**Heart of West Midlands Regional Optical Committee 12/05/2022**

Present

Charles Barlow (CB) Dudley/Solihull LOC

Sam Hague (SH) Wolverhampton LOC

Peter Hampson (PH) Sandwell LOC

Aisha Jeewa (AJ) Walsall LOC

Spencer Parkes (SP) Solihull LOC

Peter Rockett (PR) Wolverhampton – Interim Chair

Nizz Sabir (NS) LOCSU

Dan Sanders (DPS) Solihull LOC

Louise Sarjeant (LS) Sandwell LOC/Minutes

Wasim Sarwar (WS) PES Clinical Lead

Paul Sidhu (PS) Dudley LOC

Divya Sudera (DS) Sandwell LOC/CPD Officer

Joanne Tutt (JT) Walsall LOC/CPD Officer

**Apologies –** Peter Bainbridge (PB), Ian Hadfield (IH), Debbie Graham (DG)

**Conflicts of Interest** – No updates

**Matters arising** – Nil

**Diabetic Screening**

PR change of provider as Heartlands have lost screening contract, now In Health Intelligence. Less inclined to have optom-based service. Email from PG stipulated that IHI are in contact with LOC leads and looking for expressions of interest from optometry. PR not heard anything (no other LOCs heard anything).

CB if no contact within the week, email PG. PH should we reach out to them? PB to email?

PH use optometry sites in some areas but tend to set up their own centres. Run a centralised booking office and book their own sites first. Short term optimism but may look to more hubs long term. NS no current estate in West Midlands, so new provider unlikely to change things overnight.

CB locations used vary - local community centres, libraries, GPs etc. May have premises lined up in the area. Tendering process would have required them to provide evidence of sites. Concerns about transparency in selection of optometry sites. NS won’t change what they do, but will help to know. LOCs need to take the lead. Sensible for one contact for the region on behalf of all. PR allocate role to PB. PH our fees are already lower other areas, so maybe less impetus to save costs by moving to hubs.

**EeRS**

CB due to go out to tender. PH procurement may have finished. Likely to be ERS not EeRS long term so maybe short lived. SP attended meeting with BSol commissioners who want a clinical safety officer to sign off pathways. Will arrange commissioner meeting with LOCSU representatives present. Tried to explain that CSO wouldn’t work as all independent practitioners. PH thought it was a wider role to look at loss in pathways. NS normally recruit clinical leads for EeRS, not LOC attached. More to make sure mapping of referral process, rather than supporting practitioners.

PH need to be connected soon for eg shared care glaucoma. CB LOCs have got to be able to talk to commissioners and take our contractors with us. Need solutions that are easy for practices to implement. Would the midlands specification enable shared care or just referrals? NS not currently, but may be able to add that on. PR could we use enhanced services based on current software, eg Opera? PH GOC call all for evidence out – existential threats for optometry.

AJ do hubs have a separate system for data sharing? PH might have bespoke solutions. If eg diagnostic hub, established in line with the trust, will use their software solutions, so info easily transferred. Compared to patient accessibility of optometry practices, hubs can’t compete, but connectivity the issue.

AJ one hub for multiple trusts? PH depends on where funding for hubs come from. Trusts need to show they’ve reduced out-patient appointments in the hospital, even if the hub is next door to the hospital. This way they can reduce their budget but don’t lose funding.

AJ any new enhanced services would go through Opera, so EeRS only GOS 18 issue? PH still need solutions for data to go forwards and backwards eg for or advice and guidance system.

**Local workforce development**

CB received funding money. Had two meetings, made progress on project plan. Sent out a draft workforce questionnaire, waiting for feedback. Challenges to identify placements for higher qualifications. Made progress across the Black Country and reaching out to other areas to see how they manage placements.

Next meeting in 5/6 weeks.

SP is the pilot survey for those attending meetings or everybody? CB can send to all. Want to check questions make sense and that data can be analysed.

**ICS Ophthalmology Network**

CB attended Black Country and West Birmingham ICS Ophthalmology Network meeting, several outcomes related to optometry. Hosted by Black Country acute provider collaborative (Wolverhampton, Walsall, Sandwell and Dudley Trusts). Identified key areas - glaucoma, medical retina, paediatrics and cataract. Brainstorming session with contractors, optometrists, nurses, business managers and patients. Worked out some outcomes and actions to be implemented over the next few years.

NS take back to LOCSU national team to see how we can help. These workstreams are why IT connectivity is so important. PR current connectivity using Opera better than we’ve ever had.

PH was there a recognition of core competency? Some areas don’t need “up skilling”, if stable, low risk OHT etc and could use Opera. PR discussed competence framework, but it was a broader framework. CB will share the final document.

NS should consider diabetic eye screening as referred patients could be seen in a macular filtering clinic. Also comorbidities such as suspect glaucoma and cataract and holistic care if vision loss. PH diabetes consultation recently, opportunity to perform OCTs on M1s to see if need referral. Not within current service spec for diabetic screening, so could be an opportunity.

NS in workforce survey, need to differentiate between residents and locums, especially if out of area, would they qualify for the programme? Also ask about DOs/CLOs for anterior MECS. Get as much data as possible. PR feedback by email to CB.

**Confederation**

CB Sandwell, Walsall, Dudley and Solihull have confirmed by vote. SH Wolverhampton have discussed, but no vote. CB will email Birmingham to confirm their position and then will talk to LOCSU about next steps.

**Primary Eyecare Services**

WS Wolverhampton post-op cataract service a few teething problems, largely sorted. Aim to have all major hospitals supporting post-op cataracts, will have with launching GERS. Paediatric pathway being looked at with Children’s Hospital.

SP payments? WS as far as aware sorted, let me know if not. SH recent payments ok, but maybe some historic payment issues. WS email hello@referral.support

AJ Clinical Governance report to be sent out? WS Jan-March not been done yet.

CB Russell’s Hall opened fast track cataract option, surgical hub. PR Wolverhampton are doing the same in Cannock.

**Midlands GOS Stakeholder Forum**

CB no meetings. PH work’s moving towards ICSs, so may be delays. CB has devolved document been agreed? PH it’s ongoing.

**Midlands Eyecare Transformation Network**

CB monthly presentations on exemplars from across the region. Mainly about diagnostic hubs. Cataract contracting with independent sector, training obligations and dealing with complications onsite. PH national document on PIFU and conditions that are suitable for complete discharge or discharged to enhanced schemes etc. Hope for a more standardised approach.

**LEHN**

CB no news

**AOB**

PH have a look at the GOC call for evidence. PS will it make a difference if a lot of people apply. PH not sure how GOC going to weight responses. NS LOCSU producing a document.

CB email this morning from Lisa, CEO of Beacon Centre, resource for visually impaired people in the Black Country. How to link local sight loss charities and opticians to provide support. Would like to do a short presentation at each LOC meeting or could have 15 minutes at the start of the next HWMOC meeting.

SP GOC call for evidence? – PH GOC consultation on splitting of the sight test into refraction and examination with potential for DOs refracting. Call for evidence on future changes, eg. technology and AI, business regulation.

**Date of Next Meeting –** 6:30pm on Thursday 15th September 2022

**Action Points**

PB to email IHI