

**NORTHUMBERLAND, TYNE & WEAR LOC  
COMMITTEE MEETING  
TUESDAY 19<sup>TH</sup> SEPTEMBER 2017**

M Offord Optometrists, Kingston Park  
6pm for 6.30pm prompt meeting start

Agenda

**Members present**

Andy McGregor, Kaye Winship, Sarah Pencott, Lesley Oglethorpe, Simon Raw, Gary McMullen, Stephanie Cairns, Tony Marshall, Sylvia Bailey, Caomihe, McGovern, Ian Hickson, Bill Lowry, Lisa Gibson, Iain Armstrong

**Apologies**

Naomi Smith, Matt Cooper, Craig Sixsmith, Lynn Clapham, Mike Offord

**Minutes of previous meeting and matters arising**

No matters arising

**Action Points**

Andy – Drugs bins – all sorted and payments received into bank account.

Letter to RVI following contractor complaint about inappropriate advice to patients – not actioned yet – waiting to attend meeting on 25<sup>th</sup> Sept with LEHN guidelines group.

Sylvia – Advice sent to Optoms of Van Herrick measurements

Lesley – Expenses protocol sent to all committee members. Letter of thanks and donation of £100 sent to each speaker at AGM.

Gary - Confirmed with WOPEC there is no need to renew level 1 for IOPRR/ Glaucoma qualifications before OSCE. A refresher course can be completed if required. Durham and Cumbria OSCE completed for level 2. Locally the hope is to complete level 1 & 2 with the intention of going on to the professional certificate.

Naomi – LOC declined request of Emis Health to attend our next meeting. NHS complaint procedure sent to TM.

Kaye – Pharmacy guidance sent to Rebecca Hankinson.

Ian Armstrong – Liaised with LO re AGM speakers.

Sarah – Advice on Van Herricks emailed to Optoms. Still awaiting letter from Andy regarding referral guidelines from Andy.

**Chair's Report - still awaiting response from Andy**

## Secretary's Report

### Local Liaison Group Meeting - 31st July 2017

#### Agenda Items

##### Capita - Feedback

Although there is a definite improvement. Durham LOC reported problems and were aware of contractors who had no payments for 2 months. NHS England would like LOC's/Contractors to report them to them (Ahcene Djabri) as they have meetings every two weeks and they can report issues directly. Some LOC's said that they were going to LOCSU as they were resolving the payment issues within days. NHS England appreciated this reason and asked if people go through LOCSU could they copy in Ahcene in so they are aware the extent of any payment problems.

Other LOC's did say that the CET grants had been a problem last year so they will be interested to see if that has been sorted for this year.

##### NHS England Update

Nothing Specific although, there's been staff changes Ken now reports to Denise Jones as Tracey Johnson is on maternity.  
They also mentioned 'Sustainability Transformation Planning'

##### GOS Assurance - Update

Only 65% of Contractors met the deadline.

They have managed to get another month extension. They are going to write to the contractors explaining that this needs completing as if they are unable to confirm that they are compliant then they are in breach of contract which will result in a visit. They don't want us to remind contractors yet as they are going to send a letter to those concerned but they will let us know once they have sent that out. They have scheduled in the compliance visits for September but now the deadline has been extended then that might change too.

GOS Consolidations - they are in the process of contractors with more than one contract to consolidate them into 1. This is nearly done now.

##### LOC Local Issues

I raised the issue about the contractor who is sending out the Domiciliary letters using the NHS logos. They have dealt with the complaints from last year and it resulted in the contractor having to get approval off NHS England of the letter they are using. So they weren't specific about the new letters but all logos and vague wording had to be removed. We have had an email from a performer Martin Hood concerned as more letters have gone out recently. NHS England suspect that the contractor are using an old batch of letters and if we come across this then can we forward any letters, evidence, envelopes, photos etc direct to Achene Djabri. A patient on the other hand who wants to complain can complain to,

Helen Keegan  
Complaints Officer  
NHS England North  
Waterfront 4  
Goldcrest Way  
Newburn Riverside  
Newcastle Upon Tyne  
NE15 8NY

England.complaints-cne@nhs.net

## **LOC Forum - 31/07/17**

Zoe Richmond was unable to attend this meeting so Richard Naisbitt chaired the meeting. Zoe had asked us to discuss the following;

