NORTHUMBERLAND, TYNE AND WEAR LOC
COMMITTEE MEETING
TUESDAY 14th November 2017
M Offord Optometrists, Kingston Park.
6pm for 6.30pm prompt meeting start

Minutes

Meeting chaired by Kaye Winship (Vice Chair)

1. **Members present**
   Kaye Winship (chair), Lisa Gibson, Iain Armstrong, Sarah Pencot, Tony Marshall, Ian Hickson, Caihome McGoven, Craig Sixsmith, Sylvia Bailey, Naomi Smith, Stephanie Cairns, Mike Offord (arrived 19.50).
2. **Apologies for absence**
   Lesley Oglethorpe, Gary McMullen, Bill Lowry, Matt Cooper, Simon Raw.
3. **Action points**
   Andy – no report presented. IA reported briefly that there are some issues meeting consultants in the referral task and finish group. This letter would appear to be on hold.

   Action Andy to confirm status

   Lisa- letter to GP not required yet as info was pulled from document.
   Letter to practitioners regarding cataract forms on hold.
   Lisa to look at VBC and work with Kaye – nothing to do at present
   Sarah – Katrina and LEHN – Sarah has completed this. MiM has now been received. Hopefully more contact will be achieved moving forward.
   LEHN – Katrina to attend the next LOC forum meeting
   Gary – 59 responses received to the questionnaire. Gary has now become a tutor for the higher certificate and hope to
   Andy – still outstanding action from previous meeting regarding com p l a i n t about patient advice at RVI from contractor. This letter is still outstanding.

   Action Andy

4. **Minutes of the previous meeting & Matters Arising & Action points**
   Circulated prior to meeting – but the minutes incomplete due to the lack of a chairs report. The minutes these not be agreed at the meeting. These will be distributed once the chairs report for the September meeting is submitted. They will need to be agreed at the next committee meeting.

5. **Chairs report**
   None submitted

6. **Secretary's report**
   A contractor in Northumberland has requested to know when the childrens screening will be in his area. It was discussed that this would be useful information for practitioners
   Lisa will check if this contractor is registered. Action Lisa
   Tony to speak to Gill regarding this information. Action Tony
   A Margaret Lawrence from VAO is interested in doing a talk for local optoms.

Sarah to respond to her to say that when we organise an event we will consider this and be in touch. Action Sarah

PENE are employing an admin assistant who lives in Gosforth. PENE director position is on hold at the moment. Interviews will be held when a decision is made about the role.

7. **Treasurer's report**

Balance remains healthy.

No further problems with payments to date.

NOC - NTWLOC paid for Andy and Lisa to attend. Sarah used our free space. Stephanie was sponsored by Tees LOC.

Drugs Bins - Almost complete now – collections and deliveries. Most payments received.

Claudia has been very efficient so pass on thanks to her – clarify payment for the work.

Andy not here – so unable to clarify. Claudia needs paying by Andy and Andy to claim payment back from LOC. Action Andy

Please forward any outstanding expenses for payment. Action All

8. **PENE** - this information will be communicated via the newsletter and no substantial report will be provided to LOCs from now on.
A discussion was held regarding PENE, directors and how the company could move forward. Looking at larger companies.
A discussion was also held regarding future contracts and methods of procurement. Concerns regarding ACO's.

9. **MECS**
Nothing new to report. No current interest in schemes due to restrictions with the secondary care management. MECS schemes are working well in other areas so this provides a good evidence for CCGs.

10. **IOP scheme/Glaucoma**

Report read out from Gary –

1. I have accepted a tutor/ teaching assistant role for the Higher Certificate in Glaucoma at Cardiff University. I am mentoring two students through their clinical placements this year. I hope to increase numbers when I get more familiar with the university systems. Tutoring is done via Skype and I may assess some examinations later in year (if I can spare any time).

2. The RVI are advertising for a Band 7 clinician (optometrist/ orthoptist/ Nurse) to work in the Glaucoma service. I have only found this out this morning. Here is link:

https://www.jobs.nhs.uk/xi/vacancy/f3380df2e17d920b1a1ad3dda8118672/?vac_ref=914854510

3. New NICE Guidelines have been confirmed. Document not as long as previous. I cannot see how a Repeat Measures scheme will see enough activity to keep it going as a standalone service. We will need to await a response from LOCSU.

4. I have apprehensions about the LEHN's plans regarding Higher Cert Glaucoma. Need more info. Could we confirm what medical/ hospital-based staff are involved in the LEHN?

