**Heart of West Midlands Regional Optical Committee 15/09/2022**

Present

Peter Bainbridge (PB) Chair/Sandwell LOC

Charles Barlow (CB) Dudley/Solihull LOC

Debbie Graham (DG) Birmingham LOC

Ian Hadfield (IH) Birmingham LOC

Peter Hampson (PH) Sandwell LOC

Spencer Parkes (SP) Solihull LOC

Vince Roberts (VR) Birmingham LOC

Peter Rockett (PR) Wolverhampton LOC

Nizz Sabir (NS) LOCSU

Louise Sarjeant (LS) Sandwell LOC/Minutes

Wasim Sarwar (WS) PES Clinical Lead

Paul Sidhu (PS) Dudley LOC

**Presentation – Lisa Cowley, CEO of Beacon**

I represent the sight loss voluntary sector at the Black Country ICS Ophthalmology and Eye Health network group. Need eye health strategy for the region, have received funding from the National Lottery. How can NHS/LA and voluntary and community sectors work more collaboratively? Nottingham were ‘vanguard’ of integrated care systems so can emulate that. Sent framework to John Barry for review. Principle based, looking at workforce development.

Would people be willing to help? Committee happy to support. VR is this just the Black Country? LC the ICS is Black Country, but potential for scope to widen. Useful to create a template that could be replicated across the region.

How connected are local optoms with sight loss voluntary sector? Beacon works with certain opticians, but not others. Are people aware of us and that patients can be referred to us? WS Sandwell/Dudley joint CPD event on 26th Sept, Sandwell Visually Impaired will be present, we can distribute your material, or you can give a presentation.

We’ve been trying to raise awareness that opticians aren’t just about selling glasses but can help with eye problems ahead of GP or A&E. PH often perceived as retail, rather than clinical, so helpful to address this. As AOP we work with Fight for Sight, Macular Society etc to address challenge. Need to be seen as clinical for sustainability for the sector. PR in patients’ interest to collaborate.

LC we can do simple info sharing. People are concerned about job, driving licence, care requirements etc. Can offer support with technology. Patients may see consultants regularly but not optoms. Discussion about PIFU, consultants reluctant, but if effective optometrist and social care then may encourage process.

Also looking at health inequality, such as DNAs. Can patients be supported, either via NHS or locally? HES and GP don’t have capacity, so can look for help elsewhere. Talking to public health about eye care messages. PH funding is always the challenge, can add cost rather than reduce it as more people get help than would otherwise. Rarely account for savings to social care etc.

LC have some funding so can create models which will then make things easier for future commissioning. LC if consultants can spend less time with patients, then can be savings. High DNA rates at the moment, often due to practical based reasons. PH NHS say hubs are solution, but challenges to get patients to hub. Optometry practices well placed to deliver services. Patients want friendly and accessible places.

NS need a starting point of data –public perception, CVI rates? LC there is some data, ICS and RNIB led data, Have lots of DNA data – geography, deprivation, ethnicity, age, access to independent transport etc.

[lcowley@beaconvision.org](mailto:lcowley@beaconvision.org)

**Apologies –** Sam Hague, Diya Sudera, Dan Saunders

**Conflicts of Interest** – No updates

**Minutes of the previous meeting** – proposed as correct by PS, seconded by PR.

**Matters arising** – Nil

**Diabetic Screening**

PB as far as aware IHI have selected practices and informed them and those practices not selected. VR do we know how many opticians still involved? No.

PH/NS to draft letter to all practices reminding them of contractual duties and obligations and to contact their LOC if any concerns.

**Primary Eyecare Services**

WS attended Black Country meeting, looking at developing medical retina, OCT, stable glaucoma pathways. Issues with funding. Aiming to increase pre-cat fee.

WS issue with BMEC rejecting referrals, gathering evidence to take to them. PH if reject urgent referrals need to do ASAP so patient can be re-referred ASAP. They need to talk to us if there’s a problem. Any IP arrangements in the area? WS no. PH eg patients with uveitis could be treated initially in practice to delay urgency of HES attendance.

**EeRS**

DG feedback that no one receiving updates. PH concern that EeRS is short term and likely to be superseded by ERS. Senior NHS digital person says resolved advice and guidance process, file attachment issues and need for smart cards. PES invested in EeRS, so some conflict, but ERS is national replacement for Choose & Book and supported by whole NHS. PB any harm in going with EeRS initially? PH if local integrations have been made, then work would need to be redone. CB not in position to reject EeRS. PH maybe check to see if long term position has been considered. DG ask under FAQs – also ask about comms, make sure people are getting the newsletters. CB need to ensure we have the right contacts for engagement.

**Local workforce development**

CB discussed options, DS preparing education events. Discussed IP placements at University Hospital Coventry and have reserved 12 places for 2023. Discussed financial support for placements fees, up to 50%. Tina Holmes from NHSE will come to next WFD meeting. There is a project where there may be funding for training if a service is commissioned. NS need to differentiate between different funding streams and if there may be GOS underspend that can be applied for.

**Confederation**

CB LOCSU have said we may be subject to PAYE. Will be cheaper to administer through the confederation if necessary. Don’t want it to deter people from being on the LOC.

CB all LOCs (incl Walsall?) have agreed to confederation. PR next steps? CB need to set up a bank account, maybe link the LOC websites. PB at next meeting need to start acting – CB to draft implementation plan to be discussed at the next meeting.

**Midlands GOS Stakeholder Forum**

PH no longer exists – will sit with ICS’s rather than regional teams.

**Midlands Eyecare Transformation Network**

CB good presentation from PES. PH three pilots for Optometry First, need to make sure they go well. £300k funds available

**LEHN**

CB sent email about supporting the appointment of a chair, but they need to improve the job description.

**AOB**

Nil

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

**Action Points**

PH/NS – letter to all practices about DRS

DG –ask about EeRS/ERS, and comms.

CB – draft implementation plan for confederation