

# NORFOLK & WAVENEY LOCAL OPTICAL COMMITTEE

## MEETING MINUTES 12 MAY 2021

A meeting of the Norfolk & Waveney Local Optical Committee held on-line via Zoom was called to order by Deborah Daplyn (Chair) at 19:55 on 12<sup>th</sup> May 2021

**PRESENT:** Ed Adkins, Charlotte Barber, Elizabeth Bunn, Deborah Daplyn, Kate Fenn, Roger Lee, Julien Nelson, Niall O'Brien, Ian Sinha, Linda Vernon-Wood, Peter Hutchinson (Administrator)

**APOLOGIES FOR ABESENCE:** Michelle Horn,  
**OBSERVERS:** Wasim Sarwar PES; Tom Mackley LOCSU

### COMMITTEE MEETING MINUTES

**DECLARATIONS OF INTEREST:** Linda Vernon-Wood directorship Enderbys Opticians, Boston

Contents	Action
<p>1. <b>PES Report:</b> <i>Wasim Sarwar</i> (Interim CGPL for NWLOC) referred to the PES Report on CUES Activity February – March 2021 which had been circulated to the committee prior to the meeting. <i>Wasim Sarwar</i> said that the level of activity remained about the same with self-referral being the most frequent route into CUES. He was not aware of any GP referrals direct to practices and asked members to report to him if they receive a GP referral that has not originated via the Hub. Telemedicine is the most frequent method of assessment at the hub (50% Telemed. 30% booked F2F) of the F2F referrals 97% are discharged with only a very small number going on to secondary care. He commented that some data was skewed by the misuse of the OPERA forms; the correct method is to 1) complete screening form; 2) telemedicine form; 3) if appropriate complete F2F form. What has been happening was some practices were seeing a patient F2F but recording it as telemedicine only. This process has been explained in a newsletter sent all practices. The conditions diagnosed remain similar to previous months but there seems to be a bias towards some practices in the numbers seen. <i>Deborah Daplyn</i> asked how the Hub selected a practice for F2F examinations <i>Wasim Sarwar</i> said the process differs if the Hub is the booking agent or the Telemedicine practitioner from the hub. The Hub uses the OPERA practice list and tries to find the closest to the patient's postcode but the Telemed. practitioner may have a 'favourite' practice. <i>Dan Rosser</i> said his experience of using the OPERA proximity finder software doesn't work when he tries to allocate glaucoma patients for community follow-up. He's spoken to Matt at PES about this and the problem is being looked at. Using this method of nearest to the patient postcode would appear to work for most practices outside central Norwich where there are several practices that will have an equal proximity to the patient. <i>Roger Lee</i> asked if it is possible to add patients on OPERA now: it seems as though there is a hold-up while waiting for the migration of patient data from OptoManager to OPERA. <i>Deborah Daplyn</i> said this problem needs to be prioritised as it is also causing a delay of 2-3 months in payments for new patients that can be added to OPERA it is certainly not appropriate to have to wait to add patient details and then wait a further 2-3 months for payment. <i>Wasim Sarwar</i> said he will chase this as a matter of urgency. <i>Ed Adkins</i> asked if there has been any progress in removing the pseudo-telemedicine form from OPERA. <i>Wasim Sarwar</i> replied a new commissioner has been appointed and he is waiting to hear what they require but is hopeful that the changes can be implemented by July. <i>Deborah Daplyn</i> said there has been no progress toward CUES-plus but she has a meeting with Chris Bean (Commissioner) in the next few days when she will try to push things along. Part of this process has been gathering data on activities macula filtering and expressions of interest survey. The survey is about complete and ready for distribution and so far it appears approximately 1% of GOS is for a macula condition. At present it's not</p>	<p><i>Wasim Sarwar</i></p> <p><i>Wasim Sarwar</i></p> <p><i>Wasim Sarwar</i></p>

