

NORFOLK & WAVENEY LOCAL OPTICAL COMMITTEE

MEETING MINUTES 21 NOVEMBER 2018

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 Deborah Daplyn (Chair) at 19:30 on 21st November 2018

PRESENT: Ed Adkins, Tim Burgis, Deborah Daplyn, Kate Fenn, Roger Lee, Julien Nelson, Niall O'Brien, Dan Rosser, Ian Sinha, Linda Vernon-Wood, Peter Hutchinson (Administrator)

APOLOGIES FOR ABESENCE: Charlotte Barber, Elizabeth Bunn,

ABSENT WITHOUT APOLOGY: None

DECLARATIONS OF INTEREST: None

APPROVAL OF MINUTES: The Minutes of the Committee Meeting on 12 September 2018 were approved and signed.

Contents	Action
<p>1. Action Points from the Minutes of 12 September 2018</p> <p>a) Nice Guidelines on Glaucoma – <i>Deborah Daplyn</i> said the new contract for GRR is due to start on 1st February 2109.</p> <p>b) Glaucoma training/accreditation <i>Dan Rosser</i> to run an accreditation session for approximately six people who have previously failed the GAT station. A date in February has yet to be agreed. <i>Deborah Daplyn</i> and <i>Ed Adkins</i> agreed to make themselves available as adjudicators.</p>	<i>Dan Rosser</i>
<p>c) NHS.net addresses – <i>Dan Rosser</i> reported he has been negotiating with NNUH for the 'Summary Care Data' i.e. information from the GP relating to the patient's ongoing medications etc., to be added to an electronic direct referral from an optometrist as is currently the case with manual referrals. This has presented some difficult IT hurdles that have to be overcome. However, it has been suggested that a shift to email for some direct referrals is possible as an interim measure.</p>	
<p>West Norfolk Referral Centre - <i>Linda Vernon-Wood</i> said she has not been able to make contact with West Norfolk CCG other than by answer-phone.</p>	
<p>d) Training Day - <i>Dan Rosser</i> said he has provisionally booked the NNUH Benjamin Gooch lecture theatre for a Training Day on a Sunday in late March 2019. The programme ideas are the have lectures supporting MECS subjects – Acute Anterior Red Eye – Acute Loss of Vision i.e. one anterior segment talk followed by a posterior segment talk. A couple of Glaucoma topics could be included as this topic has not been addressed recently. The initial response from NNUH consultants to a request to participate has been mixed. <i>Ian Sinha</i> asked if OCT in Glaucoma diagnosis rather than on Humphrey Fields can be included but no-one at NNUH qualified to discuss that topic. <i>Ed Adkins</i> said Bury St. Edmunds Hospital uses OCT in glaucoma diagnosis – he was asked to contact a consultant there to see if they are willing to participate in the Training Day. Other glaucoma topics suggested are - 'minimally invasive glaucoma surgery' – 'medication choices in glaucoma management'. The running order for the day is: talks 1 & 2 - - coffee – a talk 3 – lunch – talk 4. An honorarium of £100 for the speakers was agreed. <i>Dan Rosser</i> asked if LOC will consider a charge of £50 per delegate to be donated to the NNUH endowment fund</p>	<i>Dan Rosser</i> <i>Ed Adkins</i>