*"The LEHN and LOCSU would like the LOCs across the region to support a proposal to Health Education England requesting funding to support the further development of community Optometrists to allow them to take up extended roles within Glaucoma care. I know the LOCs are already facilitating WOPEC Glaucoma practical skills assessments across Cumbria, Durham and Tees and an update on progress so far would be welcome following the meeting.*

*Further to this, Optometrists will need to obtain the College certificates. The CoO Prof cert in Glaucoma is needed for monitoring people with low risk (OHT monitoring) and any contract offered to PENE will likely require optometrists to achieve this within the contract term / 2 years. We are already discussing the medium risk patients with commissioners in Durham and Cumbria and a CoO Higher certificate will be required eventually for this level of care.*

*The business case to HEE will seek to cover the Optometrists fee for the certificates but also the costs to the HES for providing placements.*

*As with all business cases we need to evidence a level of interest and should write out to Optometrists asking for their expressions of interest.*

*Each LOC already has a lead for Glaucoma identified - I think they are (but it is worth confirming):*

*Myself for Tees  
Bruce for Cumbria  
John for NTW  
Steve for Durham*

*We need to identify someone to create a survey, work with LOCs to get it communicated out to practitioners and collect responses. Perhaps using survey monkey?*

*When we ask practitioners to register their interest we ideally need to be able to map this to the Optical practices they regularly work in and what level of qualification they are interested in but also need to register those who already hold a qualification.*

- WOPEC distance learning*
- WOPEC practical skills assessment (part 1)*
- Part 2 - to take them to a CoO Prof Cert*
- CoO Higher cert*
- Diploma in Glaucoma*

*I hope this makes sense, very happy to discuss.*

*If anyone is keen to lead on this work for the LOC and support the LEHN, please don't hesitate to volunteer :)"*

We need to see if anyone would like to volunteer to be involved with the survey or be the lead? Also need take any feedback or comments back to the next meeting?

**Durham LOC reported some committee changes,**

Jane Ranns is no longer Chair, the new Chair is Claire Warrior

Robert Mottishead is no longer Secretary, the new secretary is Richard Naisbitt.

Andy commented that there are still issues locally with Capita and incorrect payments.

Discussion about LEHN – who are the committee members?  
 Ask for quarterly reports. (Also from LOC Forum)  
 Invite Katrina Venerus to next meeting.

North East & Cumbria LOC Forum – LOC Report

Please send electronically to [zoerichmond@nhs.net](mailto:zoerichmond@nhs.net) 2 weeks ahead of the planned meeting

LOC: Durham	Contact information (officer names and emails addresses):	
New officers elected at AGM Clinical triage contract awarded and now active OHT monitoring and Childress scheme under negotiation	Claire Warrior - <a href="mailto:clairewarrior@hotmail.com">clairewarrior@hotmail.com</a> Richard Naisbitt - <a href="mailto:secretary@durhamloc.co.uk">secretary@durhamloc.co.uk</a> Karen Grundy - <a href="mailto:treasurer@durhamloc.co.uk">treasurer@durhamloc.co.uk</a>	
Priorities	<b>Community contracts in place</b> (include term of contract and contract end date)	IOP Referral refinement, pre-Op Cataract, MECATS, LD Pilot, clinical triage
OHT/stable glaucoma monitoring Extension of MECATS into north Durham	<b>Services under negotiation:</b>	OHT/stable glaucoma monitoring, children's community pathway
	<b>GOS</b>	Ongoing issues with Capita - payments - reports surfacing again from contractors of payment difficulties
	<b>Useful info for other LOCs</b>	
	<b>What we need help with.....</b> From ZR or other LOCs	MECATS cost discussion/extension into North Durham CCG. Bid for new extended primary care services.
Completed by: Richard Naisbitt. Date: 23/07/2017		

North East & Cumbria LOC Forum – LOC Report

Please send electronically to [zoerichmond@nhs.net](mailto:zoerichmond@nhs.net) 2 weeks ahead of the planned meeting

