

## Notes from meeting on 27th April, 2023 with CHEC & Cov/Warks LOC

Present

Kevin Cartmell - Engagement Manager  
Andrew James- Midlands Regional Manager  
Faye Belgrove - Client Relationship Manager  
Spencer Parkes - Solihull LOC Chair  
Laura Peake - Cov/Warks LOC  
Jon Belcher - Cov/Warks LOC Chair

Meeting started 10:00

Notes from today in order as discussed. Actions in **bold**:

### Introductions

Kevin is new in his role with CHEC and is tasked with improving communication. He would like CHEC to engage more with LOC's and local practitioners. **Ask to attend LOC AGM. LOC to discuss.**

Confirmation of CHEC Structure -

Hospitals now in Coventry & Worcester.

All other clinics should be seen as OutPatients departments.

### Reason for meeting:

A number of concerns have been raised to Cov/Warks LOC from local practitioners about issues with the service being provided by CHEC in South Warwickshire.

### Notes in order as discussed:

CHEC has just won the Worcester ICB contract - general Ophthalmology contract and new hospital there now. Service running as of beginning of April, present PEARS contract continues as now. All patients with a Worcester GP can be referred through the CHEC portal. **LOC to publish this advice for cross border referrals for patients with a Worcestershire GP. CHEC to confirm whether those registered with CHEC can now provide the MECS/PEARS service for those Worcestershire patients now if practice not based in Worcestershire.**

Cross border referrals - Marginal practices are referring to GP, but they can be part of the CHEC scheme. LOC to direct those out of area as needed to CHEC, via Faye. **Simple process to be defined for those that want to sign up to CHEC & published by LOC.**

Current waiting lists - Can we ask ICB to request & publish data on waiting times. **LOC to contact ICB to pursue, is there anyway to add this to the referral portal? CHEC to investigate.**

CHEC has been approaching Coventry practices - All aware this is not present ICB pathway however CHEC confirms that Coventry practices can refer directly to CHEC *should* they wish. General Ophthalmology & Cataracts. CHEC agreed that in hindsight they should have come to LOC first to explain that this is an additional service available and it not replacing the present pathways.

Rejected/cancelled referrals - Comments from area that rejected referrals are just being left by CHEC. LOC feedback to CHEC that the duty of care has been passed over to CHEC from the referring Optometrist at the time of referral and so it is not the Optometrists responsibility to deal with referrals that CHEC cannot accommodate. CHEC accepted this constructive feedback and agreed that it was CHEC's responsibility to refer on any patient to the appropriate department rather than just rejecting the referral with no further action. e.g. cataract surgery for a patient with a pacemaker. **CHEC confirmed it is their intention to create a letter confirming that referrals will ALL be dealt with and not just ignored for 'unsuitable' patients. Referrals will not be *rejected* but *directed* to correct pathway. CHEC to define What, When & Where cases seen, LOC to publish.**

Patients are being sent to out of area hospitals - There appears to be an issue with CHEC referring to SWFT. Why can't CHEC refer to SWFT? **CHEC to talk to SWFT and sort this out!** It should not be up to the LOC or local Optometrists to facilitate this however if contact details are needed, then the LOC would be happy to help with introductions. CHEC suspects that the electronic referral system may be to blame here as SWFT do not seem to be on their system. LOC pointed out that this is a massive issue to patient choice under the NHS charter and it would appear that CHEC is contravening this charter presently and therefore could be breaking contract. This needs to be addressed with the upmost urgency. CHEC to correct this issue ASAP as when the contract started CHEC did refer to SWFT.

CHEC confirmed that all urgent referrals are triaged by an Ophthalmologist within 24 hours and if this is not the case then this can be escalated in the normal process. (See complaints below.)

Confirmation from CHEC that a GOS 1 claim for post op is allowed. CHEC confirmed that a GOS eye examination and the post op examination ARE different appointments and should be seen as that, hence the fee for both is acceptable. However CHEC confirmed the understanding that these 2 appointments can occur on the same day, even consecutively, and should be recorded as that in the practice records for NHS audit. i.e. Practitioners need to complete full EE to claim GOS 1 and need to demonstrate that both appts have been completed to claim both fees.

