

**NORTHUMBERLAND, TYNE AND WEAR LOC**  
**COMMITTEE MEETING**  
*TUESDAY 31st MARCH 2020*  
*Remote meeting via Teams*

Meeting chaired by Stephanie Cairns

Notes taken by Jenny Culverwell

**Members Present:** Stephanie Cairns, Naomi Smith, Lisa Gibson, Sarah Pencott, Lesley Oglethorpe, David Knight, Madeline Mould, Ian Hickson, Kaye Winship, Wendy Bradshaw, Matt Cooper, Craig Sixsmith, Kevin Gray, Simon Raw, Andrew McGregor, Iain Armstrong, Martin Hood, Jenny Culverwell

**Apologies** None

**Conflicts of Interest:** Naomi Smith and Lisa Gibson

**Actions from last meeting:** Due to current situation it was agreed that any actions could wait until after AGM

**Minutes of Previous Meeting:** Accepted.

**Chairs Report**

CoOpilot NHS Transformation

Separate Document; proposal submitted by NENC, LOCs to use our footprint to pilot any proposed changes. On hold?

Networking

Newcastle West PCN, N/G CCG event, Social Prescribing, Mind the Gap Research on hold until we have a clearer idea of Primary Care Optical Practice in near Future.

100 Day Challenge

SoT with SEI- plan was for all Glaucoma referrals, including suspicious discs go via Optomanager. NuTH (RVI) management seem interested in bouncing back all referrals based on suspicious field plots and and IOP back through GRR service. CCGs had been instructed of this. On hold at moment? LG and NS still in discussion with HES.

North East, North Cumbria & Yorkshire Chairs Meeting

Proposal to join a larger regional symposium LOC aimed at communication and sharing learning across a wider region with aim of aiding NHS Transformation Programme. NTW LOC would need to decide if to be a part of this.

This was discussed later in meeting.

### Covid-19 Crisis

Worked closely with SP and LO through last 2 weeks and tried to involve wider committee where possible. To provide LOC response to the situation

Communication; Big push to get our contact details up to date and make sure all contractors are receiving the info we are putting out.

- Committee - WhatsApp seems to be a successful way of processing quick queries. Concerns that not all committee members are on the chat. If not using Whatsapp, then important info needs to go via email.
- 4 newsletters in 2 weeks, helped spread national info, including how to obtain NHSmail and local info.
- NTW LOC Face Book page. At least 10 new members in last 2 weeks, great way of getting social media posts out from CoO/LOCSU/ABDO/AOP
- MO (MH/KW/LG) coordinating contact of practices to confirm details and offer support, a lot of practices had closed before this started. This is ongoing. Hopefully after NHSE info is available some of these practices will reopen in some capacity.
- MM is compiling a list of Practices staying open for essential/emergency eye care and what services they can offer such as glazing, OCT etc. MM is also coordinating LOCSU codes and compiling the newsletters.
- Twitter- this is an under utilised social media account, unsure how many followers.
- website- this was due to change over to Wordpress but put on hold as IH plans to step down at the AGM. It was felt the new lead should help to design the site. DK has offered to help with the change over, LOCSU have been informed.. Priority going forward would be a Covid-19 page, plus newsletters so all is in one place.

Decided that the website would be looked at after the meeting and a conversation around this would be appropriate

MM said not much info from practices about what resources they have.

NS said a lot would depend on NHSE as to if practices stay open and that we should check again after that.

MM said been contacting practices about their opening hours. All practices should be updating their hours with NHSE, the email address was sent out.

People are contacting us to be redirected if a practice is closed.

LO has worked through contact list and is updating all info with independents and multiples.

### Feedback from LOC response

great response to the newsletters that have gone out over the last few weeks. Number of contractors have been in touch from both independents and multiples to say how useful the flow of info has been.

Thanks to all who have helped put these together in a limited time.

### Concerns raised with NTWLOC

Due to the rapid change in optical and regulatory guidance and government policies, a lot of confusion and anxiety amongst the committee and those we are supporting.

Practitioners and Contractors are trying to get used to the relaxed rules and how PEC is being offered. Many practices have closed as no one knows how they can continue under current circumstances and concerns about protecting their staff. Lack of NHSE's financial support or advice beyond SOP hasn't helped.

Concerns had been raised by various separate people and forwarded to LOCSU but one contractor has taken it further and raised a complaint with LOCSU/CoO and AOP. Following this LOCSU have asked NTWLOC to raise the concerns formally. Although the contractor had been spoken to twice, there were fears that the concerns were being brushed off, hence direct action. This led to a statement being sent to LOCSU, raising contractors concerns.