Gary would like to know who sits on LEHN. Action LOC

11. **Reports from community service leads: children's, diabetes, low vision, PwLD, cataract.**

Low vision – nothing to report – SB and SC attending the EVS event today. This event is to highlight how well areas support VI people.
One interesting point raised was that CVI's need to have the patient to "opt in" in order to be registered. So many people are not being registered. This change in procedure is due to data protection.
Diabetes – nothing to report
Children's – nothing to report

Eye care provision for children with Learning Disabilities – report 10/11/17

Special School Mapping- Summary

LOC Lead working closer with QTVI to help map the numbers of children attending Special Schools across the region. With the view to surveying parents of children at these schools to find out what eye care their children have received up until now. Headteachers and SeeAbility have agreed to help with this. SC to continue with this work although not sure where this will "sit" eventually.

NE TeachCVI Champions –3 QTVI, new screening tool to be rolled out across the region. Ongoing training to inform Paediatricians/Ophthalmology/Optometrist

Long term aim: to improve provision for children within school with a transition pathway to improved LD pathway in the Community.

More will be reported at LOC forum in January.

Cataract

I have had some communications with the RVI concerning the pilot scheme for post cataracts. This is the response from Margaret Gray with the details.

Hello Lisa

Thank you for your email.

You are correct that we have been piloting a telephone assessment for patients who have undergone cataract surgery on their 2nd eye. This to avoid having to have a review appointment (whether in secondary care or in the community).

Basically the patient attends their usual optometrist for their vision test and refraction as they have always done. Then instead of attending a review appointment to see a clinician bringing the completed refraction form they are posting this back in the stamped addressed envelope. The Nurse Specialist is then contacting the patient by telephone to clarify that they have recovered from their surgery with no complications. The information returned is input into our EpR in order that we can collect outcome data. They are then discharged.

We are finalising the audit report from the audit report which we will share with the CCG's in order to agree the next steps.

Regards
Margaret
My reply was as follows, we have had no further response to this.
Dear Margaret

Thank you for your quick response confirming the details of the pilot scheme for Post Cataract Assessments.

NTWLOC is the organisation representing Optometrists and Dispensing Optometrists across Northumberland, Tyne and Wear, we currently have 245 performers on our list. Our role is to represent, support and communicate with our colleagues across the region. We liaise with the CCG's, NHS England and the LEHN in matters concerning Ophthalmic services. Across the country there are an increasing number of instances where Hospital Ophthalmology and Community Optometry work hand in hand to deliver patient centric services that provide good value to the NHS. Our hope has always been to work with the RVI to deliver the best possible service for our mutual patients.

The LOC has concerns about the content of the form being used in the pilot and how it fits within the GOS regulations. We feel it would have been helpful to have involved us in discussion about the detailed arrangements before making these changes. We are Supported by the LOC support Unit (LOCSU), the Optical Confederation(OC) and the College of Optometrists who have detailed knowledge of schemes in other parts of the country which could help in developing the best possible service here.

You mention that changes are only a pilot, we would like to be part of the consultation following audit alongside the CCG's to fully explain the position of community optical practice before anything more formal is rolled out. It may also be valuable to include NHS England to these discussions to clarify the GOS perspective. Perhaps the LEHN could help facilitate this?

Kind Regards

Lisa

LOCSU have been consulted and Zoe has given her opinions. Unfortunately the Updated NICE guidelines don't provide any help with our case. The points that remain a problems are:
- The Lack of engagement with community optometrists about details of the pilot.
- The wording on the form 'implies the duty of care has been pasted onto the Optometrist.
- 2-3 Weeks post Op is not ideal for a post op refraction. It is felt that a refraction would be more appropriate at least 4 weeks after surgery once the drops have been finished and inflammation is settled. This would be in the best interest of the patient as there is less chance of refractive change.
- It is not appropriate to dictate when a GOS sight test is carried out (eg could read after 4 weeks but not the week window).
- It would be preferable that the patient had been discharged by the RVI before the the Post cataract assessment takes place.
- Filling in the form is not a requirement under GOS and relies on goodwill of community optometrists, this is a fundamental point that the RVI seem to have forgotten.

I think any further engagement from the RVI is unlikely so our next move is to write to the commissioners to ask for a seat around the table to be part of the discussions following the pilot. Andy is drafting a letter and will consult myself and Zoe before sending. We are going to hold off advising practioners not to fill the form in as want to appear as the side who are open to discussion to the CCG. If we get a seat at the table we will present the CCG with an alternative Post Cat Op pathway. It is unlikely that we will stop things moving forward but hopefully we will be able to influence what is on the form.

NICE Guidelines
As you will be aware the guidelines have recently have been updated. The decision for surgery can not be made on VA and is based around lifestyle factors.

1.1.1 Give people with cataracts, and their family members or carers (as appropriate), both oral and written information. Information should be tailored to the person's needs, for example, in an accessible format. For more guidance on giving information to people and discussing their preferences, see the NICE guideline on patient experience in adult NHS services, particularly recommendations 1.2.12 and 1.2.13 on capacity and consent[1].

