HERTFORDSHIRE LOCAL OPTICAL COMMITTEE

Monday 17th June 2024

COMMITTEE MEETING USING ZOOM

DRAFT MINUTES

Present:

Jane Bunker (Chair) (JB)
Steve Roberts (Vice Chair) (SJR)
Eileen Gay (Treasurer & Minutes) (EG)
Peter Chapman (PC)
Anita Jones (AJ)
Seema Raunier (SR)
Nisha Shah (NS)
Kavita Kathuria (KK)
Katie Patel (KP)
Sally Tucker (ST)

1. Welcome JB welcomed all Committee members to the meeting.

2. Apologies for Absence
Ash Patel (AP), Deepali Modha (DM), Gavin Sirett (GS), Hansil Shah (HS)
Karan Sai Malik (KSM), Wendy D'Vallancey (obs.),

3. Conflict of Interest Declarations
No new declarations were made.

4. Approve Minutes from AGM and Committee Meeting 18th March.
The minutes from both meetings were accepted as a true reflection of the meeting and approved.

5. Matters Arising
(a) AGM: JB and SJR have been through the new LOCSU Model Constitution (see Chair's report)
(b) Committee Meeting:
SJR advised the meeting that EG will shortly be getting a new computer which will help with editing LOC documents.

6. Election of Officers
The Committee were happy to to retain the existing officers (JB, SJR and EG).

7. Treasurer's Report **EG**
Report was circulated before the meeting.
EG advised the Committee that HMRC now owe the LOC a refund and that this would be used to offset future payments for the individual members concerned.

8. Chair's Update **JB**
(a) H&WE ICB Steering Group
The RNIB have offered to fully fund an Eye Care Liaison Officer (ECLO) for Herts & West Essex ICB for the next 2 years, reducing funding to 10% over the subsequent 5 years (with a view to ICB taking over the funding from there on). Projected costs are £100k per year. The ICB have refused to cover this, and the RNIB will not proceed as there is no agreement.

If this service is set up it will work with local charities, such as Herts Vision Loss.

(b) CHEC/S&WE (virtual group)
Figures for outpatients' appointments have been published as follows:
South & West Herts: 25,000, West Essex (PAH): 24,000, East & North Herts: 64,420
As there are similar numbers of optometry practices in E&NH and S&WH, and presumably comparable rates of referral, JB has queried the apparent discrepancies in the data, and if the significant number of independent service providers used in S&WH and WE, could be skewing these figures. SJR also queried whether CHEC internal referrals could be a factor.

(c) Hydroxychloroquine Screening
There is no screening service in E&NH. The ICB wish to set up such a service but there is no spare capacity at the Trust. Screening of these patients requires oversight from an ophthalmologist, and therefore optometrists should not offer this service as they may not be covered by professional indemnity insurance. A discussion followed on procedure if patients are referred to optometrists by a GP, rheumatologist or dermatologist. If a patient is due for examination under GOS they may have this, and if there are concerns a referral must be made to the GP. It is important that optoms make it clear to patients that they cannot provide a screening service and that this must be arranged through the hospital.

AJ stated that the red Amsler Chart is useful for picking up distortion, together with monocular near VAs. High risk patients should be screened every year, low risk every 5 years. Only the rheumatologist or dermatologist can make the decision as to whether a patient is low or high risk. As there is a screening programme at Watford Hospital, AJ will request written information for optometrists in S&WH. She will also produce guidance for practitioners in other areas, where no screening service is in place, and send this on to SJR for circulation.

(d) LOCSU Model Constitution
SJR and JB have been through this document and taken part in the consultation exercise.
There is a recommendation that there should be a balance on the Committee between performers and contractors, but numbers of each are not prescriptive.
LOCSU also state that they are not responsible for any advice given, and that LOCs are recommended to take legal advice for their own documents.
The consultation is now complete, and the results been returned to LOCSU.

(e) Healthwatch
This is a new group dealing with NHS complaints. JB has met them once. There have been very few complaints about optometry practices, and issues are mostly about hospital waiting times.

(f) CHEC
Bilateral simultaneous cataract surgery is no longer being carried out by CHEC. The second eye now receives surgery a week or so after the first.
If patients have problems or concerns within the first 6 weeks after surgery, CHEC staff are referring them back to the optometrists, but CHEC will not fund the visit so patients either have to pay themselves or be referred back to CHEC. AJ said that CHEC staff have a list of emergency situations which should trigger a referral back to the clinic. Once the optom has discharged the patient (after the 6-week check) the patient can be seen again and referred back to CHEC if there are problems.
It has been reported that a patient overheard a conversation at CHEC stating that surgeons were paid a bonus for seeing more patients and was upset about this. JB has raised this with CHEC. Locums are paid on a per case basis, but employed ophthalmologists are not.
Direct cataract referral has been requested by Watford Hospital, but this means that optoms would then have to offer patient choice, which is unfunded. The ICB want all S&WH patients to be triaged

by CHEC, but there are concerns that their staff may be pressurising patients to use their own facilities. Direct referral may be possible if the patient has chosen Watford hospital already.

