

**Northumberland , Tyne & Wear LOC
Committee Meeting
Tuesday 17th January 2017**

Members present:

Andy McGregor, Sarah Townsend, Tony Marshall, Mike Offord, Gary McMullan, Simon Raw, Sylvia Bailey, Stephanie Cairns, Ian Hickson, Kaye Winship, Iain Armstrong, Lisa Gibson, Caoimhe McGovern, Naomi Smith, Lesley Oglethorpe

Apologies:

Carole Thorpe (New Granny!), Melissa Costello, Ciaran McClements

Minutes of Previous Meeting 15.11.16:

Had been distributed and were accepted as a true record

Proposed - Naomi Smith

Seconded - Lesley Oglethorpe

Action points to be covered in reports.

Chairman's Report:

Thank for attending, thanks to Mike Offord for hosting and welcome to 2017 potential to be interesting year.

Meetings attended on behalf of LOC:

England Vision Strategy (EVS) North East 7 Cumbria 21 Nov 16 :

Rather a talking shop with a wide range of service users and people from voluntary sector. AMcG has list of attendees.

Details of EVS are on www.evs.org.uk

Priorities are

1. Detecting eye conditions early, especially in seldom heard groups
2. Promoting a consistent strategy for eyecare commissioning
3. Improving the certification process
4. Early intervention to ensure practical and emotional support post diagnosis (eg ECLO available every dept)
5. Habilitation and rehabilitation available on a free and timely basis for as long as needed
6. Development of peer support and self help groups

No 2 is a help to us and there does seem to be an increasing awareness of what optometry can do and the need to encourage people to have regular sight tests. Tie in of RNIB & Specsavers increases the amount of advertising, hopefully it should be generic, not just for SS.

Local Liaison Group 16 Jan 17, AMcG unable to attend see report from Naomi

Planned meetings 24 Jan 17 PENE/LOC annual meeting, MOI to be signed on behalf of LOC

Newcastle Gateshead Eyecare Improvement Group meeting 25 Jan 17
Attending with Barbara Cataract service and MECS on agenda, aim to have

good outline case to present to non-nhs members of meeting, Detail to be dealt with by Zoe & Tony Marshall meeting requested with Steve Summers. Mike Clarke and Margaret Gray strongly push RVI case: LOC needs to make its case too.

Stress need for new members of LOC Cttee and officers for AGM 16 May 17.

Vision Strategy Group -reported by Stephanie Cairns who also attended. The discussion was heavily weighed to problems rather than preventative measures

During the meeting a locum Optom, Duncan Clark, made some unhelpful comments about the need to sell spectacles!

An omission on any eye health issues in "the red book" was highlighted and this will now be included in the new version.

The majority of people attending were service users and/or charity support/ organizations - it was unclear as to whether any representatives from the CCG's were present

Secretary's Report:

Still outstanding CET claims - we now have an email address to resend the forms for payment.

Complaint received against the RMS service

Complaint received against a dom provider

Complaint received against Specsavers

I have been updated the performers and contractors lists. We now have up to date emails for all contractors across NTW with the exception of 4 practices. 1 doesn't have a computer but is aware how to contact me if any issues. I have written to the other 3 to ask for current email details or for them to opt out in writing.

I am aware of 3 practices closing but still awaiting NHS confirmation. King and Wood, The Glasses factory (metro) and Visualeyeyes.

One new contractor Specsavers in Killingworth

One change of contractor Simon McGuinness is now contracted by Ciaran McClements. They also now hold an additional contract.

One relocation of premises - A&G Marshall

Several requests for IOP/MECS codes.

Tom Hedley has been in touch regarding research opportunities at the RVI but still to clarify how he wants the LOC to proceed.

I will be standing down as secretary at the AGM in May so I am streamlining the secretarial duties and email accounts. I am happy to stand as minutes secretary.

A replacement for secretary is required.

Action All

I am cleansing the fastmail account and setting up contractors/performers and all emails lists so emails can be sent by any officer on the fastmail system. This is process but its an onerous task.

Treasurer's Report:

Following last year's AGM levy percentages were changed to 0.50% to LOCSU and 0.5% to LOC - payments agency was informed and I was assured by Janet Knox and Jon Wilson these changes had been actioned.

As yet no summary sheets have been forthcoming!

I have made continual requests for a monthly summary sheet of all levies paid - how much and to who.

In August LOCSU asked us to clarify all levy percentages.

In November 2016 I contacted Helen Reynards of NHS England and informed her of the continuing problems - she agreed to follow this up and contacted Jon Wilson.

Following the last committee meeting I contacted Central Optical Fund after the discovery that they had not received any voluntary levy payments "for some time".

Roy Brackley got back to me this week saying there had been a change of bank details and perhaps we had not been informed!

I asked Jon Wilson to look into this also - where has the money gone if it has not been paid to Central Fund?

Jon Wilson Said I should have the levy summary sheets going back to the start of this financial year and also the previous year.

LOCSU contacted me to say the new LOCSU levy had not been implemented across the whole MTW footprint - this was now being resolved.

