

# NORFOLK & WAVENEY LOCAL OPTICAL COMMITTEE

## MEETING MINUTES

15 NOVEMBER 2017

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The regular meeting of the Norfolk & Waveney Local Optical Committee held at Dereham Town Football Club, Aldiss Park, Dereham, Norfolk, was called to order by Mrs. Deborah Daplyn, (Chair) at 19:30 on 15th November 2017

### PRESENT:

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Deborah Daplyn, Niall O'Brien, Ed Adkins, Kate Fenn, Roger Lee, Ian Sinha, Julien Nelson, Linda Vernon-Wood, Elizabeth Bunn, Tim Burgis

### APOLOGIES FOR ABESENCE:

Dan Rosser, Peter Hutchinson (Administrator)

### ABSENT WITHOUT APOLOGY

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### DECLARATIONS OF INTEREST:

None

### APPROVAL OF MINUTES:

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The Minutes from the Committee Meeting held on 13 September 2017 were approved and signed.

#### 1) Matters Arising from the Minutes of 13 September 2017

- a) **NHS.net e-mail addresses** – *Dan Rosser* reported no further progress. He hasn't yet heard from the CCG chappy who chaired the last MECS meeting – he was going to look into the sponsoring of optometrists via NHS England. He has emailed a NNUH HES former admin manager who is now in the outpatient booking team to see if she can help make something happen.
- b) **Community Services** –
  - i) **LEHN Minutes error** - *Deborah Daplyn* reported that at NOC it was announced that the minutes of the last LEHN meeting state Norfolk is about to launch its MECS Service which will incorporate a Paediatric Service including cycloplegic refractions. This statement caused uproar from NNUH and QEH because nothing has been agreed. It transpired there was an error in the Minutes and the disquiet was resolved when this was pointed out.
  - ii) **Ocular Hypertension Scheme 5yr. Cycle** - *Dan Rosser* has produced a re-referral form which has been uploaded to the LOC website and distributed to all participants in the service.
  - iii) **MECS Update** - *Deborah Daplyn* reported the signed contract had been received and the service is now ready for launch. She has asked Webstar to confirm that the reporting software is ready to go live but has not yet had a reply.

- c) **Yarmouth & Waveney Referral Form** - *Dan Rosser* sent a report which stated NNUH referral guidance has been circulated for review. We already have our timescales printed for optometrists to use when referring to NNUH. Hopefully Ed can do a mail shot once to inform community optoms of the changes. In general he hopes direct e-referral will happen and will solve many of the referral issues raised earlier. *Ian Sinha* commented that the LOC asked if LOC has addressed the request from Yarmouth & Waveney CCG for all optometrists to use the GOS 18 form for referrals. *Deborah Daplyn* said she had replied to the CCG explaining it is not possible to insist on all Optometrists using the GOS 18 and that this was an issue that had been partially addressed by Dan Rosser's in his earlier statement and would be resolved completely with the introduction of e-referrals.
- d) **Super PEC merger** *Deborah Daplyn* said there had been a lot of discussion about Super PECS at NOC but there has been no further movement towards the amalgamation of Primary Eye Care Norfolk, Suffolk, Essex, Bedford and Northamptonshire.
- e) **LOC Website** *Peter Hutchinson* has been reviewing options to modernize the website, making it compatible with mobile devices and is currently in discussions with LOCSU. LOCSU has a template which is free of charge to LOCs and will meet the all of the requirements. He is asked to report to the next meeting on the suitability of the template and its associated management system.

2) **MECS Update and Progress** – see earlier comments - para 1.d)iii). *Deborah Daplyn* stated no one should be referring into the MECS programme at present as it has not been officially started. Julien Nelson asked where GPs will be able to get the MECS practice list information to which the reply was it is available as a download from the LOC website. *Deborah Daplyn* commented that the list will have to be updated almost on a daily basis as practices join the scheme.

