

NORFOLK & WAVENEY LOCAL OPTICAL COMMITTEE

MEETING MINUTES 12 JULY 2023

A meeting of the Norfolk & Waveney Local Optical Committee held on-line via Zoom was called to order by Deborah Daplyn (Chair) at 19:33 on 12th July 2023

PRESENT: Ed Adkins, Elizabeth Bunn, Hannah Castley, Deborah Daplyn, Ali Ganiwalla, Michelle Horn, Julien Nelson, Niall O'Brien, Ian Sinha, Linda Vernon-Wood, Peter Hutchinson (Administrator)

APOLOGIES FOR ABSENCE: Charlotte Berryman, Roger Lee, Dan Rosser, Fionnuala Kidd – LOCSU Eastern Area Optical Lead

OBSERVER: Wasim Sarwar – PES representative;

COMMITTEE MEETING MINUTES

NEW DECLARATIONS OF INTEREST: Hannah Castley submitted a completed COI form

Contents	Action
1) Hannah Castley was welcomed to the LOC by Deborah Daplyn following her election to the committee at the recent AGM.	
2) Election of NWLOC Officers. The following Committee Members agreed to stand for office: <ul style="list-style-type: none">▪ Co-Chair – Deborah Daplyn▪ Co-Chair – Michelle Horn▪ Secretary - Ed Adkins▪ Treasurer – Linda Vernon-Wood There being no other nominations, the above committee members were duly elected.	
3) Primary Eyecare Service (PES) report: <i>Wasim Sarwar</i> <ul style="list-style-type: none">a) CUES proposed innovations – It has been seen that there are areas of Norfolk & Waveney where the HUB is unable to get face to face appointments, black spots, for patients due to a lack of practice participation. The survey of non-participating practices asked for the reasons for not joining the scheme which were; not financially viable compared with refraction/dispensing. In an attempt to combat this problem PES is suggesting it finds funds and equips a suitable NHS property e.g. GP surgery; a vacant NHS clinical space; in one or more of the black spots and recruits optometrists from the district to perform clinical sessions to meet the needs of local patients closer to home. It will be trialled initially as a part-time practice that can be scaled up or down depending on demand. The referral pathway has yet to be designed but will probably involve the HUB although it could include referral from other local practices. He asked for comments from committee members. A long discussion ensued highlighting; the CUES fees as being an obstacle for practice participation; Staff recruitment difficulties in Norfolk & Waveney; recruiting optometrists from local practices merely increases the capacity problems being faced by most participating practices; some practice staff found the CUES triage and administration system too cumbersome. <i>Wasim Sarwar</i> said a similar scheme is being trialled in the Southampton area. He was asked how many and where the black spots are, to which he replied there are two or three areas in Norfolk & Waveney that consistently present problems for the HUB; he agreed to send more detailed information to the committee of the locations following further analysis of the data. He noted that the Cecil Amey Group had withdrawn from CUES in some of the black spots but despite repeated requests to re-join they have declined, stating they continue to see CUES type patients privately without PES involvement. <i>Niall O'Brien</i> said the HUB often fails to answer telephone calls from patients needing appointments and they then copy the list of CUES practices from the PES website and call the practice directly which can result in an unnecessary face to face appointment. <i>Ian Sinha</i> commented; the CUES fees have	

