

***Minutes for the Dudley LOC Committee Meeting held at 6.30p.m. on Tuesday 10th January 2023***

**Held as a Zoom Meeting**

**Committee in Attendance**

Shamina Asif (Chair) Paul Sidhu (Secretary), Mark Tuffin (Treasurer), Charles Barlow, Shazad Mahmood, Ameerah Riaz Ahmed, Qadar Baz, Sheena Mangat, Kay Reeves, Rosie Birha, Nicky Ferguson, Sonia Tyrell, Hussnan Ejaz, Sunit Jolly, Gurdeep Dosanjh, Amir Afzal

**1. Apologies**

David Wright

**2. Declarations of Interest**

MT declared he is now ABDO Area Lead.

**3. Minutes of the previous Meeting**

The minutes were proposed by SM and seconded by CB as a correct record of the meeting.

**4. Matters arising**

* SA reported on a meeting she attended regarding unnecessary referrals and lack of feedback, with BMEC and PES
* NF to find the email address for the Clinic Co-ordinator for referrals. Actioned by NF who has sent the link to PS who has circulated to the Committee.
* Workforce Development to be covered in CB report.

**5. Correspondence**

There was no correspondence to report.

**6. CUES Update**

CB had nothing to report since the last meeting.

**7. NHS Updates**

PS had nothing to report. CB said the NHS has sent out an invitation to a Webinar on Infection Control. PS has circulated to the Committee.

**8. Chair's Business**

SA asked Ameerah and Shazad to talk about their experience of attending their first NOC conference. Shazad has submitted a report. Ameerah reported it was a positive and informative experience.

**8.1 Extended Primary Care Services**

**Shamina’ Report**

As a result of the NOC, I decided to send an email to Ruth trying to find out about PCN’s and thinking about eyecare. As a result of the email, we ended up with ICB lead for eyecare Corrine who was only discussing at ICB how to get in touch with us – so coincidental. As a result of the emails and meeting was set up with all LOC CHAIR’S – however this was postponed to 31st January - so we will update on this meeting. CB as regional representative, Nizz and all NOC Chairs

As a result of the ICB Ophthalmology meeting, which was very good in terms of networking and seeing people face to face and discussing matters at a local level – I managed to invite the medical director for west midlands to come to my practice to see what is happening in the community. Scheduled for 2 weeks time – she will also be at the 31st January meeting.

HLOP – One practice is active at the moment

Here are the IBA figures for Eye Health Clinic Q2 2022

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| July | Fup | Aug | Fup | Sept | Fup |
| 45 | 0 | 53 | 1 | 85 | 8 |

Total

|  |  |
| --- | --- |
| Total IBA  | 183 |
| Fups | 9 |

Working with the other practices to recommence.

**Report of ophthalmology meeting 06/10/2022**

There was a good mix of consultants from trusts and different specialities attending the meeting

The first part was around cataract referrals and how simple cases are going to spamedica and Optegra and how all complex cases are being seen in HES and the payment this attracts is not anymore. This is an issue across BMEC, Sandwell, and RHH.

The HES/trusts said they need more referrals that are simple, however the LOC’s highlighted that we need to know about waiting times which are not being provided and also post-op cats service would encourage more optoms to refer.

Wolverhampton seem to be doing ok as they have Mr. Yang who is doing high volume list at Cannock hospital.

I asked about subcontracting out but the answer I was given is that it’s complex with block contract payments? However Wolvs have been able to get subcontracted out?

There was a lot of discussion around glaucoma monitoring especially around stable glaucoma monitoring in the community as well as GRD.

Medical Retina – there are biosimilars that have come out that can also be used as well as Lucentis – however issues around who to give to, only doctors can prescribe and how effective they will be.

Next meeting ophthalmology summit in 2 weeks time

Would be good if the commissioners were present for these meetings – will ask John if we have the people with the funds present at the next meeting

REPORT ON MIDLANDS EYECARE TRANSFORMATION NETWORK MEETING 03/11/2022 @ 2PM

James Lorigan

Main discussion was around the cataract service specification with a background of issues that are being faced at a national level

They are: In 2016 85% of cats were done on the NHS however now it is 45% with rest being sent to independent providers.

Workforce training of staff an issue – specifically ophthalmology trainees

Poaching of staff – theatre

ICB’s had not planned for this in terms of block contracts. There has been a 6 million overspend on cats that they didn’t plan for.

Cat specification has been launched

There are issues around coding

* Irfan spoke about the importance of single point of referral – Staffordshire
* I spoke about the coding of complex cataract surgeries vs simple. The answer was there is complexity around whether you are doing about a complex eye or patient – however they said this needs looking at, so that surgeries that take longer are reimbursed appropriately.
* Discussions around private providers and NHS – I said that if we are informed of waiting times, and given letters back, and given post op assessments, and if there is a complications px is seen same day or next day – if NHS can deliver engagement with Optometrists there is a good chance more patients will be referred to trusts. This point was acknowledge and there will be a group set up to see how best to engage with Optometrists.
* Farah spoke about trainee ophthalmologists in private settings as well as conflict of interests of people within organisations who maybe part of the independent sector. Point acknowledged. Farah also spoke about how systems are not set up to send letters back to Optoms in HES.

