

**NORTHUMBERLAND, TYNE AND WEAR LOC  
COMMITTEE MEETING  
TUESDAY 19<sup>th</sup> June 2018  
M Offord Optometrists, Kingston Park.  
6pm for 6.30pm prompt meeting start**

Minutes

1. **Members present:** Andy McGregor, Lesley Oglethorpe, Lisa Gibson, Mike Offord, Stephanie Cairns, Ian Hickson, Craig Sixsmith, Matt Cooper, Sarah Pencott, Wendy Bradshaw, Bill Lowry, Iain Armstrong, Katie Maddison, Jenny Culverwell, Sylvia Bailey, Kevin Gray, Naomi Smith, Gary McMullan, Caiohme McGovern, David Knight, Observer - Zoe Richmond.

2. **Apologies for absence** - Kaye Winship, Simon Raw.

3. **Minutes of the previous meeting & Matters Arising & Action points**

**Incomplete.** In progress. Complete

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.

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

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

To contact practitioners asking for any problems their patients had experience when attending 2<sup>nd</sup> 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 - still outstanding

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.

#### 4. Chairs report-

Ongoing conversation regarding eGOS with PCSE. There has been a delay to the new service and forms. Hopefully rolled out by the end of the year.

Paper form supplies have ceased so photocopies are to be accepted. Some concerns over signature requirements

#### 5. Secretary's report

##### New Contractors/Changes To Practice Ownerships

Nothing to report

##### Wet AMD Fast Track Fax Referrals to the RVI

19/04/2018 we informed all our mailing list of the HES intention for Paper Switch Off (PSO). The email address for referring urgent referrals to the RVI was communicated for those who have secure NHS. Paper access will remain for paper for emergency.

09/03/18 - Margaret Gray emailed to inform us that the 2016 professional referral guidelines have replaced the 2012 ones which had the incorrect fax numbers on. This wasn't the case on 11/06/18.

##### AGM

57 Responded to the AGM invite - 45 confirmed attendance & 12 sent apologies.

On the night 39 (out of the expected 45) attended and 6 extra people turned up.

TOTAL OF 45

5 people should interest in joining NTWLOC.

Feedback on the CET was excellent.

There was feedback on the night at the disappointment that PCSE did not attend. This was frustrating.

### LLG Meeting

Last meeting was 16/04/2018 attended by myself and Andy McGregor. See separate report.

### LOC Forum

No meeting since last committee meeting.

### ABDO Conference

See separate report attached.

### PCSE

Have had a number of contractors us/copy us in emails with various problems.

\*Late payments due to snow in March

\*Late Payments in May

\*Wanting information and update on eGOS

\*Problems with 2nd pair referrals

\*Not receiving the claim for the late payments last year.

These issues need to be raised at the LLG group meetings.

**A c t i o n**

**Sarah**

Katrina sits monthly with the PCSE on behalf of LOCSU so these issues can also be raised via her.

**A c t i o n**

**Sarah**

### ABDO conference

Sarah provided a separate report. ABDO are very keen for Do's to engage with the LOC

### AOP Updates

Kevin Thompson said he is happy to give us AOP updates - would you like me to start asking for them? It was agreed that this would be beneficial. Sarah to contact Kevin.

Action Sarah

Andy Mc is also a college rep so can also provide the LOC with information on this.

#### 6. Treasurer's report

Little to add from AGM

All payments in new financial year have been bank transfers.

The accounts have been audited.

All committee members will be sent claim forms and the protocol. Ian will send forms out to everyone.

Drug bins to be funded. Claudia is happy to continue with admin on those for this year.

#### 7. Appointment of new officers

Chair: Naomi Smith stood as chair and this was accepted.

Vice Chair: Stephanie Cairns stood as vice chair and this was accepted

Secretary: Sarah Pencott stood as secretary and this was accepted

Treasurer: Lesley Oglethorpe stood as treasurer and this was accepted

The officers will look at the committee structure and allocate a term for each member.

This will be looked at during the next committee meeting

Action Officers

#### 8. Appointment of minutes secretary - Sylvia Bailey.

#### 9. Appointment of PEC liaison officer - Stephanie Cairns

#### 10. LOC structure - this will be looked and distributed out for comment before the next committee meeting.

#### 11. Appointment of data protection lead - David Knight

#### 12. Reports from community service leads: children's - nothing to report

Diabetes - nothing to report

low vision - nothing to report

#### PwLD- Special School Project

SeeAbility recently published 4<sup>th</sup> year report. 91% of children who have been seen at HES not transferring into GOS on discharge!! The DO for SeeAbility also doing the Leadership course with Sarah and I.

