HERTFORDSHIRE LOCAL OPTICAL COMMITTEE

Monday 19th July 2021

COMMITTEE MEETING USING ZOOM

DRAFT MINUTES

Present:

Jane Bunker (Chair) (JB)
Hansil Shah (Vice Chair) (HS)
Sumila Kasaven (Vice Chair) (SK)
Eileen Gay (Treasurer) (EG)
Steve Roberts (IT) (SR)
Mary Bramley (MB)
Anita Jones (AJ)
Peter Chapman (PC)
Karan Sai Malik (KSM)
Katie Patel (KP)
Kavita Kathuria (KK)
Dawn Doe (DD) (Note Taker)

1. Apologies for Absence

Apologies were received from Amisha Pau, Daniel Harris, David Fleming, Sally Tucker and Wendy d'E Vallancey, Deepali Modha

2. Approve Minutes from 19th March 2021

The minutes were approved.

3. Matters Arising

Update on the Urgent Eye Clinic. JB said that David had managed to complete 2 sessions, which he told her were very useful as he has almost finished his IP and required some practical activity.
The plan moving forward is to get people to do 2 consecutive days a week rather than half days here and there. If you like it you can arrange to do more, if you find it is not for you then you can stop. Initially the clinic wanted people to do a week, but JB thought it could be quite stressful. It is a 0900-1700 day as a volunteer at Watford Hospital. The clinic will need to have your GOC number.

4. Election of Officers

This is Chair, Vice Chairs and Treasurer. The CET organiser was initially included, but this is not a voted position. SK will be getting married next week and ultimately will no longer be living and working in this area and will have to step down, but would like to remain involved with the Committee, perhaps as an associate. Her husband is Vice Chair with Surrey LOC and she could share ideas on things that work well and do not work well. As we have had 2 Vice Chairs, we will need to replace one if we are to continue to have 2. JB said that having 2 has been very good, especially as we have had one that is a Performer and one that is a Contractor. We need to decide if we wish to keep 2 Vice Chairs and if we wish to keep SK on the Committee in another capacity.

SR said that having the 2 Vice Chairs has worked well. HS & SK have done a great job and hopes that HS will continue, thank you to Hansil. The extra support to the Chair is always a good thing. If SK could stay on until we have a replacement.

<u>Chair Election</u>

JB left the meeting. MB proposed we keep JB as Chair and SR seconded this, everyone agreed to this proposal. JB returned to the meeting and was advised that she had been voted back in as Chair. JB said

thank you and that she was enjoying the role. She hoped we all felt included and that they were managing to keep us all up to date with what is going on. MB said that, JB along with her supporting staff are doing an excellent job and we are very grateful to have them.

Vice Chair Election

JB asked HS if he would be happy to continue alone or does he want someone to bounce ideas off. HS stated he was happy to carry on and having 2 Vice Chairs works better for him, but it depends on everyone's view. JB stated that having 2 Vice Chairs worked well and that the workload would change and hopefully not all be around COVID, but there are things in the pipeline with all the CCGs. A short discussion about this and how SK could be kept on with the Committee took place. Could she be co-opted on, it is thought she could stay on Committee but not have a titled role, could possibly co-opted on as an advisor, need to think of a topic. JB would like to utilize SK's expertise and additional information from LOCSU courses she had attended.

JB thought it would be unfair for her to go around room and ask who would like to be a Vice Chair, therefore any volunteers should e-mail JB before 31st July 2021 and depending on number candidates received, a secret ballot system to for voting, to ensure the constitution is met.

HS left the meeting whilst voting took place. JB stated HS has always responded to any of her requests for help/information and has knowledge from another Committee as one of his premises is in another area. PC nominated and SR seconded. HS returned to the meeting and was advised he had been voted back as Vice Chair, he said thank you.

Treasurer Election

JB asked EG if she was happy to stay as Treasurer, she has been doing an excellent job. EG said she was happy to continue, although she was not sure if there was a limit to the time someone can remain in a post, as she has been doing it for a while now.

EG left the meeting whlilst took place. SR nominated and JB seconded. EG was readmitted to the meeting and was advised she had been re-elected.

