



Monday 16th September 2024

COMMITTEE MEETING USING ZOOM

DRAFT MINUTES

Present:

Jane Bunker (Chair) (JB)	Kavita Kathuria (KK)	Deepali Modha (DM)
Steve Roberts (Vice Chair) (SJR)	Katie Patel (KP)	Karan Sai Malik (KSM)
Eileen Gay (Treasurer & Minutes) (EG)	Nisha Shah (NS)	Seema Raunier (SR)
Peter Chapman (PC)	Ash Patel (AP)	Wendy D'Vallancey (obs.)
Gavin Sirett (GS)	Hansil Shah (HS)	Fionnuala Kidd (FK-LOCSU)

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

2. Apologies for Absence

Anita Jones (AJ) due to a bereavement.

3. Conflict of Interest Declarations

No new declarations were made.

4. Approve Minutes from AGM and Committee Meeting 17th June 2024

The minutes from both meetings were accepted as a true reflection of the meeting and approved.

5. Matters Arising

These were dealt with later in the meeting as FK needed to give her report early so that she could attend another meeting.

6. LOCSU update

FK

(a) Regional Optical Conferences (ROCs) will be starting soon. There will be 7 of these held between 12th and 22nd of November. Agendas for each have been driven by local priorities and have already been circulated.

(b) The NOC will be held in May 2025, and the ROCs will be consulted when deciding the agenda. LOCSU would like to receive information about any projects developed by LOCs which have assisted work with secondary care services. Reena Rani will be available to assist with case studies and presentations.

(c) National Eye Health Week will run from 23rd to 29th September. The aim is to promote good eye health and regular eye examinations.

(d) The King's Fund are an online organisation who carry out research, for example into health inequalities. They also offer online training on team leadership and NHS structures such as ICBs. These courses are online and take about 3 weeks to complete.

JB asked for the links for these, which FK agreed to pass on. SJR said that he had completed 2 of these courses and they were interesting.

7. Chair Update

JB

(a) Hydroxychloroquine Screening Update

AJ is liaising with S&WH (Watford). They are only screening for this area. E&NH have no screening service and therefore patients should be referred to their GP where this is required. Protocols for screening are available through the College of Ophthalmologists.

JB added that if patients are taking chloroquine they should be screened after one year.

(b) Hypertension pilot update

This scheme is running in dental and pharmacy practices already and a pilot scheme involving 5 optometry practices, some independents and some Specsavers, in Hatfield, Hemel Hempstead and Harlow is being planned.

HS has a practice which has been involved in a similar scheme in London for the past year. There are strict criteria for the service, and it has been necessary to rebook the patient rather than adding this to an eye examination. However, the screening can be done by support staff overseen by an optometrist. His practice has identified >1 in 10 undiagnosed hypertensives amongst his patients.

AP's practice in Hemel is part of the pilot scheme. There are strict criteria (over 40 yrs age, no BP check in the past 6 months, other risk factors such as ethnicity and deprivation). Payments are £15 per patients up to a maximum of 200 patients, with a payment cap of £3120 per practice. The overall budget is £50,000.

KP's practice in Hatfield is also involved. Specsavers are carrying out regional training for this, including criteria for triaging to be carried out by support staff prior to booking. The screening can be carried out by up to 4 support staff, overseen by an optometrist.

Atrial fibrillation is not included in this scheme.

Feedback was requested from AP and KP.

It is possible this pilot scheme may be expanded to include additional practices if they express an interest and will run until March 2025.

(c) CHEC/WHHT/ICB/LOC meeting update

JB and AJ

(i) WHHT and CHEC

Watford Trust do not publish data for cataract outcomes. CHEC send the data they receive to Watford, but their IT systems cannot read this. Watford have also requested direct referrals for cataract bypassing CHEC as they are now finding it difficult to train ophthalmologists because too many referrals for uncomplicated cataracts are sent elsewhere.

