

Rotherham and Barnsley Local Optometric Committee

MINUTES of the Rotherham and Barnsley Local Optometric Committee

Meeting Date and Start Time: Tuesday 22 September 2020, 6.30pm

Meeting Location: Zoom Meeting

Committee Members Present: Iftab Akram (IA), Sukhy Bains (SuB), Dave Brumpton (DB), Sylvia Brumpton (SB), Bhavesh-Dayasharan Patel (BDP), Peter Dand (PD), Tan Hussain (TH), Hassan Javed (HJ), Robert King (RK), Aftab Rahim (AR), Richard Puttrell (RP), Nizz Sabir (NS), Liz Sooklall (LS) and Tony Wing (TW).

Attendees: Andrew Dudley, Ann-Marie , Mr Jabir, Emma James, Humma Khali, Sunita Kharana, Ganeshbabu Mahalingam, Rachel Ogdon, Emma Parkhurst-Tubby, Caroline Pollard, Rosemarie Siwek, and Sarah Faulkner (SF) (Minutes Taken from Zoom Recording)

Apologies: Sean O'Brien (SoB)

Minutes of the Last Meeting: The minutes from the meeting taking place on 26 May 2020 were accepted as a correct record.

Matters Arising:

1. Welcome and Apologies

SuB welcomed everyone to the RBLOC virtual meeting and thanked everyone for their attendance. SuB advised attendees to use the chat function to ask questions and requested that unless people were speaking they were to remain on mute.

TW also extended a warm welcome to all attendees noting that this is the first meeting of the RBLOC since new committee members were appointed. TW welcomed new attendees and expressed particular thanks to Mr Jabir and Caroline Pollard from Rotherham Hospital for attending.

2. Declaration of Interest Forms

SuB thanked RBLOC Committee Members for submitting their declaration of interest forms. SuB noted that there was one still outstanding, which would be followed up by email. SuB requested that if there are any changes to people's declarations of interest these need to be emailed to the LOC. SuB also requested that committee members please review the agenda ahead of the meeting and if there are items that are a conflict of interest committee members will need to leave the meeting for that item or exclude themselves from voting. SuB advised that all information pertaining to the declarations of interest would be emailed to members.

ACTION: SuB to email all members with regards to the Declaration of Interest forms.

3. Treasurers Report

AR advised that the balance is unchanged due to there being no fees paid out, no additional meeting costs and LOCSU payments being on hold. AR noted that in future the LOC will resume payments to LOCSU and fees to members. AR also noted that an interim meeting was held prior to the full RBLOC

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meeting and a more rigorous process will be put in place to claim fees; TW (the Chair) will authorise fees and expenses and AR and RK will verify these to help manage expenditure.

TW enquired if AR had heard from LOCSU regarding resumption of payments. AR advised no contact from LOCSU as yet, but he would follow up with the previous Treasurer as to how these payments were made in the past.

ACTION: AR to contact TE to enquire how previous LOCSU payments were processed.

AR advised that the September 2020 levy is comparable to previous Septembers, which is much better than anticipated and it is hoped this will continue.

TW advised that a small group met to discuss financial processes and governance and agreed that part of this should be transparency of the RBLOC spend. RK had raised that contractors' money was being spent on activity and the cost was only known after the event. It would be good to know cost before to ensure everyone was clear that they were getting value from the LOC. RK advised that RBLOC are paying invoices after work is complete and a more rigorous and proper process would be to agree the cost of work in advance so invoices do not exceed expectations for costs and the RBLOC budget can be more closely managed. TW agreed with this and reiterated that there would be more rigorous governance around financial processes to ensure transparency and value for money.

4. Roles and Responsibilities

TW advised that in terms of managing the committee it is important that all committee members have an agreed role or responsibility to actively partake in on behalf of the LOC. TW has emailed all committee members and have conversed about what people would like to lead on. TW advised that NS is on the roles and responsibility chart as LOCSU Lead and CGPL, but it is important to acknowledge that NS is a member of the committee also and NS has expressed a desire to be an active member with a committee role. TW wanted to reiterate that NS is a valued member of the committee who will be drawn on for all his expertise as a general advisor as will RK.

5. Website and Communications

SuB advised that the website is likely to change in coming months and LS is updating lots of social media platforms. SuB encouraged all people to follow the RBLOC on Facebook, Instagram LinkedIn and Twitter. LS advised that materials would be shared on the social media platforms for Eye Health Week and encouraged people to share on. LS advised that the website will be updated to ensure it contains relevant information that is easier to search for. LS, HJ and TW will be working on the website updates. TW advised that the website will be on the new LOCSU platform and LOCSU will help with some of the website administration, but input will be sought from all members about website content.

