expense claim spreadsheet with the reviewed rates.	PC
Item 5	Phil Cooke to benchmark the administrator fee.	PC
Item 5	Phil Cooke to supply forms for signature and verification to Harinder Notay	PC
Item 6	Amy Thompson to arrange a remote meeting to discuss the website.	AT
Item 9	Mark Simpson would write up the PwLD pathway news for the Newsletter.	MS