1.1.2 At referral for cataract surgery, give people information about:

· cataracts:

o what cataracts are

o how they can affect vision

o how they can affect quality of life

· cataract surgery:

o what it involves and how long it takes

o possible risks and benefits

o what support might be needed after surgery

o likely recovery time

o likely long-term outcomes, including the possibility that people might need spectacles for some tasks

o how vision and quality of life may be affected without surgery.

These guidelines do open the door to a pre-op cataract service.

SC discussed the new data collection programme for community services. This is Healthi which provides links between services and hospital services. This will allow CCGs to track patient journeys better.

A short discussion was held about e referrals and e GOS for payments.

12. LRC reports

Mike had just attended a NT LRC meeting :

Pharmacist have a community pharmacy service organised now which is linked to NHS111. There is also a minor ailments service organised.

Mike was asked what had happened to the domiciliary diabetic screening service. NS confirmed that this still is in operation. It has been reported there is a 2 year waiting list. NS will ask Emis health. Action NS

ST LRC

Long discussion around MCP's(multi speciality community providers), the GP's did a short survey and found most GP's had a lack of knowledge of how MCP's worked. Sunderland area is slightly different as they have been a trial area for an MCP with #5.5M of funds.Long story short the GP's felt this was another reorganisation that would probably not go ahead.

South Tyneside may go ahead with a virtual MCP, similar to what they are doing now as an accountable care system.

Northumberland's ACO (accountable care organisation) was stopped 2 weeks ago and discussions around a ACS(accountable care systems) was more likely. This ACO/ACS system is more like the old strategic/regional health authority. How things come full circle!

The Pharmacists have a new pilot scheme running from Dec 17 to March 18 (funded), this links 111 with the minor ailments scheme and directs people from 111 to a pharmacist, rather than A&E or GP. Its called CPRS(community pharmacy referral service).

Freedom to Speak up Guardian - the pharmacists are trying a buddy type system for independent practices, where they basically use a local independent colleague. May be useful idea, I'm sure Kaye will bring this to the table. Sunderland LPC were looking at appointing a committee member to cover this in a more umbrella way.It seemed to have passed the GP's by, probably didn't read the memo and they were quite surprised about it!

For info - Sunderland CCG has an underspend of #18M (this is the 4th year of underspend) and South Tyneside is also heading for an underspend.

13. **Reports from CCG leads.**
    STCCG – nothing to report
    NTCCG – nothing to report
    Sun CCG – nothing to report
    New CCG – nothing to report
    Northumberland CCG – no report submitted.

14. **LOC forum/LLG -** minutes had been circulated prior to meeting and are attached as appendix
    LOC forum – Durham tees children's launch is coming up. Practitioners who border with Durham can be involved with the scheme. Info has been sent out to those.

LLG
PCSE

PCSE and Captita issues.
Changed the structure for contacting. This will involve emailing query to PCSE. Front line team assess it and give you a reference number and it will be forwarded to correct section. If they are unable to resolve it, it will get escalated to Robert Ramadan the regional liaison manager for PCSE.
PCSE are putting in place a structure to deal with and eliminate the backlog of issues and resolve queries. The Regional Manager is supported by 2 local managers for NE and one for Cumbria.
The procedure for queries is as follows: *Contractors get in touch with PCSE using the details given; if they contact NHS E first time we refer them to the general contact: pcse.optical@nhs.net or tel: 0333 014 2884 *A front line team assesses the query then forwards to the right section to resolve with; they get a ref. number *If the relevant staff can't deal with / resolve the query, it is escalated to the Regional Manager or another senior manager *If a contractor contacts NHS E for reason of lateness/ dissatisfaction, we refer the issue (with Ref No) to either local manager *Should that fail, we contact the Regional Manager who will either resolve it or escalate higher

JB is concerned that emails are rarely answered, if this continues then this system won't work.
ZR has asked for them to clarify how many days we should wait for a response to an email.
AD is going to let us know the contact to escalate any problems to.

NHS EMail

AMc asked if there was any more news on opticians getting NHS emails. They have finished pharmacies. Currently doing Dental and by the end of the year they are expecting to look at opticians. The current block for opticians is that they need tool kit which dentists and pharmacy have. It will be looked at maybe a one for a practice.
LG discussed info from Tom Hedley who has provided her with details about how to establish an email on nhs.net

GOS Assurance Update 2016-2019 Cycle

· Regarding the GOS assurance: A high number of contractors who did not return either their QIO submissions or the complaints summary or both. They are currently evaluating the information then deice on those to be visited. Other actions may be considered.

Scheduling visits now. 24 planned between now and 1st March 2018. More visits to follow later. Won't be doing the extra 5% on top of non compliant. Full report will be discussed in January.

In the meantime if people are completing action plans and reporting the complaints form etc they should inform NHS england so they can update their list.

Some of the reasons include that multiples aren't submitting all the branches and this is due to system problems. Also additional contractors need to send for each region. Also if a practice as had no complaints, they still must submit the form or inform NHS England.

