



DRAFT MINUTES OF COMMITTEE MEETING

HELD 7th OCTOBER 2019

The Crooked Chimney, Welwyn Garden City, AL8 7XE

Present:

Jane Bunker (Chair) (JB)	Mary Bramley (MB)
Sumila Kasaven (Acting/Assistant Vice Chair) (SK)	Katie Patel (KP)
Eileen Gay (Treasurer) (EG)	Richard Stokes (RS)
Steven Roberts (IT & Minutes) (SR)	Wendy d'E Vallancey (WV)
Peter Chapman (PC)	Kavita Kathuria (KK)
Sai Karan Malik (SKM)	Anita Jones (AJ)

Also present: Binal Patel (BP), New Optical Lead from LOCSU

1. Apologies for absence

Dawn Doe, Sally Tucker, Amnish Patel, Hansil Shah, Daniel Harris

2. Approve minutes from 24th June 2019

Kavita Kathuria to be added as attending the meeting on 24th June 2019.

Deep thanks given to the outgoing Chair, Wendy d'E Vallancey, to be added.

Previous minutes then approved.

3. Matters arising

Keratoconus – Richard has written an item for the newsletter. JB to contact Pargat to confirm receipt and to ask him to chase up anyone who has not sent in their items for printing.

STP update

WV attended a meeting on 13th Sept 2019 at The Forum in Hemel Hempstead: looking at pathways across Mid and West Essex and Herts.

Wendy to provide further info if possible.

(Jane) I can now provide an update on this on Wendy's behalf – finally, there have been four meetings arranged in January to discuss the various pathways needed for the different aspects of Ophthalmology – dates are Wed 8th, Mon 13th, Fri 17th and Wed 22nd. All meetings are to be at The Forum, Hemel Hempstead. There will be representation from West Herts Hospital Trust, E & N Herts Trust, Princess Alexander Hospital, Hertfordshire Community Trust, CHEC and LOCSU. Ophthalmology has been split into Glaucoma, Cataract, Cornea + anterior segment, Diabetic eye screening, Medical retina, Low vision, Urgent eye, Oculoplastics, Paediatrics and Vitreoretinal. Cataract is also mixed in with all the above sections too. At present, we have not received any agenda so I am unsure of how the meetings will

shape up. From a LOC point of view, Binal Patel and Richard Rawlinson from LOCSU, Emma Spofforth (or another representative) from W Essex and me together with Sumila will be at the meetings. If anyone else is available on these dates and could attend, please let me know asap.

CHEC, MECS & clinical pathways

CHEC does not appear to be using many Optoms for further investigations or for any referral refinement – several discussions on why this is not occurring. Seems to be due to the excessive numbers of modules needed for accreditation.

Consideration was given for the need to bypass CHEC and start a new system? This was deemed not necessary at present.

There was concern about the poor communication by CHEC and that regular contact/reports back about pxs seen by them did not seem to be happening. One or two letters were starting to be received by the referring practices. It would help to know how many practices were actively seeing pxs on behalf of CHEC and also how many pxs were being seen by this route.

Inadequate funding for training/accreditation by CHEC so poor take-up by Optoms and fee structure poor.

Jane to follow up:

(Jane) I emailed HVCCG after our last meeting for further information and received the following data for period Jan- June 19:

Referrals

Referral source – GP 3329, Optometrist 4453 and Transfer 2164. Total 9946

Total of Onward referrals to Secondary Care 816

I asked which practices were actively involved and was informed thus:

Specsavers Hemel and Watford, Paul Adler St Albans, St Albans Eyecare Centre and David Pressman Hemel

Please see attachment for full data.

- Ask CCGs to be accountable for CHEC – ie how many Optoms/practices now involved, get current update, how's the system working, does patient choice still exist or allowed a choice if requested?

NHS.net email addresses

EG now has an NHS email address although it took a bit of time and perseverance. Some members mentioned having problems with opening attachments unless they were actually at an NHS site. One suggestion was to put the referral in the body of the text rather than as an attachment otherwise you may not be able to open it again. Various workarounds discussed but sometimes it was necessary to forward to a non-NHS email address in order to download the attachment. **Katie and Eileen – can you confirm if this is what was said in the meeting please?** This query can then be put forward to Kirsty Adlem (as she is our contact at NHSE)

As long as "private computer" is ticked BEFORE logging-in, attachments should be possible both ways

SR to email all committee members with instructions on how to request a "read receipt" when sending NHS.net emails. Possibly to add this to our website.

This depends on the version of Outlook on the Web being used. I've printed instructions for the 2 most common versions and I'm happy to help anyone who uses a different system or who's NHS mail looks different from those two.

List of committee members

Following recent changes to the committee, the list on the website needs updating.

All members to check their entry on the site and email SR of any changes or additions required.

Email Addresses on Referral Contacts List on Website

Direct email addresses for emergency/urgent eye clinics to be added to the referral contacts list on website. Some already on there. WV and AP to forward all relevant addresses they have to SR. SR to research and add any others required.



4. Binal Patel - Optical Lead for LOCSU

Binal is our new optical lead for East of England, LOCSU. To support LOCs.

