

NORTHUMBERLAND, TYNE AND WEAR LOC

COMMITTEE MEETING

TUESDAY 13th March 2018

M Offord Optometrists, Kingston Park.

6pm for 6.30pm prompt meeting start

Minutes

1. **Members present** - Andy McGregor, Kaye Winship, Lesley Oglethorpe, Stephanie Cairns, Sarah Pencott, Tony Marshall, Mike Offord, Lisa Gibson, Bill Lowry, Ian Hickson, Caihome McGoven, Simon Raw, Naomi Smith, Gary McMullen, Iain Armstrong.
 2. **Apologies for absence**
Sylvia Bailey, Craig Sixsmith
 3. **Action points** **outstanding**. **In progress**. **completed**
- Andy gave the meeting his apologies for not attending the last two meetings.

Andy

Contacting none participating IOPRR contractors - new module coming out in April.
Outstanding

Letter to RVI following contractor complaint about inappropriate advice to patients.

To write a letter following referral guidelines meeting Monday 25th Sept - ongoing meetings on this matter.

To contact practitioners asking for any problems their patients had experience when attending 2nd cataract surgery - Andy has spoken to RVI regarding this.

To draft letters regarding cataract/Glaucoma expressions of interest. Still outstanding.

To provide a copy of the Chairs report from September meeting - report has been mislaid. Minutes will be agreed with this report missing.

Sarah

Arrange meeting with LOC officers

Check Chair emails

Contact Lyne Clapham - Lynn resigned from committee.

Speak to John Davidson regarding feeding info to LOC - Sarah contacted John last week and he is still awaiting further information from local soup kitchen. Slow progress. He will keep us updated

Take LOC expenses figures to LOC Forum - including outside workers. This was discussed at the LOC forum. Generally £10 paid. NTWLOC to continue at £15.00

Send out email to all contacts regarding use of website

Send out email asking all practices to link LOC site on their practice websites. Sarah has drafted info to go out with AGM info. This will be sent out asap

Send regular info to ABDO for distribution to local DO's This can also go on the invite to the AGM and be disseminated at the ABDO meeting in April

Send Kaye an email with formal agreement of her presentation/training to GP's

Kaye has not had the meeting with GP's as yet and has stalled the arrangement but there is a Sunderland/ST meeting next week which will provide an information sharing possibility.

Mike O - ongoing. He has discussed with Kaye and will provide assistance when required.

Ian H - Check Chair email for forwarding set up

Website page for commissioners - Ian is working on this and progress is good.

Check with LOCSU how many hits the website receives. Dec - March 224 hits (204 new visitors) 375 sessions. 1044 pages viewed. 205 users from UK. 7 from US. 147 registrations for practitioners area.

Add website info to LOC signature at the bottom of emails.

Lesley - Book AGM venue and liaise with Iain A on CET - Booked AGM at Novotel May 15th

Iain A- CET event for AGM - All sorted just need to confirm numbers nearer the time. Dry eye related topic as a workshop/peer review 3 points. Cathy to give update for 10 minutes prior to event also.

Assist Lisa G as required with Sunderland issues.

Lisa

Contact commissioner regarding RVI cataract pilot - Lisa has made contact.

Collate cataract choice information for Sunderland CCG - Lisa has completed

Send Durham service specification info to Sunderland CCG - completed.

4. Minutes of the previous meeting & Matters Arising & Action points

Minutes were agreed as accurate. Proposed: Lesley Oglethorpe Seconded: Lisa Gibson

5. Chairs report

Chair needs to complete outstanding action points. Nothing further to report.

6. Secretary's report

® New Contractors Or Changes To Practice Ownerships

New Contract: The Glasses Factory Unit 2 498 Westgate Road Newcastle
NE4 9BL

Closure: Optical Outlook Benton Unit 20A North Tyne Industrial Estate Whitley
Road

Benton Newcastle Upon Tyne 12 9SZ

® Committee Member Changes

Lynn Clapham has emailed to say that her work days have changed meaning she is unable to attend meetings and will stop down from the committee with immediate effect.