Still on going - only managed to get half the data from the schools I'd hoped for. It's a little confusing because the definition of a special school also includes children with emotional and behavioural problems. The QTVI's have helped with some of it. Once Leadership project out of way hope to finish this task.

The HES are only going in to schools that are mainly children with learning disabilities but not those that are aimed primarily at children with autism. Sunderland has the highest number of children with autism according to the head of their SEN teaching team.

Surveys to 4 schools gone out. 2 in Co.Durham and 2 in Gateshead (a primary and secondary in each) Data not fully collated and analysed yet.

Sight service have provided most of the printing and data input free of charge. A school in Northumberland has also expressed interest in send a survey out but Sightservice wont authorise more and it depend whether the LOC think its worth getting any further info.

Some time spent on publishing Community service in Durham within schools and improving transition in to service. Cost of Time spent on project has been split between Durham and NTW LOC so far.

Meeting arranged to speak to Sunderland QTVI in more detail. - 2 weeks time.

Waiting on Cumbria CCG/PH coming back to me.

SeeAbility have been in touch. They want to discuss a future project. They're hoping my local knowledge will help in put. Conference call arranged for June 25<sup>th</sup> for fine out more about this.

Sue Taylor(ex-CEO of Sight service) and still on the LEHN is interested in the results as well.

The more I discuss this with people, I think that there should be a transfer of care/ discharge plan from HES and/or in school service into a Community service. Children would be encouraged to get their dispensing/frame adjustments at participating Community practice to help adaption to the environment then either 2<sup>nd</sup> eye exam out in Community. Only refer to HES is pathology, reduced vision not responding to correction and possibly needs amblyopia therapy and/or VI registration.

There potential safeguarding issue around 'neglect' and children not accessing healthcare.

Update - SC had 120 surveys back. Just under 50% return rate. Initial glance shows that it matches well with Seeabilitys report. 50% seen at some point.

SC has phone call arranged with See ability on Monday morning to discuss a further pilot. ZR reported that there is national piece of work going on.

Cataract- Decision needed on how we move forward with the RVI post cataract letters.

Sunderland cataract discussions have halted due to the formation of GP Alliance. Hopeful that there will be some work.

It was decided that the LOC should take a firm stance on the cataract post surgery letters after the RVI have failed to engage with the LOC on numerous occasions. A letter will be drafted and sent to all contractors and performers advising them not to complete the post surgery forms. This is not part of our contract. GOS does not require it. The letter will also point out that GOS testing is not supported by NHS England until at least 4 weeks post surgery. Anything prior to 4 weeks is considered as monitoring the result of surgery and is not covered by GOS.

A letter explaining this action will also be sent to the RVI, CCGs and NHS Enland.

Action Naomi

IOPRR/Glaucoma -

60% involvement for IOPRR - very low

Children's is to be expected to be as low as more specialist and low numbers.

Gary will check off the info using up to date lists.

Lisa to send Action NS and Gary

### 13. PEC update

Further mergers are possible. A mapping exercise has been put out to all PEC to see if they want to join up to form one main company. This will improve governance and security registration.

Gill Marshall will be paid for her work for PENE/LOC from the LOC funds.

Action Lesley

### 14. LRC reports

Short meeting with only 4 attendees

Before start Pharmacists mentioned new tax implications for committee members and what other committees were doing about payments for attending meetings etc

.

Pharmacists thinking about going to payroll and being employees .

G.P's use the word 'consultant' - but would check with their medical specialist accountant how to get round this .

Mentioned

Special needs pathway

Children's pathway

MECS

As suggested by Tom

Bill Westwood said he mentioned MECS again at a South Tyneside meeting yesterday - with very little response - but he keeps going with it . He did ask if there were any figures from any other areas that support a MECS pathway as this would be useful to use in further discussions.

GP's had another meeting with Capita and gave them a hard time - told them about late/no payments last month for some areas in Optometry.

Date of next meeting 19/7/18 6.30 at Boldon Friendly

LR North Tyneside have not met since the last LOC meeting. Several members have retired. Mike unsure about the structure now but will make contact to ensure he is kept in the loop.