not been reviewed since its inception to which **Wasim Sarwar** replied that Norfolk & Waveney ICB has a massive overspend on its budget and is not in a position to agree to any fee increases and to date has not funded the nationally agreed NHS uplift of 1.6%. The point was made that 75% of patients seen are managed in Primary Care saving ICBs large sums in hospital tariff charges. **Michelle Horn** doubted if PES will be able to recruit enough staff for the venture and asked if PES would welcome locums? **Wasim Sarwar** replied locums will be considered but until a site has been identified and equipped staffing problems will remain unanswered until it has been tried. **Deborah Daplyn** said the younger generation of optometrists tend not to want to refract and dispense all day, they often want a more varied professional life that could involve clinical work like CUES. The updated version of the CUES element of OPERA is under development but there is no published completion date. **Deborah Daplyn** summed up by saying: identify the black spots; then target practices in those areas to see if they will participate in CUES; if this fails trialling the PES suggestion is the only option to see the continuance of the service. **Ali Ganiwalla** said on a positive note, he has received comments from patients who have been signposted to PES by the GP as a result of recent work by PES to gain more GP involvement. He went on to congratulate the HUB telemedicine team in the quality of triage advice given to patients as this reduces the number of in practice face to face appointments needed and their detailed patient notes.

- b) **GRR training:** When GRR was introduced it required optometrist to have WOPEC GRR module 1 and a practical assessment (OSCE). The OSCE requirement has been removed so new recruits to the service can qualify by distance learning only (WOPEC GRR module 1). This change could encourage greater involvement in the service and for those new optometrists who lack confidence in the practical skills and to reassure the ICB the LOC may run a training event, not an OSCE. This was met with approval and offers to help. The point was made that an OSCE is still a requirement for participation in the Glaucoma Monitoring Service and **Elizabeth Bunn** said she has a list of seven optometrists wanting to complete the Glaucoma OSCE but needs a minimum of twelve to be able to run the course. A GAT training session for GRR participants will be easier and cheaper to run and may encourage those taking part to move up to the Glaucoma OSCE and the Glaucoma Monitoring Service. Funding a training session may be possible from ICB or PES.
- c) **IP WOPEC code requests;** **Ed Adkins** said he has twenty two expressions of interests from optometrists interested in becoming IP qualified. Deborah Daplyn explained she will forward the number to the Eastern Region of LOCs which is collating evidence of those wanting to do Independent Prescriber training with a view to approaching NHS England for possible funding.

4) Minutes from Committee Meeting 10th May 2023 - were approved and adopted.

5) Action Log: a number of items were marked as closed but nothing new added in May

- 6) **Financial Report - Linda Vernon-Wood** stated the finances are all in order and running smoothly. Since the last meeting there have been a couple of payroll runs for committee members' expenses claims which have gone without difficulties. She noted that in her latest email she attached copies of the latest bank statements as she had realised there have been very few questions about financial transactions at previous committee meetings and this information will be useful to committee members in this regard. It was agreed she will continue this practice for future meetings. She said progress has been made to give access to the bank account for **Charlotte Berryman** as deputy Treasurer.

Norfolk & Waveney LOC Financial Report to 8/7/23			
		Year to date	Budget for Year end 4/4/23
Income			
Levy			
Collections	LOC+LOCSU	£ 17,387.40	£ 60,000.00
Other		£ 0.00	£ 0.00
Total Income		£ 17,387.40	£ 60,000.00
Expenditure - Committee Costs			
Honoraria		£ 1,357.00	£ 5,412.00
Admin fees		£ 833.17	£ 6,400.00
Admin travel		£ 34.20	£ 45.00
Members fees		£ 3,253.20	£ 15,000.00
Members travel		£ 35.55	£ 540.00
Meeting Rooms		£ 143.88	£ 485.00
Website		£ 180.00	£ 180.00
Office costs		£ 80.94	£ 800.00
Training &			
NOC		£ 0.00	£ 1,600.00
AGM, CET &			
Misc		£ 400.55	£ 145.00
Payment to LOCSU		£ 8,693.69	£ 30,000.00
Total Exp		£ 15,012.18	£ 60,607.00
Income less Expenditure		£ 2,375.22	£ (607.00)

7) Paediatric Service – *Ian Sinha* submitted the following report:

PES Post Vision Screening Services for discussion 12/07/2023

We have assessed the Jan 2023 v3 proposal currently in draft authored by Dan Rosser and others.