6. CET Update

IA updated the attendees on CET events advising that one is expected to run on dry eyes in the next 4-5 weeks, just awaiting an approval from the GOC. Other suggested CET events so far are one from a Consultant who works in oncology at the Royal Hallamshire Hospital in Sheffield, one on dodgy disc papilledema, one on orthoptics, one on VR and OCT and lastly a suggestion from a private company

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on low vision. IA asked attendees for other suggestions and for comments on the ideas proposed so far. NS suggested VR and telemedicine would be good as there is increasing need around this, especially given the current situation. NS would also recommend OCT for primary care referrals; this is a difficult subject but would be beneficial around when to refer and when not to refer.

IA asked the orthoptic team for the timescales on the possibility of a CET from the hospital Team. Caroline Pollard advised that she will follow up with the Consultants at the hospital and feedback.

SuB liked the idea of local Consultants presenting as it makes it more personable to the RBLOC area. There is a lot of CET available and having local presenters will make it more appealing. SuB suggested that Mr Jabir be involved to ensure the local links. Mr Jabir advised he would be happy to be involved. Mr Jabir noted in regard to OCT this is a large area and some of the equipment in the community is not always great but there is a module in the OCT machines that can show change and thinning. AMD is a tricky subject and even Consultants can sometimes miss signs on this. Lectures and education on OCT would be really helpful and valuable to optometrists.

TW enquired if it would be 4-5 weeks before the first event. IA advised hopefully yes. The GOC approval form has been submitted and as soon as the approval is received it will be possible to set a date and advertise the session.

7. Hospital Eye Service Leads

TH advised that he had contacted colleagues at Rotherham Hospital via email to introduce himself as the Hospital Eye Service Liaison for the RBLOC. TH advised that no response has been received as yet, but as Rotherham colleagues were on the call it would be helpful to have an update. TH advised that the main aim is to keep in touch and build stronger relationships between the hospital and community optometry to ensure new pathways and any changes are well communicated. Mr Jabir advised that he would prompt colleagues at Rotherham Hospital to reply to TH. TH requested a monthly update email from Rotherham Hospital colleagues. Caroline Pollard advised that this should be possible.

PD advised that from a Barnsley Hospital perspective he had attended a meeting with the Eye Health Steering Group and introduced himself to colleagues at Barnsley Hospital who are keen to link in with the LOC. PD advised that waiting times for surgery at Barnsley are currently 4 weeks for cataracts, with a 2 week wait for 1st appointments, a 2 week wait for AMD and a 4 week wait for glaucoma. PD noted that Barnsley Hospital colleagues are keeping in regular contact via phone and would welcome attending future LOC meetings. Mr Jabir enquired where the waiting time data came from for Barnsley. PD advised from Barnsley colleagues directly, Mr Jabir queried the timescales provided due to the issues caused by COVID-19.

TW enquired of Mr Jabir what the current waiting times were at Rotherham. Mr Jabir advised that they have been operating throughout on emergencies, routine cases have recommenced, but a lot of patients do not want to attend due to fear of contracting COVID-19 at the hospital. There are currently over 400 on the waiting list, but it is hard to reduce this due to patient choice not to attend. Ann Marie from Rotherham Hospital advised that some patients have had 2 eyes done since July, but there are a proportion that do not want to come in and the team are essentially waiting for cataract clinics to be more active so more patients can be listed. On some days it is difficult to fill the

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list due to people's anxiety about coming to the hospital, but this does mean for people wanting to come in the waiting time is currently very short. TW stated this is really helpful to know as local optometrists can promote the fact that the waits are so short. Ann Marie noted the wait for clinics is longer due to capacity issues with the current location, but once the service moves on 23 October this will resolve waiting issues for clinics. The ophthalmic clinics will be moving to the Rotherham Community Centre, surgery is staying at the hospital, but everything else moving which will be really beneficial due to having a lot more space to see patients.

NS concurred with Rotherham Hospital colleagues on the issues around COVID-19 noting that people are cancelling on the day due to showing symptoms. NS also noted that Spa Medica are impacting on waiting times, as they are taking a lot of patients from the patch. Closer communication between the hospital and community will help to ensure patients are directed to Rotherham when waiting lists are so short. NS advised that he has a meeting with Rotherham Hospital colleagues in the coming weeks and will share the date with TH.

ACTION: NS to share Rotherham Hospital Meeting date with TH.

8. Children's Pathway – Rotherham

NS advised that this work is a partnership with Rotherham Hospital and asked Caroline Pollard to update the attendees on where the pathway is up to for children's screening and the letter that has been distributed, which is causing some confusion.

