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

**Committee Meeting, 7.7.2015 6.30m Waterfront4, Newburn Riverside NE15 8NY**

**1)Members present**:

Ian Hickson, Kaye Winship, Pauline Wellstead, Lisa Gibson, Tony Marshall, Naomi Smith, Wendy Bradshaw, Lesley Oglethorpe, Iain Armstrong, Gary McMullen, Mike Offord, Stephanie Cairns, Sarah Townsend, Carole Thorpe

**2)Apologies for absence:**

Iain Armstrong.

**3)Minutes of 19.5.2015 meeting:** were accepted prop Sarah sec Naomi. Matters arising covered below.

**4)Secretary Report:** Naomi:

1 new practice in Sunderland, a few have withdrawn additional contracts.

Drug bins – a big task! One contract NoT and one SoT – finalising now. Only 50 practices signed up NoT. Can sign up later if they want to.

Will be a slight cost to the LOC.

**5)Treasurer Report** Lesley:

All payments have come into same account for the first time!

Problems implementing new levy, no confirmation email to confirm this despite several email requests.

New NTW signatories in hand so BACS payments can then be processed.

Total fund when merged approx £27,000.

**6)Recommissioning of single Children’s and IOPRR service**: Conference call minutes. These had been distributed to committee beforehand :

 **23/6/2015. Present:** Zoe Richmond, Sarah Townsend, Gill Marshall, Lisa Gibson, John Davidson, Pauline Wellstead

* Gill and Zoe met up with Amy from NECS and were informed that all CCGs in the region would be commissioned to continue the provision of the Children's Cycloplegic Refraction Service and also the IOP referral refinement service.
* This will go out to a full procurement to be advertised at beginning of August 2015 with the intention of "going live" by 1st November 2015.
* It will be advertised either as a "Competitive tender" or as "AQP" but this will not be known until the full details are advertised in August.
* The length of the contract is not known as yet but the minimum term is 2 years. The likely options are a 2 yr contract with a 1 yr extension or what we would be hoping to negotiate would be a 3 yr contract with a 1 year extension.
* We therefore as the local LOC must be ready for either option and be prepared to take action either way.
* The CCG have intimated that they would want PENE to offer the service but they are concerned that they could be challenged and so need to follow commissioning protocols.
* Once advertised, there will be a period of 4-6 weeks to put a bid in place. This is then followed by a period of 4 weeks where NECS consider the bid and raise any questions regarding the proposal.
* PENE will respond to the advertisement and within 1st few days of the advert going out we need to create a Project Board (decision making board).

This board would be lead by Zoe and would also require representatives from the LOC, PENE and Webstar Health.

* In advance of PENE responding to the advert, we also need to gather info from the optical contractors. Both a letter and email would be sent to all optical contractors to explain the re-commissioning and also to ask what the lowest/most realistic fee they would be prepared to accept for providing the services. We need to know the exact fee at which optical contractors would walk away from the service. Optical contractors also need to appreciate that PENE are working on their behalf and if we do not bid for this, then it may go to another provider.
* CCGs will want to cut the fee ideally by 2.5 - 3%.
* PENE cannot take on the services without Optomanager and there is the possibility that there may not be a management fee in the new proposals which may not make it viable - we need to look for a solution in the advertising document and make it clear in our proposal that if the CCGs want a fully managed service then PENE will require a management fee as the service cannot be delivered without a management system.
* Zoe suspects there will be a single contract to cover both enhanced services (Children's cyclo & IOP).
* We also need to consider the cost of putting a bid for tender. This needs to be on the agenda for the upcoming LOC meeting on 7th July to see if it is possible for the LOC to cover the cost of this. The amount in question could be in the region of £7000 - £10,000 but this is very much an estimate. There is no start up funding available from CCGs etc.
* Zoe also informed us that there is another procurement in the area at present (DRS) and this will be covered on the LOC agenda for 7/7/15.
* **Actions to be taken** following Conference call:
* Lisa to raise costs at LOC meeting on 7/7/15
* Sarah to look at who will sit on the project board
* Gill to create a spread sheet of availability for August when decisions will need to be made.
* Pauline to create expression of interest letter to be sent to all optical contractors and ask Naomi to send out. To work alongside Gary (McMullan) as he is lead for the IOP service.

Lisa - a bid will take a lot of effort to sort and we may need to outsource some tasks. We will need min. 5 people on project board and a proof reader independent of the board. Durham’s bid cost £7/10,000. We could spend this and not succeed.

Zoe will do a lot of the work but will need answers quickly from the board to progress quickly.

**Committee feel we have no option but to go ahead and prepare a bid for tender,** having done so much work to date on the schemes.

Project board- Zoe, Gian (Webstar) (neither LOC funded); Pauline (Children’s rep), Gary(IOP rep), John(CG&P lead IOP) Gill(CG&P lead Children), Sarah (PENE).

We will ask Durham to share what they have done. The board need to have full committee backing as they will need to make decisions outside committee meetings. Quorum for conference call decisions is 3 inc. 1 LOC 1 PENE.