Background: As of 30/03/2023, the waiting time those screening positive to be seen in the eye clinic is 48 weeks. The KSI is 6 weeks for PVS.

During the academic year 2021/2022 approx. 8700 children in Norfolk & Waveney received vision screening of which 387 children required onward referral to hospital eye services.

Around a third of children referred onto the Hospital Eye Service in 2021 were subsequently discharged at the initial visit without treatment.

PVS PROPOSAL AND ANALYSIS

ELEMENTS	INITIAL APPOINTMENT	VISIT 2 AT 6/52	VISIT 3 AT 18/52
1. APPT ADMINISTRATION TIME IN BOOKING PROCESS AND FAIL TO ATTEND	10 MINS TO BE INCLUDED IN LOC FEE PROPOSAL	(5 MINS, NOT INCLUDED)	(5 MINS, NOT INCLUDED)
2. PRE CYCLO TIME	15	-	-
3. REFRACTION / OR CHECK UP TIME	15	15	30
4. OPERA REPORTING TIME	15	15	15
5. REFERRAL POSSIBLE?	Y	N	N
6. DISPENSE LIKELY?	Y	N	N
7. NHS FEE	£23.14	NIL	£23.14
8. TOTAL TIME (MINS)	45	30	45
9. TOTAL TIME MAX (INC. APPOINTMENT ADMIN AND/OR REFERRAL)	55	30-35	45-50
10. CCG PROPOSED FEE TO STORES *	£50	£25	£25

*Excluding PES Charges : [Note: PES Fees Are £14 Initial Assessment, No PES Fee For 6 And 18 Week Assessments]

Sub-committee observations and findings

- Pvs must be remunerated at a higher rate than cues and other EOS to ensure full regional participation.
- The pvs proposal under consideration is robust and the reporting and access obligations placed on providers are high.
- Current EOS schemes have already tested the market and are consistently under-represented across the region
- CUES practice remuneration is £51 for a service that typically takes 45 minutes to complete on opera. There are no fail to attend reporting obligations, to ensure uptake we recommend an uplift of this amount for pvs and future schemes to min REDACTED per hour including time taken for reporting - to be discussed.
- This for example would place CUES
- at REDACTED for a 45 minute journey including reporting.
- For pvs visits one and three there is a sight test fee that may reasonably be offset within the totals remunerated. There is little likelihood of a dispense for visits two and three.
- Our fee recommendations (ex-pes fees) are:
- Visit 1 Inc. NHS test; REDACTED minutes; REDACTED
- Visit 2 no NHS test: REDACTED = REDACTED
- This recommendation reflects
- Current appetite for EOS participation

