

# Rotherham and Barnsley Local Optometric Committee

## **MINUTES of the Rotherham and Barnsley Local Optometric Committee**

**Meeting Date and Start Time:** Tuesday 26 May 2020, 6.30pm

**Meeting Location:** Carlton Park Hotel, Rotherham

**Present:** Sukhy Bains (SuB), Bhavesh-Dayasharan Patel (BDP), Peter Dand (PD), Terry English (TE), Tan Hussain (TH), Robert King (RK), Sean O'Brien (SoB), Aftab Rahim (AR), Richard Puttrell (RP), Nizz Sabir (NS), Steve Shaw (SS), Liz Sooklall (LS) and Tony Wing (TW).

**Attendees:** Iftab Akram, Martin Byrne, Emma James, Elaine Meehan, Adrian Rigg, Faheem Sarfraz, Clare Sheppard, Emma Taylor, Melanie Wilson and Sarah Faulkner (SF) (Minute Taker)

**Apologies:** Dave Brumpton (DB).

**Minutes of the Last Meeting:** The minutes from the meeting taking place on 11 February 2020 were accepted as a correct record.

### **Matters Arising:**

#### **1. Welcome and Apologies**

SS welcomed everyone to the first RBLOC virtual meeting and thanked everyone for their attendance. Each member of the LOC introduced themselves and each member was asked to provide a reflection on one positive thing that has happened in the last 8 weeks.

#### **2. Approval of Previous Minutes and Matters Arising**

The minutes from the meeting taking place on 11 February 2020 were accepted as a correct record and there were no matters arising to note.

#### **3. Future Meetings**

SS advised that future meetings will likely all take place virtually. As an LOC we have pre-scheduled meetings dates and are all published on the website. ACTION: Schedule these in your diaries please, they will all be via Zoom.

#### **4. AGM & Committee Election**

SS advised the attendees that the AGM is rescheduled for 23 June 2020. SS noted that at the AGM there will be elections for the roles of Chair, Treasurer, Secretary and CET Lead. TW advised the attendees that nominees for the election for the roles of Chair, Treasurer, Secretary and CET Lead would be sought via email, which will include an explanation of how to self-nominate or be proposed. TW stressed that members can self-nominate, they do not have to be proposed. TW stated that self-nominees or proposals will need to provide a few sentences advising why the role is being applied for and some general information about the applicant. All nominations are to be sent to Sarah Faulkner via email. At the AGM a voting slip will be provided, and voting will take place. All nominations are to be received by the 8 June and the email with the nominee process will go out

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imminently. TW acknowledged that there is not a lot of time for nominations but encouraged everyone to get involved and to attend the AGM.

***ACTION: TW to issue email with nominee process for roles of Chair, Treasurer, Secretary and CET Lead at the next AGM.***

### 5. CET

SS advised the attendees that the RBLOC had plans in place to run CET events, but COVID-19 has impacted this. SuB advised that the one planned on Papilledema with Miss Firan from Barnsley Hospital was cancelled. However, Miss Firan has advised that she will do this virtually if the demand is there. SuB confirmed that Rotherham Hospital will provide a CET later in the year and one on AMD will be hosted by a consultant. TH noted that having the hospitals on board is really helpful and SuB noted that this helps to keep the CET local and build relationships with local hospitals.

SuB advised that all CET will be virtual, this will improve attendance but would be good to understand levels of interest. SuB asked for a Zoom “hands up” to ascertain current interest and the “hands up” indicated lots of interest. SuB noted that the 3 CET events planned for this year will be taken forward. SS enquired if the timings will stay the same. SuB stated that a survey was sent out and it was indicated that the preferred time was 6.30pm-8pm, but SuB stated that if this does not work for people then please feedback and the events can be adapted.

SS asked attendees to send in ideas for CET and SuB seconded this, noting that though there were 3 lined up any other suggestions and nominated leads for the events would be welcome. SS also requested ideas for sponsorship. TH suggested that reps could help with this, lens manufacturers would be a good target but may have been furloughed and to perhaps approach these for the end of the year.