possible to convert this into actual numbers as the PCSE website is down where sight test numbers for Norfolk & Waveney are normally found. *Wasim Sarwar* will chase *Dharmesh Patel* for PES input before the next meeting with Chris Bean on Friday. *Niall O'Brien* asked how many practices registered for CUES have a zero patient count. *Wasim Sarwar* replied there is no cumulative figure for participation in CUES but there is practices from month to month that have a patient zero count. He went on to ask members to report any information they have on non-participating practices and he will contact them to find out if they wish to remain on the CUES list. It was noted that most Specsavers practices are responding to central direction not to participate in CUES a fact supported by the Hub who have commented they have difficulty arranging F2F appointments with Specsavers practices. The Specsavers centralised phone system make arranging an urgent CUES appointment with a specific practice very difficult. *Wasim Sarwar* said a lot of work has been done to improve the CUES service based on the criticisms details by practitioners. Changes to the fee structure and hours will make CUES a more attractive package but it will need a sustained marketing push in the summer to get uptake by the non-participating practices.

2. **Department of Health and Social Care White Paper: “Health and Care Bill”** - Tom Mackley of LOCSU. Spoke to a PowerPoint presentation which outlines the proposed changes for the delivery of health care. Integrated Care Systems (ICS) will be established in statute by April 2022 taking on the duties of CCGs. Care will be divided into broad categories a) Improving population health; b) Tackling inequality c) productivity & value for money d) Helping NHS to support the broader economic and social development. Each ICS will be managed by a board comprised of members drawn from Hospital Trusts, Primary Care representatives e.g. LEHN chairs and partner organisations and will have a requirement to collaborate with all other NHS bodies. Commissioners will no longer have to put contracts out to competitive tender which should speed up pathways. The Secretary of State for Health will assume greater powers to intervene in NHS England operations. One significant change will be that GOS moves under ICS control but it is unclear at present what effect this will have. It is likely there will be little change initially but it appears ICS will be able to modify GOS in future. The ICS will commission services in collaboration with the wider health and care sector service providers in order that it addresses the needs of the wider population. Various joint committees will be set up to take decisions about local needs and LOC needs to be represented at all levels. Norfolk & Waveney ICS is the local management body with a [website](#) which outlines plans so far. ICS will look to form “Place based partnerships” comprised of local government representatives and health care providers which will integrate all systems involved in health & social care in a locality. Primary Care Networks (PCN) will be the engines of the ICS, taking decisions at a local level for populations of 30k to 50k and thus it is important for LOC to be represented and participate in each of them. The LOC PCN representative needs to be a practitioner working in that PCN area (place) – a challenge in Norfolk & Waveney where there are 17 PCNs and only 12 LOC committee members. This where the Primary Care conversations will be heard and LOC needs to get optometry to be listened to along with the GPs, Acute & Mental Health providers and Public Health & Social Care teams. The definitions are very vague at present but the aim is to deliver locally determined services in a “Place” which represents community (town?). There may be more than one “place” in a PCN and different funding methods will arise, changing from activity based funding to outcome based payments where instead of individual services being charged at a fixed fee a sum of money is given to a PCN to deliver services in that area and optometry will have to argue its case for inclusion. At present PCNs are likely to be in their infancy and it will be useful to make contact, identify the leaders and develop personal relationships with each but not expect anything more detailed to be forthcoming. It is likely LOCs will need to work closely with neighbouring LOCs (and LOCSU) as part of the collaboration required under ICS management. ICS will ensure that PCNs use multidisciplinary teams across the Primary Care sector and although they are GP led optometry needs to be represented to get its message over. A part of the work will be explaining the work of optometry (and GOS) to the other health care providers so they have an

understanding of how it can integrate with health care generally. The National Eye Care Programme is working towards standardisation of eye care pathways nationally. The Eye Care Electronic Referral System (EeRS) has come under the National Eye Care Recovery Transformational Programme nothing has been set up in Norfolk & Waveney but it is anticipated PES will apply for the contract although they have not been successful in all areas. The LOC is in a position to explain that there is already in place an electronic referral system run by PES that could be expanded to include GOS and other services. It is recommended that LOCSU should be involved in discussions as the funding and political backgrounds are complicated. LOCSU will support LOCs around the Health and Social Care White Paper with additional training and documents. A question was raised about how to provide the personnel to meet the needs of PCN representation – will it be necessary to expand the LOC? It may well be in due course that some PCNs amalgamate for greater economy and simplicity. Initial contact with PCNs should be on a personal level and can be considered as networking to start.