Eers - middle of Dec commissioned

Going forward Block contracts or PBR – foe elective activities

ISP’s will be on PBR

Ophthalmic clinical advisory group to be set up – bimonthly Optometrists will be invited

Regional updates on workforce development

Next meeting 1st December

**Report on ICB meeting Birmingham Central Library**

**Thursday 17th November 2022**

**3 parts to the meeting:**

**Getting a table at the seat**

There was discussion around the expertise and insight of the social care sector. They remain an underused resource in driving system transformation, and the profile of social care within ICSs should be raised and representatives of the sector should be platformed within ICBs.

The full spectrum of primary care inc dentistry, pharmacy and optometry should receive statutory representation at ICP level to ensure that each sector is engaged and supported to direct patients to the appropriate care pathway

There is a lack of trust amongst the public with primary care work – mainly GP’s however patients want to access their GPs and other providers easily. Hence the ICB is working to try harness the connections between primary and secondary care and local communities.

ICBs should work to educate the public about the full range of primary care available to them to prevent general practices becoming the sole contact for most people. Can LOCSU help promote CUES etc?

Final comments – how to we get to ICB level, email, persistency, and representatives need to be there

**Digital Infrastructure and health data**

There is significant apprehension about sharing health data, both across the public and within the health and care workforce. This relates to previous lapses in data security and fears that data will be used for management performance services.

ICSs have started developing data strategies creating data analytics teams across the country. Covid 19 has shifted things so that there is more appetite for data sharing.

Data platforms across ICS currently lack cohesion and systems don’t talk to one another

We spoke about the importance of eyecare and how there needs to be a system in place that allows referrals data sharing between primary and secondary care and advice and guidance. The pharmacists and mental health nurses echoed the same issues.

**Prevention, early intervention and health inequalities**

The central purpose of ICSs is to address health inequalities in its region. West midlands is the second worse in the country for health inequalities.

There are clear correlations between the outcomes of integration based on a regions deprivation level. Areas of higher deprivation have lower levels of integration and poorer heath outcomes at system level

We spoke about HLOP’s and how optical practices could be used at a practice level to help with the prevention agenda. There was a lot of interest in this with public health workers.

There was also a lot of discussion around social prescribing. Non medical referrals such as social prescribing should be made available to all branches of primary care.

**8.1.1 CUES: GP practices and children with eye infections**

MT reported that Kingswinford Medical Practice has been referring all children under 2 years of age with suspected eye infections for a CUES appointment and refusing to see them at the surgery, so that the Optician can give out the prescription for drops etc. MT raised a concern regarding a patient that was 3 weeks old with a suspected eye infection. SA confirmed that GPs should not be referring children under 8 weeks old. Qadar and Nicky are also experiencing similar issues. SA will clarify with the GP and remind the GP practices what their obligations are including self care for the first 5 days.CTION: SA

**9. Charles Barlow**

CB distributed the following report prior to the meeting:

## **EeRS**

The Midlands EeRS procurement award has gone to Monmedical the providers of the Cinapsis platform. They are not a "service provider" such as PES. Have a look at [www.cinapsis.org](http://www.cinapsis.org) to see their work with A&G and GP referrals. They already have local contracts to provide dermatology referrals and telemedicine services.

PES submitted a bid after discussing it with the Midlands’ LOC forum and a review of the spec and financials, mainly so that they could support practices where possible to minimise the number of systems they have to interact with. The executive team at PES sent a message that they are disappointed and will provide feedback, but will not challenge the decision.

PES will engage with the commissioners and Monmedical as and when required on how to minimise any impact on referrals following delivery of locally commissioned services which are recorded on Opera to minimise any burden on practices. They will keep LOCs involved in the relevant areas where this is affected as they know more.

The Black Country EeRS implementation group meet next week, set up by the ICB. CB and other LOC representatives have been invited to join. So far we have as a priority reviewed the process maps, and referral maps are complete, pathway and hospital process flows are being completed ASAP. Theoretically contracts could be signed as soon as March, however the Black Country has opted not to be an early adopter.

We understand that Monmedical will be hosting a presentation for LOCs in January.

## **Black Country ICB Ophthalmology Clinical Network Group**

There have meetings and a clinical summit. Consultant John Barry is leading the work and progress remains slow. Attendance from hospital consultants has improved. The Black Country CCG commissioner has left post and we are still awaiting a new appointment, this delays change in terms of the levelling up of services across the System as well as developing new services.

Priorities that involve Optometry remain:

* Role out of Cataract Post OP across the whole region
* Cataract High Volume Low Complexity pathways – setting up of new hubs in Dudley and Cannock. Discussions with PES around a post op service just from RHH have advanced.
* Glaucoma – GERS roll out across the ICB and trialling stable glaucoma management in the community
* Medical Retina – Hubs and services that can use community OCTs

The Black Country Clinic summit (19th October) was very useful. ICB board members were present including the finance director. There were good networking opportunities and a meeting between the ICB and LOCs is scheduled for the 31st January. All hospital disciplines presented on their progress and it was acknowledged that the ophthalmology challenges are greater than other disciplines and that further resources and support are being sought.