Primary Care Networks

She discussed Primary Care Networks (PCNs) which started in June 2019. They are collaborations of GP practices, providing specialisms across the group to help prevent referrals into hospitals. ie Pooling of resources of GPs with special interests. The PCNs will then feed into Integrated Care Networks (ICN). There are 12 PCNs in Herts and Binal will get a list of directors of these PCNs.

LOCSU 'Needs Analysis Form'

BP advised Herts LOC members of the need to complete a 'needs analysis' - What do we do well? What can we improve on? What are the needs/aims of the LOC and what steps are needed to get there?

Most other LOCs have completed this. JB feels Herts LOC have a reasonably clear idea of direction, purpose and needs already, members concurred.

Current questionnaire is on an excel spreadsheet and is not user friendly. BP will look at ways of simplifying, such as just listing the questions, and send JB a revised blank form, to be forwarded to all members as soon as possible.

All committee members to complete within 7 days.

Consideration was given to a special meeting to discuss and proceed with the Analysis, as recommended by BP, or wait until the next meeting. JB and BP will discuss this further and arrange a meeting with as many committee members as possible.

5. CET Evening – BioPark, WGC Monday 18th November 2019

The first session (6 – 7pm) will be a peer discussion not peer review, as peer review requires a facilitator for every table and it would be difficult to find enough facilitators as we may get 100 people for this event.

The topics for the three sessions will be Hospital Paediatric Referrals, Widefield Imaging and Vitreomacular Traction.

MB to email SR with further details of topics and speakers so that the CET flyer, Google form and email invitations to the CET evening may be prepared.

Using Google forms again to handle replies to the invites was agreed.

Sending the invites will need to wait until DD returns from holiday as she has the up to date mailing list.

All committee members attending the CET are to wear badges showing their status, and one member to be seated on each table for dinner to encourage attendees to discuss the LOC and its work.

JB or WV to give a short talk at between the CET sessions on the LOC, its purpose and its work.

SR was given the badges to bring to the CET evening.

This will be the last CET at the BioPark. Whilst the Focolare Centre could be used for meetings, MB felt it was not suitable for CET due to parking and location, or The Crooked Chimney.

She suggested the new building at Christchurch Baptist Church, Welwyn. Accurate directions would need to be provided to attendees, but it is beside the NHS community trust building.

6. Treasurer's Report.

Received and approved.

EG had received agreement to a reduction in the LOC levy after numerous emails since April 19 but advised that the next month's set of accounts would allow her to check it had been altered and by how much.

7. Newsletter Update –

The Newsletter still hasn't gone out as it appears some articles are still outstanding. JB to contact Pargat to confirm the current situation and to ask him to actively chase contributions from members.

Consideration was given for more regular newsletters: a decision was made to stick to every 3 months but that all members must contribute on time to ensure it goes out regularly.

Possibility of adding "Top Tips", either to the newsletter, website and/or having a separate shorter but more regular email to the mailing list. Sticking to a 3 monthly newsletter was agreed but to include "Top Tips" and anything else members felt would be useful for the readership.

Anything suitable and wanted to be added to the website to be sent to SR.

Pargat to nag all members to ensure content is completed promptly and that the newsletter goes out regularly.

8. Website Update – Steve

- Look at Devon LOC Privacy Policy/GDPR - maybe use this on our website? This agenda item was missed at the meeting. Jane and Steve spoke later that week and agreed to keep ours as it is for the moment for the following reasons: **It's very long for what Herts LOC do. Devon has a "business manager" for their LOC and Steve felt they may be treating it as more of a business. He's happy to put something that big on the website if we feel it needs it, although he has edited the existing privacy policy and moved it to a more obvious place in the meantime. Does everyone feel this is adequate?**

****If anyone wants, we can add this to the next Committee meeting agenda in January – please let Steve or Jane know otherwise we will assume all are in agreement.**

- Devon LOC also put all the HOT BRIEFS on their website too. However, it was felt that sometimes "HOT BRIEFS" contain information not ideal to be in the public domain and, as the public have access to the website, it was decided NOT to include them online.
- The LOG-IN and FORUM menu option on the website are non-functioning and should not appear. SR advised that a new template was being worked on by LOCSU and that he would endeavor to get the LOG-IN and FORUM menu buttons removed in the meantime, if possible.
- Minor website changes were discussed and made such as spelling, format errors, update the Voucher Values for 2019, remove out of date items from CHEC section and update accordingly.
- The "Jargon Buster" list of acronyms found on the LOCSU website will be added to the LOC site.
- Consideration was made to reducing paper usage by printing fewer copies of the agenda and minutes for each meeting as some members either print their own or use tablets / laptops. The committee agrees to continue with full printed copies for the moment as more convenient and practical for members.

9. NOC 13/14 Nov – Volunteers needed – starts at 5pm on Wednesday until 5.30pm on Thursday, held at Chesford Grange, Kenilworth, Warwick, CV8 2LD 01926 859331



There is one complementary place and one place funded by Herts LOC, including being paid for their time and reasonable expenses. SK agreed to attend. We need to ask the absent Committee members if one of them would like to go.