<p>towards staff training etc. NWLOC will fund the food, coffees and speaker fees (there will be no charge for the lecture theatre). <i>Dan Rosser</i> to check on the capacity of the lecture theatre. <i>Roger Lee</i> asked if a Peer Review can be included in the programme which would bring three CET points. It was suggested that the afternoon lecture be replaced by the Peer Review with the subjects to be centered on MECS and glaucoma making a total of six CET points for the day. It was agreed <i>Dan Rosser</i> will assess how many delegates can be accommodated in the NNUH refectory area for Peer Review (8 delegates per table) to determine the total number acceptable for the day. A facilitator is required (NWLOC has 4 accredited facilitators) to present the cases studies but he/she is not eligible for the 3 CET points available. It was concluded that the four lecture programme is preferred if the speakers can be found, Peer Review will be included in the event of the programme having to be reduced to three lectures.</p>	<p><i>Dan Rosser</i></p>
<p>e) GOS Contract change – <i>Julien Nelson</i> heard from Rupal Lovel-Patel by email stating all conditions where a Contract Change is required. <i>Julien Nelson</i> suggested a copy of the email content should be posted to the website for future reference. <i>Deborah Daplyn</i> volunteered to review the email before agreeing to it being posted to the website.</p>	<p><i>Deborah Daplyn</i></p>
<p>f) New Ophthalmology Sub-Group – <i>Deborah Daplyn</i> has a new set of minutes which she will circulate to the committee. Ophthalmology Sub-Group is keen to utilise optometrists in a Community Optometry Diagnostic Service to confirm the correct patients are referred for ptosis and wet AMD by performing the appropriate tests e.g. fields and OCT. A major stumbling block for this service is the absence of electronic referral which must be resolved before commissioning can be considered.</p> <p>i) MECS re-referral – the only route available at present for a patient who has been discharged by HES and is presenting with the same symptoms is to direct them to their GP. Patients who have NOT been discharged but are not currently being seen will be given an SOS phone number to use if they have a repeat of symptoms. <i>Deborah Daplyn</i> said in practice patients are being seen who have been given a phone number to call if they have repeat symptoms and when they use the number they are instructed to go back to the community optometrist making the original MECS referral. <i>Dan Rosser</i> has arranged a meeting with the Consultant and staff of NNUH Eye Casualty, who were not involved in the original discussions around MECS, when he will bring up this particular problem.</p> <p>ii) <i>Cataract Post-operative discharge pack</i> gives patients instructions to call a telephone number if they have any concerns but no number is provided. <i>Dan Rosser</i> asked for a copy of the document to be sent to him so he can investigate. <i>Deborah Daplyn</i> commented a specific fax number is provided for re-referring cataract patients and it appears on Optomanager when entering the patient's data.</p> <p>iii) <i>Eye Casualty</i> phone number frequently goes to answer-phone whereas going through the switchboard gets answered immediately.</p> <p><i>Deborah Daplyn</i> said it is becoming obvious that when the MECS is re-commissioned a route for follow-ups must be established. She went on to say she has volunteered to attend Friday afternoon discussion meetings with doctors and HES when she will attempt to improve communications by clarifying; GOS - what it offers and what is excluded; MECS conditions included in the service - what has to be referred to HES directly.</p>	<p><i>Deborah Daplyn</i></p> <p><i>Dan Rosser</i></p> <p><i>Dan Rosser</i></p> <p><i>Deborah Daplyn</i></p>
<p>2. Primary Eye Care Services Ltd. Is being created to represent current LOC companies that are contracted to provide community care projects in optometry across the country. It is being driven by the fact that in future NHS will only deal with organisations of a specific size and turnover in contract arrangements and by a desire to protect the current contracts for optometrists. The PENW directors had a</p>	