3) **NOC Report** - *Deborah Daplyn* said four members of the committee attended the conference but there is no written report. All of the discussion topics and reports are available on the LOCSU website and she urges all members of the committee who did not attend to read that information. The following are topics which she has picked out as interesting and informative:

- a) **How to deal with a silent CCG** - useful tips and advice which may be employed when dealing with West Norfolk CCG.
- b) **New IOP Referral Guidelines** - there is some confusion on what action to take immediately. LOCSU will produce more information very soon to resolve questions over how the repeat IOP readings module will work with the new guidelines. *Dan Rosser* has commented: *We will be revising our referral guidance in the wake of the new NICE glaucoma referral guidance. Obviously the key thing is that OHT is effectively now redefined as IOP>23mmHg (without other signs of glaucoma) rather than IOP>21mmHg. It is likely that we will move to reject referrals for an isolated finding of IOP 22 or 23 in due course.*  
*NICE have also said that pts being referred for raised IOP alone should not be referred without the elevated IOP having been confirmed by GAT, Hopefully this will push a few more into the repeat measures scheme.* LOC will issue advice to practices when it is clear as to how the new guidance is to be applied.
- c) **STP formation** – was muted by the last government but was not brought into law in the Care Act and it appears is no longer on the table. Therefore the STPs are rather a toothless tiger in that they can't actually commission services or insist that their CCGs do so. Another layer of management is

being proposed that is designed to sit above the STP called an Accountable Care Organisation which will deliver the services. The view of LOCSU is that the only groups eligible to be an Accountable Care Organisation are the acute hospital trusts.

- d) **CQC** –will apply to Optometry in the near future.
- e) **Electronic Referral Service** – to become mandatory in 1<sup>st</sup> October 2018 meaning that all practices will have to have an N3 connection with all the associated costs and all practices will have to complete another version of the RG Toolkit to qualify for an N3 connection. As of 1<sup>st</sup> October 2018 any Hospital Trust can refuse to accept a referral that is not made electronically. There is no likelihood of the infrastructure being in place nationally by the stated date so confusion reigns over the future of referrals.
- f) **Optomanager** – is being re-designed and will be released next year under the name **HealthiHub and HealthiMi**. The new version will be patient centered so when patient details are entered for one procedure they will be retained and will appear automatically for any subsequent entries. Patients on **HealthiHub** will not be registered as patients of the practice but will be patients of the PEC. This means a patient seen in one practice in Norfolk who then attends another practice the system will provide information on previous procedures.
- g) **PECS** – advised to expand with LOCs to provide more information via a newsletter. The Data Repository containing all information from PECS nationally is now available for individual PECS to benchmark their activities against.
- h) **PCSE** – *Kate Fenn* reported that a survey (17% response) suggests that more practices are satisfied with the service 72% in favour. Compared with 56% six months ago. The CET Grant will be available in December and if any optometrist has not had their notice we now have an e-mail address to contact. Electronic submission forms will be available next year but there is no information on how it will work but it will involve practices purchasing their own equipment, the details of which are unknown.
- i) **Central Optical Fund AGM** - Reported that only 24 from 77 LOC are contributing to the fund and consequently the revenue is decreasing. There is a proposal to make contributions a statutory levy on all practices in order to address the fall in income. The fund currently holds approximately £400,000 in a bank account and questions were asked about the prudence of such action and why it was not invested elsewhere for a better return. The overall impression was that the fund management is poor and it needs to be better organized. Norfolk LOC contributions amount to more than £5000 annually but the amount contributed by other LOCs varies greatly. A question was raised as to whether Norfolk practices should be contacted and asked if they wish to continue to contribute. The work of the Central Optical Fund is wide ranging; it has supported some political ventures; research projects; Vista magazine; support optometrists who have fallen on hard times. It was agreed this topic will be raised at the AGM.

4) **Financial Report** – *Linda Vernon-Wood* stated the finances are good. Some receipts from WOPEC are outstanding. PCSE receipts continue to be variable.

5) **Web Manager Report** –

- a) *Ed Adkins* stated there has been a flurry of activity on the website that has resulted in some duplication of registered optometrists where presumably they have forgotten previous log-ons. The database will be cleared of duplicates.
- b) The Facebook page is still active but it attracts very few entries.

<b>6) Correspondence – None</b>	
<b>7) Any Other Business –</b> a) <i>Dan Rosser</i> has reported he has four more optometrists booked for the Cataract Post Op. assessment next week. b) <b>Committee Meeting Dates 2018: 10 January; 14 March; 9 May; AGM tbc; 11 July; 12 September; 21 November</b>	
<b>8) Date of Next Committee meeting 10<sup>th</sup> January 2018. Meeting closed 20:45 hrs.</b>	