LOC: NTWLOC	Contact information (officer names and emails addresses):	
New Opportunity since last report: Invitation to present business case to Newcastle/Gateshead CCG. Cataract management scheme in Sunderland	Sarah Pencott: <a href="mailto:secretary@ntwloc.org.uk">secretary@ntwloc.org.uk</a> Andy McGregor: <a href="mailto:chair@ntwloc.org.uk">chair@ntwloc.org.uk</a> Kaye Winship: <a href="mailto:twcyc.Kayedoolan@googlemail.com">twcyc.Kayedoolan@googlemail.com</a>	
<b>Priority:</b> Enrolling new committee members	<b>Community contracts in place</b> (include term of contract and contract end date)	IOPRR Children's screening
	<b>Services under negotiation:</b>	None Currently
	<b>GOS</b>	Capita payments remain adhoc. Several further complaints regarding domiciliary providers. Patients encouraged to lodge complaints. Major issues with Levy payments - Capita can provide little or no information on amounts collected.
	<b>Useful info for other LOCs</b>	IOP service uptake being continually looked into by LOC to improve participation.
	<b>What we need help with.....</b> From ZR or other LOCs	Cataract schemes
Completed by: Sarah Pencott Date: 20/07/2017		

## **Treasurer's Report**

Action from last meeting:-

All committee members were sent an expenses protocol.

Claims must be made using the claim form available from the website - ask Ian Hickson if unsure how to access.

All claims must be made by the end of the financial year.

All receipts must accompany the claim.

All speakers from the AGM were sent donations of £100.

Sponsorship money from AGM has been received - £200.

Levy payments seem to be sorted for LOC and LOCSU payments – Approx £3K/month.

Accounts for 2016-2017 have been audited and verified.

Income from drug bins to date - £1,596.

PENE refund received - £13,139.95.

Very healthy balance £77K.

### **PENE**

Changes in the management structure to bring in line with the rest of the country. Reporting structure has also changed. Trying to standardize things over the whole area.

Newsletter about to be sent out.

CGPL's are now in place.

### **MECS**

Tony reported that disappointingly there was no further involvement from CCG's! LO commented that WOPEC, LOCSU and ABDO have now agreed to the involvement of CLO's in MECS – training /OSCE's are due end of 2017.

## **IOPRR/Glaucoma**

Discussion on situation in DDT – crisis at the hospital with lack of consultants prompted the commissioning of new services. There is an optometry led triage service and practices are encouraged to enroll in the MECS.

It is hoped that now one person coordinates CCG's in NECS that a more uniform approach across the region will be possible.

There are new NICE guidelines in the pipeline for IOP'S but at the moment are just at the draft stage – the new IOP reading is thought to be 24.

Any diagnosis of hypertension must go through HES and a monitoring service is expected to deflect referrals.

Gary talked through further glaucoma qualifications.

Diagnosis of Ocular Hypertension does not have to go through the HES. It could be done via a Referral Refinement service (Higher Cert Glauc and DipTP(IP) required). No such schemes are in place at present.

WOPEC Glaucoma Level 1 and 2 are equivalent to Glaucoma Foundation at Cardiff University and be obtained via distant learning. The Professional Certificate in Glaucoma that can be obtained at Cardiff is a separate qualification. Zoe has talked to commissioners in South Tees about a bridging qualification.

Practical OSCE's can be done locally. The higher certificate requires hospital placements – LEHN have put in a bid for funding – no word yet on outcome. The timescale for the qualification is 18-24 months and cost is £500/level + hospital placement costs.

It was suggested that an email to practitioners to judge interest would be a good idea. Gary feels it would be best to ensure hospital placements are available to practitioners wishing to take certificate.

Equipment needed for OHT: Any VF machine. Suprathreshold is acceptable. For glaucoma, this will depend on the review protocol in the appropriate HES. This will almost definitely require a Humphrey SITA 24-2. OCT may not be needed.

Will changes to NICE guidelines affect our IOPRR scheme? Currently discussions are underway for renewal of the service – any changes would be incorporated.

Andy – concerned if further qualifications are needed take up would be less.

Steph – In future it is hoped to bundle services as a package – PENE in discussions to implement this strategy. The CCG's show little understanding of the work involved in setting up schemes and often have unrealistic expectations about the timescale involved to implement these schemes.

### **Reports - Cataracts**

Lisa – Value based commissioning – no action yet despite the deadline having passed. Claire Miller is the contact but is proving hard to contact.

Presently each patient in Sunderland must attend the GP's surgery and certain criteria must be met for referral – more workload for GP's and less Patient choice. The current service is not fit for purpose!