***ACTION: If anyone has any approaches from reps during the COVID-19 period please let LOC know.***

### 6. PPE

SS noted that LOCSU were originally going to provide PPE to optometrists, but this was not received. However, NS sourced some PPE for RBLOC colleagues, which has been a big help. SS enquired how people are getting on purchasing PPE and enquired if it would help if the LOC bought PPE. TW asked if there had been any follow up from LOCSU. SS advised no. NS advised that LOCSU have requested a central location from each LOC area, as they have received a small amount of PPE which can be supplied for CUES. NS also advised that on the PES website there is information about where PPE is available. SS enquired if the PES shop was going to be a permanent option and NS advised yes. NS then advised attendees that he had been on an international call about PPE and one of the issues for importing PPE to the UK is an increase in air freight costs and also imports not meeting UK and EU standards. NS advised caution in what is purchased.

SS enquired how contractors were getting on purchasing PPE. Emma James advised that some masks had been received through the Sheffield LOC, but otherwise purchases have been made from Amazon for face shields, apron etc. Adrian Rigg noted that PPE is available, but it is really expensive. AR noted that he had ordered a supply of PPE right at the start of the pandemic and has been supplied fine so far, however, more will be required in the coming weeks and months. TH advised

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that at present PPE supplies were okay because there not as many staff in at present. TH also noted that his practices had received a drop off from Doncaster LOC and had purchased some PPE early on in the pandemic. TH suggested getting quotes for PPE as an LOC, to see if a better price can be obtained, and then pass on the PEE at cost. TW agreed with this and noted that the pinch point will be when staff are back in work full time and there needs to be an ongoing supply available.

NS noted there is an ongoing issue with supply but urged everyone not to overstock or hoard PPE, as this will exacerbate supply issues. NS noted that business models will change after COVID-19 and staff safety is paramount. RP enquired that if PES cannot obtain a steady supply of PPE, how will the LOC obtain it. NS advised that there were issues early on due to hoarding but this is being worked through. LS noted that a PPE supply into hospitals is essential, but optometry should not be left out. NS noted that there has not been much PPE received from NHS supply chain, which is focussing on hospital demand, but PPE has been received from private suppliers and passed on at cost by PES. NS suggested that RBLOC collate people's PPE requirements and inform PES who will help to distribute it. NS advised caution in PPE demands highlighting that people will be shielding for a long time and this might affect footfall in optometry.

***ACTION: SS to obtain PPE demand across RBLOC and share with NS and PES.***

LS then noted that many people do not realise that optometrists are open and when people do realise there may well be an influx. LS advised that it is really important to write out to older adults to make them aware that services are still available, as LS had experience of an older patient who had lost their sight during lockdown and did not seek help as they did not know optometrists were open. NS requested that LS provide an anonymised case study of this patient for him to use in ongoing discussions about re-opening optometry.

***ACTION: LS to send an anonymised case study of patient of lost vision during lockdown and did not know to seek help.***

RP asked if NS had a date for reopening. NS advised the retail information that was sent out does not apply to optometry and there are no definite dates for reopening. This will be nationally decided by NHS England in due course.

SS enquired of NS what the guidance was for disposal of PPE – bag for 72 hours and then bin? NS advised that everyone follow public health guidance and college of optometrist guidance.

### **7. MECS and CUES update**

TE enquired how the GPs in Rotherham were informed about MECs. RK advised that NS did a presentation to all the GPs at one of their learning days. TE advised that he had a patient who had been sent from GP to the pharmacy and not to the optometrist and wondered if a reiteration of the MECs scheme with GPs might be required. TH noted that he had received phone calls from GPs during lockdown to see MECs patients, so some GPs certainly understand the scheme very well. TH noted that perhaps there might be locum GPs that do not know about the scheme and so a further reminder could be helpful. SS agreed that the promotion of MECs can be reviewed, revised and re-advertise to GPs if helpful. TW enquired whose responsibility it is to let people know. It was noted that it was PES, but the RBLOC could help with the promotion of this locally. TW stated that correct use of MECs directly affects all of us and it would be good to work in collaboration with PES to keep

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GPs informed of the schemes. BDP noted that in Barnsley GPs do know about the scheme and refer appropriately. TH stated that in Barnsley MECs was set up via the GPs so buy in is better. TH noted that in Rotherham it was via the CCG and PES and so less involvement initially with GPs. LS suggested emailing all the GP practice managers and providing RBLOC contact details to help get them onboard. TW getting patients signposted the right way is a good outcome for everyone. SS noted that NS had fed back that Rotherham is underperforming so more promotion would help. TE suggested TV advertising like pharmacy though was unsure who would support this.