Payments are irregular and presented in different ways - sometimes listed as individual sub areas, sometimes as NTW as a whole.

We have received 7 payments this financial year - 2 of which included payments for Darlington LOC! Although I have informed the payments agency about this I have had no response. As I have nothing to cross reference payments against I still don't know if the payments are the correct amounts.

Our funds are healthy enough to accommodate this BUT hopefully with the intervention of LOCSU and NHS England safeguards will be put in place to prevent further errors.

A discussion about voluntary levies ensued - Andy was keen to send a set percentage to Central Fund each month but it was pointed out that as it is a voluntary levy we cannot use LOC funds this way.

MECS:

Tony had an informal discussion with Steve Summers

- keen to have more information
- ideally Business plan to be presented to Ncle and G'head CCG
- meeting 27.1.17
- involve Ruth Evans (NT) and John Warrington (N'alnd)
- there is a possibility that NT and Ncle and G'head CCG's will merge.

Tony to follow up on business case from Zoe

Action Tony

A date for the next MECS practical sessions were discussed 12th March was decided.

Tony to speak to Zoe regarding a written proposal for direct Ophthalmology referrals requested by the Gateshead Eyecare Improvement Group - it needs to be understood the MECS and direct referral are not the same thing, are not covered by GOS and therefore appropriate funding is needed.

The referral guidelines attached to the minutes of the last meeting are mainly outside of GOS and any decision LOC make, all performers must adhere to.

This was deemed too big an area of work and could LOCSU help? It was proposed to report back to the meeting that further advice has been sort as these guidelines will be national.

Action Tony to liaise with Zoe for clarification.

Referral Refinement Schemes have been given a hard time in the press recently as being inefficient and not cost effective.

Cataract referrals from GP's to Ophthalmology now will involve more work by the GP's as a rational for referral and individual requests for funding need to be addressed. Naomi to check with Zoe whether this has been implemented. Andy to attend a meeting, chaired by Mike Clarke - this is on the agenda. **Action Naomi**

Naomi to send this info to all performers to keep them in the loop incase GP's start asking for more detailed information.

This should be viewed as an opportunity as GP's will hopefully soon get hacked off and want to commission a service in future!

Action Naomi

Lesley asked that if DO's/CLO's were involved in MECS could the LOC fund in the same way that they have for Optoms - yes.

IOP Scheme

Andy was to collate information regarding non participating practices and contact them to understand the reasons - this work has not been completed. Andy and Sarah to move forward on this and attain information.

Action Andy and Sarah

Community Service Reports

IOP/Glaucoma - Gary

Nothing to report in NTW

Gary mentioned his work in M'boro on referral pathways and management of glaucoma patients - CCG's in Tees are interested however there is a problem in that the Trust's and LOC footprint does not coincide and so funding an issue. Hopefully a pilot scheme will be organized.

It was felt that glaucoma management in hospitals is not well organized.

Schemes should help in the long term but it is a long process involving PENE, business case proposals and lots of time!

Cataract:

The scheme in Sunderland is still ongoing but no further developments.

MECS: see above agenda item

Children's: no Lead at present

Pre School screening - RVI don't get paid to cover Northumberland and therefore will not cover this area. A private company will possibly do this screening. The CCG commissioned the Children's scheme but this does not include pre school.

SEI screen in schools - it was unsure as to how this was funded.

Diabetes: nothing to report

Gateshead are still involved through EMIS Health.

Low Vision: nothing to report.

PwLD:

There are ongoing discussions with the QTVI regarding the current eyecare provision within the 4 special schools in Gateshead. They have had contact with Simon Berry in Durham already regarding this.

It appears that currently the RVI are not providing any screening for these children and will only see children that have been referred for suspected vision problems by the community paediatric team at the QE. Recently there has been an increased awareness within education of how vision loss impacts on learning and social interaction, as well as Cortical Visual Impairment. So the schools have started referring an increased number of children for assessment to the QTVI's. However they have no way of ruling out refractive errors or diagnosing causes for reduced vision.

The optometry department at the RVI contacted me earlier this year asking about how they could discharge children with LD from their clinics as they have no space. However the Consultants don't feel that using the current GOS ST provision will be adequate for these children. I have to agree and so too do SeeAbility. So it's unlikely they will want the QTVI's referring children back to them just to rule out if glasses are required. They currently do recommend parents take any child refers to them for a community GOS but are finding a large number of the parents of these kids are not complying. Both the QTVI and the schools feel if something was offered at school then a greater number of parents would consent as less hassle for them and less stress for the child. Simon Berry recently conducted the Trinity Project in Durham. This is yet to be published but it appears that following this unmet need has been identified and now SEI will be sending their team of Optom/Orthoptists into Durham Special

school to screen kids for problems. Something they already do in Sunderland/South Tyneside.

I have raised the issue of possible lack of eye care for child in special schools with the LEHN and they are going to discuss this at the meeting this month. The QTVI are considering sending questionnaires around their schools to find out how many children do receive regular eyecare. This is something that is being conducted in Greater Manchester and elsewhere according to SeeAbility.