JB suggested the high rates of non compliancy may be a 'process problem'

Freedom To Speak Up Guardian

This is still being drafted so will be discussed at the next meeting.
JB questioned if having an Optometrist is really appropriate?

Next meeting: Monday 29 Jan 2018 14.00 – 15.30 MR1, OE, Darlington

15. **LEHN -** MiM was circulated prior to the meeting – this is attached as appendix. Katrina will attend LOC forum meeting on Jan 29th
16. **NOC -** report by Lisa Gibson

NOC

I attended workshops on Introductions to commissioning and a day in the life of a CGPL which we informative and useful for my new role as CGPL. In the afternoon I attended panel discussions on using research evidence to build a local business case and presentation on PCSE transformation form the CEO of PCSE.

Some useful points came up at this discussion:

- Explanations about the errors and mistakes of the past blamed on the paper based system.
- Major work being done improve the accuracy of payments.
- Trying to deal with queries as quickly as possible. Expected response times to be published on the website and it is hoped all queries will be answered in the coming weeks.
- All CET claims should be acknowledged by the end of November and paid by the end of December.
- Contact centre best place to contact for info on CET claims.
- Progress is much better for Newly qualified Optometrist registration. Process takes 12 weeks PCSE has pack ready for NHS approval after 8/9 weeks. DBS checks are the main thing holding process back at the moment as can take longer than 12 weeks. Advised to apply for DBS as early as possible. NHS England need confirmation of GOC number before registration can be completed.
- Plans are being finalised for eGOS and it is likely to go live in the first half of 2018. Details are being finalised on electronic signitures. (still unsure who will fund the hardward for the electronic signitures).

Other interesting points raised during the presentations:
-IT development on ERS ongoing and it is hoped all referrals will be electronic. There are hurdles to overcome around N3 connection (and who will fund this) and getting NHS.net accounts for optometrists.
- Around the country there are mergers of PECs happening to give more crediable companies for commissioners to deal with. PE (Southern) is the first in the country and is running solvent and is bidding and running services across individual CCG areas and the larger area as a whole.
- STP Sustainable Transformation Plans and partnerships in CCGs meaning 209 CCG's will work as 44 STP's.
- ACO Accountability Care organisations is a new model where the trusts will be awarded funding and KPI's and told to manage a service itself. This may lead to opportunity if the trust out sources part of the service.

Thanks for funding my place at the NOC, it was very interesting and useful for my development.

17. **Complaint from SEI regarding children's testing.**
    SEI had contacted to the LOC complaining that a contractor has been refusing to see children. KW has spoken to the contractor who has taken this on board and accepts GOS responsibility. This should not occur again. A response has been sent to SEI by the LOC and SEI are pleased with the outcome.
18. **AOB**
    Mike is attending an RVI training day for GP's tomorrow. He is providing a presentation on what optoms can provide.
19. **DONM – 16th January 2018**

Actions

Andy - Confirm status of letter regarding referral guidelines.
Confirm status of letter to RVI following contractor complaint.
Provide chair report from Sept meeting for minutes
Sort payment for Claudia.

Lisa -check contractor is registered for childrens scheme

Tony- ask Jill regarding information on schedule for childrens screening.

Sarah – reply to VAO

Naomi – speak to Emis health regarding dom diabetic retinal screening
Questions for Katrina onto next agenda.

All – expenses to Lesley
LEHN members to Gary.

Appendix

North East and Cumbria Local Eye Health Network (LEHN)
Meeting in a Minute
Tuesday 11 July 2017
Chair's Report
Tabled: STP Workstreams; The Workplan had been reviewed at the last meeting, looking at the purpose

and value of the network and outlined that the future plan would need to be driven by commissioners' priorities. A mapping exercise across the region was underway in the context of the work plans of the three STP's; the three key STP work streams are Acute, Communities & Neighbourhoods, and Prevention. The Chair has a meeting scheduled with the NHS England directors responsible for the three workstreams to discuss the most effective way to ensure eye health and sight loss are a priority for workstreams and how best to engage with STP leads; it was acknowledged that progress is being made.

Tabled: Delivering Improved Eye Health across Greater Manchester 2017-21; this is the Health & Social Care Partnership Transformation Plan for Eye Health which, ideally the LEHN would like to produce for CNE, along with buy-in from commissioners. Significant amounts of data showing the picture of activity in the hospitalised services, and differences between CCG's have been collated and narrative will be added, in order to build a picture and make some projections.

Tabled: Cataract Surgery Access Policy; A specific group in CNE has been looking at Value Based Commissioning on cataracts and acceptance criteria for surgery. As the LEHN has not been consulted by this group, it highlights the need to become more visible as a network.