<p>conference call with Dharmesh Patel, CEO of Primary Eye Care Services Ltd., to clarify the conditions for PENW joining and what the future relationship will look like. Following this conversation the Committee voted for PENW to join Primary Eye Care Services Ltd., with one abstention and to that end some paperwork has been sent over. After due diligence is completed and Primary Eye Care Services Ltd. is satisfied as to the state of PENW the process of joining will take place. Primary Eye Care Services Ltd. will take over some aspects of managing the existing contracts. Negotiating and commissioning local contracts will remain the responsibility of NWLOC under the supervision of a locally appointed Primary Eye Care Liaison Officer (? Deborah Daplyn?) and a Clinical Governance and Performance Lead (CGPL) (?Julien Nelson?). Primary Eye Care Services Ltd. will manage all the contracts and remunerate the CGPL. The aim is to finalise these arrangements before the new glaucoma contract begins on 1st February 2019 because this will avoid a significant sum the NHS will charge to transfer the contract to a new provider. Currently 44 of 78 LOCs nationally have joined Primary Eye Care Services Ltd. resulting in more than 200 schemes being managed by the new regime. <i>Julien Nelson</i> said the CGPL role will be advertised and will be open to applications from LOC members in other areas. He is waiting to hear what CGPL job will entail and dependent on the time commitment required he may not wish to continue in post. <i>Julien Nelson</i> is waiting on an explanatory email from Dharmesh Patel on the exact nature of the role of CGPL but he anticipates it will result in the removal of posts such as Caldecott Guardian and in the removal of accreditation responsibilities, including the end of the “Toolkit”. He will circulate the mail response to all committee members. <i>Ian Sinha</i> expressed a number of concerns he has over the involvement of Primary Eye Care Services Ltd.; in the longer term how the service tariffs will be negotiated and compare with the current values; will there be a management charge levied on LOCs by Primary Eye Care Services Ltd.; will local practices continue to benefit in the same way. <i>Deborah Daplyn</i> said she understands service charges are likely to reduce due to economies of scale and the removal of the roles of Caldecott Guardian and Safeguarding Leads etc.</p>	
<p>3. NOC Report - <i>Deborah Daplyn</i> advised committee members consult the LOCSU report: https://mailchi.mp/locsu.co.uk/capacity-crowd-at-noc-2018-hears-powerful-case-for-change-as-plans-for-new-strategy-unveiled</p> <ol style="list-style-type: none"> a) Post Payment Verification visits are likely to resume in the near future following results from trials in two areas. b) NHS England wants electronic direct referral for all conditions. c) Webstar (Cegedim) is introducing a new version of Optomanager, called Healthi, which will link to “The Spine” to enable access to GP held patient data and is currently in pilot trials. d) Integrated Care Systems - will bring together CCGs and GPs to reduce the number of groups operating inefficiently and will replace STPs. e) AOP Central Fund – has been in disarray but is now looking re-invigorate itself to change direction. 	
<p>4. Financial Report – <i>Linda Vernon-Wood</i> referred to the copy of the accounts sent to the committee (attached to minutes) and said little has changed. The Current Account balance is still growing.</p> <ol style="list-style-type: none"> a) An email from Capita was received details structural changes within that organisation to deal with claims, complaints and enquiries. The final paragraph states; “We (PCSE) would like to work with local stakeholder groups, joining in with regional meetings, providing updates on our services and to gather feedback on how we can improve knowledge of key processes and manage escalations more effectively.” 	
<p>5. Web Manager Report <i>Peter Hutchinson</i> reported:</p> <ol style="list-style-type: none"> a) Two new users requested registration bringing the total number to 160 (plus 3 admin addresses) 	

