

NORTHUMBERLAND TYNE AND WEAR LOC
MINUTES OF COMMITTEE MEETING

Tuesday 20th November 2018 6.30
M. Offord Optometrists, Kingston Park

Members present : Naomi Smith, Lisa Gibson, Bill Lowry, David Knight, Ian Hickson, Stephanie Cairns, Sylvia Bailey, Sarah Pencott, Mike Offord, Lesley Oglethorpe, Matt Cooper.

Apologies – none

Action points- Budgets are being looked at by Lesley and Bill.
Naomi has sent info re PLDP to Craig.
Ian has addressed the issues regarding the website.

Minutes – acceptance proposed by S Cairns seconded by S Pencott

Chairman's Report

MIAA(Merseyside Investigation Audit Authority) . Issues appear to be mainly due to a misinterpretation of GOS regulations, such as intervals between examinations for diabetics/ over 70s / glaucoma patients ,who should not automatically be offered review after 1 year but only if there is clinical need.Matt Cooper will produce guidance for distribution to practitioners.

MIAA – we have several contractors in the area who have now been approached with results of these audits. The values range from £5K to over £100k. Most are small value claimsI have contacted all those that have made themselves aware to me and given advice to audit their records. Lower value claims should be handled where possible by the practice.

The OC are now refusing to help optoms involved in these investigations as they are business recovery claims rather than clinical claims. I've taken advice from LOCSU and have advised our contractors as best possible. LOC representatives are attending meetings when requested.

Cataract – Nina is completing her mapping and we have a meeting booked with NHSE on Dec 7th to discuss their stance on GOS testing post-surgery. Once we have a decision from them we can progress with advice to contractors and performers.

LEHN – I attended the most recent meeting on behalf of Zoe.

An eye health capacity review is being undertaken looking towards needs in 2040 and producing an Integrated Care System.

The LEHN is going to see a restructure and will be moved to sit alongside the Northern England Clinical Networks.

The reasons for this are to provide:

- * Greater alignment of work and learning across the differing clinical pathways and specialties
- * A stronger overall clinical voice into the emerging ICS
- * Access to resources and expertise from partners with network specific posts (e.g. workforce development from HENE)
- * Opportunity to influence the development of Network web space in the ICS website
- * Ability to input into work harmonising clinical guidelines working into the ICS Digital workstream

The LEHN is supporting the delivery of the Eye Health Capacity Review across the ICS (integrated care system) – this will be completed by March 2019. This looks at 3 key stages:

1. Hospital Eye Services should develop failsafe prioritisation processes and policies to manage risk of harm to ophthalmology patients.
2. Hospital Eye Services should undertake a clinical risk and prioritisation audit of existing ophthalmology patients.
3. Each CCG should undertake an eye health capacity review to understand demand for eye services and to ensure that capacity matches demand with appropriate use of resources and risk stratification.

Newsletter – I hope you all received and read your newsletter. I plan to do one of these at least every quarter to keep contractors and performers updated. At the NOC it was suggested that we collate a separate one to send quarterly to the CCG's. This newsletter can be used promote other enhanced services that are in operation in neighbouring CCG areas.

MECS – Peter Frampton has been in touch as he has organised a PhD investigating the value, outcomes and budgeting of community acute eye services. This will have an obvious comparison of MECS versus IP services but will be considering tiered systems ideally, This, hopefully, will give an evidence base to services which may impact Northumberland decision makers. 50% funded by Aston who will back this and send delegates to discuss with anyone considered decision makers in CCGs and 50% funded by Aarons.

Mike suggested we should reply to this correspondence and say we are interested in being kept up to date regarding outcomes. He may meet with Peter Frampton to discuss things further if appropriate.

Secretary's Report.

NTWLOC Secretary Report November 2018

New Contractors Or Changes To Practice Ownerships

Closed Practice – M.M Pennington Optometrists, 22 Market Street, Hexham. – informed by practice owner, haven't had notice from NHSE .

Contract Termination (Mandatory) 20/09/18 672728 Optical Express, Red Hall, Intu Metro Centre, Gateshead NE11 9YG

NWTLOC changes to committee

Gary McMullen stepped down from committee due to other commitments.

NWTLOC Issues

There was a period the fastmail accounts were not working properly. Everything should be running smoothly now and I will start to email people on their fastmail email addresses.

LLG Meeting

Last meeting was 15/10/18 attended by myself and Naomi Smith.