Pauline is working on an expression of interest letter to practitioners, will suggest fees and point out that if we do not bid then service will go to someone else.

**7)Diabetes meeting report and tender: Naomi**:

Naomi attended Northumberland, Newcastle and Gateshead Engagement Board meeting. Unexpectedly the Diabetic service is also to be recommissioned.

-76 responses to a survey of all diabetics were received (v. low).Optometrists came out well in the survey.

-PENE have put in an expression of interest and so will be kept informed of developments.

- should LOC bid? Naomi thinks no as the workload is huge, expensive and MIUK are likely to retain the service. Committee agreed.

- Naomi thinks Gateshead will lose their sites but she is fighting to keep them.

**8)Reports from Community Service Leads**

**IOP**: Gary: John has not needed help so nil to report to date.

Glaucoma- Mike Beurn, new RVI consultant from Scotland, wants to do a ‘glaucoma in the community’ project and also a ‘feedback to referring optometrists’ project. He is looking for funding and Gary is hoping to work with him. MB wants to survey patients and is willing to move aftercare into primary care.

Wendy-Gary needs to feedback to LOC and ensure all can be involved and not miss any practitioners out.

**MECS:** Tony-has heard nothing. He has spoken to Zoe who agrees is best to wait- business case has been submitted and will be looked at in due course, hopefully with positive response. We do not have capacity to be proactive at the moment.

**Low Vision:** nil to report

**Cataract:** Lisa

-Sunderland-cataract scheme continues to run under current format. Payments to be processed via PENE as CCG has no mechanism to make payments after September 2014. Intention to run current scheme until new LOCSU scheme introduced through PENE. Sunderland CCG looking closely at what is happening in Durham and hopefully will follow suit.

-South Tyneside- Cataract choice scheme running, with payments through NECS. It was revealed at a recent meeting with NECS that this scheme will not run in the future.

-Gateshead/Newcastle- No cataract scheme running with no intention to commission.

**PwLD:** Stephanie:

PwLD Update –July 2015

There have been 2 pilot versions of the LOCSU PwLD scheme running over the past year. The results of the tri-London Boroughs scheme have now been published. See attached. The DDES scheme had a relaunch event on Mon 29th June due to very low numbers of people uptaking the scheme.

However the main point that has come out of both schemes

how difficult it has been to promote and engage PwLD and their carers into the benefits of the service. (it took 18months for the London pilot to see 104 people even though this was a low percentage of the actual people with LD in the 3 boroughs).

DDES has also been hampered by the small locality of the scheme and cross board situation that the PwLD GP’s have not been in the correct area.

DDES LOC happy to share all developed leaflets and paperwork and the webstar system for documenting everything is up and running. There will be full feedback in due course but the other things that came of the relaunch event were the main costs to the LOC for setting up this service will be spent on promoting the reasons why eye examinations are important to this group and the benefits of the enhanced pathway amongst optical and GP professionals/LD professionals/PwLD and their Carers.

A.Henderson (LEHN) is due to present at the North East LD Network on the 9th of July. This will hopefully raise the profile of the reasons and benefits of the enhanced pathway with in LD nurses and GP Clinical Leads across the NE.

**N/G CCG**

-Following a meeting of the Gateshead Eye Improvement group that Barbara Braysher and Tom Hedley attended and presented the case for the enhanced pathway for PwLD there seems to be interest with the Gateshead/Newcastle Alliance CCG. There were reservations voiced from the secondary care members of the group. However the aim of the scheme is to improve access to eye care services for PwLD, by helping to provide a more secure/comfortable environment for both the Optometrist and patient therefore improving the quality any referrals that are required to Secondary Care. At the initial meeting SC had with LD nurses and the GP Clinical Lead in November, the secondary care LD nurses for both Newcastle NHS trust(RVI) and Northumbria Trust were very keen that people with non-clincal need should not be assessed with in the hospital.

-SC and BB are going to a meeting with the NECS PwLD Lead and Gateshead commissioners on the 13th of July. This will hopefully give us more of an idea what the CCG are willing to commission.

-SC has emailed the Physical Disabilities and Sensory Support Manager for Gateshead Council informing her of the proposals and that the CCG are considering it. It will help a lot in the promotion if the Council is on board. SC may have more to report at the LOC meeting.

**NoT CCG**

The same GP is Clinical Lead here as for N/G. Though she has not answered her email for a while she should be at the meeting AH is presenting at and will be invited to the meeting SC is having with Commissioners on the 13th.

**Northumbria CCG**

The Acute Liaison Nurse PwLD for Northumbria Acute trust was at the meeting before Christmas. SC has a contact for Northumbria who is a LD sister and will be contacting her this week.

**Sunderland CCG**

**-**Simon Berry/Tom Hedley and Wendy Bradshaw are investigating this.

-SB has spoken to Alan Cormack, who seems interested.