### Telemedicine

PES have provided guidance about this re MECS, Tees LOC have already put together a list of practices that are able to offer virtual eye care. However, no commissioned service so will be offered privately. LOCSU have been in talks with NHSE about a nationally funded MECS equivalent but, negotiations have stalled.

DK has been providing a telemedicine service for the last 2 weeks.

LO said ABDO have alluded to a National MECS

Contractors are contacting us with their new times of opening. LO is currently updating all lists, with contact information.

### **NG CCG Report**

Most recent PCN meeting centred around new GP contracts. GPs are still not happy with content of the document. PCNs will have a lot to deal with over the next 6 to 18 months, so maintaining contact is important but we need to understand they will have other issues to deal with first. This even more relevant now due to Covid-19.

Georgina Butler who is a GP and also Clinical Director for Transformation in Newcastle Gateshead CCG is wanting to look at ways in which to reduce GPs caseloads and to improve patient care closer to home. She wants to do this once the current situation eases as she has no capacity at the moment.

RVI meeting went well and maintained contact with Claire Pinder since then. Planning to relaunch the GRR service, all appropriate referrals into the Trust are required to go through this. Any found to have not gone through this will be bounced back. Any optom not delivering this service will need to signpost patients to a practice that is. This is all on hold, until GOS services are up and running again. A plan will be put in place to do a service launch.

Concerns around Pre-Cat assessments being done via a GP questionnaire are being looked into. This will be further investigated after current situation subsides.

NuTH are happy they can cope with all emergency eye patients during current crisis. Operating a 7 day EED.

NS has meeting with Claire Pinder on 01/04/2020, not sure the topic, possibly just to update on situation

## **Sunderland CCG Report**

LG- 100 day challenge paused due to Covid-19  
EED opening for SEI is closed door policy. Patients should call ahead, using the number on their website, this has been updated in our newsletter.

SC asked if there had been any contact with the Optom Dept, LG confirmed that there hadn't been anything from them.

LG confirmed that px that have bandage contact lenses are still being seen as this is a clean site. Still seeing AMD px for injections, different to the RVI as not part of a main hospital.

MH- bandage contact lens px still being seen at RVI, every 6-8 weeks.

## **NT CCG Report**

Looking to clarify practice opening times and service availability.

Awaiting clarification on the cataract referral management system RMS questionnaire roll out, about which CCG and LOC have not been involved

Primary/secondary care integration, This is on hold from the CCG/HES point of view? LOC offer has been made.

## **Secretary Report**

### New Contractors or Changes to Ownership

Change of contractor Glasses Factory 498 Westgate Road, NE4 9HD, Formally West Road Eyecare Ltd. Now is Usman Aziz (NE) Ltd.

### LLG Meeting/LOC Forum

No meeting since last Committee meeting

### North East Regional Prescribing Network Event

(seperate report) Better understanding of social prescribing was gained from this meeting. No one had considered optometry as being part of the network. A continued presence at the meetings would be a good idea, to keep in contact with link workers.

AM said would be happy to liaise with Julie Berry at Seaton Park on Social Prescribing

### You Said, We Listened Event-Newcastle/Gateshead CCG Event

19th of March was a follow up event to an event that had been held to discuss forums that the CCGs have with patients and voluntary sector work. They asked for feedback from the groups regarding renaming the forums or splitting them for Newcastle and Gateshead. Relevance to us is not apparent but may be worth seeing what the follow up is to this meeting so, we are aware of CCG forums.

## **Treasurers Report**

Balance at time of report £100K

£96,500 after claims processed at time of meeting

Clinical waste bins paid for.

Possibilities of reducing/eliminating levies for the next financial year? Approx £54K in total based on 2019-20 figures.

LOCSU have said its a long and difficult process to change levies, to wait for now. LOCSU levy may be halted.

NS suggested refunding some of the Levy back to practices to help with money?

LO- majority of practices pay less than £40, some are under £30. Not sure if that would be enough?

NS agreed that it is probably not worth the effort for the amount that would be returned.

AM suggested donating some of our balance to central optical fund?

LO mentioned that there would be no income for the LOC over the next few months due to GOS services being on hold, also its difficult for us to refund anything. Will speak to LOCSU on 01/04/2020 and see what options are suggested. Levies are 0.5% of GOS fees paid to LOCSU which is about £36,000. LOC get 0.25% of that which is about £18,000 per year.

LO is contacting practices re opening times, tried to contact everyone on the levy lists and has passed everything on to MM. Lots of these have not replied, will follow them up.

Contact list has been updated. All updated on Fastmail under Practice List, with their CCG area.

SP better than a spreadsheet, as we can end up with multiple spreadsheets and never know which is the most up to date.

AM and WB don't have access to Fastmail.