Feedback about GOS Assurance which seem to be reoccurring issues are;

Information not updated E.G ICO lapsing

Staffing Procedures – are practices asking for copies of Locum insurance policy

General health & Safety

Clinical record keeping. For Example, why recalling early?

Sight test applications & record keeping

This feedback comes from MIAA, PPV and from patient complaints.

Next QIO cycle ends March 2019.

Still consolidating GOS contracts for multiple practices – 204 contracts to reconsolidate.

MIAA – 9 left on going. Don't expect any more investigations after these as NHS are using BSA for auditing.

NHSE raised with the LOCs that numbers are high for patients requesting eye drops from GP's and GP's issuing to many drops. LOCs agreed to send out guidance to membership about ocular drops.

LOC Forum

Last meeting 15/10/18 attended by myself, Naomi Smith and Stephanie Cairns.

Provision In Specials Schools and Falls – Lead by SC see separate report.

ACTIONS: All LOC's must nominate someone for a sub group for falls – SP, SC, LO, SR, WB

Cataracts Mapping Update: This has all been mapped for the region and a meeting with NHSE is being arranged.

Community Services Sub Group

No further meeting since last committee meeting

PCSE

No problems reported since last committee meeting. Deadline for 2017 CET grants closed end of October 2018.

Visual Rehabilitation Group

SC has established communication between the Visual Rehabilitation Officers and NTWLOC and we were invited to their Group meeting to introduce NTWLOC to the officer and talk about what we do and how we can support each other. SC wasn't available for the meeting so I delivered the presentation. Below is my report;

The team were very receptive and interested in the work of the LOC and Community Optometry. They asked plenty of questions.

When discussing the slide about '32% of low vision in over 65 year olds being due to uncorrected refraction' I asked if they find their clients are still continuing with regular sight tests. They felt a lot of people don't because they have been told "there is nothing more that can be done". It was suggested that it be a language needs to change as to how people are told that so that we don't put people off coming back for regular sight tests. Everyone will start to advise their clients the importance of regular sight tests.

The Chair Martin Kearney also mentioned that they have been trying to improve the current low vision services and been talking to the RVI for the last 18 years about it and the RVI keeps rejecting their proposals. It hasn't been a high enough priority for the RVI.

Most of their referrals are automatic referrals when patients get certified for visual impairment. They also get referrals from ECLOs and a small amount of self referrals from patients or their families. Very few come from Optometrists. I asked how Optometrists would refer to the Visual Rehab team. They said this is done by filling in an RVI. I said I would take it back to the committee to maybe sign post this better on our website.

I was invited to stay for the rest of the meeting which was nice and it gave me the opportunity to speak to a few of the rehab team.

Daniella McCluskey - Durham Rehab Team, is currently working on a screening tool that the GPs have requested. It sounds like a flow chart directing Low Vision patients. She is more than happy to share this as a tool that community Optometrists could also use. I have given her your email Steph. She also asked for Durham LOCs contact details so I gave them Richards Naisbitts LOC email.

Richard Wood from Sunderland & North Durham Royal Society for the blind also attended. He seemed really keen to keep in touch with each others developments and has all our emails and said will be in touch.

Also I mentioned about the gaps in the LEHNs survey so they sent the spread sheet round the table and filled in some of the gaps for Katrina. I have attached it and the bits added today are in red.

There was about 14 people at the meeting and mainly made up rehab teams from Cumbria, Durham, Sunderland & Northumberland.

Other Communications

NS has put together of updates in a newsletter for our mailing list – the first one went out on 8th November 2018.

WOPEC Paediatric module has been redesigned – No feedback as yet.

I was on a conference call for the LOC Falls Forum Subcommittee on Thursday 8th November. Lead by SC. A work plan is being prepared following ideas discussed.

Contractors have contacted NTWLOC for advice as they have received letters from MIAA. NS is following these all up and making sure they are all receiving support.

Drug bins due to be collected by 16th November 2018

Treasurer's Report

Balance remains healthy.

Payments from Capita coming through regularly and accurately.

Please forward any expenses for payment.

PEC Liaison Report

S. Cairns reported that there was currently little for her to do but she may need to be involved if issues are raised with the LOC . Recent newsletter was sent out by Primary Eyecare Services themselves.

IOP and Children's contracts will be announced very soon. Lisa reported that they are unlikely to go to procurement but will need to be relaunched. If we do need to go to procurement it may be possible to liaise with North Durham who have just gone through the process. It is possible that field testing may be included in IOP refinement .