® WOPEC Childrens Module

Email went out 25/01/18 informing practitioners about having to complete the WOPEC Childrens Module & DOCET safeguarding. As of 06/03/2018 we have given out 81 WOPEC codes.

We had a member send back some negative feedback. Felt the delivery was boring. The questions were too subjective and felt if they are required to complete this in future they would reconsider being part of the scheme. I escalated this to Zoe who informs me that the feedback has been poor and that there is a meeting on 07/03/18 between LOCSU and WOPEC where this shall be discussed.

® Wet AMD Fast Track Fax Referrals to the RVI

We have been contacted by a practitioner who on 3 or occasions has followed up his fax referrals with a phone call to the RVI to find that they haven't received them. He is concerned that this method isn't reliable and can delay patient appointments/ treatment. I escalated to Zoe who asked me to inform members that they must follow always follow up a fax referral with a phone call or/and post a copy. She suggested I email Margaret Gray to bring it to her attention and ask her to confirm the fax number, a phone number we can follow this up with and an address to post a copy of the referral to. This has been done and as soon as I get confirmation of these details I shall send this out to our members. I have asked about the incorrect fax number on the referral guidelines that Katrina Venerus was contacting her about Dec 17 (see Secretary notes from last meeting)

Sarah to contact Margaret Gray to ask for an email address for Wet AMD referrals to be used with NHS email accounts. Action

Sarah

® AGM

Lesley Oglethorpe has booked the venue. Iain Armstrong is arranging CET with Scope Ophthalmic to do Peer Review. Cathie Burke is coming to do a 20 min update on ECLOs and the low vision service.

Before I send invite to members we need to decide on maximum numbers. I would like to confirm details to put in invite.

The following committee members have offered to help facilitate; Sarah Pencott, Simon Raw, Stephanie Cairns, Craig Sixsmith, Ian Hickson, Gary McMullen, Andy McGregor, Lesley Oglethorpe, Kaye Winship.

® LLG Meeting

Last meeting was 22/01/18 attended by myself see separate report.

® LOC Forum

Last meeting was 29/01/18 attended by myself, Kaye Winship, Lesley Oglethorpe, Stephanie Cairns and Lisa Gibson.

® Officers Meeting

Since the last committee meeting to address the issue of little communication with the Chair we have had a arranged to officers meeting and have decided to have these more frequently in between committee meetings in the form of conference calls or emails. So far these have proved to be an effective way to keep in touch and to keep us reminded on what tasks need completing and by who.

® Domiciliary Authorisation - Problems with fax

Since 9/02/18 the fax number for faxing authorisation forms hasn't been working. I reported it, was told I would hear back and haven't. Fax still not working on the 06/03/18 and I have asked for an update and was told that the IT team are still trying to resolve the issue. They haven't answered my question as to 'is there an alternative fax number?' and 'will contractors be able to claim for the tests that they do and haven't been able to to send the authorisation forms for?

® Tony Marshall has decided to stand down from the LOC at the AGM. The committee offered their sincere thanks for all his hard work. TM is willing to assist if MECS gets the go ahead.

® A discussion was held over NHS mail and the use of emails. Dom authorisation fax machine has been broken and they were asking for reporting via email. Sarah has reported this to NHS England.

® Send email out to practitioners regarding individual NHS email accounts. Lisa will send Sarah the info received from Tom which was good advice. **Action Lisa. Action Sarah.**

7. Treasurer's report

Balance remains healthy.

Committee meeting attendance will be paid following this meeting. Are we happy to keep with this arrangement? Naomi to supply Lesley with the info as to who has attended which meetings.

Action Naomi

All payments for drugs bins appear to be in now.
Claudia has done a great job of sorting everything.

Can everyone please give me their final expenses claims for the year 2017-2018 for payment? The claims must be in by 31st March 2018. **Action all**

The aim for 2018-2019 is to go paperless! Payments will be by bank transfer.
Please add bank details to claim forms.

Action all

Capita payments seem to be coming through regularly and we have had no further problems.