Tabled: Treatment of Advanced Macular Degeneration; The Chair had attended an engagement meeting hosted by NECS for the CCGs to discuss plans to offer the choice of Avastin for the treatment of wet AMD. The CCGs recognised this is a controversial step as Avastin is not-licenced in the UK for treatment of wet AMD but they are exploring it as it is significantly cheaper than current treatments and they feel there is enough evidence that it is safe. The commissioners reported they have support from the region's retinal specialists and are working on clinical protocols with individual Trusts. They are looking for input from stakeholders to help develop patient information. The Chair will make contact with the Chair of the Retinal Specialists network to ensure the LEHN fully understands the views of the region's experts in this field. She highlighted that a consultation on NICE guidelines on the treatment of AMD is imminent which may or may not affect the CCGs' plans.

NICE guidelines for cataract and glaucoma are to be published in the autumn. We need to make commissioners aware the LEHN can play a very helpful role in supporting them to understand the impact new clinical guidance will have.

Action log/MIM

The MIM from the last meeting was agreed as a true record.

Task & Finish Updates

The following updates were provided:

- Prevention, Tabled: Gateshead Sight Loss Prevention, June 2014: The Chair acknowledged that this had been a good piece of work. The group discussed how this work could be highlighted.

Kathryn Smart gave an example of a bedside vision assessment tool as an initiative that was already in place. Using Gateshead as an example, further thought should be given to how the list
of opportunities could link in with workstreams and Public Health priorities, to identify which areas
are potential deliverables.
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DRAFT

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- Child Vision Screening Review DDT: An update was provided. Training of vision screeners was
almost complete. Although there had been an issue in Sunderland with the contract held by Harrogate Trust responsible for employing the screeners, which had caused some overlap, this
had since been resolved. Durham & Tees had moved to the BIOS training package, delivered by
Jerry Tatton of JCUH; there would be screening across Durham & Tees and a move to meet NSC
recommendations from September.
- Post-screening was discussed and an update provided; Darlington had begun commissioning with
HaST. A Post-screening pathway provided by community Optometrists would commence in September across Durham and Cumbria. This will solve the current cross border issue (highlighted to the LEHN previously) in Sunderland.
- Concern was raised regarding screening to the proper standard across the region as well as
delivery of training and changes in pathways without completion of screening or screener checks.
Although this would become clearer in time, it was agreed that it is important that screening is of
good quality from the outset. Orthoptists had raised concern around training and a change of pathway simultaneously. The Chair reminded of the need for good quality clinical leadership and
monitoring.
- Cumbria pathway proposal follow-up timeline (specifically the 6 - 8 week review appointment)
was discussed. The RVI has stopped reviewing Children within the HES at 6weeks and there was
a suggestion that the community pathway could also remove the 6 week review. Feedback from
community optometrists to date support the 6 week review. It was agreed that there would be
commitment to a pathway review. Consideration would be given to identify the most appropriate
time for the review and fed back.

- Low vision Services Review (DDT): no report. It was discussed that this was one of the recommendation of the EHNA but it hadn't been taken forward as a workstream yet. It was parked
for now until the workplan/priorities had been agreed with commissioners.
- Cumbria Vision Strategy: A meeting of the Cumbria Vision Strategy group had taken place and it
had been agreed that the report would be published on the Cumbria County Council website. The
link will be circulated.
- Communications audit – Improvement of Referral and Feedback Pathways: an update had been
circulated. It was reported that there had been a lot of research into the background of referrals.
Agreed that we should make the researcher aware that the LEHN is there to support the work
being done.
- Eye Health Needs Assessments: It was reported that the Newcastle Public Health team had
backtracked and advised that this was now on the 'back burner'. Work was still being done however, on the EHNA comparison study and the Chair would meet with the England Vision Strategy Regional Manager (North) before the next LEHN to feed information into the LEHN picture.

Development of Referral Guidelines

Two different approaches to the referral guidelines, were discussed, a) Manchester Royal Eye Hospital
and b) Bournemouth and Poole. General feeling is that the symptom based approach is preferable
although there needs to be clarity on what has been done in other localities. The expectation is, that after
summer, a group would be pulled together to discuss, using this template as a starting point. The group
were asked for views and agreed that a working group would be beneficial; all CCG's are currently
looking at solutions for referrals. There needs to be engagement with a broader group of clinicians in
order to resolve this. Agreed to set a date to meet in September, ie before 3rd October.

DRAFT

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Cataract Surgery Access Policy

Although a response had been received from NECS, it had only been very recently to confirm that the
policy is again under review due to new NICE guidelines. The group is keen to understand the position

and the Chair suggested that there is also a need to establish patients' understanding of developments.
Awaiting an update from NECS/the Value Based Commissioning group.

Treatment of Advanced Macular Degeneration

Confirmed that the only contact had been the invitation to attend an engagement meeting.