<p>b) Site visits were up c.f previous reports - 343 visits from 10 countries (86.05% UK)</p> <p>c) Page views:</p> <ul style="list-style-type: none"> i) MECS 206 ii) Find an optician 86 iii) Patient Information 49 iv) Norfolk & Norwich LOA 47 (All information on this page - except the November meeting date - is out of date! I recommend the inaccurate data be deleted forthwith. Current information about the structure of LOA and subscriptions etc. need to be updated urgently.) v) PENW 36 <p>d) LOA Page - It was agreed the page shall be removed from public view until such time as the LOA committee is re-formed and the ongoing programme confirmed.</p> <p>e) LOCSU/LOC web platform – it was announced at NOC there are some changes coming to improve the functionality and templates of the current platform. <i>Peter Hutchinson</i> is to ask Chris McGaghy for details.</p> <p>LOC Practice list - <i>Deborah Daplyn</i> asked that the 2016 version of the practice list be updated and converted to a spreadsheet for easier management of the content when sharing with CCGs etc... She asked for a volunteer from the committee to oversee and update the content regularly and for this to become a regular agenda item at future committee meetings. The updated list is to include all practices with a GOS contract. <i>Julien Nelson</i> said he is willing to take the role as he already holds much of the required information. <i>Peter Hutchinson</i> agreed to produce the spreadsheet and update the list with data provided by Linda Vernon-Wood from PCSE payment lists and send the finished file to <i>Julien Nelson</i> and <i>Deborah Daplyn</i> for further amendment and finalization. All committee members were asked to contact Julien Nelson when they are aware of practice changes in their area of the county. <i>Deborah Daplyn</i> will make a request of all practices to report to LOC changes of address etc.</p>	<p><i>Peter Hutchinson</i></p> <p><i>Peter Hutchinson, Julien Nelson & Deborah Daplyn</i></p>
<p>6. Committee Meeting Dates 2019 - it was agreed to use the same pattern of dates in 2019 as previous years i.e. 2nd Wednesday of January, March, May, July, September and 3rd Wednesday of November. <i>Peter Hutchinson</i> will submit an order form to Aldiss Park and, once agreed, will confirm these dates with the committee.</p>	<p><i>Peter Hutchinson</i></p>
<p>7. PENW Report <i>Ian Sinha</i> asked the committee for their views on:</p> <ul style="list-style-type: none"> a) Julien Nelson reported that activity across the various contracts was fairly consistent with the exception of Ocular Hypertensive examinations. Glaucoma deflection rate is holding fast at 75%-80%. MECS episodes are around 200 -250 per month but the most recent figure have yet to be examined. Most practices are reporting few new ocular hypertensive patients. Dan Rosser has contacted NNUH Ophthalmology department to complain about the lack of compliance with the protocols for the community schemes he has compiled and presented. b) Activity from some practices registered for MECS is below what is anticipated. c) CCGs are anxious to see an increase in the number of practices involved in the glaucoma schemes to take greater advantage of the high deflection rate the scheme affords. The CCGs are keen to see patients sent to an accredited practice for referral refinement and are writing a pathway for these cases. 	
<p>8. AOB</p> <ul style="list-style-type: none"> a) <i>Deborah Daplyn</i> reported Norfolk County Council had been in touch about a patient needing an Arabic speaking optometrist since NHS England no longer provides a translation service in Primary care which now becomes the responsibility of the practice. <i>Deborah Daplyn</i> confirmed, after seeking legal advice, that it is NOT the responsibility of the practice to provide translation services but it falls to the patient to bring a translator to the examination. In this 	

<p>case an appeal was sent out for an Arabic speaker to all optometrists in the area and someone stepped forward volunteering to see this patient.</p> <p>b) Optician at Paget Hospital is operating out of a porta-cabin in the car park and is in contract with the hospital management offering free examinations for all hospital staff, their families and friends. Concerns were expressed that that “and friends” in practice invites anyone for an eye examination if they claim to be a friend of a member of staff. <i>Linda Vernon-Wood</i> said a similar scheme seems to be operating at the Queen Elizabeth Hospital in King’s Lynn. Deborah Daplyn said she has had it confirmed by the hospital that the Trust is not funding the service in any way. Deborah Daplyn suggested she write to the hospitals to explain that NWLOC and the local optometrists are trying to build relationships with the hospitals and this service provided free of charge for their staff serves to undermine that process.</p> <p>c) Pediatric Service – <i>Dan Rosser</i> to follow-up to see if there has been any progress and will report back.</p> <p>d) “Finest Eyecare provider in Norfolk” – <i>Ed Adkins</i> contacted GOC to report this contravention of protocol on the use of superlatives but has received no response. It was suggested that the complaint should be sent in again by “a member of the public” as the GOC is more likely to respond.</p>	<i>Dan Rosser</i>
<p>9. Committee Meeting Dates 2019: 9 January; 13 March; 8 May; AGM date to be confirmed; 10 July; 11 September; 20 November</p>	
<p>10. Date of Next Committee Meeting 9 January 2019. Meeting closed 21:21 hrs.</p>	