***ACTION: NS to send out reminder around MECs to Rotherham GPs.***

Faheem Sarfraz enquired if Rotherham contractors had been paid for their MECs. TH advised that payments are often received up to a couple of months after the patients were seen and often Rotherham payments were random, but this could be a processing issue at the CCG. Faheem Sarfraz advised that he had been a MECs provider since February 2020, but still had not received any payment. Faheem Sarfraz noted that he was happy to keep providing the service, but for cash flow it is important that the payments start to be received. TW advised he had not had a payment since February 2020. TW enquired if the invoice could be viewed on OptoManager. Faheem Sarfraz advised yes, but no payment received. SS suggested that it might be because the patient questionnaire was not completed. Faheem Sarfraz advised where questionnaires have not been completed, they do not appear on the invoice as a payment.

***ACTION: NS to pick up missing payments with PES and Rotherham CCG to find out why they are being delayed.***

Faheem Sarfraz also noted that he had experienced an issue with pharmacy not releasing medication on prescriptions that have been emailed, as they are not signed in ink. Iftab Akram advised that he had prescribed anything recently, but everything is electronic now so was not sure why a pharmacy had not allowed this.

Faheem Sarfraz enquired if all contractors who have been giving eye care in this period have been advised by NHS England of their payments. Adrian Rigg enquired when payments should be received. SS advised he had received payment last week and advised attendees to check if payments had been received or not. TW noted there should be a top up for March, if open, plus April monies. Adrian Rigg noted that initially they had advised they were closed but then reopened on 24 March. TW stated that this may mean a month delay in payment. SS recommended to all attendees to ensure they are on the NHS England open list.

TE enquired how NHS England are calculating the payments during this time. SS advised that it is an average of the GOS payments for the last 12 months. TE raised concerns about the levy payments and receiving obscure amounts. TW advised that a levy report is received to the LOC email and advised these will be forwarded to TE for review. NS noted that the levy payment will be split; some will come from e-GOS and some from manual forms, which might be why multiple payments for varying amounts are being received. NS noted the small amounts will be from e-GOS practices, as there is only 1 practice live on e-GOS in the area and the other amounts will come from manual forms across both Rotherham and Barnsley.

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Faheem Sarfraz enquired about CUES and SS advised that Rotherham and Barnsley are currently using MECS and will not be going live on CUES at this time. Faheem Sarfraz then enquired if private patients can currently be seen. NS advised no, the guidance is to see neither private or NHS patients for routine appointments until allowed.

SS asked Elaine Meehan and Martin Byrne if they could please leave the meeting, for confidentiality regions, for the remaining update on this section. SS and SuB thanked Elaine Meehan and Martin Byrne for joining and then the meeting proceeded.

NS advised the attendees that NHS England are discussing how to get services back to “normal”, but as yet a date for fully reopening practices has not been agreed. NS requested that optometrists express their views on reopening safely so this can be fed back via LOCSU to NHS England. NS noted that SS is part of the forum for this and to feed any points of view to SS and NS. NS thanked attendees for the comments and activity in the RBLOC What’s App group, which has been helpful to feed into discussions. NS also thanked LS for keeping the website up to date and making it a helpful portal for people during this time.

NS advised that LOCSU are working on a moving to recovery pathway. Work on CUES will continue and will recognise IP optometrists. NS stated that Barnsley CCG do not want to use CUES at the moment, as they have alternative provisions but have not ruled out use completely. The Children’s optometry pathway is likely to be rolled out and would use the new pathway. NS advised that Rotherham CCG are asking for a reduction in fees and do not want to adopt CUES. NS advised that the fee reduction is being heavily challenged.