In S&WH, glaucoma referrals received by CHEC on their portal should initially be sent to Watford to see if they are suitable for SLT, and then they can be referred back to CHEC for monitoring; if they progress, they are referred back to Watford. This arrangement is not working well at the moment so the Trust and CHEC are meeting to address this.

(ii) Sensory Services

NS

CHEC have a virtual ECLO (online only) in affiliation with the RNIB, with a member of staff presumably funded by them. NS said there is a leaflet to explain this service, which she will send to JB.

Herts Vision Loss have a contract with Herts Social Services to deliver the ECLO service. A lady from the County Council was present at the meeting to assess available services.

KK is working with Sensory Services on a guide for patients and is compiling information currently used by optoms. A survey was sent out to practitioners in July via Mailchimp and she requested the results of this from SJR; there were 3 responses, and he will send these on to KK.

(d) E&NH update with ICB

JB and SJR have had a meeting with the ICB re. CHEC referrals in E&NH. They were informed that all referrals must now go via the GP, including second eye cataract; as the LOC has been told that referrals can be made directly to acute Trusts, they have requested clarification. GPs are unaware of this extra workload and significant delays in referral are expected. SJR stated that NHS guidelines say that direct referrals should be used where possible. SJR and JB will follow this up as the ICB have had further meetings since and no information has been forthcoming.

(e) Unsigned GOS contracts

JB

5 independent contractors in H&WE have not returned their signed contracts. These practices are still carrying out GOS so JB will try to contact them to find out the issues.

KP said that some Specsavers practices were unhappy with their classification as an "NHS Body", as this reduces options if there is a dispute. This point was apparently raised by Specsavers after some contracts were signed, and several changes have been made to the contract. JB will try to find out from the optometry team if all practices have identical documents. KP will send further information on this to JB.

8. University Contacts

SR

LOCSU Training Lead Simone Mason has contacted SR to try to introduce information about LOCSU and LOCs into the undergraduate course. Herts University do have a brief lecture on regulation and the role of LOCs already. SR is investigating having a stand at Freshers' Week, and hopefully this will happen next year. JB suggested that contact during the 3rd or 4th year of the course, or during a Careers Fayre would be more appropriate. SR stated that Freshers' Week is for all students on this and other courses.

SJR will be attending the University of West England (Bristol) on 17th September with Simone Mason and will discuss this with her.

DM suggested that we try to recruit a 2nd or 3rd year student to become a LOC University rep. (as a co-opted member). It was agreed to contact the University to advertise this post and recruit from there.

9. Treasurer's Report

EG

This was circulated before the meeting. The LOC is due to receive a payment of £137.47 from LOCSU in compensation for potential loss of income due to geographical changes in GOS payments to domiciliary companies. This has not been received as yet.

10. E&NH Hospital Trust update

KK

Maximum waiting time for cataract surgery at Lister is now 44 weeks.

Glaucoma patients are offered SLT as first treatment, and this is done in 4 to 6 weeks.

The Trust has received numerous referrals for "blurred disc margins" with otherwise normal discs and no symptoms. No specific practices or optoms have been identified at this stage. It was agreed that further information was needed to be able to take this forward, possibly with a CPD offering. DM said that Lorcan Butler (Brain Tumour Trust) offers good training on papilloedema and blurred discs, and it was suggested that we book him in early 2025.

11. Specsavers update

DM

Specsavers are holding numerous MECS events. Non-Specsavers optometrists often want to attend but are not eligible. Demand is greatest in practices bordering London as all areas here have MECS services. Specsavers locums are also requesting this training so that they can work in all areas. Richard Curtis from Specsavers has offered to assist LOCs with putting pressure on their ICBs, so DM will ask him to contact JB.

12. Vice-Chair updates

SJR

(a) New Appointment/LOCSU

SJR is now a Clinical Advancement Lead for LOCSU covering the Midlands. He has only recently been recruited, and assured the Committee that this would not affect his work for Herts LOC. SJR was congratulated by the Committee on his appointment.

