

**Northumberland, Tyne and Wear Local Optical Committee
Committee Meeting 21.4.15. 6.30pm
Waterfront4, Newburn Riverside NE15 8NY**

- 1) **Apologies:** L.Gibson, P.Wellstead, M.Offord. N.Smith for late arrival.
 - 2) **Present:** W. Bradshaw, L.Oglethorpe, A.McGregor T.Marshall, G.McMullan, S.Cairns, , I.Armstrong, , I Hickson ,K.Winship, N.Smith, C.Thorpe.
 - 3) **Minutes 20.1.15:** accepted accurate prop Stephanie sec Lesley.
- Matters arising:** Lesley - AGM 19th May, not April as stated.

Other matters covered below.

- 4) **Chair Report:** Wendy delegates a lot of the work now so does a lot less herself, but still deals with a lot of emails. She is sitting on the Children's Group as Dawn resigned but this may be temporary.
- 5) **Secretary Report:** later as Naomi not here yet. Order below does not follow agenda as items kept for discussion until Naomi arrived.

8) Reports from Community Service leads:

PwLD: Stephanie reported no further progress as the LEHN are still to present Durham pilot data- no date set. She has sent a draft report to Barbara who is to present to the Gateshead group with Tom. After this, Stephanie will ask for expressions of interest in Gateshead.

NoT Clinical lead has contacted asking for a meeting with LD nurses, primary and secondary care in Gateshead. No date set as yet.

MECS: Tony reported the MECS business case eventually finalised and sent to John Warrington, Northumberland CCG. Receipt acknowledged but as yet no invitation to present.

There seems to be interest in collaboration with South Tyneside Minor Ailments service. Kaye has spoken to Jo Farey, ST commissioning manager who seems committed to working with LOC but not ready in terms of planning work and resources for 2015/16 yet. Also Zoe has met Jean Banks, NoT Pharmacy committee- there seems goodwill and a desire to work together but nothing on the table at the moment.

Wendy asked how the proposed MECS would fit in with IP. Peter Frampton had emailed a detailed report describing 'a refined and enhanced MECS' which he has prepared. This describes a two tier service allowing alternative pathways where non-IP optometrists could refer to IP colleagues as necessary. He suggests IP optometrists would provide mentorship to less experienced colleagues.

Discussion-the two tier system is not what has been agreed in the business case and the committee felt that the initial service needs to be open to all i.e. within core competency and with one agreed fee. This would follow the Durham pilot. It may then be possible to incorporate IPs as the scheme progresses, with further fees.

Gary feels the scheme has its challenges and there would need to be a lot of optometrists involved for it to work, but it is a good way forward.

Tony said the case is based around unnecessary referrals and as such should be a win for primary and secondary care. Possibly Tony and Zoe will present.

Lesley asked if the possibility of DO involvement had been considered as MEC recognition is a core competency. Tony will put this to the next subcommittee meeting.

Cataract: Lisa had sent a report

Sunderland- all outstanding claims for cataract choice service can now be paid via PENE. LOC (Lisa) will collate data for outstanding claims to 1.3.2015. Lisa has this almost complete, just a few contractors to give information. Sunderland CCG has voiced intention to commission a new cataract service via PENE -timescale approx.

6months. The current service will run on a month to month basis until new is set up. Contractors have been advised to hold claims until next payment run set up. South Tyneside- Lisa has spoken to Amy O'Brien from NECS who confirmed Cataract Choice will continue to run in ST until further notice. Claims submitted as previously via NECS. Lisa has tried without success to get a response from CCG re future of cataract scheme.

Gateshead/Newcastle- Amy O'Brien confirmed no active service in the area at the moment- contractors have been advised. Again Lisa's attempts to talk to anyone in the CCG who knows what is happening have been unsuccessful.

IOPRR: John Davidson sent a report. Following initial large number of post 2014 launch practice sign-ups, sign-up activity has been low.

Q3 data collation by Webstar was complex due to old and new scheme data incorporation. Q4 data is overdue and will be difficult to analyse in time to report to commissioners.

A 'Scheme Update' was emailed to practices reminding - all activity to be reported within 2 weeks of completion, all patients to be given a questionnaire and all data from questionnaires to be inputted on Webstar NOT posted to PENE or John. Activity increased 32% £7537 to £9984 Q2 to Q3, and 107% £9984 to £20678 Q3 to Q4. John feels increase slower initially as practices slow to use scheme after sign-up, and likely smaller increase next quarter as most now actively using scheme.