A community based pathway could be the way forward if the CCG's can be persuaded on the benefits and need. Also there would need to be interested optometrists. Another finding from the Trinity report is that a greater number of parents at the Durham school, compared to the SeeAbility scheme down south, took their GOS vouchers to be dispensed elsewhere. This means practices across the area would need to be equipped to dispense these possible more complex children. SeeAbility have found that following up on dispensing/frame adjustment is also vital plus awareness of the reasons for wearing the specs with the Teaching Assistants who work one to one with the kids. This could be provided by the QTVI who already attend the schools.

Stephanie is to follow this up with a meeting with Simon Berry on how the clinics run. **Action**

Stephanie

NT CCG - nothing to report
STW CCG - no report
Northumberland CCG - no report
Sunderland CCG - no report

PENE :

Workload report was shared prior to the meeting.

Zoe - Data Information Monitoring - to show how money is saved

Sarah is standing down 31.3.2018 and is keen to organize a replacement to shadow her over the next year in the interest of continuity planning. This person should attend the PENE board meeting in July. Ideally someone with some knowledge of the workings of the LOC.

If no takers then the post will be advertised to all performers. **Action All**

A new Memorandum of Understanding to sign by the LOC - Andy to liaise with Sarah. **Action Andy**

LOC Forum:

Mostly discussed the MIAA responses.

LLG

New logo and marketing. LOC reps to attend on Teleconference meeting on NHS identity. This will be with NHS England. Date and time TBA. NHS have some issues with the use of NHS identity so it is important that LOCs and contractors are kept update with the information.

Cumbria Boundary changes - looking at key strands which will affect contractors in this area.

MIAA - Sheet provide to answer questions raised at the last meeting. MIAA dialled into the meeting to discuss the questions. NHS organisation hosted and shared service. Also deliver a range of advisory programmes as well as the audits.

Looked at old patterns of claims GOS1-3. This information was looked at historically and any unusual patterns of claims were looked into further.

Consistent process of selection.

ZR asked for more specifics about the patterns noticed locally. Same trends are used locally as are predicated nationally. Eg: Volume of tests, supplied spectacles and payments claimed.

1 practice may show 1 spike in small frames etc. Or there is a group of contractors where claim for GOS 3 is significantly higher than the claim of GOS1. Claim patterns against a national picture rather than local. The local profiles would also be plotted to allow comparisons etc.

No pre set patterns to rule out contractors before a more thorough analysis is done.

Looking at end April to process all reports to the Local Area teams. With the view that any action would be taken following those reports to be submitted. They have identified some contractors where uplift maybe required.

The key themes will be presented to this group at the July meeting for discussions.

GOS cycle delayed but NHS England have identified 6 practice that they will visit before the end of 2017.

LEHN: MiM now sent out

Katrina is to contact the CCG's to check their commissioning intentions before pursuing any schemes.

AGM 2017

Scheduled for 16th May 2017.

Discussion on Stephanie's proposal to combine this with some form of CET involving presentations from QTVI's, Action for Blind People/ ECLOS and an update from Katrina Venerus LEHN Chair.
Iain Armstrong to look into possibility of CET accreditation. **Action Iain A**
Venue and time to be confirmed.

AOB

Complaint regarding RMS from a performer.
After discussion it was agreed the LOC would contact the Dr involved via Zoe and clarify NICE guidelines and protocols for such referrals. Re instruct about referral criteria under IOP RR scheme.

Action Naomi

Complaint regarding Specsavers mailshot.
Katrina Venerus replied to the complaint stating there was nothing that could be done. Sarah commented that while Primary Eyecare companies are involved Specsavers will follow their lead. Naomi to reply to contractor.

Action Naomi

Domiciliary complaint from a patient

This was brought to the committee's attention to highlight the ongoing issues with certain domiciliary providers and the lack of monitoring by GOS/ NHS. The complaint has been directly made to NHS England by the patient.

Research Group - Tom Hedley asked if anyone was interested in getting involved with some research coordinated by Jez - an Ophthalmologist at the RVI.

Stephanie to respond to Tom asking for more detail about the research projects to be undertaken.

Action Stephanie

Date of Next Meeting - 14th March at Michael Offord's practice , Kingston Park.

Actions:

Naomi:

Contact ZR regarding cataract funding requests

Email contractors regarding cataract funding request

Contact ZR regarding RMS complaint

Contact contractor regarding Specsavers complaint.

Tony:

Liaise with Zoe re: MECS business case

Liaise with ZR regarding referral guidance checklists

Iain A:

Look into CET accreditation possibilities for Steps idea at AGM

Andy:
MOU

List contractors not signed up to the IOPRR scheme

Sarah:

Liaise with Andy regarding IOPRR sign up.

Stephanie:

Contact Simon Berry re: childrens clinics

Look into research opportunities for optoms.

All:

Look into replacements for Sarah and Naomi.