Levy for AGM - Lesley proposed maintain the levels as now (0.5%). Proposed by LO. Seconded NS.

Lesley also suggested that we pay for contractors own drug bins. Proposed by LO. Seconded by NS.

8. **PENE merger** - still awaiting official paperwork from PEC which can be sent to the LOC before the job advert for the director can be issued. Merger will go through in the next month. Update to LOC members at the AGM.

As an LOC committee we will need to advertise director role. There is a specific job role and skill set required. The LOC will also be asked to name 2 people to sit on the selection panel for the director role and the clinical governance leads.

Email was sent out to committee with update. Smaller PEC and 2 LOCs are also merging into PEC at the same time. (Yorkshire area). PEC is a very large area - Manchester - Cumbria - Yorkshire - North East.

9. IOP scheme/Glaucoma -

Glaucoma report - Gary McMullen. March 2018

Some of these points may not seem relevant to glaucoma for our region, but I thought that you should know my current thoughts and plans:

- I remain unconvinced that a community optometrist low risk review service will be successful in terms of procurement and durability. The main reason for this is the new NICE guidelines. As previously discussed, patients with IOP of less than 24mmHg are not recommended for treatment (or formal monitoring). Those 24mmHg and above, are now recommended for treatment. Although, the low risk service can see patients treated for OHT, I do not feel that the HES will do this unless it is a shared-care service. This will need direct negotiation with our local glaucoma specialists.
- I continue to tutor two students doing the Higher Cert Glaucoma modules at Cardiff. I have agreed to support more students next term so that they can increase capacity for the course.
- I have not received any information from the LEHN about their survey and what actions have been carried out since. Have they had any discussion with the glaucoma services at SEI or RVI?
- The commissioning guidance for glaucoma will be revalidated in September 2020. At present, it does not recognise the WOPEC accreditations for glaucoma. I feel that the IOP Repeat Measures will be surpassed by Glaucoma Enhanced Case finding. The latter will see greater numbers as it will include glaucoma referrals, rather than just

OHT. However, this requires the Professional Certificate in Glaucoma (Prof Cert Glauc). What are LOCSU plans to improve access to this qualification?

- I am about to embark on an audit of referrals into the glaucoma service at South Tees. I aim to show there is much room for improvement and that optometrist triage of referrals is effective. There is far too much variability of referral both in terms of quality and accuracy. It may show the need for standardisation of referrals (i.e. enhanced case finding service)
- The last year has been very intense for me at South Tees as I am seeing many patients of variable risk and new referrals without direct supervision. Things are slowly improving and I am now collaborating with a senior registrar that will soon be a consultant specialising in glaucoma.
- The audit of patients that were within the glaucoma service at DDES showed that 66 patients would be suitable for a community-based low risk monitoring service. It would be very useful to get more information about this audit. It is unclear whether this was carried out before or after the new NICE guidelines.
- I missed our last meeting due to plans to attend a meeting in Birmingham entitled 'Sustainability in Glaucoma'. However, I missed this due to contracting the flu. I was pretty gutted to miss out, but I hope to get some feedback soon from those that attended.
- World Glaucoma Week is March 11th-18th
- Medisoft (the most popular electronic patient record in the North East) is upgrading its platform for glaucoma (under new name of MediSight). This will be able to extrapolate visual field data and analyse for progression. The reason that I'm telling you this is that I had hoped for a virtual (shared-care) service in the community for visual fields. That is, it could be carried out in the community and sent to the HES via NHS mail. This could have helped a lot as visual fields is the biggest hold-up for many of our clinics. However, the progression analysis needs the information to be taken directly from the Humphrey machine itself.

Gary to talk to Tees LOC regarding his work.
Gary

Action

Gary to talk to Zoe regarding this work.
Gary

Action

A discussion was held regarding the extra qualifications for glaucoma. Gary is keen to get someone in the south of the LOC area qualified in the Professional certificate Glaucoma module. (£550) Would the LOC fund someone to do this? Yes - it was agreed in principle the LOC would support this.