## 15. Reports from CCG leads.

### Sunderland: **Sunderland Multi-disciplinary Alliance Engagement event**

The purpose of this evening event was to consult on the proposal to move all CCG contracts to a collaborative alliance business model. All NHS contracts would stand and roll over initially and be overlaid by the Alliance contract which the CCG are hoping everyone will sign up to by the end of June 2018!! Once the agreement is sent round. A number of people voiced concern that this was too short a timescale to consult with their relevant Boards, so it's possible it may be pushed back a bit.

I was sat next to Claire Millar, Sunderland Commissioning. Iain Armstrong was on the same table as the English Business manager for Newmedica and also for the one for The Outside clinic.

If NTW LOC don't sign up then we won't have any future opportunities for community services in Sunderland but the aim is to have transformation at Community level with collaboration between providers all working together within 'program forums' which would feed back their proposals to be signed off by the Board and CCG. Potentially redistributing funding and hopefully saving the CCG money and man power. The idea is to have person-centred proactive, coordinated services. (potentially sounds exciting). But Local Authority and GP's haven't completely signed up to the plan. GP practices will have to sign up to 'the principles of collaboration'. It won't work so well if they don't. The time and effort required to understand the other's services and find gaps in provision, that could be improved will be more than its worth based on our current commissioned Community services (IOP repeat reading) but potentially could allow a range of joined up working with falls teams, LD services, Community AMD/glaucoma services even MECS?

The CCG want a long term commissioning strategies for each 'program' and once they are finalised there will be procurement exercise. So a massive amount of work and no guarantee of services at the end.

proposed programs (forums)

1)GP practices and drugs budget

2)Mental health, Learning disability and Autism services

3)Enhanced Primary care (This group covers over 30 providers currently)- many concerns that this is too big to manage so may be split

4)Urgent care, Ambulance transport

The CCG are hoping to have it all in place by next April so service transformation can begin and procurements can start.

There's potential for community optometry involvement in all 4 'programs' rather than just no.3. Currently we think the CCG is only including the IOP repeat reading service under Community Optometry (as children don't seem to be included) and Outpatients appointments won't be included in the initial phase. There was representation (Business manager I think) from the merging hospital Trusts on my table who said they were considering options for moving services out to the community as part of the merger.

If it worked other STA's may follow and South Tyneside and Sunderland hospital trusts are merging so maybe the CCGS will find it easier to do similar things.

The members of the LOC who are based in Sunderland and Zoe (see her response below) are keen to pursue this opportunity. I'm also of this opinion but we'll need to put it to our committee later in the month.

Zoe's feedback regarding this opportunity.

LOCSU have lots of experience to share with integrated care models similar to the alliance model proposed. I presented at the NOC (almost 3 years ago now.....maybe 4years) detailing the MCP model and what it means for community Optical practice. You'll recall me discussing the work in Morecambe Bay.

The Sunderland All Together Better Vanguard is very similar to the Morecambe Bay Better Care together Vanguard. Different lyric - same tune! However, very early on in Morecambe Bay we identified ophthalmology as a priority area, if we're honest community Optical practice have only been invited in Sunderland due to the existing community contract.

That said, we have been offered a seat at the table and the MCP scope could allow for service redesign essentially adopting all potential LOCSU community pathways, the document states; "Fundamentally, the proposed scope of the MCP encompasses everything that is, can or should (taking into account medical, wellbeing, safety and quality matters) be delivered outside of a hospital environment"

I'm sure PECN will be very keen to look into the contractual arrangements

I'm working with the National Primary Care Network, on a sensory forum sub-group, and we're going to publish a paper for Primary Care Homes. Reading between the lines, this model in Sunderland also adopts the PCH principles of providing care to a localised GP registered population of 50,000.

And so, there is lots of experience to share and work going on which fits nicely with their proposed model but we need to understand the detail.....

Did you get confirmation on which services they are taking into the model? I know it says "Primary eyecare Ltd" which confirms it's not the current Cataract referral service but I think the MCP is looking at adults only....which leaves us with the current Glaucoma referral pathway only?

I think I noted some mention that the MCP wouldn't be looking at OutPx activity either...that's going to be an issue for us. I think we get involved and then go to the Trust (as another party to the agreement) to discuss opportunities with them initially.

Further meeting of the "listening group" in July.



