**Northumberland, Tyne and Wear Local Optical Committee**

**Committee Meeting, 22.9.2015 6.30m Waterfront4, Newburn Riverside NE15 8NY**

**1) Members present**:

Ian Hickson, Kaye Winship, Pauline Wellstead, Lisa Gibson, Tony Marshall, Naomi Smith, Lesley Oglethorpe, Gary McMullen, Stephanie Cairns, Carole Thorpe

**2) Apologies for absence:**

Iain Armstrong, Mike Offord

**3) Minutes of 7.7.2015 meeting:** were accepted prop Kaye sec Tony.

re PENE deputy board member- if IOPRR is recommissioned will need to fill this post.

re letter from Mike Clarke- the optometrist has been contacted and the issue resolved to Mike Clarke’s satisfaction.

**4) Secretary Report: Naomi**

Vision Express has now relocated to Eldon Way.

Specsavers healthcall is now fully established for domiciliary care locally.

One new performer has registered since our last meeting. No contact details were given and he hadn’t contacted the LOC. I contacted the company involved and the individual was working mainly throughout Scotland. So I have not pursued further.

Other performer/contractor info is on the back burner as I do not have time to follow up and update emails.

Please can everyone remember to Bcc emails if they are sending anything out wider than the committee. There was an email sent out recently with everyone’s email addresses readable.

I have set up email groups for Gateshead, Sunderland, South Tyneside and North Tyneside on the fastmail account. I will do the remaining CCG areas and a master list of all email contacts once I get time. This will allow others to send out information if I am unavailable.

The drug bins are just about sorted, although I am awaiting a final invoice. I have sent out most receipts and waste transfer notes. Still a few to finish off (those without email addresses) and I have had a handful of waste transfer notes replaced by the waste transfer company due to a code error on the original. So these need re-sending again.

I have recently received a complaint regarding a specsavers practice insisting that a patient had a full GOS sight test when they attended for their DVLA fields. I have contacted Angela about this and given the practitioner the relevant info for the patient to lodge a complaint.

**5) Treasurer Report** Lesley:

Nightmare with payments despite many phone conversations. John Wilson, Darlington says all levy changes are implemented however Gateshead and Newcastle are taking 0.6% and splitting this rather than taking 1% and splitting 0.6% and0.4%. There have been no payments SoT since May and no one can explain this!

Lesley does not get a breakdown of levies from Darlington 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 is still in process of sorting the bank account. Current balance about £20,000.

**6) LOC Expenses**

Lesley put payment alterations to PENE but they are not happy with a flat rate for evening meetings as these can be long. Questioned whether teleconferences are classed as meetings or time spent on LOC work- committee feel should be as meetings.

Tony feels we need a happy balance as too high a fee is not sustainable however we can’t undervalue the time of those willing to give it.

Naomi will take the issue to the next forum meeting on 16th October. We need rates to be equal across the board and will go along with expenses as forum decides.

PENE will soon be in a position to pay us some money back.

**7) Chair Vacancy**

Wendy has stepped down so we need a replacement. Naomi will also stand down from next April so we need a recruitment drive! Naomi is bombarded with emails and worries she may miss something important so needs a chair to be looking at them as well.

Tees has a member using a receptionist at her going rate to deal with admin tasks (this would have been useful for recent drug bin sorting) to free up secretarial time and save money. Durham also do something similar.

Naomi will contact some previous committee members and canvas interest.

**8) Recommissioning of single Children’s and IOPRR service**:

Gary, Pauline and Lisa reported

Feeling is only PENE have applied for these contracts. If this is the case and the commissioning intent has been purely to reduce fees then a lot of money, time and effort has been spent which could not be repeated every two years. The work has been daunting and intense.

Zoe is submitting the bid tomorrow. 4th October clarification questions will be known and be contract will be awarded on 6th November.