Conflict of interest was discussed. **Action Naomi-** Make Conflict of Interest an agenda item for next month.

Service Development

Bill Lowry reported that his priority is currently to get to grips with what service issues there are. He made some useful contacts at the LOC. Naomi will send him the MECS business case **Action Naomi.**

LOCSU have a model MECS pathway but this is regularly amended – all pathways are currently under review and not available on the LOCSU website. Ultimate aim is to have a National pathway.

Lisa is meeting with NHS England to discuss the inappropriate use of GOS to perform post cataract refraction after only 2-3 weeks. It is hoped to achieve a standardised regional stance of 4-6 weeks. A leaflet may be produced to attach to the RVI forms to explain why they have not been filled in. This is only relevant for operations performed at the RVI as SEI use auto-refractors and simply check V/A s. Commissioners are not interested as they feel that the current pilot scheme is working well.

CCG leads

Craig Sixmith reported that he had had an encouraging contact from Northumberland CCG enquiring what we can offer. There has been no further response from them regarding arranging a meeting or discussion of an area they would like support with. He will continue to call and chase them.

Lisa Gibson reported that the cataract choice scheme is still running

Kaye Winship reported A reply was received from Jo Farey commissioning manager for South Tyneside in response to my enquiries, she stated that there were no current plans for commissioning any supplementary optometric services in South Tyneside in the foreseeable future. She also mentioned that there had been no movement in the development of an acute Eyecare hub at South Tyneside hospital A&E dept. As the A&E looks likely to move over to Sunderland Hospital in its entirety in the fullness of time I think that this will prevent this plan entirely. It's possible then opens the opportunity for MECS right back up. GP's and Pharmacists in South Tyneside remain strongly behind the idea of a minor eye conditions service and so Rebecca and I have provided them with information to pass on to the GP commissioning leads. So far we have only shared the report on DDES containing qualitative benefits but these are strong with patient satisfaction high and reduced eye traffic through GP surgeries. If we get some quantitative figures from DDES or elsewhere, I feel this may have more impact. I will be attending the joint falls awareness group on behalf of the LOC on 4th Dec and will feed back to the Falls awareness sub-group.

Nothing to report from North Tyneside, South of Tyne or GOS lead.

LRC Re:LRC 18/10/18 Rebecca Hankinson reported

Mathew Walmsley present from ST CCG therefore a long discussion over the extension of the Pharmacy First project extending to other conditions including shingles, impetigo etc depending on PGD's this will be a gradual roll out as CCG agrees.

This led on to MECS, basically if a saving cannot be made at secondary care level it was unlikely to be commissioned, he felt that that it would be better to talk to Foundation Trusts as this is where money could be saved and only if money could be saved would this go ahead. I talked before to a friend who helped with the discussions in Durham and pointed out that it was not just a money saving exercise but about patient speed of appointment, accessibility, satisfaction etc and saving of GP's time, but as usual it is about money and the saving of it .

Mathew felt that as a nurse practitioner was on call at SEI no real saving would be made. Obviously the fact that SEI is on the doorstep is against us - I think this is where Durham having no close eye A&E had an advantage.

Bill Westwood has again raised MECS at meetings with Gateshead, North Tyneside and South Tyneside - the LMC's are on our side and trying their best to push the issue at every available opportunity

Kaye has also emailed to say she has been lobbying GP's in ST.

Nothing else to report.

LOC forum /LLG

SC attended meeting with Head of NHS Ophthalmic contracts and head of Dentistry and Ophthalmic. Aiming to offer special tailored GOS contract for testing in special schools. Currently looking at delivery and commissioning framework that to enable.

They are interested in the results of the exercise to help them fill some of the gaps in the national picture. Report still in draft form. Other than finalizing this there's nowhere else for the project to go for now. NHS England have taken up

Frailty and Falls prevention

– high priority for Councils who are more commonly having joint Council and CCG commissioning teams.

STyneside Council are currently looking at Sensory support contract – I have details to contact they to ask if Community Opticians input could be included.

– to do.

Gateshead Council currently redoing at Physical Disability & Sensory Support strategy and Eye Health Needs assessment– asked for LOC input – pasted to LEHN

Tees Council have also set as a priority

Template of content for H&W being websites that agencies use for sign posting to improve uptake of GOS tests and aid falls and frailty prevention by directing people to support services.