Caroline Pollard advised that there has been school screening at Rotherham for around 30 years and COVID-19 has impacted on this significantly and the service is now 50% behind on the previous school year. It is hoped that this will be caught up by December 2020, but there are 375 children currently waiting and so any new referrals will not be seen until after Feb 2021. To try and alleviate the waiting time Caroline has been liaising with TW to see if local optometrists can help with the waits by seeing patients, there is no agreement on this as yet and a letter about this went out in error, which Caroline Pollard offered apologies for confusion caused. Caroline Pollard then advised that the hospital are seeing children and advising they can go to a local optometrist if they wish to due to the long waits. Caroline Pollard will work with NS and CCG to see if local optometrists can claim payment for seeing these children and as soon as this is confirmed Caroline will let TW know.

NS advised that the children screening issue is not just in Rotherham it is an issue around the country. NS then advised that the children's pathway is hugely complex and there are often children that do not attend for appointments; however, this is due to the child not being brought to the appointment as opposed to wilfully not attending. NS stated that he had previously worked with Doncaster Hospital on a 100 day challenge on children's vision to increase uptake, provide education and reduce waiting times. This work was successful and won an award. NS thanked Caroline Pollard for reaching out and asking for help with the waiting time issue at Rotherham. NS reiterated that it is very important that local optometrists help with this, as not helping these children in a timely fashion could lead to further developmental issues for them. NS stated that he is really keen to move at pace with a children's pathway and is inviting local practices that want to take part to put themselves forward. NS asked that any practices that would like to be involved with the children's network to send their details to TW.

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ACTION: Any practices wanting to be involved in the children's pathway work in Rotherham to send expression of interest to TW.

Caroline Pollard enquired of Sunita what the current do not attend/were not brought rates were for children who were referred on from school screening. Sunita advised that she did not have any current data but previously this had been around 10-15%. Sunita advised the attendees that the screening team work really hard with the schools to ensure that the school as well as the parents know when a child has been referred so the school are aware that a child may require glasses and they can query with parents if the child is not provided with the vision support they need and make reasonable adjustments such as putting the child at the front of the class so they can see better whilst waiting for their glasses. The letters from the screening team are very informative explaining who the child will see at the hospital, what will happen on their visit etc. and giving physical paper information has evaluated well as opposed to face to face verbal conversations. This, alongside education, has also helped with reducing did not attend/was not brought.

NS then shared a document with attendees regarding diagnostic pathways following child vision screening. NS talked through the pathway and highlighted the importance of safeguarding for children. Caroline Pollard advised that the hospital would be happy to discuss any child patients with local optometrists.

9. LOCSU Needs Analysis

NS advised the attendees that LOCSU have been working on behalf of the profession to respond to COVID-19 and thanked everyone for all their hard work and resilience during this challenging period. LOCSU leads supported the Optical Fees Negotiating committee around the general ophthalmic services contract, as it was likely that many practices would not survive and LOCSU have worked hard to reduce this risk. Negotiations are ongoing around this and updates will be provided when possible. AR enquired if there was any update regarding NHS payments for optometrists if local lockdowns occur in their area. NS advised that contractors have been paid up to end of August, post-august payment is still part of the negotiations.

NS then went on to advise the attendees that the RBLOC have been working with LOCSU to complete a needs analysis for the LOC to ensure that the LOC is meeting its full potential and that it is supported. NS advised that the first needs analysis was completed under the previous chair and this was reviewed again in August 2020. The needs analysis is structured and helps to hold the LOC to account to its members. NS displayed the LOCSU needs analysis summary and highlighted the areas where the LOC is working well and areas for development, such as contact with PCNs. NS advised that the priority areas for the LOC over the next few months is to extend their buddying scheme to contractors and practitioners, provide more CET and continue to improve communications.

SuB advised that the LOCSU needs analysis had been shared with the committee and encouraged questions and comments in the chat on this. TW highlighted that the needs analysis is a working document and will be referred back to and updated iteratively.

10. LOCSU/PES Update

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NS advised that this week is National Eye Health Week and LOCSU is working with partners to encourage promotion around this, particularly wider partners such as social care, secondary care colleagues too. NS encouraged everyone to follow the RBLOC social media and promote the eye health week information.