We need to find out if anyone is interested to sit this and then move on?

Gary to prepare a survey monkey questionnaire to glean info on who is qualified and who may be interested in becoming qualified. He can also include other info to collate for the LOC eg: nhs email numbers etc.

Action Gary

Sarah to send out the information to LOC contacts.

Action

Sarah

Lisa to provide Gary with the info on practice sign up for IOPRR

Action Lisa

10. Reports from community service leads: MECS, children's, diabetes, low vision, PwLD, cataract.

MECS - nothing to report. Children's - nothing to report. LV- nothing to report.

Diabetes - nothing to report.

PwLD

LOC Forum Special School report (NTW LOC version) - Stephanie Cairns, NTW LOC LD Lead - 1/3/2018

Aim to find out what current provision there is within the regions special schools.

To prove or disprove concerns that this group of children may not be accessing eyecare.

With aim of improving transition into Community for those who no longer require to be seen under the Hospital departments.

What works already being done:

- Building network with QTVI - Teach CVI project so far Gateshead Paediatric team/ Special school LD nurses and schools. They plan to present to RVI soon.
- Improve transition into existing adult services
- Tees Community LV Service - put Head QTVI in touch with Ian Mellis and Zoe Richmond.
- North Durham/DDES Community LD service - THeadly/SCairns present at meeting with Special Schools and QTVI 1/2/18. The meeting included surveying the children with in 3 schools about current eyecare provision and promote transition into the Community service for age 14+ already piloting in Durham.
- Improved support for transition into Gateshead Community LV service.

- SeeAbility provided 2 surveys - one to send to Orthoptist departments (ZRichmond and KVenerus not sure this is the best approach)/one to send to parents (they recommended just picking one of 2 schools to send survey round)

Next steps:

- to go back to QTVI who have responded to complete the information.- on going.
- Survey Durham schools and promote adult service - survey sent/on going
- Suggest Durham LOC ask for a Contract Variation to extend PWLD service to include under 14's if they are happy to be seen in Community (This is recommend by SeeAbility and LOCSU and what has happened in Greater Manchester).
- Possibly present at regional Orthoptist meeting and ask them to complete the survey/ send round again.
- meeting with Cumbria Commissioners/North Cumbria LOC 15/3/2018.

Cataract - Lisa had a very positive meeting with Sun CCG. The CCG want a fit for purpose pre cataract service which involves all optoms. Next step - Lisa to send completed business plan. **Action Lisa.**

There may be possibilities to link ST into this too. The committee congratulated Lisa on her efforts.

11. LRC reports - no meeting since last LOC meeting.

ST - nothing to report.

12. Reports from CCG leads. Nothing to report from Sun, ST, New/Gates, Northumb.

13. LOC forum/LLG -

MIAA Update

This update was from March 2017? Zoe has asked for a more up to date update so we can get an idea how long these investigations go on. As LOC's we need to make sure that contractors are aware that LOCs will help and support them through this process. There is a concern that there have been previous investigations have resulted in contractor who committed suicide. Also, there have been contractors who have stood by there decisions and they were found to be in the right. Ahcene has told us on the flip side that there are some contractors who are breaking all the rules, verging on criminal activity and have involved the AOP and GOC trying to drag their feet. Achene admits it is extremely difficult to get updates and reports but shall forward any reports he gets.

Capita Payments - Durham and Tees have reported no problems with Capita payments of CET payments.

Consolidating Contracts - Ahcene says the next thing they are doing is consolidating contracts. This is so contractors with additional contractors don't have to deal with lots of PCSEs - they should be starting this March/April time.

eGOS Update - Both Tees and Durham have reported that PCSE- Capita have been sending people to call into practices to tell them about eGOS. Angela Pownall have visited my practice in Hexham.

NHS England had no idea they were doing this. As yet there as been no information gone out to contractors. Also some contractors have been told a date April 1st 2018. LOC Forum thinks that the visits are pointless as there isn't a roll out and it will be a lot later in the year. Also they are not making appointments so one contractor reported that they waited an hour before leaving. Achene is going to feedback to them and has invited them to join the meeting next time.