MB said that she realises the CET role was not a voted position, but she is aware that the past year she has done nothing. She is very happy if someone else would like to take over this role, although she will continue to be involved once someone is in a place or resign if preferred. There is a lot of CET out there on the internet and the posts for these in the Newsletters have been very good. JB said that AP is keen to do this, at present her baby is just 6weeks old. JB to chat with AP and MB give guidance/advise. Also think ST is happy, but similarly to MB has covered this for a while. MB said that the main positive from the events we held was being able to meet with others. JB brought forward a topic from Any Other Business – Paul Yaxley, a rep for Optegra has been in contact and offered to sponsor our next CET event. All they wanted was a quick 10 minute slot to cover the Referral Pathway with a Q&A from us. JB thought that we could go to Optegra, but this could limit the number of attendees. We will come back to this in Any Other Business.

5. CHEC & Herts Valleys Update

In Herts Valleys, Uchè has taken over from Aparna at the CCG.

West Herts Hospital Trust now includes Stacey Strong as Clinical Lead, Shantelle and Beverley as admin. The waiting times there appear to be reducing. New Glaucoma 6-7 weeks wait; Paediatric New Patients 15-16 weeks wait; New General 10-12 weeks; New Medical Retina 12-14 weeks and New Ocular Plastics 12-14 weeks.

Michael Morris at CHEC gave this update: Outpatients 2 weeks; Cataract Consultation 1 week; Cataract Surgery 3 weeks and Yag Laser 4 weeks. Discussed AMD, AJ happened to have 3 AMD patients who were referred to CHEC and they were all seen the following working day. Brilliant response, lots of follow through letters on the outcome so she knew what was happening and whether treatment was started not started, all done at Watford Atria which used to be called the Intu Shopping Centre.

Michael Morris at CHEC gave this update: Outpatients 2 weeks; Cataract Consultation 1 week; Cataract Surgery 3 weeks and Yag Laser 4 weeks. Discussed AMD, AJ happened to have 3 AMD patients who were referred to CHEC and they were all seen the following working day. Brilliant response, lots of follow

through letters on the outcome so she knew what was happening and whether treatment was started not started, all done at Watford Atria which used to be called the Intu Shopping Centre.

KK asked if the AMD patients referred through the portal – AJ replied yes all through the portal, she can never get through on the telephone. Any issues AJ sends an NHS email and Hayley or someone else at CHEC will quickly deal with it. If there is a problem with the portal, she rings the CHEC help line and they resolve any admin issues.

AJ had 1 patient who complained about a cataract surgeon which concerned her, CHEC took it seriously and she thinks it has been sorted because any other patient she has seen since has said how straightforward it has been.

KSM asked has AJ come across any patients declined by CHEC due to a disability? AJ replied No – she did have a patient who was a little frailer who had felt rushed and not given enough time to lie flat. AJ went on to discuss about frail and anxious patients probably better referred to hospital/different setting with possibility of having a sedative. Also, probably better for frail patients to have a longer wait and refer to hospital. AJ not so familiar with Spamedica or Optegra, things JB will be covering these later. KSM has had 3 issues regarding disabled patients and CHEC. One could not get out of wheelchair for slit lamp, CHEC tried twice to pre-op this patient even though it had been pointed out that the patient would be better in a different setting, also inconvenient to the patient. The other could get to slitlamp, but they couldn't do it, they told him he had to go to hospital, and he was annoyed because he wanted surgery done within 4 weeks. The other was a mobile 91-year-old who was told she was too old and why bother. AJ puts any negative comments from a post follow up onto the form and follows up with an email and she always get a direct response. KSM has also had complaints about surgeon Rapor and poor anesthesia. Also patient choice was raised, AJ tells her patient to make sure they say where they want to go, write it down and if not sent there, can phone up and say I do not want to go there, I want to go somewhere else. JB said that in Herts Valley patients will have to go via CHEC first as that is the commissioning route. There was a discussion about complaints and giving feedback to service provider. JB requested she be informed, (anonymously) of the patient complaints/concerns so that she can follow up on them as well. KP added that being ENHerts she does not have this issue, SpaMedica genuinely cannot see patients with disabilities, she has seen their site. In ENHerts referrals go through the GP and they are not reading the letter and not seeing the patient site choice and sending into the trust so patients are having long waiting times, therefore advises to write in bold at the top of the letter.