(b) Microsoft Office

A one year's subscription has been purchased for this software and this is now being used by all LOC officers.

(c) Post Payment Verification

These checks are becoming more frequent. "Outlying" practices will be flagged up and investigated. If every claim can be justified there should be no problem, but claims have been rejected if patients say that their previous examination was more than 2 years ago and it turns out to be less. Investigators can look at a percentage of records and issue a total claim based on this.

(d) "Problems" form and responses

Extra tests requested by hospital trusts are not covered by GOS. This can be raised with the ICB (lack of MECS and out-of-hours service) but more work needs to be done regarding obtaining data.

KP said that at her practice one hospital asked for an up-to-date refraction prior to cataract surgery but the patient was not entitled under GOS; the practice carried out the examination privately at a discount. This has also happened at Aves. KK offered to investigate further; when this has occurred with the Lister Hospital, a copy prescription only has been required.

SJR encouraged the Committee to fill in the Problems Form on our website and encourage others to do so.

(e) Data Protection Webinar

The Committee was advised not to use messaging apps and social media for business purposes, as these systems are not closed and are open to all. Images, even if anonymised are unique and therefore theoretically could be patient identifiable using AI.

W d'V stated that urgent referrals to PAH can only be sent on Whatsapp. SJR will look into written evidence for the risks and contact PAH.

(f) Social Media

Our LinkedIn page has not been updated recently as SM has not been well and is also very busy. Other links do appear but not our own content. JB asked for contributions to be sent to SJR.

13. AOB

MECS service

A discussion followed regarding further services/MECS.

LOCSU have suggested carrying out an audit to find out how many patients are paying privately for this service and how many are turned away because they cannot pay or do not wish to do so. The ICB require evidence, but research results are mixed regarding monetary savings as the ICB pay for every MECS appointment in primary care with fewer secondary care visits.

A discussion followed regarding the inclusion of blepharitis and dry eye in a MECS scheme. KP stated that in areas where these conditions have been included in MECS this has been discontinued as the cost was too great. KK offered to conduct an audit on such patients who could be seen in a primary care MECS rather than in secondary care (Urgent Eye Clinic), with considerable potential cost savings for the ICB. SJR suggested that we consult Reena Rani at LOCSU as she has offered to help with collection of data/evidence to support a MECS service. KK will check with the ethics team at N&EH regarding such an audit and will liaise with SJR. SJR will raise this point with LOCSU, but chronic conditions are usually excluded from MECS services as the remuneration schemes do not allow for repeat visits (either none or only one

depending on the scheme). He advised the Committee that LOCSU have published a new model pathway for these schemes on their website and asked members to look at this.

AP said that a MECS scheme was set up in North London 6 or 7 years ago with strict protocols, in place, with no funding for repeat visits. He will try to find out how this is running now.

KSM asked whether there are MECS schemes which include the provision of FP10 prescription pads. If these are included (only for IP optoms) the service is potentially more efficient as the need to refer on for medication is avoided. Richard Curtis (Specsavers) has collected a lot of data on this, and DM will contact him. She also said that the ICB in West London have two schemes, one with FP10 and one without.

As E&NH has no out-of-hours service, this could add to the argument for an out-of-hours MECS, but again there is no data to support the need. DM offered to help with this. SJR said that we also need to decide on our priorities with the ICB (out of hours service, MECS, cataract referrals etc).

It was decided that we need to know how many IP optoms we have in our area. SJR suggested a survey, but this requires a clinician to write it.

NS said that a triage system is now used at Specsavers practices, usually completed over the phone by non-clinicians. The form is then read by an optom and the patient booked in appropriately (MECS, Sight Test or A&E referral).

14. Date of next meeting

This will be decided later following a poll on suitable dates.

The meeting closed at 9.30pm