NS stated that all optometrists should have access to setting up NHS.net emails. All contractors, as part of PES, should have access. If anyone still does not have access, please contact LOCSU national team. The completion of the IG toolkit requirement for access to NHS.net emails has been suspended for 3 months so it should be more straightforward to get an account. NS suggested making contact with practices just to make sure they are aware of this, as performers will not get the communications on this directly.

NS advised the attendees that PES has had a rebrand and has a new website, which includes patient choice. Activity in Rotherham in October to December 2019 was 50 patients. In January and February it was 93 and then dropped to 67 in March 2020. April 2020 was 53 patients, which is higher than some other areas at present. Rotherham patient outcomes are good, CCG are just concerned about practice involvement and Maltby practices are not involved at present. In Rotherham there were 130 GPs at a CET to learn about MECS and GPs like it. A current concern raised is that it is hard to contact MECS practices. One GP has reported ringing 3 different practices before getting an answer so encouraged everyone to ensure calls are answered.

### **8. Hospital (Communication)**

SS advised that following COVID-19 hospitals will be required to work down the waiting lists that will have accumulated whilst they have not been available business as usual. Additionally, the work to reduce waiting lists could be hindered by requirements for social distancing and hospitals could be running 30-50% down on what they would normally see in a day. It is imperative that the

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communication with the hospital is kept up to understand referrals and waiting lists. TW and TH agreed to contact the hospitals for updates and share these with the RBLOC.

***ACTION: TW and TH to obtain updates from the hospital and share with RBLOC members.***

SuB advised that an update was received initially from the hospitals, but there has been no further communication for at least the last 5 weeks. Martin Byrne, ECHLO for Rotherham, advised that in Rotherham Hospital the outside Boots area might be used to provide more space, but there is lots to work through before a plan can be made. Emma James enquired that for patients who have had appointments cancelled twice at the hospital what support can be offered when these patients contact optometrists. Martin Byrne stated that RNIB have come up with a red flag document and this can be talked through with any patients to signpost them to the right route of care at this time. If a patient has urgent issues, then these will likely be dealt with by 111 or A&E at present.

LS advised the attendees that for patients who have been calling or presenting with vision loss, these have been treated as emergencies and a telephone call made to the hospital who have then accepted the patients to be seen. Elaine Meehan, ECHLO for Barnsley, advised that this was the correct course of action and that she had been doing the same by contacting the triage sister at Barnsley and then all patients discussed have been seen on emergency appointments. Barnsley Hospital are managing these patients really well.

NS advised that for patients with urgent needs MECS should be used to reduce face to face activity in hospital, CUES would pick this up. NS recommended doing a consultation on phone first and speaking to your EHCLC. Elaine Meehan, Barnsley EHCLC, advised that she was very happy to help provide reassurance to distressed patients. Martin Byrne, Rotherham ECHLO, advised that during lockdown they have been calling patients and doing stay in touch calls. There has not been a huge need of emergency care but the loneliness element of lockdown has been helped with the phone calls. Elaine Meehan and Martin Byrne agreed that their contact details could be put on the RBLOC website and they would be happy to help anyone that requires their services.

***ACTION: Elaine Meehan and Martin Byrne to share their contact details with LS to update on RBLOC website.***

NS advised that MECS could help hospitals with the backlog of delayed activity, for example, for glaucoma patients. NS advised that there is risk stratification ongoing and the LOC could help hospitals develop a solution to recovery planning, which may lead to a more integrated pathway. SuB enquired what the anticipated uptake might be on the new pathways. NS not sure in Rotherham, as Specsavers in central Rotherham are not involved with MECS and there have been some issues with locum workforce and accreditation. SuB enquired if more practices have come on board during lockdown. NS advised that in Rotherham there are now 18 practices and in Barnsley 24 practices and slowly climbing. Boots in Rotherham town centre and Parkgate have joined but not started yet as not offering face to face treatment currently. Faheem Sarfraz enquired why Specsavers in Rotherham central have not joined. NS advised that it is an internal matter to Specsavers and the directors of that branch have chosen not to join at present.