Proposed fees:

IOPRR: 1st visit PENE(P) £2 – (S)subcontractor £17 – (W)Webstar £6

2nd visit(P )£1 (S) £24

GP 1st visit P£2 - S£32 - W£6 2nd visit as above

Children (pending NECS response) P£2 - S£42 - W£6

Lesley asked whether we will need another (expensive) launch event. Pauline said we may apply to commissioners for money. We can use the rooms here which would save money. We could link in a CET event. Stephanie asked if we need to invite GPs to launch - no but we need to make sure they are aware that the schemes exist.

**9) Reports from Community Service Leads**

**IOP**: as above

**MECS/IP-** Tony-still on hold whilst above happening. Laura Valentine NECS is doing background work and has spoken to Kaye and Tony for information on low vision and MECS.

**Low Vision:** nil to report

**Cataract:** Lisa

Sunderland-Payments were made to Sunderland practices for cataract choice activity up until April 2015 on 11th August via Webstar Health who managed the payments on behalf of the CCG. This scheme continues to run and payments for the next period will be made through Webstar/PENE. No updates on the future developments of this scheme have been given by the CCG.

South Tyneside-A complaint from a GP was made via NECS about a practice not using cataract choice for referrals. The complaint itself was a misunderstanding from a locum who was unsure of the protocol in the practice. We did however use this complaint to highlight that no provision for cataract referrals has been made and when the scheme in ST finishes (date TBC but decision made to finish in April 2015) all referrals will be using up valuable GP time.

**Chidren’s:** as above

**Diabetes:** Naomi – tender submitted feeling MIUK may get it or possibly a company who may use optometrists. Watch this space!

**PwLD:** Stephanie

There has been some dialogue and meetings between the LOC, Newcastle/Gateshead CCG representatives and NECS regarding this since the last committee meeting though it’s hard to say whether we are much further forward. The LEHN has also presented the pathway and reasons why it’s felt improvements are needed to the Local LD Network.

There seems to be a willingness to try to improve uptake of Sight tests for people with LD across the region. But there have been some reservations about the actual LOCSU pathway itself and if it’s actually covering all the things LD professionals feel is important. After a talk with the GP Clinical Lead for Gateshead/Newcastle we feel we can deal with these issues and aim for standardisation of reasonable adjustments allowing more accurate sight testing of people in community.

We have had 34 optometry practices express interest in the scheme from across the N,T&W patch. I also have letter ready to go out to gauge Social Care Commissioning intentions.

So now we are trying to establish actual local need. If there is a drive to improve uptake of sight tests for people with LD across the CCG’s is this is going to increase the pressure on the current system and increase the likely hood of unnecessary referrals into HES. Though the number using the new pathway would likely to be relatively small compared to the overall number of patients, is there still potential for the CCG’s to save money.

To do this SC and GP Clinical Lead are looking:

To work out approximately how many people with moderate/severe LD are currently getting their eyes examined across the 4 CCG that our NECS covers.

To work out how many people are being referred into HES because GOS doesn’t allow time for adequate test results in many cases.

To work out how many people are staying in HES once ‘clinical need is met’ because it’s felt they ‘can’t be managed in community’

To work out how people in the Mental Health hospitals with Challenging behaviour have sensory deprivation, i.e. vision loss, assess for currently.

To find out current practice amongst local Optometrists regarding making reasonable adjustments.

To this end SC has devised a Survey Monkey survey for Optometrist to complete to get a feel for what’s happening in practice currently. This has gone round the committee but is due to be sent to practitioners.

**10) Reports from CCG Leads:**

**ST: Kaye**

Following the decision at the last meeting that the LOC leads should make contact with their respective ccg leads I wrote to Jo Farey, Commissioning manager for STCCG:

MECS:She thanked us for our proactive approach and arranged a meeting between myself and Laura Valentine from NECS who has been given the task of scoping out the potential for MECS in South Tyneside. The meeting went well and I believe Laura has also been in touch with Angela, Zoe and Tony. She will present her findings to the CCG when she has gathered all the relevant information. So watch this space.