**South Tyneside Falls Forum** - been running 3 years but first we've been invited to.

Aimed at improving falls rate in South Tyneside both in hospital and in Community. Emphasis on prevention messages and exercise groups.

Multi-disciplinary meeting - commissioners, Public health, pharmacy, Trust Consultants and Physio, L. authority, Fire service, 1 care home

They have had Sight service in put in the past but not Optometry.

They have been putting public health messages out in patient literature. Next one is pharmacy based. They want to do one on 'eyesight' later in the year. They are very concerned about falls and 'do not lift' policies in care homes. - safeguarding issues.

Arranged for a meeting away from the Forum with Trust Physio who is coordinating to find out about the College of Optom falls reports and paperwork etc. He is very aware of how vision and reduced contrast can impact upon falls risk. They are trying to implement the Canterbury care pathways, so I'll try and find out more about what they are hoping from the LOC's engagement at this next meeting. While commissioning were at the meeting I'm not sure how they fit in yet.

Through this was invited to Tackling Frailty in South Tyneside-GP engagement event (going 14th of June), which will be an opportunity to speak to GP's.

Maybe some fallout from this which we could use to engage with. There maybe a non eye related collague pathway to look at. The LOC needs to remain as appoint of contact and engage outside of eyes.

## 16. LOC forum/LLG

### PCSE Update

Susy Ellis & Angela Pownall attended to give us an update on eGOS. It will go live on 18/06/2018 and Contractors will have 3 options.

**Practice Management Software (PMS)** - those practices using PMS it will depend on when the software providers will have updated the software. Until then practices can use another options.

**PCSE Online** - eGOS will be accessible through PCSE online. There has been no demo to see but there will be a signature required off the patient electronically. LOC's raised concerns with having to ask PX behind the desk to ask PX to look at the online form and getting the PX to sign with a mouse - this isn't practical. SE & AP will report pack to the team.

**Paper** - this will still be an option. New forms will be needed and these won't be available until the 18/06/18. Practices can continue to use old forms until they receive the new forms.

You will be able to mix up options.

It was asked if this has been trialled or will it be rolled out in stages? No, the whole country will go live on 18/06/2018. It hasn't been trialled.

It was asked what support will be available? If practices need support then Angela Pownall and John Burdon will be available to do practice visits and set it up run through it.

There will be the following communications to Contractors; letter in the next fortnight. Will be followed up by bulletins. Hardcopy Statement. Video on PCSE website.

Andy McGregor invited SE and AP to talk to our members at the AGM - Action for Sto send invite and details of AGM.

**Fax line issues** have now been resolved

### **GOS assurance update**

No more updates on figures.

NHS England are happy with results as no major issues flagged up.

Main Issues have been;

Staff Procedures. E.G Checking that locum has the correct insurance.

General Health & Safety E.G Signage

Clinical E.G Record Keeping

Sight Test Applications & Record Keeping E.G Explaining things to PX's.

### **Consolidating Contracts**

Can now consolidate contracts for multiple practices. Will only happen with consent of contractors. Can keep separate accounts for each practice. Some groups have been asked, some don't want to and that is fine as it is not compulsory.

### MIAA Update

No update - finished in our area.

### Referrals To Accute Trust & NHS.net

There is some budget to spend on NHS mails accounts so there are plans to do a pilot for Opticians. AHCENE asked if we would like our areas nominated for the pilot - we said 'yes'.

We feel this is essential due to the HES wanting to stop receiving fax referrals. This was looking at holding "practice" accounts. IG toolkit will be required. Sarah to chase this with NHS England. Advice is to hold off setting up NHS email accounts at the moment until further advice is sent out.

Action Sarah

### Any Other Business

Kenneth Youngman asked what safeguarding is required for Optometrists? New performers have to have DBS and Safeguarding level 2 - he will arrange someone to come and speak to us about it.

17. LEHN

18. AOB

NS made the comment that we need to go out and work out what we want to be doing and focussing on. All members of the committee will need to maintain active roles.

19. DONM 19/9/18

Actions:

Naomi

Complete all outstanding actions from previous chair asap.

Draft, revise and send letters regarding post surgery cataract forms

Sarah

Chase second pair issues with LLG

Raise PCSE non payment issues with Katrina (LOCSU) and LLG

Contact Kevin Thompson regarding AOP updates

Send out advice to hold off setting up NHS email accounts until further advice is sent out.

Lesley

Arrange payment for Gill Marshall

Officers

Consult over new LOC structure.