

Chair summary from 13th Jan 2020 to end of June 2020 (for AGM on Mon 6th July 2020)

Apologies for delaying the scheduled Committee meeting and AGM from 30th March 2020. Since our last meeting in January, we have had three committee members retire from the LOC due to other commitments so I would like to register my thanks to them all for their contributions to the LOC over their time as members - Pargat, Deepali and Christine - many thanks.

It's been a very hectic four months and a steep learning curve especially with the new words and acronyms used by NHSE/I, CCGs let alone CUES, PPE, IIR masks, PCSE, furloughing, and so on.

- Update from **Needs Analysis meeting** on 11th February 2020

It was a great meeting with 9 of us present and it facilitated the conversation around where we are now, where we were and new ideas going forward. The committee members put forward ideas of how they can add value to the LOC. I believe we all found the needs analysis a useful exercise and, once we get back to 'normal' albeit a different normal, we can look once again at the ideas and thoughts it generated.

We do have a collated spreadsheet of where the LOC was then from all the information gathered but we will need to revisit it at a later stage. Other LOC's have been using the needs Analysis information for future planning.

- We held a **CET EVENING** Monday 24th February where Jennie Jones from OCCS discussed the benefits of using their service whenever a complaint or concern was aired by a patient to a practice or practitioner. It was an excellent, well attended evening of over 60 practitioners at the new venue of Christchurch Baptist Hall, WGC. Jennie also led small group discussions about 6 scenarios which was both interesting and informative.

There were two 'take-home' messages from this CET:

1. Do remember how useful the free advice and opinion of OCCS can be if ever presented with a customer complaint!
 2. Remember the following mnemonic: "AERO" - Apologise, Explain, Reassure and Over delivery (of the solution).
- **Ophthalmology clinical pathway meetings** - these were for the whole of the STP area (Sustainability and Transformation Pathways) which covers Herts and West Essex. Each meeting was to discuss a different eye service ranging from Glaucoma, urgent eye to Paediatrics. The LOCSU pathways for various services were produced and discussed together with how each service was running at different hospitals and in different areas. These meetings have ceased at present due to Covid19. We have had no further communications from the STP about these meetings to date.
 - Herts LOC is part of the **LOCSU's East of England region**. This matches the NHSE/I regions which is ideal. At these meetings there is an opportunity for other LOCs in the region to share ideas, problems and successful pathways which are being commissioned. Our region includes Norfolk, Suffolk, Essex, Hertfordshire, Cambridgeshire, Bucks and Milton Keynes. Some areas have MECS, some have

commissioned CUES and some have no enhanced services at all. It has been very useful to learn from other LOCs how they have successfully got the CCG to commission a service.

- Herts LOC is part of the **NHSE/I East of England region**, as stated above. This group was set up to try to introduce some sort of urgent eye pathway for patients using Optometrists because of Covid 19. It developed a similar pathway to CUES with which it then merged. The chair is Chair of the East Anglia Local Eye Health Network and Optometry Professional Adviser so was useful in problem solving such as lack of PPE. She advised us to contact the LRF to order an urgent (but small) supply of PPE. Comically, I then had an urgent recall of the goggles they had supplied, which I have since destroyed!! We only had three people contact us for PPE which we ensured they received
- there's was a comment which I assumed needed deleting: "Follow Up: needing"
- **CHEC - HV** - already halfway through their 3year contract. Seems generally to be going well, minimal complaints and reasonably prompt appointments. Since all routine exams have ceased, CHEC have said they have spare capacity to see any eye concerns so we should be referring to them rather than asking the patient to pay. We are paying for CHEC through the CCG.

An update from Aparna at the HVCCG at the end of May says:

There is no change in the referral process to CHEC and we would expect all GP and Optometry practices to refer patients to their service as usual. CHEC have restarted their services and they are working strictly to the NHSE guidelines in terms of PPE requirements and social distancing for seeing patients in their clinics. They will continue to provide care from GP practices but are also looking into investing in mobile units. They are fully staffed but activity levels are low. Currently, they are mainly providing non face to face work. As activity levels build up from next month, this is likely to change.

Please see some information regarding CHEC activity from April 19.

