

**Northumberland, Tyne and Wear Local Optical Committee
Committee Meeting, 17/11/2015 6.30m
Waterfront4, Newburn Riverside NE15 8NY**

1) Members present:

Ian Hickson, Tony Marshall, Naomi Smith, Lesley Oglethorpe, Gary McMullen, Stephanie Cairns, Iain Armstrong, Michael Offord

2) Apologies for absence:

Carole Thorpe, Pauline Wellstead, Kay Winship, Lisa Gibson.

3) Minutes of 22/09/2015 meeting: were accepted prop Ian sec Tony.
Matters arising. No matters arising.

4) Secretary Report: Naomi

I spoke to Tom Hedley about the chair positions but as reported he is not keen to take up this role due to various commitments with Durham, Tees and North Yorkshire. I have not contacted Jane Ranns as she is already chair of Durham and now taken on the AOP regional role.

I have had a busy couple of months with the various schemes and issues that have arisen.

CET grants are now available and I have had several queries about these. KW should have sorted the claims for locum performers.

NOC – Tom agreed to attend this on our behalf and we await his report.

Optom drug bins – we have had a few more contractors sign up and I have had a few issues to deal with for the new contract. The STW contract is due to end in Feb so I have been in contact with the company to find out how exactly we do this. I will give notice on Feb 7th.

RMS – North of Tyne. Info sent out about this to all NT contractors. Nothing further received on this.

College position has been advertised as Sarah T is standing down.

We need a rep to attend the dementia event on Nov 30th. Mike is going

DBs checks – need to speak to PENE about new contract ad who they recommend for DBS checks. NS used AOP scheme but had problems. KT also had problems.

NHS England don't hold any remit to provide these. We have asked them to clarify who they use.

Another 2 complaints received regarding the letters using NHS logo and domiciliary testing sent from Tynedale eye clinic. Both forwarded to Angela Henderson and NHS England.

I have updated the LOC structure – no comments received from the committee so I assume that it was correct. I have emailed this to the other LOCs as requested at the forum. One concern raised by LOC about the structure is that we have diluted the knowledge base slightly. We need to ensure that anyone attending meetings is fully up to speed on LOC and LOCSU schemes.

GOS assurance and forensic auditing. I have had a lot of contact from contractors regarding both of these. It was decided that we should brief contractors on the audit as it appears that they are given no information about accessing help once selected for a forensic audit. Contractors must seek professional legal advice before allowing auditors access to records. This has sparked a bit of panic but I was very surprised at how many contractors had not heard about the audits elsewhere.

Performer lists. NHS England are now not required to inform us of any newly registered performers. Capita have taken over the control of the lists and informing the LOC is not in their remit. This has been taken to a national level. I will set about to contact all practices and ask about performers.

Chi Orwurah – you will have seen the email contact I have had to and from regarding speaking to CCG leads. I have given a comprehensive list of schemes we could look into so this is being taken forward.

5) Treasurer Report Lesley:

Nightmare continues with payments despite many phone conversations. There have been no payments SoT since May and no one can explain this!

Lesley does not get a breakdown of levies so she cannot trace payments. Letters to practitioners re the levy changes were not sent out by the payments agency. When this is resolved a larger amount to balance may need to be taken from practices who will need to be informed. The battle continues! Lesley to contact LOCSU for advice. Current balance about £20,000.

6) Recommissioning of IOP RR service and Children's service.

Still in stand still period. No official decision broadcast yet. We remain optimistic.

7) Chair Vacancy

More names suggested Naomi to contact another person mentioned to ask whether they would be interested. Suggestion that we become more Social media and Website savvy, to try to communicate with younger members of professions.

8) PENE deputy

Sarah will need a deputy at some stage. We need to give some thought as to who could be suitable and willing.

9) Reports from Community Service Leads

IOP Repeat Reading Service Report November 2015

The IOP RR service has built to a plateau with high levels of activity since launch. There has been no marked change in activity or significant influx of new subcontractors or performers over the last quarter.

The last quarter saw no adverse incidents reported.

The scheme is running well with significant cost savings due to a deflection rate of approximately 80%.

There were some concerns over the last two quarters for Durham & surrounding areas regarding level of patient questionnaire return, which has repeatedly lagged the rest of the area. This issue thankfully has no consequence since the "rate of return" is not a contractual KPI in the geographical areas concerned.

Since we were informed of the need to go through a recommissioning / procurement process for the scheme, the last 2 months has been spent preparing for and completing documents for that application.

Though we assume there has been no other active participant / competitor in this process, we wait for confirmation that PENE has been selected to carry on providing both the IOP RR and the CESP schemes in future.

The man hours costs involved over the last few months for this process will have been very significant indeed but the implications of not proceeding with an application would have been far reaching, given that we have only made some significant headway over the last 3 to 5 years or so in terms of formally implementing services like this.