<ul style="list-style-type: none"> ▪ Scheme training requirements ▪ Reporting and access requirements ▪ Limited dispense outcomes from each stage of pvs. Higher practice overheads found in Norfolk and Waveney. ▪ It is worth noting that, if fail to attend and clinical reporting time could be reduced, condensed or removed then the above proposed fees could be revised downwards. <p>Service Specification: The draft is straight forward requiring reporting at every stage and includes fail-safe reporting for patient non-attendance.</p> <p><i>Ian Sinha</i> went on to explain the contents of the table above including how the timings were calculated. The second visit can be undertaken by a DO but not easy since LogMAR v/a is required.</p> <p>The costings are based on an hourly rate of REDACTED which results in fees higher than CUES and other services. The committee agreed with the timings but suggested the fee rate needs to be raised as a starting position for negotiations. It was noted that current hospital tariff for a first visit is approx. £140 and for a second visit about £80 which are considerable higher than the fees being suggested. The quoted figures do not include the £14 PES fee, charged for the first visit, which is payable by NNUH not the practice. <i>Julien Nelson</i> commented that children are more likely to be DNA and a fee for DNA should be included in negotiations. <i>Hannah Castley</i> commented; these children are often un-cooperative when seen at QEH as they and may have learning difficulties requiring additional time to examine and so the suggested timings should not be reduced as they are the minimum required. The total number of patients referred from screening is about 387 per annum, a proportion of which will be retained in HES, resulting in the number seen in the community being fairly low. <i>Ed Adkins</i> REDACTED to be used as the negotiating start point with the original figures being the minimum acceptable. The 7hrs training and equipment purchases by practitioners are included in the fees agreed. It was agreed the contract should be for a minimum of one year with annual fee review. <i>Ian Sinha</i> and <i>Ed Adkins</i> to check service specification details drafted by <i>Dan Rosser</i>. The sub-committee was given authority to progress negotiations with NNUH.</p>	
<p>8) LOCSU post AGM notification –</p> <p>a) The appointment letter template issued by LOCSU was causing concern over its complexity and the conditions placed on the LOC officers being asked to sign on their appointment. A discussion evolved in which it was stated that it has not been used in the past history of NWLOC and it is not compulsory to use and sign an appointment letter. It was pointed out that a letter of this nature provided some protection for the LOC against the possibility of the future mis-use of LOC funds by the LOC officers; something that has occurred in other LOCs. The letter is complex in its wording, detailing the responsibilities and duties of an LOC officer and in that provides a useful guide for job descriptions. It was suggested that the legal language used has specific unambiguous meanings which may not be immediately obvious to the untrained and therefore it may be useful to ask a lawyer for a simplified explanation. It was agreed that the document will be re-circulated to committee members to be read and discussed for the next meeting. It is possible to create a more succinct document.</p> <p>b) Update letterhead, mailing lists, and website – committee and officer changes to be completed</p> <p>c) Inform NHS, LOCSU & membership of personnel changes</p> <p>d) Provide updated details to payroll providers: Hannah Castley added already.</p> <p>e) Invite neighbouring LOCs, ICB, LOCSU OLS to meet new officers</p> <p>f) Plan activities for the year ahead: ongoing</p> <p>g) Build on attendee engagement at AGM – email thanking member for attending AGM and invite future engagement – too late for this year action in 2024. Elizabeth Bunn will add a note to the email when she sends out CPD certificates to AGM attendees</p> <p>h) Continue LOCSU Needs Analysis - ongoing</p>	<p><i>Peter Hutchinson</i></p> <p><i>Peter Hutchinson</i> <i>Ed Adkins</i></p> <p><i>Deborah Daplyn</i></p> <p><i>Elizabeth Bunn</i></p>
<p>9) Training & CPD - <i>Elizabeth Bunn</i> said</p> <p>a) WOPEC Codes: have been delayed due to personnel changes at LOCSU.</p> <p>b) New Medica want to give a CPD presentation to be confirmed</p>	