STP workstreams

The Chair had highlighted earlier the three workstreams most relevant to eye health and sight loss
services from a broad perspective.
LD was discussed; there had been some concern around a meeting attended by Stephanie Cairns (LOC)
to discuss eye care for people with LD. The Chair clarified that work by Stephanie had not been done on
behalf of the LEHN but she had contacted the Chair and Zoe Richmond with a request for information
that she could share at the meeting; agreed that duplication should be avoided. It was agreed that when
there is a conversation on children's eye care and LD, the relevant stakeholders should be involved. The
potential need for a separate workstream focussed on LD was raised. Services currently offered to
children with LD would be explored first. Agreed that although LEHN does not want to duplicate effort,
there is a need to join up and there would be opportunities. Seeability would be contacted as part of
vision screening, to clarify changes and that would be communicated back to NTW.

Any other business

A concern had been raised by a patient to an optical practice in the Newcastle area regarding information
provided by the RVI on cataract follow up. The patient said they had been told there was a change in
pathway for post-op cataract patients to ease capacity pressures at the hospital and they should go to go
to a community optometrist for a post-op appointment. The practices and LOC have not been advised of
a change of pathway and are concerned that there is no commissioned post op service in primary care in
the Newcastle area. Kathryn Smart agreed to ask colleagues at the RVI to confirm the changes to the
pathway and to communicate them to the LEHN and LOCs..

North East LOC Forum

Monday 16th October 2017

3.30pm start

Meeting Room 1, Old Exchange, Barnard Street, Darlington, DL3 7DR

Minutes

Chair: Zoe Richmond
Note Taker: Sarah Pencott

Welcome: Zoe Richmond, Sarah Pencott, Julie Breen, Andy McGregor, Claire Warrior, Richard Naisbitt & Tim Baggot

Apologies: None

Agree minutes of last Forum meeting

Emails were updated at last meeting with those in attendance - everyone needs to make sure that everyone has the best emails.

Matters arising / outstanding actions

LOCs no longer need to communicate with community optometrists to indicate expressions
of interest to take up extended roles within Glaucoma care - been taken out this meeting and no longer dealt with by LOC Forum.

Any business from LLG meeting

Contractor sending domicilary letters that wording and logos are being questioned. NHS England are logging all complaints sent to them. There is nothing to report - keep reporting concerns.

Optical Lead Report

Children's service. DDES and North Durham CCG have commissioned a service and agreed an uplift in payment of £5 (£55 to PENE / £42 to the Optical practice) to ensure this contract is viable for PENE. The Contract is in place and the service officially
began in September 2017, but activity follows In-school vision screening activity which isn't expected until Jan / Feb 2018.
Capacity at the local Trust (CDDFT) is limited with long waits for cycloplegic assessment.
We are working with commissioner to understand whether community
Optical practice can assist. PEL have a service which allows the Children under the care of the Trust to be seen in the community for a Cycloplegic assessment ahead

of the orthoptic assessment within the HES.
ZR promoting the service across Tees and Darlington.
OHT monitoring – Good progress is being made across Durham and Tees. South Tees Trust and CDDFT are both supportive of community monitoring for low risk patients.
Progress has stalled recently as commissioners are waiting for the publication of the new Glaucoma NICE guidance.
North Cumbria NHS England Success Regime. No Longer within the success regime programme but ophthalmology redesign is still a priority for the CCG. The CCG has put a business case to the STP. It has currently stalled whilst the financial implications are better understood. Whilst we can demonstrate cost savings, the STP need to understand what the cashable cost-savings.
County Durham and Darlington Foundation Trust (CDDFT) Glaucoma Audit. Steve Thomas has been appointed by the CCG to perform an audit of the full Glaucoma register in order to perform a risk stratification exercise and so identify which patients
can be moved to the community. It is reaching completion. Letters from the Trust to the identified patients informing them of the new pathway will go out in the next month.
DDES Referral Management (Ophthalmology Triage) PENE have been awarded the contract to triage referrals into Ophthalmology for DDES CCG. This allows referrals to be redirected out to PENE service (MECATS, Cataract referral, GRR) and a community
ophthalmology service (Minor Ops) and supports the current capacity pressures within the Trust. We are also collecting data on referrals suitable for other potential community services (such as a Glaucoma Enhanced case finding service). Data will be presented at the next meeting.
MECs & Glaucoma OSCE Good progress across the Region with most LOCs hosting or planning events.
Cataract services The regional value based commissioning policy, will NOT include cataract referrals for the time being.