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SS enquired of NS that with regards to PPE and sight tests needing to be longer will MECS fees be raised. NS advised that in Sheffield it had been agreed that there will be a fee increase, but only for face to face and it only just covers the PPE costs. NS has proposed the same increase to Rotherham and Barnsley CCG for MECS, but this has not been taken up yet.

### 9. Financial statement of RBLOC

TE advised that the balance of the RBLOC is currently £11,360 and 93p. SS advised the attendees that the levy has been withheld and there will be average payments made to all optometrists that are open at present.

TH noted that one of the biggest costs to RBLOC in previous years has been CET, noting also that CET requirements have currently been suspended by the GOC. TH enquired about suspending CET events as no levy payments will be received. SuB stated that all CET is free currently and noted that the biggest cost to the LOC is the meetings and LOC work completed in people's own time so there are no concerns about continuing with the 3 planned CET events as all are free. TW noted that the LOC has had good momentum with CET and need to keep it going and deliver for free. SS concurred.

### 10. Levy

SS advised that there will be no levy taken in this period and advised that LOCSU also not taking a levy. SS, noting that the biggest cost to the LOC is meetings, suggested taking a member payment sabbatical and all members will take no payment for meetings whilst the COVID-19 period is ongoing. SS formally proposed that LOC committee do not take payment during this period and all members agreed to this.

### 11. Website and Social media

LS advised the attendees that work is being undertaken to keep the RBLOC website as up to date as possible during COVID-19. LS stated that if anyone wants anything added to the website please contact LS. LS also advised that work is ongoing with the RBLOC social media channels and again noted that if anyone wanted anything promoting on social media to please send across to LS. TW noted that the RBLOC needs more followers on social media and asked all members to follow the RBLOC social media channels and re-post/share anything that is put out to ensure the messages reach far and wide.

***ACTION: All members to send anything relevant for the RBLOC website to LS and to follow and promote the RBLOC social media channels.***

### 12. Any Other Business (AOB) (All)

**Routine Opening Advice and Guidance from the LOC:** NS enquired of the attendees how the RBLOC can help support practices during the COVID-19 period. SS noted that the RBLOC are promoting government and LOCSU guidelines and will also share any guidance from ABDO, GOC etc. as it arrives.

NS noted that COVID-19 has potential impacts for the economy and there may be the likelihood of increased redundancies in future months. NS also noted that there is the potential for there to be an impact on the mental health of optometrists and the RBLOC need to be aware of this and be ready

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to provide help to colleagues. NS noted that LOCSU will provide support on this in terms of signposting but recommended that members be prepared for a spike in calls and requests for information. SS noted that being prepared for an increase in need is important and suggested that initial conversations around this could be held over email and What's App. LS suggested a newsletter on advice and help available and SS suggested collating information from LOCSU, AOP, GOC etc. and sending out. NS enquired if RBLOC members had received any queries from concerned optometrists as yet. TW, LS, SS and SuB noted nothing had been received so far.

TW asked NS what other LOCs are doing to provide support. NS advised that a number of other LOCs have put in place a buddying system and are getting committee members to ring bunches of practices and let them know what support is available. Faheem Sarfraz advised that in the Manchester LOC buddying up is taking place, signposting has been valuable and providing ongoing support is essential. Faheem Sarfraz noted that no support has proactively been offered from RBLOC and would therefore be welcome. NS apologised that no support had seemed to be forthcoming and noted that the buddying in Manchester was clearly helpful and recommended that RBLOC put this in place. All committee members advised that they would be happy to be involved in the buddying work and SS asked for a volunteer to help sort out a buddying rota/system. LS volunteered to support.

***ACTION: LS to help sort a buddying system/rota to be shared with the committee members for action.***

**Meeting Closed: 20:30**

**Date, Time and Location of Next Meeting: AGM: Tuesday 23 June 2020, via Zoom.**