NS then updated on the national ophthalmology transformation group work. NS advised that the statistics from 2018/19 show that there were 7.8million hospital eye related attendances, which was 10% of all hospital activity. Of this 6% was in outpatient ophthalmology and employments in ophthalmology were 98% face to face. NS advised that there is a challenge to reduce this activity by 30% and the profession need to shift at pace to new ways of working, ensuring that patients get their treatment in the right place, first time. Mr Jabir noted that there has been a lot of learning from COVID-19 and a change in practice for secondary care. The discharge rate is up, Consultants are having a lot more phone conversations and some video calls, though the latter are not accessible to people who may be older and digitally excluded. Mr Jabir noted that many of these changes will stay and will help towards achieving the 30% reduction target. NS thanked Mr Jabir for this and agreed with the point around digitally excluded people and the need to still provide a service to this population. Mr Jabir noted that people will still need to come in for tests but follow up appointments for results can all be done remotely. Mr Jabir also advised that all education sessions for staff have continued and during COVID-19 there have been 22 education sessions that have taken place all via Zoom.

NS then advised about the national optical conference that was upcoming and invited suggestions for the agenda from attendees.

Emma Parkhurst-Tubby enquired if NS could help direct to where details on the service specifications were located and any COVID amendments that have taken place around these. NS advised that this is available via PECs and NS asked Emma to email the LOC and the relevant information would be shared.

Sub enquired if local optometrists could have more information from the hospital when patients are discharged so the patients can be seen more effectively in the community. Caroline Pollard advised that Rotherham are moving all records onto Meditech and will be paperless. Once the patient is discharged the whole report of the patient gets sent to the referrer. Mr Jabir noted that often the original referrer does not receive the discharge report, and these often go to the GP by default and not the optometrist. Mr Jabir enquired of Caroline Pollard if this is something that could be discussed with the secretaries to ensure the information goes to the optometrist also. NS thanked Mr Jabir noting that a letter back to referring optometrist would help and another thing that would help would be for the secondary care person completing the discharge to ask the patient which optometrist they would like the letter to go to and who they might see after they are discharged. Caroline Pollard advised that this would be discussed in secondary care and colleagues would try to implement, particularly around giving a letter to the patient for them to take to the community optometrist.

NS then provided an update on PECS. NS advised that he is the clinical governance and performance lead for minor eye conditions service in Rotherham. 12 months of audit data has been collated from

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the service and key highlights include 703 episodes in service, first 3 months were challenging as the service was launched in the summer a lot of practices had staff on leave and recruitment was challenging, there were also IT issues. From the 703 episodes, 22.5% of service users were referred on to secondary care, 14% were urgent referrals and 8.5% were routine. 61% of patients were screened, treated or discharged by a primary eye care optical practice, 9% were given follow ups, 4% referred on to GP, 3% to pharmacy and 3% no outcome record. NS requested that all practices please record an outcome for patients. Sources of referrals for the patients were 38% came through self-referral, 37% through GP care navigation, 14% were GP after seeing a GP, 11% were 0.2%, A&E 1% and Hospital Eye Services 2% and "other" for the rest. Patient experience showed 53% extremely likely or likely to recommend to family and friends, 6% likely, 0.2% extremely unlikely and 41% declined to answer. Taking the latter out to just those who answered the question it shows that 96.1% of people would extremely likely or likely to recommend.

PECS are switching IT platform from Optomanager to OPERA. This new system will allow high quality image transfer, which is a real asset especially for sharing with secondary care colleagues. It allows anterior surface imaging also. It allows tele consultations also, which will be really helpful. General feedback on the system is good so far and the switchover will take place over the next 6-9 months. NS and PECS colleagues will meet with all sub-contractors to discuss and demo and will support the roll out of the new system.

NS advised a newsletter will be sent summarising the audit feedback and a practice audit will also take place. NS encouraged people to take part in the practice audit. NS reiterated the need for practices to reinforce that optometrists must pick reasons for referrals and stop selecting "other".

NS then went on to advise that he has received some feedback that patients are being sent from practice to practice if there are no appointments available with the first practice they have attended. NS stated that if a practice has no capacity to see a patient it is recommended that the practice ring another sub-contractor and book an appointment for the patient rather than sending the patient on without confirming the other practice has capacity to see them. Not to do this is not fair on the patient and could increase usage of A&E and worst-case scenario no treatment and sight loss. NS reiterated that for all practices that have signed up to be sub-contractors it is essential that they make room in their clinical capacity to see patients who may have been referred. Sending patients onwards just creates pressure elsewhere in the system for other sub-contractors and hospital eye care services. Caroline Pollard noted that this had caused significant issues for colleagues in Rotherham Hospital. NS thanked Caroline for highlighting this and advised that he will include in the learning from COVID-19 for optometrists.

11. Any Other Business (AOB) (All)

There was no other business noted.

TW and SuB thanked all the attendees and extended especial thanks to secondary care colleagues for making the time to attend and for their contributions.

Meeting Closed: 8pm

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Date, Time and Location of Next Meeting: AGM: Tuesday 24 November 2020, 6.30pm, via Zoom.