LEHN Report MIM 11/07/2017

Chair's Report
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Significant amounts of data showing the picture of activity in the hospitalised services, and differences between CCG's have been collated and narrative

will be added, in order to build a picture and make some projections.
Tabled: Cataract Surgery Access Policy; A specific group in CNE has been looking at Value Based Commissioning on cataracts and acceptance criteria for surgery. As the LEHN has not been consulted by this group, it highlights the need to become more visible as a network.
Tabled: Treatment of Advanced Macular Degeneration; The Chair had attended an engagement meeting hosted by NECS for the CCGs to discuss plans to offer the choice of Avastin for the treatment of wet AMD. The CCGs recognised this is a controversial
step as Avastin is not-licenced in the UK for treatment of wet AMD but
they are exploring it as it is significantly cheaper than current treatments and they feel there is enough evidence that it is safe. The commissioners reported they have support from the region's retinal specialists and are working on clinical protocols
with individual Trusts. They are looking for input from stakeholders to help develop patient information. The Chair will make contact with the Chair of the Retinal Specialists network to ensure the LEHN fully understands the views of the region's experts in this field. She highlighted that a consultation on NICE guidelines on the treatment of AMD is imminent which may or may not affect the CCGs' plans.
NICE guidelines for cataract and glaucoma are to be published in the autumn. We need to make commissioners aware the LEHN can play a very helpful role in supporting
them to understand the impact new clinical guidance will have.

Action log/MIM

The MIM from the last meeting was agreed as a true record.

Task & Finish Updates

The following updates were provided:
- Prevention, Tabled: Gateshead Sight Loss Prevention, June 2014: The Chair acknowledged that this had been a good piece of work. The group discussed how this work could be highlighted. Kathryn Smart gave an example of a bedside vision assessment tool as an initiative that was already in place. Using Gateshead as an example, further thought should be given to how the
list of opportunities could link in with workstreams and Public Health priorities, to identify which areas are potential deliverables.
- Child Vision Screening Review DDT: An update was provided. Training of vision screeners was almost complete. Although there had been an issue in Sunderland with the contract held by Harrogate Trust responsible for employing the screeners, which had caused some overlap, this had since been
resolved. Durham & Tees had moved to the BIOS training package, delivered by Jerry Tatton of JCUH; there would be screening across Durham & Tees
and a move to meet NSC recommendations from September.
- Post-screening was discussed and an update provided; Darlington had begun commissioning with HaST. A Post-screening pathway provided by community Optometrists would commence in September across Durham and Cumbria.
This will solve the current cross border issue (highlighted to the LEHN previously) in Sunderland.
- Concern was raised regarding screening to the proper standard across the region as well as delivery of training and changes in pathways without completion

of screening or screener checks. Although this would become clearer in time, it was agreed that it is important that screening is of good quality from the outset. Orthoptists had raised concern around training and a change of pathway simultaneously. The Chair reminded of the need for good quality clinical leadership and monitoring.
- Cumbria pathway proposal follow-up timeline (specifically the 6 - 8 week review appointment) was discussed. The RVI has stopped reviewing Children within the HES at 6weeks and there was a suggestion that the community pathway could also remove the 6 week review. Feedback from community optometrists to date support the 6 week review. It was agreed that there would be commitment to a pathway review. Consideration would be given to identify the most appropriate time for the review and fed back.
- Low vision Services Review (DDT): no report. It was discussed that this was one of the recommendation of the EHNA but it hadn't been taken forward as a workstream yet. It was parked for now until the workplan/priorities had been agreed with commissioners.
- Cumbria Vision Strategy: A meeting of the Cumbria Vision Strategy group had taken place and it had been agreed that the report would be published on the Cumbria County Council website. The link will be circulated.
- Communications audit – Improvement of Referral and Feedback Pathways: an update had been circulated. It was reported that there had been a lot of research into the background of referrals. Agreed that we should make the researcher aware that the LEHN is there to support the work being done.
- Eye Health Needs Assessments: It was reported that the Newcastle Public Health team had backtracked and advised that this was now on the 'back burner'. Work was still being done however, on the EHNA comparison study and the Chair would meet with the England Vision Strategy Regional Manager (North) before the next LEHN to feed information into the LEHN picture.

Development of Referral Guidelines

Two different approaches to the referral guidelines, were discussed, a) Manchester Royal Eye Hospital and b) Bournemouth and Poole. General feeling is that the symptom based approach is preferable although there needs to be clarity on what has been done in other localities. The expectation is, that after summer, a group would be pulled together to discuss, using this template as a starting point. The group were asked for views and agreed that a working group would be beneficial; all CCG's are currently looking at solutions for referrals. There needs to be engagement
with a broader group of clinicians in order to resolve this. Agreed to set a date to meet in September, ie before 3rd October.

Cataract Surgery Access Policy

Although a response had been received from NECS, it had only been very recently to confirm that the policy is again under review due to new NICE guidelines. The group is keen to understand the position and the Chair suggested that there is also a need to establish patients' understanding of developments. Awaiting an update from NECS/the Value Based Commissioning group.

Treatment of Advanced Macular Degeneration

Confirmed that the only contact had been the invitation to attend an engagement meeting.

