**Northumberland, Tyne and Wear Local Optical Committee**

**Committee Meeting, 14.3.2017, 6.30pm Mike Offord’s Practice, Kingston Park**

**Members present**:

Tony Marshall, Sylvia Bailey, Naomi Smith, Lesley Oglethorpe, Iain Armstrong, Mike Offord, Andy McGregor, Gary McMullen, Lisa Gibson, Ian Hickson, Stephanie Cairns, Chris Fromet( optometrist guest), Simon Raw, Caiome McGovern (guest), Kaye Winship, Craig Sixmith (guest), Melissa Costello (guest), Carole Thorpe

**Apologies:** none

Andy thanked Mike for his hospitality at his convenient venue and welcomed new and young faces.

**Minutes of previous meeting 17.1.17 and Action Points**

Had been distributed and were accepted prop NS, sec LG.

No matters arising other than those covered below. Andy suggested that any points noticed to be altered in minutes are emailed to all before meeting to save time.

Cataract funding…see blow

CET accreditation for AGM no problem once we have a venue

MOU now done with PENE

Sarah has had to resign with immediate effect as PENE director - replacement needed. Stephanie asked what is the job description. Discussion- around 1day/week workload. A lot of admin type tasks (? could be done by an admin person?), and a much increased workload around commissioning of any new service. Suggestion that Stephanie speak with Jane Ranns who does job for Durham. Directors are committee members but not officers.

**Chair Report:** Andy

PENE meeting, signed Memorandum of Understanding.

PENE has a lot of money in bank, LOC was promised some money back not yet received.

PENE loans now repaid

LOC pay PENE for getting a service running, PENE fund maintenance.

**Secretary Report:** Naomi

Helen Raynard – NHS England – has accepted secondment position so no longer in post after 31.03.2017.

CET grants – still a few queries but email address for Tony Grime is getting results so performers report now being paid.

PENE contracts – QiO checklist queries – I have had confirmation that QiO longer checklist needs to be completed for all contracts agreed prior to April 2016

RMS complaint and a complaint re a domiciliary provider both forwarded to NHS England

Cataract policy – not for distribution to contractors

Termination of 2 contracts – Visualeyes Gateshead and The Glasses Factory Metrocentre.

Several queries as to where Universal Credit sits on GOS forms – replaces Tax Credit so delete this – have checked with Angela H.

After a lot of work now has an up to date list of addresses for all contractors bar one, Dawsons in Birtley who do not use computers. I have also updated the performers as much as possible. All now registered on fastmail email so all with fastmail login can send out emails. JUST REMEMBER THAT THESE MUST BE BCC’D. I send an email to myself and the Bcc contact list.

Email contact lists are:

NTW optoms all

NTW contractors

NTW performers

There is also a list of contractors in all CCG areas e.g. Gateshead Optoms.

**Treasurer Report:** Lesley

We are still having an ongoing battle to sort out levy payments!

Helen Reynard and Jon Wilson are liaising with me on this.

I have been sent figures listing levy payments for the last two years – these are incomplete and I am trying to establish if levies have been taken from the contractors but not passed on to the various organizations.

Ian Hickson confirmed the voluntary levy has been deducted from his GOS revenue but the figures just do not add up – 11 practices from Sunderland should be paying 0.75%. No levy is listed from any practice NoT and a monthly sum of £82.50 should be paid to Central fund from 11 practices each paying £7.50.

This is a voluntary levy and I strong oppose any suggestion of a donation from general LOC funds.

Levies for LOC and LOCSU now match (0.50%each) but this is only the case since Oct/Nov. There is no breakdown of which area is paying what amount for some month.

I will continue to hound Jon Wilson but he has not responded to my last 3 emails.

Otherwise all is well!

**AGM- 16th May**

Lesley and Naomi have investigated venues – committee agreed Novotel Airport most suitable. Room hire £95 buffet £10.95/head. Lesley will book

CET – around update on local services for the Visually Impaired (Interactive)

AGM meeting first, registration 6 pm followed by CET

Committee meeting to be another day

**MECS:** Tony

Thanks to Mike on behalf of LOC for holding the accreditation event on Sunday 15th, and to Andy for helping in Tony’s place.

11 attendees.

Need at least 10 to be cost effective.

Will ask for expressions of interest with AGM notice. Action NS

Will check via WOPEC how many have completed on line and may be ready for next step – Action TM

If sufficient interest will run an evening session

Tony has had a response from Steve Summers who wants to hear our business case and is happy to meet outside the Eyecare Improvement Group. Zoe will also attend. This is a great opportunity to talk MECS through.