Possibility of another attendee being funded to go with SK, should anyone else wish to go.

SK (et al) will report back to the committee after attendance.

10. Any Other Business

- Nice Pathway

JB suggested adding the up to date NICE pathway on "Referral for cataract surgery" to the website.

There was concern that since these are only guidelines, it may not be in the practitioner's best interest to have these on the site.

The general consensus was to not put them on.

- CHEC

Further discussion was made regarding CHEC and alternative pathways, CHEC's limitations, the need for extensive training and cost implications.

KP advised that her practice uses pre- and post-cataract checks as a "loss leader" in that the fees are inadequate but can lead to a dispense. The committee agreed that this type of appointment can also enhance the reputation and clinical standing of practices.

AJ says the practice she works in does pre-op cat assessment, then patient is sent to the hospital for further assessment then to pre-op. This is for St Albans, Hillingdon and M. Vernon. Generally, the post-ops should be sent back to the referring Optom but they are often seen locally instead.

- CET

The LOC have been approached by various companies to advertise their CET. The committee felt that we did not wish to actively advertise commercial CET providers. MB said she would vet any possible companies. JB to send all approaches to MB for her to assess and reply to.

The LOC discussed sponsorship of CET. MB feels that the time spent arranging and pursuing the funding of sponsored CET outweighs the advantages. The committee agreed. Herts LOC have sufficient funds to provide excellent CET, which is well attended.

Providers may be able to rent a table or space at a CET event to promote their business. MB will deal with all enquiries.

- Membership

Sally Tucker to become an "associate" committee member as she continues to be actively involved in the CET event but does not attend meetings. The member list on the website to be updated accordingly.

- "Top Tips"

Having decided not to send a monthly email but to stick to a newsletter every 3 months, JB suggested some ideas for "top tips" to go on the newsletter and/or website, such as:

- Contact lens solutions are labelled either MPS (Multipurpose solution) or MPDS (Multipurpose disinfecting solution) - if they fail one or more tests designed to assess its antimicrobial or anti fungal activity for MPDS, then they can be labelled MPS (if they pass that set of criteria).
- Optix website for OCT users - mission statement - "This is a group open to all optometrists for the exchange of ideas and advice relating to the use of any brand of OCT and interpretation of the results". - so not just clinical!" LISTSERV@LISTSERV.OPTIX.CO.UK

It was decided that the email address above would be easily available to the public if it was on the website so it will only go on the newsletter. We need to send this email address to Pargat for putting on Newsletter. Done.

- 'Myopia management 'update

The committee discussed the importance of myopia management and what methods were used by various members including peripheral blur spectacle lenses available in Asia. WV stated that she has been in contact with Sightcare about their UK supply. Not undercorrecting myopes, the importance of daily outdoor activity 45mins, keeping the room light on when using backlit devices and so on were discussed. The Committee were in agreement that this was their current advice to patients.

WV to check if GOS vouchers may be used for myopic management.

- GOS 4 "Pink" Vouchers

SK asked if a child with unserviceable spectacles but who had not had an eye exam within a year could still be issued a GOS4 ("pink") voucher. KK and SR stated that under "duty of care" it is usually better for a child to wear an out of date prescription than none so a "pink" can be used but an eye examination should be carried out as soon as possible.

- School Screening

Essex CCG have started funding school screening through the LOCSU's Children's Pathway which is available to all high street opticians. The fee is on top of GOS. Optoms can then refer back into HES, if necessary.

A discussion followed on how Herts can improve school screening.

E&N Herts have been running a pilot scheme but this can't be rolled out; West Herts have tried to copy this scheme but there is no failsafe procedure in place or any follow up to check patients have been seen at present. Essex use Optomanager to monitor their referrals. Orthoptists don't follow up pxs they have referred back to Optoms – no one checks that a px has actually been seen.

There are currently no fees for filling out the paperwork for this scheme so Optoms have been doing it out of goodwill. There was consensus that there can be too much "goodwill", especially as children generate less income through spectacles anyway.

Could there be CCG funding for this? Probably not. How else could this be funded? WV advised that the STP are talking about Children's schemes. The parts of Essex using the LOCSU scheme is currently seeing children within 2/52 at a local optical practice.

Sue Blakeney at the College of Optometrists would be able to help determine whose responsibility the children are when they are sent out to an Optom practice but not under the LOCSU scheme. Jane to email her and follow up.

I had a long chat with Daniel Hardiman-McCartney from The College – basically the Trust would be responsible for these children if they were happy for the scheme to run.

To discuss this with Matt (Lead Orthoptist from QE11) ?

From May 2019, CHEC no longer wanted to receive children referrals (under 16yrs of age). CHEC advised that since there was missing information from GPs with the referrals, they wouldn't



manage them directly. Instead all under 16yrs referrals go to the GP which was the situation before CHEC became the service provider.

11. Date of Next Meeting

January 13th 2020 was agreed for the next meeting.

RS agreed to stay on at least until the next AGM.

Meeting closed at 8.30pm