STP workstreams

The Chair had highlighted earlier the three workstreams most relevant to eye health and sight loss services from a broad perspective.
LD was discussed; there had been some concern around a meeting attended by Stephanie Cairns (LOC) to discuss eye care for people with LD. The Chair clarified that work by Stephanie had not been done on behalf of the LEHN but she had contacted
the Chair and Zoe Richmond with a request for information that she could share at the meeting; agreed that duplication should be avoided. It was agreed that when there is a conversation on children's eye care and LD, the relevant stakeholders should be involved. The potential need for a separate workstream focussed
on LD was raised. Services currently offered to children with LD would be explored first. Agreed that although LEHN does not want to duplicate effort, there is a need to join up and there would be opportunities. Seeability would be contacted
as part of vision screening, to clarify changes and that would be communicated back to NTW.

Any other business

A concern had been raised by a patient to an optical practice in the Newcastle area regarding information provided by the RVI on cataract follow up. The patient said they had been told there was a change in pathway for post-op cataract patients
to ease capacity pressures at the hospital and they should go to go to a community optometrist for a post-op appointment. The practices and LOC have not been advised of a change of pathway and are concerned that there is no commissioned
post op service in primary care in the Newcastle area. Kathryn Smart
agreed to ask colleagues at the RVI to confirm the changes to the pathway and to communicate them to the LEHN and LOCs..

PENE Report

Update Relating To Special Schools

Eye Care provision for Children with Learning Disabilities and those who attend Special Schools. By Stephanie Cairns LD Lead for N,T &W LOC

There has become increased awareness of the need for good quality, on going eye care with in the Education system following the publication of 2 SEEAbility Reports that highlighted;

- the need for continued eye care for children with LD,
- Children with LD respond better to routine and being kept within familiar environments.
- Assessing them within busy HOS clinics (an Opticians) can be stressful for both the child and parent.

Providing spectacle correction to children at LD can help them access more of the curriculum, socialise better and can reduce some challenging behaviours. Regular assessments help to build eye care in to their routine and on going Healthcare plan, which should help with continuation once they, transition into Adults services.

The pilot based at Trinity School in Co. Durham formed part of the report published
last year. The National School Screening Board has agreed that these Children are not suitable for 'Vision Screening' and require full eye assessments.

The current provision of eyecare for children with Special Educational Needs falls into 3 main areas:

- HES Orthoptist/Optometrist sessions in schools (Both the RVI and SEI run these but main concentrate on Reception aged children),
- Optometry appointments held within HES departments in 'clinical' settings, which take up a good portion of that child/parents school day.
- GOS – which does not allow for multiple visits etc. to gain all the results required.

There is no agreed pathway of discharging these venerable, children from the HES in to the Community and currently no way of knowing how many of these children are accessing GOS. Anecdotally we have heard of pockets of actives from interested
Practitioners above this basic provision and equally it is suspected there are HES within our region not providing any Special School assessments.
I have been building links with the regional Qualified Teachers for Visual Impairment
teams over the past year and they are keen to support improved educational based eye assessments. I have also discussed the need with the Cross professional Clinical LD Health Group in Newcastle/Gateshead.
I have been asked to assist the LEHN (Kathryne Smart) to Map current provision for children with SEN across the region. She is concentrating on the provision provided by the HES departments.
I would like to ask the LOC leads for LD and LV to help me Map any 'good practise' activity that is currently going on with this group of children. Part of this work will be to find out how many special schools a there area across the region, and numbers
of children attending. The QTVI are happy to help collect some of the data for us. I also understand in some areas children with SEN are kept within mainstream school and therefore may be more likely to 'fail' their Reception age screening, which is another area that may be worth investigating.

LOC Update

Durham LOC

Durham LOC have a Launch event on 30th November for the new childrens pathway and to give an update to all community services. LOC's that border Durham need to send this invite to all practices. Still have a triage system. PENE have been commissioned by the CCG to do this.

NTW LOC

There has been a pilot from the RVI to do no post cataract follow up. RVI didn't inform us they were doing this, but when it was brought to our attention we contacted
the RVI and have now informed contractors and performers.

Cumbria

Nothing new to report.

Tees LOC

Report Not Available

Freedom To Speak Up Guardian

Covered in the LLG meeting. NHS England are still drafting up details for this and will have more information for next meeting. A point was made for consideration. Is an Optometrist or someone on an LOC appropriate to be a FTSUG?

Referral Management For Ophthalmology

PENE have been commissioned by the CCG to provide the triage service on behalf of Durham LOC. All Optometry and GP referrals will be triaged

AOB

SP asked about what a LOC committee member being on the LEHN. ZR explained in theory this could be possible but there currently is 2 optometrists on the board and that could upset the balance of other professions. ZR said that it is more straightforward to put more optometrists into the task and analysis groups - which is encouraged. All other LOC's felt we had adequate representation on the LEHN.

Close

Date Of Next Meeting

*Reports need to be sent as a word document to Zoe 2 weeks prior to meeting date.