So here we are AGAIN back at a stage of needing to roll out new sub-contracts and hold launch events across the region. Again this expense is lamentable, and the whole process farcical in my humble opinion should we subsequently find out that there were no other parties competing in this exercise. That said we need to move forward and progress and try to ensure that we are taking the opportunities that we can to maintain momentum despite.

There are hopes that we can port over existing declarations, and accreditation evidence from the existing Webstar system prior to the new scheme being put into action. If this is not the case then there are concerns from me that we may lose a number of subcontractors, who will be fatigued by another contract and time invested to maintain their ability to provide this service with no remuneration to cover administration and launch event attendance.

Here Endeth the Grumble

John Davidson
IOP Lead

Report LRC

This is very short as meeting only lasted 35 minutes!

No one turned up from the LDP or CCG.

The LMC raised the issue of problems with Capita - they are arranging a meeting with them to thrash out some issues - if we have any, they will raise them.

LOC enhanced services - raised Toms points about these being very fragmented over the Northern area.

Angie Curry (vice chair LMC) has received a survey from the CCG - she was not sure who this was sent out too - about "added value of enhanced services of optometrists" which she filled in.

The LMC were going to write to the CCG are find out results and to see if this could highlight the services that are working well in which areas.

Date of next meeting 14/1/2016 - it is in my diary and am happy to attend if the committee wants me to.

Rebecca Hankinson

Mike reported he was to attend Newcastle LRC next Tuesday 24th November and would report relevant details from this meeting to members there.

LOC forum

Attendance -

Over the past year there have been fewer officers attending the forum meeting but does the invite have to be for officers only? The forum meetings were designed to be run along the LLI meetings where officers are invited. It was decided at the recent PENE/LOC meeting that the LOC forum should continue.

The group decided that whilst it was preferable to have LOC officers attend the forum meeting it was not a requirement. Any LOC representative can attend but the individual needs to be up to speed in what it going on within their area. Each LOC needs to identify which individual is attending these meetings. If that individual is not able to attend then a deputy should be appointed to attend so that all LOCs are represented at every meeting.

There is an open invitation to any member of the LOC to attend if the LOC see fit.

Performers contact - ZR and KV attended the national NHS England event. This brought to light that communication with performers was very difficult.

It was suggested that there is an "opt out" for performers rather than a requirement for them to contact the LOC. Hopefully there will be some positive moves forward on this. NHS England locally do work well with us.

The issue is that the lists are held nationally. However with Captia taking over from now on this information should be more readily available.

Diabetes

MIUK have been awarded the contract to provide retinal screening for West Northumberland, Newcastle and Gateshead. The use of community optometrists is currently very restricted and is likely to reduce even further. NS will be involved in any optometry contractual discussions

LLG report

Forensic audit – short list of 15. Only one practice had action taken so far. Nothing flagged in the other 14. Report has been produced for the directors. Generally this has been an internal process. The case that was highlighted – a performance issue was identified so AH was included. The AOP are aware and are involved. LOC area – Durham. The audit company have their own clinical advisor who highlighted this case to NHS England. The LOC can email Ian Cameron if any queries re: forensic cases.

GOS assurance checks- contractors need to be aware that the LOC are available for support. LOCs to alert all contractors and performers about support.

12 inspections done locally. Visits will be done by end of Jan. Then next year's practices will be chosen and visits planned from Jan.

Compliance – where are things falling down?

Need to evidence to hand. Need physical policies. LOC to send this out as a message to contractors. All available on QiO. Also ask contractors to have annual review dates on policies. Do not wait until GOS assurance visits occur.

Also encourage practices to do the QiO record card audit.

DOCET level 2 info on safeguarding – contractors should be advised to do this. It is not mandatory to do this but it is considered as best practice. Only optoms can do the DOCET stuff.

There are local agencies to do safeguarding for non optom staff. Local authorities should offer this. NHS England will update this info for us. ABDO will have their own version available in Jan.

Serious incident officer is now in post for NHS England.

10) Reports from CCG Leads

CCGs

ST - nothing to report

Sund - nothing to report
NT - nothing to report
Newc- nothing to report
North - no report received.

RVI Glaucoma awareness initiative

Mike had attended an initial meeting at the RVI, which was very much a fact finding and brain storming event. Had stressed the importance of the involvement of community Optometrists. Mike willing to attend future meetings and report back to LOC.

11) PENE:

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 and Eric Hagan.

Communications with NECS regarding service issues. (None payment of one invoice Q1 2015 NT IOPRR, End of quarter reporting, service issues Children cycloplegic refraction service).

Communication with John D/ Gill M CG & P Leads quarter reports and service analysis.

Work in relation to the project board for AQP bid.

Continued work on QiO subcontractor checklist upload.

Responding to queries from subcontractors about DBS, unusual instances that don't match the pathway, sign off questions, signed up questions.

Pre-mobilisation preparation meeting plus work from this and writing up minutes and actions for project board.

PENE Board meeting preparation.

Notes for LOC committee meeting November 17th:

Firstly apologies I am not at the meeting, I am at the College Council 24 hour meeting in Manchester.

