**Heart of West Midlands Regional Optical Committee 15/12/2022**

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

Aisha Jeewa (AJ) Walsall LOC

Spencer Parkes (SP) Solihull LOC

Peter Rockett (PR) Wolverhampton LOC

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 –** Sam Hague

**Conflicts of Interest** – DG now CSO (clinical safety officer) for Bsol for EeRS project

**Minutes of the previous meeting** – proposed as correct by CB, seconded by DPS.

**Matters arising** - Action points – PH/NS letter about DRS – completed and sent to all practices. DG EeRs decision made and comms will come out after the 19th January.

**LOCSU**

NS – meeting earlier with CB with stakeholders, secondary care centric, need to make sure primary care centric. Important to raise agenda for primary care optometry. Health and wellbeing important.

**Diabetic Retinopathy Screening**

PR had 3/4 patients state they’ve been required to have a ST as well as screening. Not pursued yet, want IHI assurance that they will enforce professionalism. PB is there a GOC issue with this? PR service very uneven with very few optometry providers, practices have concerns about how contracts were awarded.

PH GOC final escalation if necessary, could be simple confusion currently. PB GOS issue, coercion to have GOS ST? DG how did patients report it? Coercion or offering? Optometry practices entitled to offer. NS write to practice in fairness, until we know better. Need evidence from patients.

CB raise through LOCs and IHI. SP behaviour of practices, not IHI. PR patients don’t understand differences, onus on practices to ensure.

PB letter to IHI, PS or to individual practices? PB write general letter that this has occurred, remind subcontractors of responsibilities.

PH letter to IHI and reminder to practices, important that patients understand they’ve only had a screening. Phrase as protecting patients. Easier to escalate if a patient safety issue. NS concern raised, reminder to practices to comply with patient choice for ST, separation of GOS from screening.

AJ still dilating patients? PH if you find something that’s not already being cared for then may dilate, but no need to dilate otherwise. DG can’t assume status at screening is status today. Make dilation judgement on what you need to see as a professional. NS could create FAQs to send to colleagues. CB questions answered in CoOs ‘Examining patients with diabetes’.

IH patient seen by screener, mentioned new floaters, screener said nothing to worry about. Fortunately went to optom for examination. Reported to IHI and LOC. I reported to IHI, public health and ICB, which was investigated. Putting measures in place to advice screeners to advise nothing, but to say see your optometrist.

SP two practices, who have contract raised patient safety concerns. Booking full clinics, lots of no shows, 3 out of 24 attended. Can’t do walk-ins, no control of diary, no view of previous fundus photos. Complained to IHI but no action. Concerned who’s commissioned them and should we highlight issues. PB those concerns not GOS, screening outside of remit. PH if impact on patient’s having ST, patient safety. Not seen recall letter yet, depending on complaints, maybe opportunity to influence what they send out to improve their communications.

PB write to john Grayling, ask about input.

IH lot of patients asking who they can complain to. Currently advising NHS England complaints at Redditch. Not main commissioner for DRS, but need to find out who to complain to, especially at public health and ICSs.

**EeRS**

DG briefing came out to LOCs today, preferred provider MonMedical Ltd, (Cinapsis). Subject to conditions, start service on Jan 19th. CB in BC provided funding for project manager and implementation manager, not an early adopter. Expecting meeting for LOCs in January.

CB good software, if advice and guidance comes up flag to NS & PH. Important to have appropriate pathways.

**Local workforce development**

DS peer discussion, 160 signed up, 80 attended, difficulty getting facilitators. Will send out some dates for next year. Set facilitators in advance. Good feedback. Next one on optic nerve heads, PH doing one on OCT, final one on paediatrics.

CB deadline for applications on Sunday. 32 applications, 6 glaucoma, 10 medical retina, 6 paediatrics, 10 IP (3 for placements only). £26,000 requests for funds. Completed maps for geographical locations. 33 places expected originally. Getting more structure across the region going forward.

**HWMOC Confederation**

CB chat with Trevor Warburton about implementation. Need to agree name, bank account and website. Spoke with PS about website, maintain individual websites, but also a confederation page. Quicker to get to referral documents etc. CB threat of PAYE, need to be able to implement. Getting advice on costings. Will go to next LOCSU treasurer meeting. IH have regional bank account could use. PS do we need another meeting prior to confederating, should we elect officers now? PB next meeting.

**Primary Eyecare Services**

WS BC away day talking about ophthalmology and getting secondary care patients into the community. Black Country ophthalmology meeting, talked about high volume, low complexity cataract sites.

BSol glaucoma away day, patients that can be discharged into the community.

Task forces will develop schemes. Some cataract waiting times misleading, actually for complex cases not routine.

BSol trying to get IP optoms to have FP10, hopefully in April. DG inform PES subcontractors know who IP providers are? WS only two currently, don’t want to overburden them. DS wouldn’t necessarily be able to manage certain cases anyway. WS will be able to do when more people come on board, and if FP10s ready then great.

IH on my table at glaucoma pathway meeting, ignored glaucoma and had no intention of bringing optometry into glaucoma pathway. NS need to get mandate from commissioners for optimisation of eyecare and real outcomes from primary care for patient safety and benefit.

PR BC hospitals keen to discharge patients if possible, if there is a good service somewhere, others will follow so have to be organised and ready. Spoke to prof Yang (HVLC at Cannock) not sure if can get cataract business back from private providers, also had no awareness of pre-op cataract service, we need to promote our services.

CB in BC the system has to meet the health needs. Ophthalmology has to compete with dermatology/rheumatology etc. BC realised eyecare needed to be included. Clinical lead for eyecare, identified various workstreams. BMEC shared, so have to work out how services will work between BC and Bham. When BC talk to BMEC reps, they are receptive to changes, but no resources. Bham ahead of BC, with a proactive commissioner, and can make changes which BC can’t. If we work together will see changes across the region.

AJ post cat in Walsall? WS nothing changed, on agenda for when new commissioner comes into post.

PH there’s an ophthalmology modelling demand tool, split by ICS. Can look at projections for the next 10 years. Can use it as tool to help commission services.

**LEHN**

PB there’s a job description. CB recruitment process has appointed some roles across the midlands, just not BBC. May be a recruitment drive.

**AOB**

PH EeRS mindful about rejected referrals and challenges getting patients in. Ensure they don’t turn off other systems, eg. rejecting paper referrals.

NS EeRS in Yorkshire, emergency referrals not going through. Make sure practices aware of DSPT, can use QiO. There may be issues with multiple sites, can DSPT be used once? Awaiting response from NHSE.

AJ Walsall raised levy. Looked at succession planning/needs analysis.

CB NOC good to see people, lots of younger people there, especially in Midlands forum.

CB Central Fund want feedback regarding wellbeing sessions. PR really good session, made it easy to host, would recommend. DS does it cover CPD leadership and accountability domain? WS can ask? NS limited content, funding coming from NHS England, so may be other opportunities.

DPS private practice access EeRS? CB yes if referring into NHS.

WS New Medica (Rocky Lane) and AcES private providers coming into area

DG NM patients may not be offered full choice. WS NM adamant not the case. I can monitor pre op activity. PH presented at PAC recently and they made it clear that they didn’t expect optoms to just refer to NM. NS agree with Head office message, but there does appear to be bias. CB many consultants think pre-op cataract fee is a “bung” for referring into the private sector. Need to dispel that myth.

**Date of Next Meeting –** 6:30pm on Thursday 16th March 2023 (virtual)

**Action Points**

PH – DRS letter/FAQs to practices

PB – letter to John Grayling re IHI communications.

All – agree name for confederation