<p>c) 2023-24 training programme: to start in September 2023</p> <p>i) The Dereham Football Club venue worked well for AGM and should be used for face to face events this year as it was cost effective and a central location with good facilities.</p> <p>ii) Arrange a CPD day with Stuart Wellings at Dereham</p> <p>iii) Tim Burton talk – has been emailed but not replied to be followed up</p> <p>iv) LOCSU working with OCCS & GOC about complaints to provide online CPD event.</p>		Elizabeth Bunn
<p>10) LOCSU Report & update – Fionnuala Kidd was not present but submitted the following update</p>		
CENTRAL TEAM / CONTACT CHANGES	<p>Nizz Sabir is leaving to spend more time with family.</p> <p>The new member: Andy Byrne has been involved in eyecare transformation and has considerable healthcare operational experience. Enny Aghadiuno has joined LOCSU on a PT/temp basis as project administrator and coordinator.</p> <p>There are some changes in how you communicate with us.</p> <ul style="list-style-type: none"> • Urgent enquiries or financial, payroll and invoice/payment queries: Janice Foster jfoster@locsus.co.uk • Clinical and pathway queries: Zoe Richmond zoerichmond@locsus.co.uk • QiO and PCSE queries: Richard Knight richardknight@locsus.co.uk • WOPEC codes - LOC • Individual practitioner and contract enquiries – your appropriate representative body (ABDO, AOP or FODO) or LOC • all other queries: info@locsus.co.uk or OL 	
OFNC STATEMENT: NEW RULES PROPOSED FOR GOS CONTRACTORS IN ENGLAND	<p>NHS E has submitted proposals to the Department of Health and Social Care (DHSC) altering GOS regulations for contractors and their services. The amendments are set to come into force between November 2023 and January 2024.</p> <ul style="list-style-type: none"> - A reduction (from 6 to 3 months) to submit GOS 1, 5 and 6 forms - Electronic payment claims for all contractors by January 2024 - Extend period in which a GOS contract is terminated from 7 to 28 days if death of contractor allowing more time for arrangements to be made. - No requirement to declare gender in order to hold a GOS contract <p>The OFNC has stressed the importance of having continuity guidance to help manage any system outages that affect the claims.</p>	
CPD GRANT WINDOW	The 2022-23 CET claims window - Monday 3rd July to Thursday 2nd November. - submit claims as early as possible.	
LOCSU CPD PROVIDER STATUS APPROVED	LOCSU has achieved full provider status with GOC. In response to LOC feedback, we will continue offering CPD opportunities throughout the year and at the NOC. We are committed and look forward to providing high-quality and up-to-date training and education for LOCs to use.	
FREE ACCESS TO HLOP LEADERSHIP TRAINING	<p>LOCSU can support eye care professionals by providing FREE access to HLOP Leadership training and to undertake the Level 2 UHI to become a 'Health Champion.' Health Champions are at the heart of offering advice to patients in adopting healthier lifestyles.</p> <p>For more details email simonemason@locsus.co.uk providing your name, LOC and your role within the LOC (please copy in your Chair to the email for transparency).</p>	

NEW NATIONAL FORUM	Thank you for nominating reps from our regional forum for this exciting opportunity. 1 st meeting was held 29 th June and we look forward to hearing how things progress at our next regional forum.
LOCSU PAYROLL	If your LOC receives a letter regarding pension registration from the Pension Regulator, then contact mochaudhry@locumkit.com at LocumKit directly who will file the appropriate exemption paperwork on your LOCs' behalf.
NEW PODCAST	New Podcast released covering tips on Succession Planning for LOCs: https://thelocsupodcast.buzzsprout.com/ LOCSU's Digital Learning Support Officer Simone Mason chats to Lyndon Taylor and to Fionnuala Kidd optometrist and member of Cheshire LOC. This podcast forms part of a larger toolkit LOCSU is developing to support LOCs in attracting new Committee members and succession planning to key roles to ensure continuity and resilience.
NAO REPORT ON ACCESS TO UNPLANNED OR URGENT CARE	The National Audit Office (NAO) recently published report shows increasing demand on secondary urgent care. The findings include: <ul style="list-style-type: none"> • England has a significantly ageing population with more patient complex health conditions and co-morbidities. • 8.5 million NHS hospital patients for patients 65 years & over in 2021-22, compared with 7.0 million in 2012-13. E • In 2019, 52.8% of all adults in England had more than one long-term health condition, compared with 30.8% in 2004. • There were 336.0 million appointments in general practices in 2022-23 compared with 285.3 million in 2018-19, and monthly appointments recently reached record levels with 32.0 million provided in October 2022 compared with 27.1 million in October 2018. • Patients' access to services for unplanned/urgent care has worsened. LOCSU is working with LOCs across the country in making the case to commissioners for CUES and other services that can utilise the existing primary eyecare resource and help to relieve some of the burden on secondary care and general practice.
ASSOCIATION OF MEDICAL ROYAL COLLEGES: EBI GUIDANCE	LOCSU advocates role of primary eye care in referral refinement services to help reduce the burden on GPs/HES. We therefore welcome newly published evidence-based recommendations from the Association of Medical Royal Colleges on a range of specialisms including cataracts, glaucoma and diabetic retinopathy These recommendations: <ul style="list-style-type: none"> • Diabetic retinopathy: recommends pathway for diabetic patients to be seen by HES is updated across England to include locally commissioned OCT assessments to supplement DES. • Cataract referrals: referrals should not be accepted without documented shared decision-making process performed by referring Optometrist/Px/carers etc. • Glaucoma: Calls for consistency across England to include additional clinical assessments and repeat measurements performed by optometrists, as recommended by NICE NG81. Helpfully recognising the need for commissioning, the recommendation states 'these services are outside of the sight test and need to be locally commissioned.'