There was a discussion about patient choice and how involved the optoms can be if a patient asks for a specific provider.

JB update on CHEC – Cataract, Optometrists refer to CHEC for triage, patient is seen by CHEC to ensure they fit the criteria and want it done, CHEC apply for authorisation each time; there is a pay scale dependent on complexity, patient is sent a letter from the electronic referral service, which CHEC posts out with a choice of provider based on the geography of a 10 mile radius of the patient post code. Patient can also request a provider further away and CHEC will facilitate that as well. This last 2 parts are a change, CHEC cannot book them in they must send a choice of providers. SR asked if there are waiting time issues from CHEC? JB said there have been a few incidents where CHEC have been claiming that other providers can't do it for 9 months, but because we are now getting all the waiting times and sharing them it is more difficult for them to say, so hopefully this will change. We need to be aware and keep on top of this. JB could be allocating this as a task to somebody to phone around providers and ask their current waiting times and we can have them on the website. SR suggested sending it on the regular MailChimp updates.
For bilateral cataract, write bilateral on the form, they can do both eyes then, not necessarily on the same day, but if you write right eye they can only do right eye and will need to come back to you to have the left done.

6. E&NHerts Trust Update (Lister)

KK gave a short presentation via her screen.

Main concerns are that due to COVID they have a large backlog and long waiting times. Limited capacity of estates and workforce, so more patients and longer waiting times, but no more clinics or staff and ageing, unreliable equipment.

What they are doing well - Nurse led injections, activity is exceeding that of 2019 and 2020. There are new OCT machines. One stop pathways, for example Glaucoma had 3 separate appointments for 3 clinics, one for fields, one for OCT and one for clinic. Now all appointments are done on the same day. Fast track cataract pathway. Fail safe officers for patients who need injections so they shouldn't get lost in the system.

What they would like to improve. To increase capacity and reduce waiting times. Have more virtual clinics especially with OCT. A one stop pathway for treating wAMD medical retina patients with them coming to clinic having the OCT and injections on the same day and given next appointment. Need to agree out of hours cover, partly Trust and partly ICS. Management of a bookable urgent eye clinic. To discuss MECs again - CCG have agreed to discuss again - this has been successful in West Essex.

Over the next one to two years the plan is to set up electronic patient records, to increase the workforce, looking into Diagnostic hubs, (not in the hospitals) is something to consider for the future, although may be better to have an integrated pathway with the community, so MECs with an electronic referral system; stable glaucoma monitoring and things like that carried out by accredited optometrists in the community. Reviewing the patient to consultant ratio, should have 11-12 consultants but they only have 6.

Next Steps – CCG have said they will discuss the commissioning of MECs. The electronic patient records system is on its way. They need to design and resource a 7-day service. Re-design pathways.

KP asked – referrals to urgent eye clinic – when sending an email in a triage nurse has said that all the scans, photos etc are useless as they can't see them – are they required or not? KK said probably due to nurses doing triage and they are not able to interpret the images and said yes to still send if they can. Trust will always carry out the scans themselves anyway. KP and KK discussed this in more depth. KK explained that referrals via GPs are triaged by doctors, but urgent eye are triaged by nurses. AJ asked if it was useful to also give the patient a copy of the scan? KK said yes, the patient could hand it to the doctor. EG said she found it disconcerting that the nurses could not interpret an OCT if they are triaging. KP asked if there was any headway on a list of what consultants deem urgent. KK did not know that was something asked for. JB suggested using one from the college that shows this is a week, this is three weeks etc., this was discussed for a while. KK re-iterated that only urgent should go via urgent eye care all others would be triaged by the consultant. JB stated that something similar has arisen at PAH, (Harlow) and due to the back-log patients were being referred via urgent eye care for routine issues. The consultant spent an hour this morning, going through the email inbox and triaging those that were urgent from those that could wait for a week or more. This is time that the consultant could have been seeing patients. We need to be more cautious about using the urgent email address for things that are not an emergency, because the same thing will happen, and the email address will be clogged up and we might be stopped from using it. KP said that what an optometrist deems urgent can differ from that of the consultant so it would be good to have the college list looked at by a consultant, they may say yes the scan indicates this but it can actually wait another week. JB said she did send the Moorfield's one, where they said that unless it is life or sight threatening now, if it can wait 24hours it is not an emergency/urgent.