NHS Emails - Ahcene has contacted Emma Summers at NHS Digital. They are ready to start optician but are waiting money centrally. Achene suspects it may be April when the budgets are out. This is something NHS England are keen to roll out though for Opticians as Dentists and Pharmacists are finished. If you have IP level 2 toolkit though you can get an NHS email no problem.

GOS Forms & Post Cataracts - Zoe highlighted to Ahcene the issues with Post Cataracts and Trusts wanting to stop post op assessments .She said that Angela Henderson is aware but is expecting that we will be needing more clarification and help from NHS england as this progresses.

NHS letter reading informing NHS england about emergency shop closures - I asked for a bit more clarification on this as does this mean we can't shut without informing them. Our contracts say we can close as long as its planned and we give patients notice on social media, web sites, signs in the window etc. If we had to shut suddenly due to emergency. For example due to flood, then we have to inform them.

LOC forum

Overview

The DDES Ophthalmology Referral Management Service started in July 17.

The service is carried out by 4 local practitioners.

All routine referrals with the exception of PENE services are reviewed by triage team.

Triage is carried out five times per week.

The Triage Service innovation was presented by the Commissioners at a meeting in Parliament, with excellent feedback.

PENE work with Matrix Health Ltd that provide administrative support.

The Service is currently meeting all KPIs.

Total number of triages through Service is 1339, 100%

Total number of triages by PENE is 1047, 78%

A total of 22% are PENE service referrals.

A total of 220 (21%) patients were triaged to MECATS.

A total of 66 (7%) of patients were referred to Community Ophthalmology Service (Minor Ops).

The service deflection for this service since July 17 is 28%. (percentage of patients that were referred to either MECATS and Minor Ops)

Audit was carried out on the patients deflected to Community Services for July, August and September, only 3% of these were referred back to the HES.

Future Service Development from Triage information.

Glaucoma Services including repeat readings, enhanced case finding and glaucoma referral refinement would produce a further deflection of 183 (17%)

OCT Services encompassing epiretinal membrane assessment and dry AMD review would produce a deflection of 63 (6%) patients

With a full basket of services including MECATS, Minor Ops, Glaucoma Services and OCT assessment would produce a deflection of 51%.

This evidence from the service produces a strong case to the Commissioners for Optometrists to provide other services.

PENE are currently involved with publication of the results.

Clinical Governance and Performance Lead- Stephen Thomas.

14. LEHN

CCG Forum Proposal for the treatment of Macular Degeneration (Information on the use of Avastin for wet age-related macular degeneration had been circulated to the group). Dan Jackson (Head of Strategic CCG Development, NHS Sunderland CCG) provided a verbal update on Avastin.

All 12 CCG's across C & NE had approved a policy to offer patients a choice over the use of alternative, cheaper and clinically-effective drugs for this condition. Avastin as well as Eylea or Lucentis would therefore be offered. Outcome for the judicial review is awaited; CCG remains confident about their position and that policy will be implemented. Wide media coverage had been received, which has been universally positive. DJ had circulated the press release from the BMJ and the CCG's regional press release. Patient information would be made available in alternative formats.

KV asked about patients making informed choices and those involved in the decision making process for the patients. It was explained that the main dialogue so far has been with clinicians. EB asked if Eylea offers reduced dosage; DJ agreed this is a factor which will be discussed with the providers. The Chair agreed that information/guidance from DJ should be circulated to the voluntary eye sector.

Action log/MIM

The MIM from the last meeting was agreed as a true record.

Task and Finish Updates

The following updates were provided:

- Prevention:

Sue Taylor's update identifying potential preventative deliverables and the challenges had been circulated and the group confirmed they had seen it. KV gave an overview in ST's absence. It was acknowledged as a helpful summary.

Recommended that LEHN monitors levels of inequality and in terms of principle it would be helpful to map out current status.