Currently if Optoms in NTW refer a Durham Pt for cataracts they are then referred to an accredited Optom in the Durham scheme for a lifestyle questionnaire before the GP will refer.

Lisa – ideally working towards a pre and postoperative cataract scheme.

Kaye and Lisa to exchange info so Kaye can raise the issue at the next LRC meeting.

Sylvia – concerned that GP's will print off the questionnaires and ask Optoms to complete them.

Andy – to gather expressions of interest from practitioners regarding cataract scheme.

Sylvia – concerned regarding a recent incident where a patient having had a 2<sup>nd</sup> cataract done – follow up was cancelled but HES asked patient to get Optom to complete post operative form and then post back to hospital. What would happen if there were complications? Whose responsibility was it?

Several concerns about whose responsibility is it if complications? Would slit lamp examination be performed? By who? When? If no follow up. Andy to follow this up at guidelines meeting.

### **Reports - PwLD**

I was waiting for the minutes of meeting I attended last Monday on behalf of the LOC (attached).

This was really to address issues of communication between the Paediatric team at the RVI eye Department and the regional QTVI team. I was asked to join them on the LOC behalf.

The RVI confirmed they are running a vision screening assessments for all 4/5 years in Special schools (reception age). This is only provided by Laura Crawford and Paul Garvey. (I also think only started in the past year or so)

If cyclo refraction required, referred into RVI, have special quieter clinic).  
Glasses are provided if required.

They do not have capacity to routinely see other older children (and appear to have no succession planning)

However they are happy to take requests to see any other child from QTVI's, Schools and Optometrist for any child who attends special school across Northumbria, North Tyneside, Gateshead, who it may be more beneficial to be assessed in school.

Therefore unless children are already deemed under the RVI system as referred earlier, the rest of the schools will only have eye examinations if their Parents take them for GOS tests. In Gateshead the QTVI's have highlighted a number of children with significant visual problems where this hasn't happened. But they only know about the children who school have flagged to them.

The Optometry department hang on to children seen through Ophthalmology who have significant refractive error, but they can't have capacity for all of them? Ophthalmology/Optometry reluctant to discharge as 'GOS may not be the best assessments for this children' (quote from an earlier email discussion with Aidhean Doherty.)

Kathryn Smart has been tasked with mapping Special school provision across the region for LEHN. I've been asked to feed into this.

Steph wants to work on this on behalf of the LOC with LOC forum.  
Falls

Helen Klaiser ran Falls Awareness Discussion Workshop in conduction with NEOS in September. It was very well received by the 24 people who attended.

She's asked me to be point of contact between the LOC and her Team should any queries arise.

**Reports** – Low Vision – nothing to report.

**Reports** – Diabetes – nothing to report.

**Reports** – Children's scheme – nothing to report.

**LRC Reports** – nothing to report.

**LEHN task and finish group**



Andy keen to put himself forward.

### **Freedom to Speak Up Guardian**

Secretary to be initial point of contact.

### **NOC**

Sarah, Stephanie and Lisa to attend on behalf of the LOC.  
Andy is attending in his capacity as a Director of the Central Fund.

### **AOB**

Fastmail account – some issues experience with PENE account – Ian to look into it.

Research opportunities – Dr Innis RVI - Ocular Diagnostics – keen to have involvement from community practices – funding available.

Simon Raw will also be attending Durham LOC meetings.

Nhsnet emails were discussed – now to apply you need level 2 IG tool kit.

DONM Tuesday 14<sup>th</sup> November 2017 Mike Offord's Practice, Kingston Park.

### **Action List**

#### **Andy -**

To draft letter following guidelines meeting on Monday 25<sup>th</sup> Sept.  
To contact practitioners asking for any problems their patients have experienced when attending for 2<sup>nd</sup> cataract surgery.  
To draft letter regarding Cataract and Glaucoma info – expressions of interest. (Liaise with Gary)

#### **Lisa**

Letter to GP's about cataract scheme and work involved with current arrangement.  
Letter to practitioners about new RVI forms – do not complete these forms.  
Exchange info with Kaye about cataract schemes.

#### **Sarah**

Write to Katrina Venerus LEHN Chair asking for list of committee members, more communication – quarterly reports and invite to next LOC meeting.

**Gary**

Check availability/likelihood of hospital placements for practitioners wishing to complete the higher certificate in Glaucoma.

Liaise with Andy on letters fro glaucoma info to practitioners.