Action – JB to look at this list, (sent to Matt)

7. COVID/Infection Control

JB asked for a rough idea of what the practices were doing. Their practice is the same, they were cutting the cleaning times, but surprisingly they are keeping them. They are still in full PPE and will be for several more months. Around the room just a quick update on what they are doing, are they getting resistance from patients to wearing masks.

AJ stated she has had several people just walk in, some argumentative. They have signs up for only 3 in at any time and masks to be worn. They don't want to be political and are sending out emails to explaining why they are continuing. Only change is when it is a quick contact lens follow up with a younger patient, then has door ajar with mask and gloves, but not full PPE. She has also spoken with clinical advisor who advised that you could risk assess individual cases. Wearing of apron also makes a difference to the isolation time.

KP says they have kept the practice exactly the same, they are not changing anything, they have vulnerable staff and the measures are to protect them as much as the patients. They have been praised for doing this. The only change is they will request the patient wears a mask and if they do not have one, they provide one free of charge. She was emailed a NHS poster that states masks are still expected to be worn in NHS settings. Any argumentative patients are whisked through their appointment.

Action – JB to send NHS Poster out

JB asked if anyone else had any comments, are they doing things differently? She will receive emails and calls asking what should be done and will advise to carry on doing the same and asking patients to wear masks and when the poster is available there will be something to put on the door.

MB wanted clarification on the apron as she had decided to stop using one as they were not producing aerosols, they would have scrubs and change them daily. JB said that she thinks if you are in full PPE you don't have to isolate, even if you get pinged by Track & Trace, but SR would be our expert on Track & Trace. SR said he could not give a definitive answer on Track & Trace but as far as he was aware there were no changes to protocol. MB will investigate it, as her decision was based on something she had seen about the and not to wear aprons due to possibility of heat stroke. JB said she that if in work you should turn off the track & Trace and if pinged and you have been in full PPE you can ignore it. KP added that there had been something on the news today, NHS staff and workers are being told to turn Track & Trace off, if you have been in full PPE with no PPE breach you can continue as normal unless you become symptomatic. SR confirmed he had seen this and added that even if pinged from outside of work NHS staff will not have to isolate. MB asked members to raise hands if not wearing aprons. AJ summarised her earlier example for her not wearing an Apron. EG said she does not wear an apron, but she is probably a special case because she is only doing vision therapy now and does not get close to the patient and does wear a mask and gloves. If she does an eye test, she puts an apron on.

JB said that on the response from the room she will advise full PPE to those who enquire.

8. Cataract Waiting Times

JB said she has updates on some waiting times and these will be added to the MailChimp. Stoke Mandeville, North of the area - from referral to surgery is 14 weeks, they now have a standalone unit, which apparently is going quite well, and you can have a video tour as well if you want to.

Optegra, Colindale – 4 weeks from getting the referral and you can refer direct. This is the person who wants to come along to our next CET event. If the referral is going via the GP, make it a clear statement that the patient has chosen Optegra for their surgery. JB also has their ID number so the GP can look this up on the electronic referral. He said they have had comments from patients that when referred via CHEC they had not been offered other providers for the cataract surgery, so he was concerned that they were going against what they should be doing. JB added that after the email she had received today this has been addressed. SpaMedica are quite busy and are going 4-6 weeks after referral, guess taking a bit longer as they have fewer clinics. They do offer free transport, but this adds on waiting time. So generally, cataract surgery in our area is pretty good.

9. Website

The new website is ready but due to a couple of delays has not been launched yet. LOCSU have delayed closing the old site due to other LOCs not being as advanced in development as us. Also, there were issues with downloading the media from the previous website. SR wanted to be completely sure that he had captured everything from the old site before switching to new one. He thought he could capture it all in one chunk, but they could not find a way to it, so he had to do it all manually. We now have everything needed and the new website is ready to go. The emails, ADMIN@hertsloc.org.uk and CHAIR@ are also ready. SR didn't want it to go out at a time when there are some major changes, so will probably send within the next couple of weeks if everyone is happy. The website address is (hertsloc.org.uk) and anyone can find it if they want to have a look it is now publicly viewable, although we are not directing anyone there yet. If you do view it any comments will be welcome. The new website and email addresses will be sent via MailChimp soon.