Children's Service: 26/3/15 Zoe, Wendy, Gill, Brian, Pauline met to discuss post-merger format for service.

'Outline Module Structure' to be used by Webstar was agreed.

A letter will be sent out this week to all practices NoT and SoT canvassing current VA measurement methods for the scheme, and also whether additional practices wish to be included.

Waiting to see whether service to be commissioned beyond July 2015 before progressing further.

10) Website: Ian H.- over 60 now registered. Facility to send out messages (newsletters etc) in future. Also can set up PayPal on site.

Wendy asked if we should have a locum list on the website and allow those seeking employment or employees to advertise . Stephanie agreed to collate a locum list, Naomi will input too. It was decided not to charge to advertise.

11) CET: nothing currently planned. It was decided to wait until Autumn and see whether CET may be needed in relation to commissioned services.

12) News from meetings:

GEIG: Barbara to report to Gateshead Eye Improvement Group re PwLD (see above)

LRC: SoT meeting Thursday, NoT coming up.

Local Liaison Meeting:

Mike sent report from Local liaison Optometry Group meeting 13/4/15
Present Ken Youngman, Julie Breen, Eric Hagan, Jane Ranns, Mike Offord

NHS England Update

-New Area director in May 2015 Tim Rideout

-Shiela Litster Quality performance and Commissioning Pharm and Optom

-Tracey Johnson Core commissioning of GP, Dental and Contracts manager

-Serious incident reporting details to be sent out to LLG reps asap so have info for AGM's etc

-LOC Issues GOS contract changes- Compliance- Mental Health Capacity (Differnet to standard NHS contact)

- Jane Ranns complained that Stat Levy is slow in getting paid to LOC

-Area to be expanded to cover Cumbria /Durham Darlington and Tees

-Likelihood of Office move to Darlington from Gosforth

-Could be pooling of resources in future with Social care joining with Health

GOS Assurance

- All providers now seen as compliant, only minor issues outstanding
- Compliance visits to be carried out in Durham and Northumberland
- No real issues have been flagged

Asked to make sure all contactors and performers are covered by Idemnity Insurance ..Committee pointed out this is a GOC and a QiO requirement

Next meeting this Friday with Nursing Directorate and Clinical Advisors to talk over concerns etc.

Forensic Audit Programme

Auditing claims, next area is Cumbria and North east, looking for outliers (Different to Post payment verification)

Following on from Merseyside Investigation which revealed discrepancies.

Tony asked if there is an LOC role in supporting practitioners with this. Wendy will contact LOCSU to see what have been the issues in Mersyside

AOB

Looking to consolidate contracts wherever possible, where they have the same status (Where contactor has more than one contract)

AK Post is to be advertised.

LEHN: Kaye

LOCAL EYE HEALTH NETWORK meeting at Waterfront 4 Newburn Thursday April 2nd 2015
REPORT

Chair, Angela Henderson will prepare her own report for circulation and so I will only refer to agenda items that are of relevance to NoTW.

EHNA's are now underway in South Tyneside and Sunderland.

These are being carried out by Public Health although our opinions as clinicians will be sought as the projects proceed.

Tom Hedley attended the Sunderland launch event on behalf of the LOC and I attended the South Tyneside event in March. Both were well attended with representatives from Public Health, Primary and Secondary care and third sector, voluntary and service users. The EHNA is a valuable commissioning tool but is also very useful in identifying weaknesses or gaps in service provision and should prove very useful to Community Service Leads as we go forward.

The LEHN is running several projects:

- Prevention
- GOS 18 Referral pathway review
- Service improvement review.

These will be further discussed in Angela's e- briefing.

Kaye feels we need to keep informed with Public Health, information will be passed on via EHNA.

5) Secretary Report: Naomi:

-Information Commissioners Office registration is due.. do we need this as we don't share our data with other parties..NoT were registered. At £35.00 it was agreed to keep going.. Lesley said payment made by direct debit.

-Central fund.. Sue Bennett has asked if we can put information about CF work onto our website. Committee is happy for Naomi to forward to Ian for inclusion.

-Chris Wood-(Sunderland) as part of his consultant ophthalmology appraisal has asked for confirmation that no issues have been highlighted at any of the practices to which he is a contractor. Naomi has replied positively.