**IOP Scheme-update on uptake**

Andy now has access to good list of contractors so needs to contact those not participating ACTION A McG

**Cataract changes**

Lisa is pleased to report that although Sunderland Cataract Choice is no longer fit for purpose, progress may be made:

Lisa and Zoe had a very positive meeting on 3.3.17 with Claire Miller ( Sunderland CCG). Within the Value Based Commissioning Policy, although cataract surgery is not an individual funding request (numbers far too high) it has a similar classification in that if a ‘tick box’ of criteria can be met then funding will follow.

As GPs will not want to discuss lifestyle issues with every potential cataract patient, Zoe suggested we are ideally placed for this exercise and indeed to see the referred patients postoperatively. Seamless referral into hospital from optom (via a central collating office) would take pressure off GPs and provide a marvellous service.

This would be a service without seeking funding from CCGs.

Claire Miller said it is ‘not about cost but about the patient experience”!!

Hopefully a meeting can be set up with SEI to take this further.

When more is known, CCG leads can contact with regard to the cataract aspect of the VBCP.

**Reports Community Service Leads**

PwLD, Glaucoma, Diabetes, Low vision, Children’s, no more to report.

MECS, IOPRR, Cataract agenda items.

**Reports CCG Leads**

Sunderland covered above

NT – Sylvia

Complaint about a patient referred with IOP 23/24, narrow angles and FOH Glaucoma. Onward referral was refused by RMS on grounds that ‘by the guidelines’ IOP was normal for age.

Patient subsequently saw ophthalmologist privately, glaucoma diagnosed and now under care of RVI

Previous discussions Sylvia had with Ruth Evans suggested that narrow angles themselves would be an acceptable reason for referral, as there would be likely few cases.

Issue was taken up via Ruth Evans by Richard Benson chief exec, with a clinical review:

This stated that IOPs are in fact normal for a patient over 65

The referral had stated ”relatively narrow” angles and the review suggested Van Herrick classification should be used. CCT was also stated.

This was not a GOS referral as angles and CCT would not be measured.

It was not appropriate to use IOPRR as angles were considered a risk factor.

Discussion followed

Gary pointed out that revised College guidelines state referral over 65 years with IOP over 25mmHg, and that opinion on LPI varies.

Committee agreed no point in taking this complaint any further, however we need to know exactly what information the RMS require and what do they accept as a Van Herrick narrow angle.

Also worth refreshing ourselves with up to date college guidelines.

<https://www.college-optometrists.org/guidance/clinical-management-guidelines/glaucoma-primary-angle-closure-pacg-.html#.WMgQH-ChnHs.email>

Sylvia will respond to Ruth Evans asking for qualification and copy Naomi and Zoe before sending. Response can be circulated to all performers. Action SB

**PENE:**

See above

Activity report App1.

**LOC Forum/LLG**

No meeting

**LEHN**

All quiet – no reports received. Stephanie has emailed Katrina but no response

Naomi will investigate. Action NS

**LRC**

**South Tyne LRC**

The LMC had written to and received a reply from Newcastle/Gateshead CCG about MECS - basically the letter said it was a good idea but it was not a priority and there was no funding available.

LMC not happy about cataract referrals and it has been suggested to them to ask us to continue to do close questioning about necessity and choice of hospitals, they hoped we would not do this and had learnt our lesson about doing anything for no money!

Not much else apart from Newcastle /Gateshead CCG will be downgraded from outstanding as they now under financial pressure and 6-8 million in debt - not sure if that was for public consumption but interesting, meanwhile it looks like North Tyneside will be taken out of special measures.

Much irritation at Referral management system in North Tyneside again - who is looking at these referrals and how much they are being paid for rejecting any. Most GP's just work round them bouncing patients around until they get the referral they need and therefore costing the NHS more in the long run.

The dentists new contract has now been moved back to 2020, they are delighted.

**NT LRC 14/02/2017**

Capita payments

Still all over the place. Deductions for over payment should be agreed rather than Capita clawing back in next month.

Should ask for additional payment for work involved in sorting payments out. (GP’s have been given additional amount)

Could be worth briefing MP’s about the mess Capita is in

LDC

Dental practices under financial pressure. Propose to reduce money and give shorter contracts. This will cause problems in any sale of practices, for buyers seeking loans.

LMC

GP recruitment problems ongoing.

NHS improvement that was planned for 01/04/2017 now been put back to 01/09/2017. Policy vacuum

Accountable Care Organisations (ACO) not now flavour of the month.

GP Practices are merging to form Super Practices which cover large areas, this could lead to Federation of GP practices. Some community practices in this form will be looking to offer all services from one establishment, could be including Pharmacy, Dental and Optical. LOC asked to be kept informed of developments.

Newcastle GP’s are in discussions about forming a Federation to cover the whole of Newcastle rather than it’s present fragmented form. CCG Direct referral from Optoms has been discussed, but only discussed.

LPC

Pharmacists have contract issues also. Judicial review.

The way payments are going to be paid will cause cash flow problems in February and March.