Feedback from the Local Pharmacy Committee secretary is that the first 6/12 of the Minor Ailments Scheme has exceeded expectations and can already demonstrate a cost saving for the CCG. They are very keen to have us on board alongside their MAS and await further from the LOC. I think they would be happy to endorse any application we put forward.

CATARACT CHOICELisa has been instrumental in fielding a GP complaint about incorrect use of the Cataract Choice scheme and has used it to our advantage in highlighting the validity of a CC scheme.

I have e-mailed Andy Todd from NECS (upon direction from Angela H) to ask when they intend to cease payments for the existing, but decommissioned CC scheme. I’m still sending in claims and am still being paid. I feel Lisa’s endeavours have given us a real opportunity to resurrect the cataract choice scheme in S.Tyneside and intend to discuss this further with Andy Todd when I hear back from him.

EHNADisappointing responses from practitioners to date. I have sent reminders 3 times and then requested that Public health send paper copies to individual practices to get a better response. Last and final Survey replies to be submitted by Fri 18th. Some operational glitches which caused problems may need LOC discussion.

Question- should LOC CCG Leads think about arranging localised meetings?

Should we wait until there is something to talk about eg EHNA results.

Finally, I have resigned my post from the Local Eye Health Network due to too many commitments elsewhere.

Angela will soon be requesting a replacement from the LOC’s- One person from either Cumbria, NTW and DDT.

Is anyone interested? I have learned an immense amount from my 2 years on the committee. It gives a real insight into the bigger picture and I feel proud of my direct input into the Durham, Darlington and Tees EHNA upon which many commissioning decisions are being made in that area.

There are 4 meetings a year plus additional task and finish team.

**NT: Sylvia** emailed report:

*As you know, Zoe and I were invited to meet Dr Ruth Evans in Wallsend yesterday.*

*North Tyneside have recently started to use a referral management system through which  all Ophthalmology referrals are scrutinised with a view to reducing the numbers of referrals reaching the RVI and therefore cutting costs. This will apparently run for a year.*

*There were 3 areas discussed*

*IOP referrals- Ruth was unaware of the IOP refinement service so it was useful that Zoe was able to explain what is currently happening, and what may happen in the future. At her request I have forwarded her a copy of the paperwork for IOP refinement so this can be identified as appropriate referral.*

*Ruth was using guidance which said IOPs should be measured 4 times and averaged. She had taken this to mean that it had to be measured on 4 occasions and told us that under the RMS any IOP referred with only one measurement would be rejected. We were able to explain that the 4 measurements were made on the same day and that optometrists were almost certainly doing this but not actually recording the 4 measurements. She has said that she will advise the RMS of this but has asked that local optoms be requested to clarify on their referrals - either giving all 4 readings, or indicating that the reading given is an average of 4. Zoe suggested that Applanation tonometry would not require 4 readings. Ruth requested that optoms make clear what instrument is being used.*

*Cataract- The RMS will reject any referral for cataract if the patient meets the DVLA standard for driving. We did query what would happen if there was a situation where , for example, one eye had poor acuity but the other had good acuity. She said that she 'hoped' there would be some leeway on this but we may need to provide further reasons for cataract extraction - the example she gave was perhaps someone who needed to see to give themselves accurate insulin injections.*

*The attachment to this e mail is some info she sent us on Cataract referral . The appendix has a useful leaflet about cataract surgery pros and cons which is currently given to everyone, as well as a phone consultation to check if they want to proceed. She is happy for this leaflet to be made available to optometrists to give to patients or to put on the LOC website- whatever we see fit.*

*The third area was Chalazions (Chalazia?)- these will not be referred unless the patient has spent 12 weeks using self- help techniques of massage and hot compresses. Not really a big deal.*

*Please could you circulate this info to all N.Tyneside optoms-*

*Request to clarify 4 measurements when giving IOP readings AND instrument used - especially if not going through IOP refinement process.*

*Information as to the arbitrary cut off point for acceptance of referrals for cataract. Zoe pointed out we cannot ask them not to refer a patient who does not meet these criteria.*