Advice for immediate action is for LOC to establish the needs of the communities, PCNs and try to allocate resources in preparation for delivering on those needs. Create a plan for the future development of the LOC in light of what is being proposed. It is important to have an objective, an aim and a clear idea of how to get there. *Peter Hutchinson* agreed to create a map of 17 PCNs in Norfolk & Waveney.



Primary Care Networks Norfolk & Waveney.pdf

*Deborah Daplyn* encouraged all LOC members to contact their local GP to find out who is the local PCN lead. The long term future for optometry is in clinical service provision which is being supported by LOCSU.

*Peter Hutchinson*

*All LOC Committee*

3. The minutes of the meeting held on 10<sup>th</sup> March 2021 were approved.

4. **Action Points from the Minutes:** Meeting 10<sup>th</sup> March 2021- Nothing requiring specific attention

5. **PES Proposal** - No progress to date. At a meeting with *Wasim Sarwar, Tom Mackey and Deborah Daplyn* met and concluded further data is needed on Macula filtering numbers: Hydroxychloroquine pathway expressions of interest which is being addressed through a survey to be sent to all practices shortly. EeRS was considered but Norfolk is not interested at present. PES proposes a central Hub for all referrals which will be sent from there to an appropriate practice providing that service. Funds have been allocated to establish EeRS but there is no mention of funding for ongoing provision.

6. **Finance Report – Linda Vernon-Wood** referred to the two documents she had circulated earlier:

The table below shows the accounts for year ended 4<sup>th</sup> April 2021. NWLOC made a loss of £8,226 over what has been a very difficult trading period but despite this the bank balance remained very healthy. The accounts have been sent to Michelle cade for scrutiny prior to presentation at the AGM.

NWLOC Account to 4 April 2021		Year to date	Budget for Year end 31/3/2022
<b>Income</b>			
Levy Collections	LOC+LOCSU+ Central Fund	£41,202.62	£37,000.00
Other		£5,330.50	£5,330.00
<b>Total Income</b>		£46,533.12	£42,330.00

Expenditure			
Committee Costs			
Honoraria		£4,632.00	£4,632.00
Admin fees		£7,792.48	£6,000.00
Admin travel		£0.00	£0.00
Members fees		£16,027.83	£15,500.00
Members travel		£72.00	£100.00
Meeting Rooms		£143.88	£150.00
Website		£60.00	£60.00
Office costs		£474.72	£500.00
Training & NOC		£575.00	£1,000.00
LOA		£0.00	£0.00
AGM & Misc.		£5,338.16	£6,000.00
Central Fund		£2,151.84	£2,500.00
Payment to LOCSU		£17,492.10	£16,200.00
<b>Total Expenditure</b>		<b>£54,760.01</b>	<b>£52,642.00</b>
<b>Income less Expenditure</b>		<b>£(8,226.89)</b>	<b>£(10,312.00)</b>

The account activity since the start of the financial year has been limited but the bank balance remains healthy.  
Michelle Cade has said she will make the transfer of LOA funds as soon as she is able to go into the bank to close the account.

NWLOC Account 5 April to 12 May 2021		Year to date	Budget for Year end 4/4/22
<b>Income</b>			
Levy Collections	LOC+LOCSU+ Central Fund	£4,803.99	£55,000.00
Other		£0.00	
<b>Total Income</b>		<b>£4,803.99</b>	<b>£55,000.00</b>
<b>Expenditure</b>			
Committee Costs			
Honoraria		£0.00	£55,000.00
Admin fees		£0.00	
Admin travel		£0.00	
Members fees		£170.00	
Members travel		£0.00	<b>£55,000.00</b>
Meeting Rooms		£143.88	
Website		£120.00	
Office costs		£0.00	£575.00
Training & NOC		£0.00	£2,400.00
AGM & Misc.		£0.00	£145.00
Central Fund		£32.66	£2,000.00
Payment to LOCSU		£2,385.66	£6,500.00
<b>Total Expenditure</b>		<b>£2,852.20</b>	<b>£60,114.00</b>
<b>Income-Expenditure</b>		<b>£1,951.79</b>	<b>£(5,114.00)</b>