A decision was placed on hold as the group was not quorate. KV, ST and ED would discuss how information is collected as it varies across the service; suggested that there should be agreement on what is being measured and that a measure around rehab was key. KV would ask for a report with further recommendations to be brought to the next LEHN.

Eye Health Needs assessments:

ED stated that he had not yet completed the analysis of the recommendations of existing North East & Cumbria EHNAs, but would do so prior to next LEHN meeting (6th Feb 2018). Recommendations from the current EHNAs were similar and it was agreed that they could be smarter in terms of objectives, ie what can be changed/improved and ways of working around things that cannot be changed. Following the recent England Strategy Regional event in Newcastle on 14th November, it was agreed that EHNA's for the 3 remaining areas that do not have them (Newcastle, North Tyneside and Northumberland) would be undertaken in a phased approach. The activity would be led by Sight Service and EVS (ST & ED) under the direction of the LEHN. Timetable to be looked at and reported back on at next LEHN meeting in Feb 2018.

KV said that she hoped the work by LEHN, 'behind the scenes' on the portfolio of indicators and mapping out of services would provide some of the data for the outstanding EHNAs. Although this was acknowledged as a useful piece of work, duplication should be avoided; the end result should be fairly high level and presentable to commissioners. KV to meet with ED to discuss PHOFIs in terms of what specific data would be captured and how, particularly in the case of Adult Social Care Outcomes Framework (ASCOF).

Update on EVS meeting

ED gave a summary of the event held in Newcastle on 14th Nov to update stakeholders from across the eye health & sight-loss pathway on progress with EVS and the establishment of Vision UK as the umbrella body for the sector, replacing the 2 previous bodies (Vision 2020UK and UK Vision Strategy). The event also showcased the work of the LEHN with a presentation from Zoe Richmond as well as demonstrating the power of peer support for people living with sight loss through RNIB Connect. In addition to resulting in the decision to conduct EHNAs for the 3 remaining areas (see section on EHNAs), the event provided opportunities for networking and learning and also resulted in an agreement to monitor the impact of the new CVI on referral/registration numbers between the Newcastle Eye Centre ECLO service and Newcastle Council Rehab team.

RVI Cataract Post-Op Results

This was raised under AOB at the last meeting. Concerns had been raised by patients to LOC's regarding being discharged without a follow up appointment. Following contact from the Chair, the RVI had clarified that a pilot was being carried out to provide a telephone follow up for 100 low risk patients. The Chair was grateful for the clarification and would await results of the evaluation.

Preliminary feedback from the RVI pilot clarified that patients were 'second' eye patients, who had had a previous successful surgery; out of 100 patients selected, 94 had been suitable. The RVI feel that results show the pilot has been successful. There was a brief discussion around the pilot pathway highlighting there are benefits for patients not having to return to hospital for check-ups but equally there is concern around the patient not having their eye assessed by a clinician at all. In other areas post-op assessments are

carried out by community optometrists. ZR raised a concern that there had been a lack of involvement and engagement re the pilot from an LOC/optical practice point of view. Also, there is a gap in the historical RVI pathway re the collection of post op data that is not acknowledged. This would be addressed after the RVI pilot report is available; it was suggested that all stakeholders should discuss together. The Chair will propose to the medical directors and commissioners there should be a region-wide discussion on the cataract pathway to ensure all options are considered.

ZR advised that North Cumbria had changed their pathway for cataract post-op. Agreed that there needs to be wider involvement in the discussions.

Portfolio of Indicators for eye health and sight loss (C&NE) and Picture of eye services across the STP's/engagement with STP's

These were discussed together. A picture of eye services across the STP is in progress. Meetings in August with NHS England medical directors on how to increase STP engagement and understanding had been very positive, however, the Chair suggested that it was disappointing that there is not the overall 'buy-in' yet. KV gave thanks to those who had helped with the Portfolio of Indicators data sources so far and took the opportunity to share recent PHE resources. This is a work in progress.