*Cataract info leaflet , if you think appropriate.*

*Let them know that this new referral management system is in place and that some of their referrals may be declined.*

*Interestingly my practice received our first referral refusal today. It was not my referral - it was a locum who had referred a patient with very narrow angles whom he felt might be at risk of angle closure. The RMS had rejected it , so the GP had written to the patient saying that the referral was inappropriate.  The letter said that' this was good because it meant that they were not worried about it' and felt it could be managed by the optometrist in the community. We received a copy. The letter advised that the patient present to the optometrist again in six months. If this is going to be the standard response then this may well have to be flagged as a problem- can we justify re-examining these people in 6/12? we could use the code for ' advised by medical practitioner' or even 'pathology likely to worsen' but it could be an issue if it is going to happen on a regular basis.*

Naomi will email optoms and ask them to report any refused referrals. Zoe is investigating this.

**N/cle West**: no report

**11) PENE:** Sarah emailed report:

Work as director for NT&W LOC, PENE e mail enquiries,

Work communicating with Zoe Richmond, Jane Ranns, Julie Breen and Eric Hagan, Steve Thomas.

Communications with NECS regarding re-commissioning of services.

Continuing investigations into non-payments of invoices. SBS (NHS payment agency) have paid monies into the ‘old’ PENE account. Now transferred to LOCSU account. Several communications from subcontractors about payments. Q2, Q3, Q4 2014-15 all settled (except Northumberland Q4?).

Communications with SBS confirming the correct payment details for PENE payments.

Generation of duplicate invoice for Q4 Northumberland CCG after communications with Webstar/SBS.

Communication with John D CG & P Lead IOPRR, update on future quarter reports and service analysis meeting and actions required via e mails.

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.

E mail to Gian/Zoe about setting up of ability to upload QiO subcontractor across PENE patch. (Durham, Darlington area this Autumn, NT&W area at sign up if successful with bid)

Sarah’s time is reduced so is costing less now. Board meeting 19th October.

**12) Constitution and Business plan**

**Lisa:** has had no word from Andy. Zoe- LOCSU advice is not to rewrite constitution as would have to be approved by NHS England. We will keep current 1.4.2013 constitution and Lisa will work on a Memorandum of Understanding to sit alongside. LOCSU are working on the model constitution to allow for CCG changes so we will be kept informed.

Naomi proposed, Stephanie seconded we keep the constitution as above and work on the memorandum of understanding. No objections.

Lisa has almost finished the business plan. We are happy to share with Durham but do not want to put it on our website for all as it contains all plans and financial details. Naomi will ask LOCSU if we can hold it and let contractors know it is available if they wish to access it.

**13) LEHN**

Kaye has stepped down (see above report) from committee but is still doing work in her own time. If anyone is interested- they do need an LOC rep. - speak to Angela

**14) CET Grants**

Naomi- one performer is unable to claim grant as employer will not concur. Kaye agreed to act as signatory for them. LOCSU have approved that any contractor can claim on a genuine performers behalf (Wendy did this last year)

**15) DBS checks**

Issues around obtaining these- Naomi will raise at forum meeting

**16) CET Pauline:**

No further work done as very busy with Children’s recommissioning. A possible date of **February 2016** was agreed - maybe to run alongside any launch event. Stephanie is involved in an NEOS glaucoma event with Mr Bearn RVI so we could even link in with it.

**17) NHS Vanguard** No Mike- no report – will request one.

**18) AOB**

-Jane Ranns is standing for AOP regional rep and has asked Naomi to circulate her details. Naomi will also contact others standing if they wish the same (Kevin Thompson, Andy McGregor, Asim Din ).

-NOC- does anyone want to go? Andy may. No other interest.

-Pauline –Specsavers Hexham break-in last weekend. Volk lenses taken along with locked Ipads.

-Stephanie has heard of a meeting in Leeds next week where GOS will be explained to commissioners and others.

**19) DONM:** Tues 17th November