A Black Country Eyecare Workforce Transformation Collaborative was quickly formed to put in a bid to HEE for a newly identified grant of £60K to support waiting list initiatives. Proposals include recruitment of bank Optometrists, and higher qualification courses for Hospital optometrists.

## **Birmingham, Black Country & Solihull Workforce Development Project**

Invitations for grants were sent out and almost 50 applications received. Following assessment of applications 12 grants have been made for the Independent Provider’s course. Seven grants have been made for the medical retina course. Seven grants have been made for the paediatric eye care course. Five grants have been made for the Glaucoma professional certificate course. The total funds allocated for these grants is £25,200,  subject to everybody completing their course.

The workforce committee have also made significant progress with securing placements for IPs in 2023 and two awards have already been made for those placements, subject to the applicants accepting the terms of the course placements. We are currently in discussion with the Provider trust over the terms and conditions of the placements.

Further grants will be made in the new year for other courses starting in 2023.

PEER Discussions – the first session had over 70 attendees. Next session on ONH due end of January.

An application has been put in for a further £50,000 of NHS HEE funds for the BBCS region.

## **Midlands Eyecare Transformation Network**

#### **Meeting 6th October**: Stats on how badly ophthalmology is doing across the region. Summary of outcomes from the National Eyecare Recovery Transformation Programme. Info on new National Eyecare Digital Transformation Programme and Midlands Eyecare Transformation Programme – this is going to be useful for workforce development.

**Meeting 3rd November:** Info on the Midlands Ophthalmic Clinical Advisory Group – Aims and Purpose include to provide a clinical forum to discuss specialty focused practice, pathways and transformation, but no Optometry representation as membership consists of System and Provider Clinical leads. This has been challenged. Info on workforce development and new surgical provider cataract contract.
**Meeting 1st December**: Included presentation on Midlands Eyecare Workforce Transformation Collaborative with examples of working going on across the region.

## **Birmingham, Solihull & Black Country Regional Optical Committee**

### **Meeting 15th December**

* DESP – teething issues and concerns discussed Further comms to be sent out raising awareness of all practices of obligations to diabetic patients under GOS
* EeRs
* Workforce Development project
* PES reports
* ROC confederation – CB commencing implementation including setting up a bank account.

## **Midlands LOC Regional Forum**

### **Meeting 6th December** - Updates Nationally and from around the region. Minutes not received yet.

**9.3 HWMROC (including Confederation)**

CB and PS indicated that the current aim was to formally adopt the confederation at the next HWMROC meeting

**10. Hospital Liaison Business**

NF formally asked to be invited to any relevant meetings as no such invitations are forthcoming at the present moment.

CB asked NF about the lack of cover for patients requiring specialist contact lens fitting at Russells Hall. NF confirmed this and stated that a block has now been put on all new referrals. Waiting list for follow-ups in now into the 100s. NF to draft a request for people interested in helping out in this role and send to PS.

ACTION: NF

**11. Secretary’s Business**

PS had nothing to report.

**12. CPD Officer's Business**

RB had nothing to report.

**13. Treasurer’s Business**

MT reported an approximate balance of £31K.

MT has a Quarterly Treasurers meeting on 30th January where an update on PAYE will be given. CB reported that LOCSU have issued some interim advice but nothing has been clarified as yet.

**14. Authorisation to act and email conversations**

The motion from previous meetings was put to the committee (*the committee give continued permission and authority for officers to deal with and make decisions on matters that arise that need urgent attention. When this occurs, wherever possible a discussion by email with the Committee should take place before a decision is made. Whenever possible and reasonable officers should bring all matters that require decisions to the next committee meeting, and decisions will only be made outside meetings where waiting is not a realistic option.)*

Agreed unanimously

**15. Authorisation to act on ROC**

he motion from previous meetings was put to the committee (*The committee to agree to Charles Barlow and Paul Sidhu continuing to represent the LOC at HWMROC, with permission for them to use their judgement when deciding if individual decisions made there amount to minor decisions or major decisions. For decisions they consider minor they are authorised to act on the LOCs behalf. For all decisions they consider major they must seek to have those ratified by the LOC, and they must make this clear to the ROC.)*

Agreed unanimously

**16. A.O.B.**

CB asked the Committee for suggestions for a new name/logo for the ROC going forward.

SA has invited the Medical Director for the West Midlands to visit her practice.

MT asked if Wasim was the best person to contact in regard to finding out the number of contact lens Dispensing Opticians registered to provide CUES services. SA agreed he would be the best person to contact.

Nizz (LOCSU rep) has requested an LOC Needs Analysis – this was discussed and it was decided to wait until Nizz is able to attend a meeting to progress this. To be added as an Agenda item.

**17. Date of Next Meeting**

The next meeting will be held on Tuesday 14th March 2023 – 6.30pm via Zoom. The meeting closed at 7.50pm.

|  |  |
| --- | --- |
| Action | Action by |
| NF to draft a request for people interested in helping out at the hospital, and PS will distribute it | NF, PS |
| Add LOC Needs Analysis as an agenda item | PS |