7. **AGM Planning:** *Peter Hutchinson* said he has prepared the website with the titles of the required documents and he will make these live when he has all the information:
- AGM letter of invitation – details of the lecture following the meeting – Bridget Hemment speaking about “Eyelid Lumps & Bumps”
  - Nomination Form: is complete and active. All candidates standing for election will need to complete this form.
  - Postal Voting Form: The name of the returning Officer is needed to complete. *Deborah Daplyn* agreed to contact LOCSU for the name of the representative who will attend the AGM and ask if he/she will act as the Returning Officer. Details of any LOCSU presentation are required for the agenda.
  - Notice of Election: Publish AGM docs by 2nd June 2021. All candidates will

*Deborah Daplyn*

<p>need to prepare an election statement in case of election taking place.</p> <p>e. Reports required from Chair, Treasurer, Secretary by 31<sup>st</sup> May 2021</p> <p>f. It was agreed to post a news item on the website to announce the AGM and election details.</p>	<p><i>Peter Hutchinson</i></p>
<p>8. <b>Education &amp; Training planning:</b> <i>Elizabeth Bunn</i> said she has been in touch with Stuart Wellings who produces on-line CET courses and he will be happy to accommodate NWLOC for a course on Sunday 11<sup>th</sup> or Sunday 18<sup>th</sup> July 2021 by providing either a 4hr course including Peer Review (12 CET) for £300 or a 2hr. course – no Peer Review (6 CET) £200. It was agreed to ask him to run and manage a Zoom 4 hr course on 11<sup>th</sup> July. <i>Julien Nelson</i> asked for content be tailored to include Dispensing Opticians. Stuart Wellings to be asked to provide topics on; Macula conditions and OCT; Telemedicine in practice: Cataract complications; Patient triage. Facilitators will need to be appointed for the break-out rooms used in the peer review. <i>Elizabeth Bunn</i> said 10 delegates can be accommodated for peer review in a break-out room and will ask if each facilitator can gain a full CET award rather than the 1 point normally given? <i>Peter Hutchinson</i> asked that he be given the course details for upload to the website as soon as they have been confirmed.</p>	<p><i>Elizabeth Bunn</i></p>
<p>9. <b>Web Manager Report</b> <i>Peter Hutchinson</i> said 108 members are registered with the new website and there is a dribble of new applications each week. This reduced number is in part due to retirements, practitioners moving away etc.</p> <p><i>Peter Hutchinson</i> explained that the website had been down for two days due to an administrative problem at LOCSU when the website forwarding method was changed to make it more visible to search engines. Gary Pooley of Steele Media is assisting LOCSU to resolve the problem but in the meantime the forwarding has reverted to the previous method.</p> <p>A plug-in has been installed by LOCSU called ‘Expirator’ that allows expiry dates to be set for pages and posts.</p>	
<p>10. <b>Practice List Update:</b> Add to Google Docs/Practice list:</p> <p>a. Cecil Amey Holt, 10 Appleyard, Holt. NR25 6AR</p> <p>b. Remove: Norfolk Ophthalmics, Bowthorpe Medical Centre, Norwich. NR5 9HA</p>	<p><i>Peter Hutchinson</i></p>
<p>11. <b>Correspondence: None</b></p>	
<p>12. <b>A.O.B.</b></p> <p>a. <i>Ian Sinha</i> asked if any progress has been made towards OCT volumetric image files being uploaded to OPERA. He has completed some research and found that Nidek instruments are not capable of producing .dicom files but there is video capture software available but Specsavers will not be taking this option. <i>Ed Adkins</i> replied Optivue can’t upload .dicom either. Spectralis OCTs can create a video file of macula volumetric images. PES told the CCG this type of upload is possible but it appears there are a number of instruments that are not capable of this task. <i>Deborah Daplyn</i> will inform PES and CCG accordingly. NNUH is not viewing CUES referrals via OPERA at present so has not encountered the problem. Mr Rajah at JPUH has been asking for this type of information locally.</p>	<p><i>Deborah Daplyn</i></p>
<p>13. <b>Committee Meeting Dates 2021:</b> Zoom meetings will continue to be held on the second Wednesday of alternate months: 13 January: 10 March: 12 May: AGM 23 June; 14 July: 8 September; 10 November</p>	
<p>14. <b>Meeting closed 21:53 hrs</b></p>	