Gateway criteria about provision of services, think this is similar to Optoms QiO

Branded generics are causing problems. (Sounds like a contradiction in terms to me)

Paracetamol – want to take this off list of prescribed drugs. Thinking being it is very cheap to purchase over the counter.

Pharmacy websites have been advised to take down inappropriate or inaccurate information

LOC

GP’s already mentioned the problems with cataract referrals and how each now needs an individual funding request. Agreed Optoms are best placed to give opinion and counselling about patient suitability. GP’s already over worked etc.

MECS business case being prepared for presentation to CCG’s.

AOB

Newcastle and Gateshead CCG has gone from being star performer to being in special measures.

Sir Len Fenwick is on garden leave.

**AOB**

Mike – at LRC meeting a GP said a partner reported patients have been verbally referred into practice via optometry. Mike agreed this to be unacceptable and to report it to this meeting. Naomi said if LOC can have an example then can contact referring practitioner. Tony - possibly this could have been a non-GOS red eye referral??

Kaye – has had a query as to where we are with NHS emails? Andy said the problem is burdensome information governance issues which need to be addressed as NHS mail must be the way forward.

**DONM:**

AGM 16.5.2017

Committee 6.6.2017

**Action Points: see next page**

**Action Points**

TM – WOPEC re MECS on line completions

NS – Request expressions of interest in accreditation with AGM mailing

– Check why no LEHN contact

A McG – CONTACT NON PARTICIPATING IOPRR CONTRACTORS

SB – Respond to Ruth Evans re RMS

**Appendix 1.PENE**

**Sarah**

Work as director for NT&W LOC, PENE e mail enquiries, Policy documents, Accounts, declarations etc.

Work communicating with Zoe Richmond, Jane Ranns, Steve Thomas.

Communication with John D/ Gill M CG & P Leads.

Updating of lists to CG&P Leads/NECS / NHS 111 DOS for circulation to RVI /SEI / GP’s.

Request Webstar to investigate lack of payment to practice providing the Children service South of Tyne.

Initializing re-issue of subcontracts to Boots multiples where different signature requested on subcontract – still ongoing.

Newsletter from CG&P Lead for both services circulate via LOC and PENE - – highlighting issues/ changes within both services to subcontractors/ performers including requirement for continuous QiO / meeting KPI’s / activity sign off.

Request that Webstar send KPI report to NECS when circulating to PENE and CG&P Leads.

Children service – communications with NECS on new patient questionnaire OK to switch pre April 1st 2017 – new switch date February 20th.

Summary of CG&P Lead reports to Amy at NECS and to Jane Ranns to circulate to all LOC’s.

David Barker no longer in post – practice follow up on hold.

Changing ICO contact information to reflect no longer director. Name change required once new director in post.

Starting work on IG toolkit annual submission Vs 14.

PENE Board meeting – all actions assigned to Sarah done.

Questions wrt to change of ownership – actions required.

Handover for outstanding actions phone call with Steve Thomas who will pick up the day to day and outstanding tasks below.

Tasks passed to CG&P Leads – subcontractor and DOS list maintenance for both services.

E mails to Gian and three other Webstar Health employees advising of who to contact depending on query – subcontractor sign ups / finance /MDS / KPI reports.

(Information governance work plus meeting at Ramside Hall with Steve Thomas to complete IG and prepare IG toolkit – to be remunerated by PENE.)

Outstanding actions circulated to PENE Board and Zoe Richmond

RVI orthoptic screening team request to receive quarterly reports - this has been agreed as acceptable by PENE and the request still sits with NECS to confirm CCG approval for information sharing – still awaiting outcome from NECS.

NECS requirements to move to new ‘ Contract planning process 2017-18’ that supports the STP’s – LOCSU support requested –still outstanding with NECS.

Change of ownership – Steele and Varley – Webstar health aware to send new subcontract to Steve Thomas for signing.

Letter to all Subcontractors finalised about QiO being an ongoing process – final letter sent to Directors and Cumbria on 17/02/17 -  all areas to circulate to subcontractors  – Other areas to circulate - **circulated NT&W 26/02/17.**

Update required to CG&P Lead pack and Director packs on IG ‘dropbox’ to bring policies up to date – Steve aware

Boots migration of subcontracts (see above) – awaiting contact from Boots representative to say this is ready to be reset. Director will be required to sign new subcontracts issued. Draft sent to Steve along with previous correspondence between myself and enhanced service manager of Boots.

Outstanding payments to practice South of Tyne – raised with Webstar Health – Sowjanya investigating – practice aware – **resolved 28/2/2017**

Contract review meeting to be arranged March 2017 with Amy O’ Brien from NECS – **Zoe has arranged this**

Information Governance Lead name change required at ICO – **e mail address changed** need to change name on ICO when new information governance lead in place.

Request to Gian at Webstar Health to confirm KPI can be circulated to NECS at same time as PENE and CG&P Leads - Awaiting response