-The Peoples Optician Jarrow has closed after 1 year

-New Specsavers domiciliary contract issued- only 1 optometrist employed in this so far.

6) Treasurer Report: Lesley

NTW LOC Treasurers' Report April 2015

The current balance is approximately £21,000.

The accounts for NoT and STW have been audited by Stuart Henderson and now will be checked again by Steve Doolan

Bank

-All issues with changing the name of the bank account are resolved.

-We are waiting to add additional signatories from STW- Lisa Gibson is sorting this.

-Once we add signatories we can set up the online banking and BAC transfers.

Payment Agency

-After initial reassurances that changes to the LOC name, levy and bank details had been implemented these issues are still outstanding.

-This has been compounded by the fact that I keep being passed to a different person.

-Payment of STW levies are still being paid into STW bank account - the change of bank account details is still on going at Darlington.

-Despite several emails we are still referred to as NoT and STW LOC's not NTW LOC.

-The Newcastle office is due to close in the summer so I hope everything will be resolved by then.

Expenses

Committee meeting attendance for NoT was always paid at the end of the financial year but STW operated a system where the individual was responsible for claiming for attendance following each meeting. Which is the preferred system?

At the moment committee meeting attendance rate is £50 regardless of duration. Any other meeting is paid at £50/hr. Do the committee feel this should be re-assessed? Flat rate of £50/meeting? Someone who felt uneasy about claiming £150 for a meeting when a committee meeting was only paid at £50 raised this issue. They also commented that 5 people attended that meeting and therefore the total cost was £750.

We need to be mindful of the costs involved - we cannot sustain this level of expenditure without reducing the hourly rates for meetings and/or increasing the levy. Any thoughts? Levy review at AGM? Expenses review at AGM?

Discussion- agreed a flat rate of £50 if meeting with LOC or PENE colleagues, £50/hr for other meetings. Naomi will take this decision to the July Forum meeting

PENE Expenses

I have compiled a list of all PENE expenses paid by NoT LOC from June last year. STW did not have a director for that period and so their expenses were for the launch of the IOP RR and Children's schemes only. The total amounted to approximately £20,000.

NoT paid for all room hire and refreshments - should this have been shared by all areas?

We really need to ask the question "Do the expenses, running costs and outcomes add up?" Can we justify this expenditure?

This in no way diminishes the work and effort of the people involved but we have to ask if the costs are outweighing the rewards?

Can future developments factor in costs for set up, launch and running costs? Or can the CCG's commissioning the service contribute?

Naomi produced a sheet detailing the estimated scheme costs 2014/2015

This showed that across all areas for an implied number of 1,353 appointment episodes (Q2, Q3 and Q4) : an invoiced total of £38,200.60, a PENE profit of £3,753.57 and a total cost to the LOC of £18,451.92. This represents a loss of £14,698.25.

A phenomenal amount of work has been done which we really appreciate, however we have to look at cost effectiveness of services.

NoT paid for all room hire etc for PENE last year- this should have been split between all areas.

We currently have no choice but to carry on, there is a 3 month termination clause in our contracts.

We need to look at set-up and running costs. Webstar get a management fee, we should be getting a fee.

Treasury team will approach LOCSU and PENE as to why we have made such a loss when we followed their advice to the letter- can we claim any recompense?

Levy- Lesley reminded we decided on merger to keep a minimum cushion of £10,000. Currently we have £21,000 –projected income for next year around £25,000 but expenses are currently high. Levy needs to be raised.

Committee would prefer a 1.0% levy with 0.6% to LOC, 0.4% to go to LOCSU.

Lesley will look into viability. AGM information will need to go out next week and include proposal to increase levy.

9) Drug Bins: Naomi

Email consensus was that practices fund their own bins, but we need one contract to get a reasonable price. Naomi has 2 quotes of £40 and £35. She will contact all practices and get people signed up.

10) PENE Report. Sarah emailed

PENE report to NT&W LOC 21/04/2015

Firstly apologies Brian or I could not make it. (We both have prior meetings).

PENE Directors for NT&W LOC.

Brian McCotter is the finance lead for PENE.

Brian is the Director to contact for South of Tyne subcontractor queries in the first instance. _____ Brian is also the PENE children service contact for all

enquiries/service development. _____ Sarah Townsend is the

Information Governance Lead for PENE.