– Need LOC forum to comment on

-Then each area Lead

1)needs to contact practices and ask if they can update their info on HW websites/NHS choices as LOC is planning to promote this more widely via Council websites – **standardised email across the region.**

2)Contact councils – introduce the LOC and our aims and how we can add value to their social care strategies. Ask if we could add the standardized web page content onto their H&W websites and ask who to send it to. -

standardised email across the region.

3)Send out template to each website, check before xmas to see if been done.

Draft Standard Falls pack for LOC websites - included

Prepare Falls pack for Regional teams including LOC contact details – draft pack included.

SP spoken to NTW/Durham regional ROVI group to highlight our role and to encourage those with visual impairment to continue with community eye care.

SC spoken to Regional Falls Forum in Oct. To highlight visual impairment, role of community opticians, LOC forum contacts. – community ‘Eyes Right Tool’ and why not using bedside check. If not, as mentioned in their minutes from July, what do they currently do?

Ideally should be highlighting need for regular GOS tests for everyone, and encourage people to speak to their optician to see if they are due a sight test.

Emphasis that a funded Vision Assessment (close to patients home) with contrast and lighting advice would be better than GOS for all people who attend a Falls service. Falls referral pathways in Gloucestershire/Suffolk unfunded we think.

LOC Forum

Information consolidating GOS contracts has been sent out to multiples.

New Optometry course at Teeside University has been proposed to start in September 2020 with 20 places being offered initially. It may be an apprentice style course and will include time in practices to improve dispensing skills but a pre registration year will still be required. Start date may be delayed as the course has not yet been approved by the GOC.

Zoe is standing down from the LOC forum.

Action Naomi- e mail LOCs regarding meetings.

SC is hoping to have a meeting with some of her contacts in Gateshead with regard to her work around falls.

LEHN- Restructuring is ongoing as both of the RVI consultants who used to attend have now gone. Mr Timlin from SEI still attends.

Mr Figuerido is keen to promote work around dry eye but is not familiar with funding issues and does not seem to understand GOS, the work of the LEHN or MECS. As there is no funding for a dry eye project, money would have to come from the hospital budget and this is likely to be a barrier. It was felt that Mr Figuerido may not fully appreciate that there are huge numbers of people in the community suffering with dry eye who never access hospital based services.

It was also noted that in the future, GPs may not be able to prescribe ocular lubricants/ chloramphenicol and these would be required to be self purchased. There would also be issues around confidentiality if patients were sent into community based services. A 'healthy eye' system has been trialled in Manchester to enable access to information.

NOC Six attendees from the LOC plus Andy McGregor.- In contrast with other LOCs who had much smaller representation. Concern was expressed that there were few attendees from the younger ranks of the profession- only two attendees had qualified later than 2007.

Methods of communication were discussed. Use of Social media may be the way forward and a WhatsApp group will be set up for LOC members. A facebook page may be useful to promote the LOC and promote involvement as well as CET which we may offer, and things such as the Childrens' scheme relaunch as we want to ensure that it is not seen as a scheme purely for independents. CET may be offered at the relaunch – possibly a peer review, in order to encourage participation.

Jobs could be advertised through a Facebook page – there would be no confidentiality issues and a link could be provided to our website to provide further details. A facebook page would be useful to keep people up to date with information such as MECS deflection rates and CCG newsletter.

It was suggested that notification that e mails had been read could be useful to monitor engagement- for example if we were asking practitioners to take action around the cataract scheme it would be important that we ensured that enough people were engaged.

AOB

Gary McMullen has resigned from the committee for personal reasons. The committee send him our thanks and very best wishes.

We may need to recruit another core member. Naomi felt that there would probably be a role for Craig Sixsmith and will communicate with him . We could encourage observers to the meetings in the hope that they may then wish to become involved.

A new LOC induction course is starting in Jan 2019.

Naomi intends to produce a newsletter on a regular basis.

Attendance at a LOC leadership course is also to be encouraged. Ten funded places are available each year – it is distance learning but requires two days attendance in London.

Goals for the LOC going forward- promotion of MECS/ other services.

Encouraging uptake of regular eye examinations. Naomi has asked NHS England for data regarding uptake of services but none was available.

Roll out of e GOS has been delayed further and will now be in the New Year.

McGregors practice in Ashington is being used for a trial.

DONM

LOC 15th Jan 2019

LOC forum 21st Jan 2019

Childrens' scheme and IOP refinement re-launch mid February