Concerns that CHEC is removing patient choice with the portal and triage centre only directing patient to CHEC services. CHEC accepted this feedback is out there and are interested in working with the LOC to dispel this as myth. LOC suggestion that CHEC should be publishing the referral outcomes from the Triage centre/portal after text message. i.e. percentage referrals sent to which provider on a 3-6 month basis. **CHEC to investigate whether this data exists (all agree is should be easy to find!) and to work with the LOC on how to publish this data to ensure CHEC actions are impartial and transparent.**

New text message service appears to be confusing patients and they are coming back to practitioners to sort. CHEC shared that there is a 75% success/response rate for the text messages service. **CHEC is considering piloting a Track & trace type of service in the portal.** All agreed this may sort the issue? LOC offered support for this pilot either across the patch or in 1-2 practices. CHEC also confirmed that if the patient doesn't respond to the text message then there is a follow up 2 weeks later with letter/email, then phone call after that also. For now, practitioners can continue to give CHEC triage centre contact details as needed to patients.

Referral portal issues:

Px consent on referral portal? Why is there not a consent for referral box on the referral portal like there is on the MECS portal? **CHEC to investigate if this is needed.**

CHEC confirmed that under the present contract, they **cannot** deal with any under 18's referrals or MECS. The confusion for this comes from COVID times where CHEC offered to deal with everything. To confirm, all under 18 referrals need to be sent to their GP for onward referral. LOC asked whether these can this be rejected on portal to avoid delay? I.e. not let submission happen at the time.

**LOC to confirm this to practitioners.**

**CHEC to confirm that MECS is for over 18's too and whether the portal can refuse under 18's at point of contact.**

Complaint protocol for CHEC:

There are 2 pathways for complaints to CHEC should they be received:

Referral process complaints - please direct complaints to Faye ([faye.b@chec.uk](mailto:faye.b@chec.uk))

Treatments complaints - direct complaints to individual hospital.

**These to be published by LOC & CHEC.**

Locum management issues - Locum's not using CHEC system correctly - Key is for individual practices to control/educate them on how to use CHEC.

Does CHEC e-referral system link to Cinapsis? **TBC by CHEC**

September CPD event TBA in CHEC Coventry. **LOC to help publish details of this as needed.**

Meeting ended 13:30

**Suggestion of follow up meeting in 3 months to document progress.**

**Summary of Actions:**

- **LOC to publish CHEC contact details for cross border referrals into Worcestershire.**
- **CHEC to confirm whether those registered with CHEC can now provide the MECS/ PEARS service for those patients now if practice not based in Worcestershire.**
- **Simple process to be defined for those that want to sign up to CHEC.**
- **LOC to contact ICB to pursue publishing of cataract waiting time,**

- CHEC to investigate adding waiting times to the referral portal?
- CHEC confirmed it is their intention to create a letter confirming that referral will ALL be dealt with and not just ignored for 'unsuitable' patients and that referrals will not be *rejected* but *directed* to correct pathway.
- CHEC to define What, When & Where cases seen, LOC to publish
- There appears to be an issue with CHEC referring to SWFT. Why can't CHEC refer to SWFT? CHEC to talk to SWFT to ensure pathway is open.
- Onward referral data from CHEC triage centre - CHEC to investigate whether this data exists (all agree it should be easy to find!) And to work with the LOC on how to publish this data.
- CHEC is considering piloting a Track & trace type of service in the portal for confirming where patient is on their referral journey. LOC offered to support this as needed to help with
- LOC to publish that practitioners should not be using the CHEC service for under 18 year old referrals. CHEC to investigate whether referral portal can reject submission at point of submission for these patients.
- CHEC to confirm that MECS is not available for those under 18 also.
- LOC to confirm whether CHEC can attend a future LOC AGM. Feeling is that they would not be able to enter the room while AGM occurs however could do a presentation after the AGM part. Unfortunately the upcoming AGM already has a full agenda.
- LOC & CHEC to publish complaints pathways.
- Does CHEC e-referral system link to Cinapsis? TBC by CHEC