A comprehensive audit on diabetic eye screening had been done showing percentages of children and young people who have been screened in the past year. KV reminded that it is about understanding data collection and who is responsible for monitoring it. As the sight test data had not been produced since 2013 there may be inaccuracies, however would aim to collate proper percentages with population figures. All CCG's had commissioned the GRR service.

KV had considered the CVI data North East figures compared to England figures; this links into the EHNAs (see above). Suggested that some questions on rehab services be identified, agree what we can measure and LEHN to collate, whilst collectively tapping into various sources to see what can be drawn out. ED agreed to discuss, ideally before Christmas.

Implications of new NICE guidelines on Cataract and Glaucoma

Agreed to discuss NICE guidelines with the wider group. Cataract guidelines were clear that access to surgery should not be restricted on visual acuity alone. KV advised the need to look at the cataract pathway (as mentioned above). KV would circulate email for endorsement to write to STP Leads ie CCG Forum to suggest that we help with review around current practice on post-op cataract.

Glaucoma: the threshold of pressures had increased. Current pathways need to be 'tweaked' and cover practices not able to refer to full enhanced service, as this is a primary care focus. Need to look at how discussion is taken forward, engaging with Trusts and commissioners.

AOB

KV would be attending the national LEHN next week and said she had requested that NICE guidelines be on the agenda.

15. AGM and CET event - discussed in actions above. AGM May 15th 2018.

16. Website Diary feature - please bring laptop or tablet for demonstration. The website now has a calendar of meetings.

17. Data protection/privacy changes

GDPR rules come into affect end of May. Optoms need to be aware about the nature of emails that are sent to patients. Practitioners need to read through the tool kits to ensure that they are fully aware of the issues. There will be information sent out from the legal bodies and the college etc.

18. Inappropriate discharge advice by RVI

Simon brought a copy of a letter issued to a patient following their discharge from the RVI with written advice from the consultant to purchase ready readers.

Simon will write back to the consultant as the optom involved to express his surprise at this advice.

Action Simon.

Andy will send a letter to RVI from LOC regarding this.

A c t i o n

Andy

19. AOB

AGM - check with Zoe if we need a representative from PEC or can Zoe give an update.

Action Sarah

Lesley reported problems getting second pairs and Capita had asked for patient data to be sent through. Lesley will send Sarah the email from Capita asking for this info. Sarah will raise this at the next LLG meeting.

Action Lesley. Action Sarah

Commissioners area - all members to log onto this area and read this. Feedback at the next meeting with any comments etc.

Action all

20. DONM - AGM 15/05/2018

Actions:

All

Claims to Lesley by end of financial year

Give Lesley your bank details for online payments.

Read commissioners area of website

Andy

Contacting none participating IOPRR contractors - new module coming out in April.
Outstanding

Letter to RVI following contractor complaint about inappropriate advice to patients.

To write a letter following referral guidelines meeting Monday 25th Sept - ongoing meetings on this matter.

To contact practitioners asking for any problems their patients had experience when attending 2nd cataract surgery - Andy has spoken to RVI regarding this.

To draft letters regarding cataract/Glaucoma expressions of interest. Still outstanding.

Draft letter to RVI regarding inappropriate discharge advice with RR.

Sarah

Raise issues with second pairs at LLG meeting

Check regarding PEC update for AGM - will Zoe do this?

Send out info for Gary when appropriate

Send out NHS email advice once received from Lisa

Lisa Contact Margaret Gray for RVI wet AMD referral NHS email address.

Send out email to all contacts regarding use of website
Send out email asking all practices to link LOC site on their practice websites.
Send regular info to ABDO for distribution to local DO's

Lisa

Send completed business plan to Sun CCG
Send Gary IOPRR practice sign up information
Send Sarah info on NHS email account set up.

Lesley

Send Sarah email regarding issues with second pairs.

Naomi

Send Lesley info on meeting attendance by all committee members

Gary

Speak to Tees LOC regarding his glaucoma work
Speak to Zoe R regarding his glaucoma work
Prepare survey for practitioners

Simon

Send letter to RVI for him as practitioner regarding the inappropriate advice issued to his patient.