Sarah is the Director to contact for North of Tyne subcontractor queries in the first instance. _____ Sarah is also the PENE IOPRR service contact for all

enquiries/service development.

4th quarter figures show a significant increase in activity in the IOPRR service in all CCG areas. There was a large jump in activity in Northumberland for the IOPRR

service. Only Northumberland and Newcastle North and East had any GP referrals from non-participating practices suggesting GP's in other areas are not fully aware of this service.

3rd quarter figures reported to Naomi were inaccurate by a small amount. On investigation it was an issue with Webstar invoices that is being addressed (should have been addressed by today). Naomi has been updated with the correct figures. (Attached to this mail with quarter 4 figures). There has been

a delay on payments to some North of Tyne practices, partly due to the invoicing errors and partly due to one CCG only settling their invoice in late March. Again this is all being chased with Webstar and if any invoices are then found to be outstanding it will be chased with NECS/CCG.

Patient questionnaires IOPRR - Should be entered online. Questionnaires are still being sent to the PO Box which is now closed. It has been noted that the document on Webstar still contains the PO Box address, an update on this has been requested of Webstar a new action on this will be requested of webstar.

South Tyneside are below the KPI required for Patient questionnaire completion by a significant margin. The CG&P Lead will look into this to identify practices. All other areas are well within their KPI's for Px Questionnaires.

Children service

Clinical performance issues have been raised about the children service - not to PENE or CG&P Lead but at another meeting out of NT&W area in relation to the children's service. This is despite the CG&P Lead contacting the hospitals and asking them to raise any issues or concerns on two occasions. Despite enquiries by the CG&P Lead to the orthoptist lead about these concerns, they have still not been detailed.

(Other concerns have been raised about poor form completion, batch sending in of forms (1st, 6th and 18 week together by the RVI). The CG&P Lead covered this in her

communication mail out to all subcontractors earlier in this quarter. Form completion issues should be resolved if the service is re-commissioned and put onto a fully supported Webstar platform.)

13) AGM: Tuesday 19th May

Lesley will bring food

Wendy wishes to step down as she advised prior to the merger, Naomi will email all for nominations for a replacement candidate.

Secretary, Treasurer and Minutes Sec. willing to continue

14) AOB:

- Gary :as part of Leadership Course his project is looking into viability of a MECS scheme. He feels there should be more communication with secondary care before setting up. He has 2 questionnaires and would like feedback from committee before he sends them out. One is for optometrists asking how interested they would be and in what type of service. Second for hospitals asking how they rate referrals within certain specified parameters. Gary will send them to committee and will also speak to Chris Steele at Sunderland.

- Kaye: her project is to look at the results of a current South Tyneside project. This is a pilot on Health checks (cardiovascular based) in the last 18 months. Kaye is interested in the possible crossover into optometry practices for smoking cessation/alcohol advice etc etc. She is sending out questionnaires to ST optometrists and LOC chairs. She sees a huge benefit in discourse with Public Health.

- Wendy has had a letter via Mike Clarke which came to him from the National Ophthalmology database re an Audit Project. This relates to cataract services. It invites the RVI to participate in a pilot project in which they would 'work with LOCs to maximise the completeness of post-operative refractive data. Medisoft can provide access to a secure website allowing optometrist to submit visual acuity, refraction and other key outcome data electronically into the Medisoft record'.

Wendy has asked for more information but has not got it. We will NOT participate without funding. We will ask College if they are aware and for advice.

- from Peter Frampton: *AOB - is it within the remit of LOCSU to organise a bidding group for ALL optometrists to approach businesses. There are big marketing groups doing contracts with private and public business (Civil Servants, Prison Service private industry) to go to certain optom companies. On an individual basis this is difficult to combat. While it does not eliminate choice so I am sure it does not break laws it coerces people to use certain companies. LOCSU is always inclusive and therefore would include everyone who wanted to offer the service whereas now people a being forced to go elsewhere. Business rather than clinical but the two are intertwined.*

An add to my AOB - the analogy would be the approach now with domiciliary visits in care homes. The AOP (or someone) has stated care homes should not contract to a single provider it infringes on patient choice.

Naomi will email LOCSU regarding the first point. As Andy sits on the National Domiciliary Board, Peter can seek more information from him.

Next Meeting AGM Tuesday 19th May.