Provider	CHEC
Values	Total
Sum of Apr-19	1984
Sum of May-19	2108
Sum of Jun-19	2858
Sum of Jul-19	2876
Sum of Aug-19	2677
Sum of Sep-19	2739
Sum of Oct-19	2702
Sum of Nov-19	2326
Sum of Dec-19	1877
Sum of Jan-20	2611
Sum of Feb-20	2758
Sum of Mar-20	2708

*LOOKS LIKE APPROX 2500 PATS/MONTH

For March 20

No. of patients seen-referrals from GP & Optometrists-2708, Onward referrals to HES-79, Follow ups undertaken-1715

For April 20

No. of patients seen- referrals from GP & Optometrists-1030, Onward referrals to HES-11, Follow ups undertaken-494

- In E&NH, CHEC's IOP/hypertension service has been decommissioned. I asked the Contracts officer for more details -

The contract was issued 1st June 2017 for a duration of 3 years and the number of patients involved were very small, usually less than 10 a month being seen. This service was for assessment of Ocular Hypertension and suspected glaucoma only, once assessed patient would either be referred back or referred on to the acute trust for treatment. These patients will now be absorbed by the acute trusts.

- **Optix/Optical forum** - has been a very useful resource during the pandemic and now for keeping up with other people's concerns/plans for the recovery phase, etc.
- **LOC summary on practice opening during Covid19 from April this year** - we had just over 100 replies of which we have gained over 30 new practitioners onto our mailing list. This now stands at over 370 people, but there may be some duplication as some are practice contacts and some individual. From the people that replied, we could see that over 80% were 'open' in one way or another. The reason for doing the survey was to have reliable data ready if the CCGs commissioned the CUES service. At the time, it also showed that majority of responders had gloves and slit lamp breath shields but not so many had aprons or masks.
- **CUES/MECS** - Many emails to the CCGs about CUES, W Essex also sent a complaint that GPs were referring Herts pats into W Essex Optoms for their MECS service for which they wouldn't be paid. Herts CCGs are not interested in commissioning CUES as all providers at present still have capacity. I believe this is because practices are seeing patients either free of charge or the patient is paying to be seen thus keeping majority out of hospital or CHEC.
- **Emailed queries** - recently about GOS payment, lack of communication from PCSE. I have access to the "open" practice list via our NHSE/I E Of E meetings. Also, several contacts so I was involved in pushing for further info on why the GOS grant had not yet been paid in Hertfordshire and successfully getting the payments sorted out.
- **STP to ICS:** STPs were formed in 2016 but, in some areas, STPs have now evolved to become integrated care systems (ICS), a new form of even closer collaboration between the NHS and local councils. The NHS Long Term Plan set out the aim that every part of England will be covered by an integrated care system by 2021, replacing STPs but building on their good work to date. We became an ICS on June 1st 2020 with Dr

Jane Halpin in the leadership role. I plan to introduce us as the people to contact for any optical related issues and to encourage discussion in any commissioning opportunities that come along

- Diabetic Eye screening Programme

We were approached by the GP (Dr Sadhana Kulkarni) who runs this scheme for West Herts to see if we could provide any help as they had an enormous backlog of patients who needed screening. In one year, they screen 27,000 patients and in view of the lockdown, all screening stopped. They now have a list of approx 7,000 patients who are overdue. 22 practitioners expressed an interest in helping with this screening – it would involve visions or VAs, pinhole if worse than 6/12, dilation and two photos each eye. These images would be uploaded to the DESP system and graded elsewhere. Initially, there are 4 venues but they used to use another 4 elsewhere too which should be opened up in the near future. We have asked those interested practitioners to get in touch directly with the GP running the scheme in order to organise the clinics. Sadhana suggested this to save us the time of arranging different practitioners to go to different venues across West Herts. Instead, she will deal with everyone directly. They will need to sign up to NHSp (NHS Professional) but this is straightforward.

- We have also been approached for help by another Consultant. This is a drug monitoring programme involving OCT of a small number of patients taking a drug for urinary issues. Talks are continuing at present. This looks like it would be arranged directly with the hospital trust.

My thoughts for the future are that we are in very interesting and unique times - there are many demands for our input in schemes but currently everyone is struggling with clinic time due to the increasing backlog of patients following the pandemic CV-19, longer times being needed per patient due to cleaning of equipment, changing PPE and social distancing. All these factors are going to be with us for a considerable length of time (if not for ever) and the challenge will be seeing patients in a timely manner, being properly remunerated for our skills and being asked to help by the hospitals who have tidal wave of patients to see whose lists are growing longer each day.

There will be many challenges ahead and the LOC will be here to help you all.

I would also like to take the opportunity to thank my IT right hand man who has responded to queries and designed the emails for sending out using mailchimp however late it is in the evening, my vice chairs, the CET organizers, Dawn, Eileen and the rest of the committee for all their help and support throughout this somewhat unique year. I couldn't have done any of it without you all.