AGMS/NEW LOCSU STRATEGY	<p>Thank you for including us at your AGMs. We have been sharing with you a little more about our new strategy - very LOC centred following your feedback:</p> <p>https://locsu.co.uk/wp-content/uploads/2023/05/LOCSU-Strategy-Summary-2023.pdf</p> <p>An ambitious business and communications strategy has also been published on our website.</p>	
COLLEGE OF OPTOMS - CLIP PLACEMENTS	<p>College of Optometrists is partnering with 12 universities to deliver Clinical Learning in Practice placements as part of the new route to qualification in optometry.</p> <p>The College is hosting a webinar dedicated to CLiP hosted on Wednesday 12 July at 7pm. To register your place: https://www.college-optometrists.org/professionaldevelopment/events/webinars/preparing-for-etr</p>	
NOC 2023	Reminder for diaries - NOC will be 13-14th November at Wyboston Lakes Resort, Bedfordshire. More details will be shared in the coming weeks.	
PCSE ISSUES & APOLOGY	NHS E sent all GOS contractors an apology for the recent PCSE problems. To address challenges associated with completing the patient signature box when processing backlog claims, a short code of 523 (short for May 2023) can be added to the patient signatory box in lieu of an actual signature. This must only be used for claims affected by the system outages where the patient was unable to sign the eligibility declaration. Further details of additional payment runs etc. are in LOCSU website.	
RESEARCH	<p>LOCSU website has a dedicated section (find under LOC tab) for sharing research which your members may want to contribute to.</p> <p>Find it as follows: https://www.locsu.co.uk/locs/research/</p>	
11) Web Manager Report: <i>Peter Hutchinson</i> referred to the previously circulated report: <ul style="list-style-type: none"> a) Total Website Registered Members: 190 (+31 registered but NOT activated) 406 User Visits of which 119 were account log-on Pages visited 1619: File Downloads: 235 b) Two new accounts opened and one previously applied for but not activated has been activated - details sent to Ed Adkins. c) Kate Fenn has been removed from the website Committee member's page. Hannah Castley due to be added (photo required) with updates to Officer details. d) The site is running smoothly with no major issues reported in this period. e) No notifications of retirements, deaths or practitioners leaving the area. f) Problems creating for over a week for an account for a previously registered member because that email address has been used before. No response from LOCSU when asked for help. 		
12) Practice Address update: <ul style="list-style-type: none"> a) Abbot & Murdoch, not updated on Ed Adkins list to Murdoch Opticians Aylsham b) Efforts to be made to unify the practice list. 		<i>Niall O'Brien</i> <i>Ed Adkins</i>
13) Correspondence: all previously circulated		
14) A.O.B.		<i>Peter</i>

a) <i>Julien Nelson</i> reported that ABDO has been hacked and all DO personal details are compromised. The content of the email to be uploaded to the NWLOC website.	<i>Hutchinson</i>
15) Committee Meeting Dates 2023: Zoom meetings will continue to be held on the second Wednesday of alternate months: 11 January: 8 March: 10 May: AGM 7 June June; 12 July: 13 September; 8 November	
16) Meeting closed 21:55 hrs	