(g) Hypertension Pilot

This is being rolled out in Stevenage, Hatfield, Dacorum and Watford, and will involve pharmacy, dental and optometry practices. Training is available with strict protocols which are being written now. A spreadsheet has to be filled in, and referrals made to the GP or A&E as appropriate.
A set up fee is available for training and equipment. KK said that optoms will be paid £15 per patient up to a maximum of £3000 (200patients) per practice.
AOP indemnity insurance will cover this activity, but practitioners are advised to check their policy if they have other insurers.
This is a very new project (launched within the last 10 days).
JB raised the point that members of the public may not know what hypertension is.

9. Social media/LinkedIn update **SR**

Our LinkedIn page has been updated with CPD events. SR requested items for inclusion from other Committee members.

10. CHEC/WHHT/ICB Update **AJ**

(a) Waiting Times

Waiting times at CHEC Watford are unchanged:
Cataract consultation: 1-2 weeks, surgery 1 week after consultation
Outpatients: 1 week, YAG laser: 4 weeks
CHEC Stevenage times are the same, except for YAG which is 1 week.
There has been no feedback from W. Herts, but there is a meeting on 24th June.

(b) Extended Depth of Focus (EDoF) IOLS ***www.bvimedical.com/products/isopure***

These will be offered by CHEC probably in July or August (at no extra cost to the NHS or patients). These lenses will be discussed with patients to manage expectations (particularly presbyopes).
JB: It has been suggested that optoms could carry out this consultation, but as this will need to be part of a pre-cataract pathway there is no funding at present.

11. E&NH Update **KK**

Waiting time for cataract surgery is still 52 weeks for new referrals.
Glaucoma patients due for follow-up in 2022 are now being seen (2021 patients have all been seen). Virtual clinics, also involving trained optoms are now being used.
AJ asked if SLT is being used as a first-line treatment in ENH; KK will find out about this.
S&WH will now be seeing all first-time glaucoma patients as CHEC does not offer SLT.
ST said that DSLT (Direct Selective Laser Trabeculoplasty) is now being used at Moorfields (her company has been involved in the research audit).

12. Charity Event **SR**

A Pub Quiz to raise funds for Herts Vision Loss or the RNIB was discussed. Teams from practices could be invited to take part. Ideas for locations were invited. Running the bar ourselves was suggested, to maximise profits, but volunteers would be needed. Adding catering could also increase take-up. OBJ
SJR, JB and SR will meet to take this forward. OBJ

13. CPD

(a)Event 20th May - Lorcan Butler from The Brain Tumour Charity **SJR**

Despite 40 registrations for this event, there were only 15 attendees, which was disappointing. No reminder was sent, which may be a factor. Most people appear to have their CPD points by this stage in the cycle, which may have been a factor. ST and SJR agreed that the LOC should concentrate on CPD events in the first 2 years of the cycle, with the final event early in the 3rd year.

SJR recommended that we consider using Lorcan Butler again for a presentation.
Delegates were reminded that optoms can now inform a patient's GP if they are driving against advice.

(b) Grafton Optical have offered to support our next event. JB has suggested that they contact us in the autumn and arrange an event for next year.

(c) ST requested that in future she is paid on a time-basis rather than an honorarium to reflect changes in her workload. As she has not been tracking her hours so far this year EG suggested that she was paid 50% of her honorarium to reflect time spent Jan-June this year, and that she commences time-based payments from 1st July, which was agreed.

14. AOB

(a) Refractive outcomes in cataract surgery

JB flagged up that myopic cataract patients who are emmetropic after surgery can be unhappy as they experience problems reading and now need spectacles. Discussions about refractive outcomes do not appear to be happening.

(b) Patient choice using CHEC Triage

KSM (via the LOC WhatsApp chat) has received a complaint that patients are being pressurised to go to CHEC facilities rather than their hospital of choice. He is taking this up with CHEC and the ICB. JB said that CHEC are generally doing a good job, as we now have no waiting list.

(c) Out-of-Hours services

SJR

There is no out-of-hours service in E&NH and no out-of-hours ophthalmologist on call.
The agreement between E&NH and Moorfields Eye Hospital for out-of-hours emergency services is no longer guaranteed, and practitioners are being told that their patients will not be seen (although to date no-one has actually been turned away). S&WH have a Service Level Agreement with Western Eye Hospital and have accepted patients from E&NH.
(It was noted that if patients arrive at Moorfields without having seen at optom they will be seen)

15. Evidence gathering Mailchimp **SJR**

We need to be more proactive in addressing issues practitioners face; feedback is needed. If we can gather information across the patch, we can present this to the ICB. A simple form has been produced which can be sent to optoms for reporting concerns affecting patient care (this form was shared with the meeting). The form could be anonymous, but if submitted as evidence it would be preferable if these details could be included. JB suggested a pdf form be made available for practices who are less comfortable with IT.
SJR asked for suggestions for topics we should be asking practitioners about.

16. Next Meeting Date

The next Committee meeting will be on Monday 16th September at 7.30pm and will be virtual.

The meeting closed at 9.10pm