As of writing there is no word on the bid, although delayed from the 4th we were advised it would be announced on the 9th (10th today).

However NECS were in touch to ask for information that is required in a new contract.

PENE were recommended to accept a fee structure for the IOPRR service by the project board as follows;

For IOPRR 1st visit Subcontractor(SC) £17 PENE(P) £2 Webstar(W) £6 IOPRR
2nd visit SC £24 P £1.

It was highlighted that Durham Darlington subcontractors receive a lower fee than NT&W will (assuming bid is successful) and more fees are collected to PENE (partly as their CCG's awarded a higher fee for the service as a whole). So Durham currently contribute a higher amount to PENE and have taken more than £2 per episode to ensure PENE washes it's face. It is hoped that if NTW win this new

contract, the activity through PENE will be sufficient to allow a greater fee to be paid to subcontractors in Durham addressing this imbalance.
In the meantime it is suggested that £17 / £24 should be the new "standard" fee paid to PENE subcontractors for IOP RR services around the region.

Fee structure for Children service SC £42 P£2 W£6 – Zoë on behalf of the bid team highlighted to NECS that this fee was below that required by subcontractors to sign up to this service especially in the Sunderland area, the risk was highlighted to NECS that not enough practices could sign up to this service to make it viable. A request for a higher fee was made but was not granted.

The project board also recommended to PENE that subcontractors will have until March 31st 2016 to upload their QiO subcontractor checklists. This was agreed. (Any practices involved in Durham, Darlington their deadline is January 31st 2016. It is hoped subcontractors won't wait until the last minute and will start to upload once the facility is available. I will notify the secretary as soon as this is the case (again bid dependent). If a practice does not upload then their access to the module/s will be locked.

It is also hoped that current subcontractors already signed up to the services will be able to roll over their current QiO level 1 certificate (PENE will collect on a 3 year cycle following on from NHS England) and performers will be able to roll over their WOPEC certificate's to reduce workload. (This is agreed in principal).
It will be up to the subcontractor to ensure Safeguarding level 2, Professional indemnity Insurance and GOC registration are up to date (as this is a requirement of QiO level 1) and DBS is up to date for all performers.

Very little work in relation to project board for competitive bid or AQP (any qualified provider) as the tender bid has not become live in August.
Communication with practice in Sunderland area about how system works and when payments are made etc.
Communication via phone and e mail with North Tyneside practice who has missed the whole of the scheme set up.
Passing on of NECS e mail about Cataract services in South Tyneside CCG area to the LOC representative.
Communication with LOCSU after request from Procurement team via NECS about implications of TUPE.

12) LEHN

LEHN Report

LEHN continuing the children's vision screening pathway review in Tees/Durham/Darlington. Completed review in Cumbria.

Completed low vision service review in Cumbria

Eye health needs assessments done in South Tyne, Cumbria, Gateshead.
Northumberland interested in doing this. North Tyne will move towards this too.

Newcastle – still N/A but as they have merger with Gateshead recently it would make sense to leave this for now.

PwLD – pilot in DDES and Durham. NTWloc are moving forward with this locally. Activity is very low in DDES.

Mike Bearn is looking into the referral pathways – he is going to concentrate on one condition at a time. What would LOCs like him to cover first? It was decided that F&F should be discussed first. ZR discussed the risks of removing conditions out of the MECs. So this needs to be borne in mind when these are produced.

Special facial characteristics and GOS went to DoH last week. So a decision will be made on this imminently.

The LOC forum will extend an invitation to the LEHN rep on the core team

13) CET Events

On the CET front, we are hoping to arrange 2 launch events for enhanced services and to encourage attendance, these will include a CET speaker. Haag Streit are keen to help us out on this front and with enough notice can possibly even supply the speakers. However we are fast approaching January (dare I say it) and so I do think we need to set a provisional date for both of these events. Can this please be discussed at Wednesday's meeting and if any dates are agreed upon, let me know and I shall contact Angela Masson at Haag Streit to arrange.

14) NHS Vanguard

LOC attempts to contact Vanguard have proved frustrating. NHS England does see Optometric practices as well placed to promote the core principles that Vanguard are interested in.

15) AOB

Stephanie mentioned David Cartwright lecture at NEOS where he made reference to Optoms in his area performing a paid service of Triaging referrals. Steph to ask again for info.

Stephanie also mentioned that funding may be available from community sources to promote health issues in local areas. Could be used for generic promotion.

Suggested may be good to have input from Sunderland Hospital Optoms.

Mike and Gary have had e mail from Kevin Gales at RVI who is keen to discuss Cataract Post-operative care being done in the community possible linking directly into Med iSOFT software. Similar schemes exist in other parts of country. See recent LOCSU news.

Mike and Gary to pursue.

Discussion took place about promoting IOP scheme and Children's Screening to groups, especially GP's. If bids are successful events could be held to better inform GP's on the benefits of schemes and their potential savings to their budgets.

16) DONM: Tues 12th January 2016