-Sunderland CCG have also just launched an excellent website aimed at PwLD and helping them improve their knowledge of health matters and access to services.

www.sunderlandactionforhealth.co.uk

**South of Tyne CCG**

SC to speak to K.Winship as currently SC has no contact with this CCG.

After discussions with AH and Zoe, as N/G seem very keen on the service it was decided to ask for expressions of interest from optometrist across our LOC, for who may be interested in the scheme. Including domiciliary providers.

Stephanie is worried about the amount of work involved- if commissioning is likely then a PwLD satellite group will be set up with Zoe, Sarah and others if needed.

**9)Reports from CCG Leads:**

**NT:** Sylvia Bailey has agreed to do- no report

**ST**: Kaye- meeting Thursday ?any intention to continue cataract service.. Lisa thinks not.

-MECS on hold

-Low Vision to be commissioned through Sight Service.

**N/cle West**: Mike will introduce himself to CCGs. Kaye will draft a letter of introduction, Naomi will coordinate, for all CCG leads to send out.

**10)PENE:** Sarah:

-Much quieter now after an extremely busy time. Just finishing 2015/16 quarter.

-Brian McCotter has stepped down. More active members needed

-Sarah suggests we have a deputy for her, not necessarily a director but someone who is aware of what is going on and can stand in for her if necessary. Naomi will email for interest- not a committee member.

**11)Meeting Reports:**

**Local Liaison:** Mike

-Current ‘Forensic Audit Programme’, separate from PPV, looking at outliers (not sure on what basis) and testing compliance to retrieve overpayments. 15 potential outliers identified (possibly 4 more).

If small amounts involved then visit recommended.

If compliance is evident then no further action – practitioner not contacted.

Only one practice visit has been recommended, but no problem found.

We need practitioners to know they have LOC backing for help and attendance at practice visits if required.

-If there is a ‘Deep Dive’ review(?) after 3 processes then practitioner informed

-PPV- very positive feedback-8 very good and 4 good visits. 10 more visits and 4 domiciliary before December.

-Eric Hagan asked for more GOS forms and was asked to pay for them!!

-NHS England has identified 5 health principles and Mike said we would be interested in promoting these. A link here with Kaye’s project.

**NE Forum:** Naomi

Only 3 attended

-PENE/LOC meeting 27 July Naomi cannot attend- Wendy and maybe Lisa will go

-Durham LOC would like to see our business case. Lisa happy to share what we have- not updated yet since merger.

**GEIG:** see PwLD report.

**12)CET:** Pauline

All busy no CET planned, has been 1 offer of a sponsored slot within an event.

Need to plan around services and leave until next year – new CET cycle.

**13)NHS Vanguard:** Naomi was asked by Zoe to raise this-

Vanguard - In January the NHS invited individual organisations and partnerships, including those with the voluntary sector to apply to become ‘vanguard’ sites for the New Care Models Programme, one of the first steps towards delivering the [**Five Year Forward View**](http://www.england.nhs.uk/ourwork/futurenhs/) and supporting improvement and integration of services.

More than 260 individual organisations and health and social care partnerships expressed an interest in developing a model in one of the areas of care, with the aim of transforming how care is delivered locally.

On 10 March, the first wave of 29 vanguard sites were chosen. This followed a rigorous process, involving workshops and the engagement of key partners and patient representative groups. Each vanguard site will take a lead on the development new care models which will act as the blue prints for the NHS moving forward and the inspiration to the rest of the health and care system.

Zoe informed there are 3 sites NE – 1 Northumberland, 1 Gateshead and 1 Sunderland. Angela is working on it with LEHN. We need to approach contacts at the sites. Zoe will take up Sunderland and Mike and Kaye will introduce to CCG leads.

**14)Letter from Mike Clarke:** Naomi:

Email received from Mike Clarke commenting on an optometrist’s referral letter which had come to his attention in which an optometrist requested a GP refer a patient with a macular hole to SEI rather than RVI as SEI ‘seem to be specialising in this condition and getting very good results’. He points out that both hospitals are centres of excellence and RVI quite capable of fixing macular holes.

Naomi will contact the optometrist and suggest the discussion re hospital choice should perhaps have been with the patient and not stated in the referral letter in the absence of statistical backup as to SEI status.

**15)Website Access:** should all members be able to access all areas? If there are many enquiries we may have to review.

**16)AOB:**

- SEI post cataract advice to ‘buy specs from poundland’ is still happening. We will write to them again.

- Sarah- patients are asking for early retest at inappropriate request of gp or hospital e.g. ‘watery eye’-not GOS!

- Urgent Care Event NT 8th July no one can attend

- England Vision Strategy event 29th July Stephanie will attend

- Lesley asked if she could have a letterhead with logo. Ian will sort.

- Sarah asked if she could have copies of minutes-yes.

- Mike to attend LRC meeting- any comments- Sarah-NT not referring into IOPRR scheme, N/cle and Northd good-it would save them money!

**DONM:** Tues 22nd September