IH advised any queries about Fastmail to go to him on [ian@hickson.myzen.co.uk](mailto:ian@hickson.myzen.co.uk)

## **Points to Discuss**

### **COVID -19 CRISIS**

**Should the LOC contact all the practices that are remaining 'Open', with advice on how to offer Telemedicine alternatives. Either for private consultations or in anticipation of an NHSE announcement?**

LG- Tees are using this in MECS, so they only see face to face if needed. However they have a commissioned service for MECS.

SC-Trying to find out who is doing what in our area, who is set up to offer this. LOC to coordinate this?

LG-Private telemed would be down to each practice to decide. There are rumours of a National MECS commissioned service. NHSE offer was due but not heard anything yet.

SC agreed to wait for NHSE to make their announcement.

There has been an update from LOCSU re PPE. Some practices have already made contact and are awaiting the results as to whether they receive anything. Should we order as an LOC, a bulk order then distribute where needed. Some LOCs have already done this.

LG-not sure that this will come through as we need to prove that we have tried to obtain PPE. No guarantee.

SC-LOCSU have said as the LOC are not registered with the CQC, this may cause a problem.

LG- are we needing aprons

SC-donate them back to where needed

Will go back to LOCSU as interested in ordering in bulk

**Happy with newsletter? Anything else that needs to be added?**

All happy with newsletter

**Are you happy for us to share Optical Practice Status with both HES and Optom Departments?**

WB suggested waiting until after NHSE have made their announcement before we release the info, incase we get inappropriate referrals.

SC agreed. Also noted by a few that no fees have been discussed so not happy to do referrals without fee.

**Should practice lists include those with large stocks of high powered/toric CLs to potentially help the HES Optometry Departments?**

Again suggested that we wait until NHSE make their announcement. But maybe useful to know.

## **LOC Business**

**Can everyone on the committee confirm they are receiving communications to an email they can pick up when not at work?**

All receiving emails. Use of WhatsApp is good.

**Are you all in favour of NTWLOC joining a wider regional forum with NENC and Y LOC chairs?** Currently unclear whether the quarterly NENC meetings will continue as we also meet with the equivalent NHS regional team who have now merged with Yorkshire.

It was agreed in principal that it may be a good idea as it would mean coordinating and sharing ideas for pathways. However not sure how it will work. Would it mean things being done in duplicate?

LO suggested a trial run as a possibility?

SC- might have to, will say yes to a provisional meeting.

Need to go back to LOCSU and get a clearer picture of what the benefits will be.

3 or 4 of these symposiums have already been agreed, there is to be 7 in total.

Please continue to add meetings to fast mail.

**LOC Funding-** This comes from GOS sight tests, if little or no GOS sight tests we have no new income, however balance healthy.

LO covered this earlier in meeting. To be mindful of spending.

**Should calls/M.Teams meetings outside of the committee meeting be considered as Time Running LOC, therefor claim as £30 per hour, rather than a 'meeting' at £50 per hour?**

Keep Committee meetings as £50.

LO-in the past it was claimed as £30 per hour for meetings but then upped to £50 per hour.

General consensus was that £30 per hour for virtual meetings was acceptable as there was less outgoings, no time spent travelling etc. Less time out of practice etc in current climate.

Virtual meetings £30 ph

Physical meeting £50 ph

LO to put out new protocol

**AGM- postpone or run virtually?** We need to decide on a date and time. If we postpone could run with CET, but when? Constitution says it can be put back up to 3 months from the end of the financial year, however LOCSU have advised that technically LOCs are not companies. If we decide too push back we need to inform LOCSU.

General consensus is to postpone the AGM. Worried may be poor attendance if held virtual. Possibly a lot to talk about after NHSE make statement.

A provisional date of October for the AGM.

AM suggested having a webinar in May to help answer any questions contractors and performers may have.

As some committee members were planning to step down, it was asked if they would agree to remain in place until the AGM takes place. It was agreed this would be acceptable. NS not present to agree.

Anyone interested in Vice Chair position should talk to SC/NS.

Secretary role, any interest should talk to SP, and help over the summer in order to take over. WB asked if the role could be carved up into smaller more manageable chunks that could be taken on by other committee members.

SP to look at role.

MM has already taken on 2 of the secretary roles, requests for WOPEC codes and Newsletter.

### **A.O.B**

SC to forward on Chairs Meeting minutes the receives them.

SP suggested next committee meeting 19th of May.

It was then asked if the webinar should be before or after next committee meeting. SR proposed having the webinar on the date the AGM was to be held.

Webinar to be held on the 12th of May, committee meeting needs to be before this.

Next committee meeting to be held 28th April.

### **Actions**

SP to notify LOCSU about webinar and AGM

Change website to wordpress- DK to get Admin rights

LO to send out new protocol for Meeting payments