JB said thank you for completing this and doing all the work behind the scenes.

EG asked about the generic email addresses. SR said that the ADMIN and CHAIR @ are both ready and we will continue to run the HertsLOC@gmail.com for a while and he will put an automatic forward on so that any messages are sent to the new email addresses, and we can keep this as long as we want.

10. Treasurer's Report

The levy change went through at lightning speed, which she was amazed at. The finances are looking good. We are covering our day-to-day costs and keeping some in reserve, which is what she wanted to do

11. Chair's Update

Electronic Eye Referral - There has been a bit of a push from NHSE that we should have this in place. It is a national requirement, but has been left with each ICS to design, commission and implement their own system. Across the East of England, we could end up with 7 different systems that may not be able to talk to each other. This was discussed back in January and there is £200,000 for it. Herts and West Essex decided it was not worth going for as there was no guarantee of money for another year, they did not seem to know what they wanted, they wanted to ask the patients if the system was working and the patients wouldn't know. It has all come back again with slightly less money, but now the whole referral pathway will be like a portal, you'll do your referral, it will go to a triaging centre, will be picked up by the best consultant for that referral and dealt with. They will be able to email back to us an outcome letter. Then going forward, once that is all up and running the patient could be passed back down to us for monitoring if we wanted to. At the moment we are looking at this EeRS. Currently, E&NHerts & Watford hospital trust want to get their electronic patient records up and running first because neither of them have electronic patient records. Matt was saying that when they were asked to look at the patients on the backlog and try to recode them they had to manually pull all the patient notes and look every single patient notes before they could code them, so this will become much quicker once they have electronic patient records in place.
MECs - E&NHerts also want to try to get this running. There is a MECs service that practices bordering onto West Essex have access to: Bishop's Stortford, Much Hadham and Sawbridgeworth. The numbers are proving that it is keeping patients out of hospital. On the back of this JB thinks this will probably get rolled out. It could be at least 9 months before this would happen, but at least it is going in the right direction.
Eye Department Issues – There have been several meetings about this recently and it has been interesting to hear about the problems at various hospital eye departments. One is that the patient blood pressure was not being taken until they were on the table ready for surgery - surprisingly the pressure was a little high and patient was having to be rescheduled. One consultant refuses to do any patients that are not on his list, which slows things down when they have gaps. St Albans is under-utilized, so they are going to try to have more clinics sent there. At Watford there is a long walk once you are booked in, have the drops and biometry. The walk to theatre takes out a nurse. At the CHEC premises it is the room next door, which is easier for the patient to navigate themselves to the room next door whereas in Watford they have to be escorted. This is why Watford do not appear to do as many Cataract Surgeries as somewhere else. They are also seeing the more complicated stuff as the easier straightforward patients are being seeing by CHEC, SpaMedica or Optegra. JB thought this was quite interesting because it shows that there is another side to it.

Things seem to be changing with the help of West Essex because they have got direct cataract referrals and the MECs service running and they have just got glaucoma repeat readings. If we can get these into East and North, then they will hopefully come over to Herts Valley.

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12. Any Other Business

Advertising Job Vacancies – We put up occasional job vacancies when asked to and wanted to know what the Committee feel about. Is it working well, does anyone have any comments, should we carry on? We do not charge for this. It is kept brief and interest is directed to the practices. There were no comments raised.

CET Update - JB has already mentioned that Optegra would be keen to sponsor us. When Amisha is back have a chat with Sally, Mary & Amisha. Look through the list again, see what CET we need to provide and if

want to do an event if everyone has all their points. KP mentioned that she had just put in the chat that Optegra have a consultant called Steven Lash, his lecture videos are excellent and she thinks we would benefit from having him.

Gift for Sumila leaving/wedding – JB explained how and when Sumila and her partner met, it was via an LOC conference and thought it would be nice to get a card and gift. Committee agreed, EG agreed money from account could be used. JB to arrange.

13.Date of Next Meeting

Monday 11th October 2021 – checks were made that this was not during the half term school holiday.

At the request of AJ, SR covered the Vice Chair nomination and voting process as discussed and noted earlier in the meeting.