

NORFOLK & WAVENEY LOCAL OPTICAL COMMITTEE

MEETING MINUTES 15 NOVEMBER 2023

A meeting of the Norfolk & Waveney Local Optical Committee held on-line via Zoom was called to order by Michelle Horn (Joint-Chair) at 19:33 on 15th November 2023

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

APOLOGIES FOR ABESENCE: None

OBSERVERS: Fionnuala Kidd – LOCSU Eastern Area Optical Lead; Wasim Sarwar – PES Representative,

COMMITTEE MEETING MINUTES

NEW DECLARATIONS OF INTEREST: None

Contents	Action
<p>1) PES Report –</p> <p>a) Post-op cataract referrals: QEH Kings Lynn renewed interest in joining this scheme which is hoped to go live 1st December 2023 – a date that may change. JPH Gorleston, also want to join but need to integrate Medisoft software first. Aim to start in early 2024</p> <p>b) CUES Update – <i>Deborah Daplyn</i> met with PES to identify which practices might join CUES. <i>Wasim Sarwar</i> has approached Boots and Scrivens; a new Boots practice in Castle Street, Norwich has asked for CUES details but Scrivens are not willing to join. Norfolk Vision Express practices will be one of the first groups to come on board when head office completes the arrangements</p> <p>c) OCT in CUES – <i>Ed Adkins</i> commented that OCT will only be remunerated in cases where sudden loss of vision is the primary symptom. <i>Wasim Sarwar</i> explained OCT cannot be claimed for in cases of flashes & floaters with no loss of vision. <i>Ed Adkins</i> questioned what happens if a patient is unaware of vision loss but on examination a fall IN V/A is detected and an OCT examination is required to complete the examination procedure. <i>Wasim Sarwar</i> said he will put the question to the PES senior management team and get back with an answer. This question may be usefully forwarded to the discussions on creating a National Specification for CUES which are due to start in 2024. <i>Ian Sinha</i> asked if PES still intended to set up local CUES examination hubs in Norfolk to which <i>Wasim Sarwar</i> replied this, was a suggested solution to improve CUES availability in the area but the first option is to get more local practices on board. Only if this proved impossible the LOC will be consulted about instigating the local hub plan.</p> <p>d) <i>Niall O'Brien</i> said a patient he referred to the Hub reported when they phoned they were told they were number 47 in the queue. <i>Wasim Sarwar</i> replied that a queueing system had been installed recently but can lead to long waits at busy times such as between 9:00 and 10:00 a.m. <i>Roger Lee</i> said there is also a call-back service which patients appreciate. <i>Wasim Sarwar</i> will get a call analysis from the Hub to identify the peak times. <i>Deborah Daplyn</i> suggested telling patients to delay calling to avoid peak time delays would be helpful too. Also doctor's reception staff need to be made aware of the peak time issues as well.</p>	<i>Wasim Sarwar</i>
<p>2) Minutes from Committee Meeting 13th September 2023 - were approved and adopted.</p>	

<p>3) Action Log: a number of items were marked as closed and new subjects added – see attached Action Log</p>	
<p>4) Matters Arising:</p> <p>a) WOPEC Codes: <i>Ed Adkins</i> asked <i>Elizabeth Bunn</i> said she receives them and distributes them as requests come in. she asked <i>Fionnuala Kidd</i> if it is possible to get a bulk supply of codes to which she was advised to email info@LOCSU.co.uk and explain the reason for the bulk request e.g. LOC making a push on a particular aspect of service training.</p> <p>b) Funding Training events: <i>Fionnuala Kidd</i> advised sending out a request for expressions of interest in training for specific skills is a useful exercise as the results can be used as the evidence base to present to ICB for funding. The most popular subject being requested at present is foreign body workshop which can attract greater attendances by running it in different locations around the area.</p> <p>c) NNUH eyecas email address: <i>Ali Ganiwalla</i> asked <i>Dan Rosser</i> if the nntreycas. Email address is still in use as he has received a message advising to use eyesecs @nnuh... when trying to use it? <i>Dan Rosser</i> said he is unaware of the problem and will investigate Deborah Daplyn said she understood the eyecas email address was being withdrawn as only telephone referrals to eye casualty are acceptable but commented that long delays in answering the phone are commonplace and time consuming for the optometrist. An eye casualty email address is essential to send patient related documents after the patient has urgently departed to attend the hospital clinic.</p>	<p><i>Dan Rosser</i></p>
<p>5) Paediatric Service Update: <i>Fionnuala Kidd</i> apologised for not being up to speed with the detail of the discussions due her commitments to NOC. She said the main area of discussion is around the practicalities of delivering the service such as the use of LogMar vs Snellen charts. A discussion about the use of a telephone call in place of a face to face visit for the second scheduled examination which may lead to the patient being seen in practice if having problems with the prescribed spectacles. She went on to say another meeting will be arranged with PES to agree what is deliverable in order that the scheme is attractive to gain commitments from a significant number of practices. PES, LOCSU and NWLOC need to finalise the details with NNUH at the next meeting before agreeing a fee structure that provides sufficient remuneration to the practices.</p>	
<p>6) NOC REPORTS:</p> <p>a) <i>Deborah Daplyn</i> a video message to the conference from Minister of Health gave an upbeat speech that included support for the National Contract for the amalgamated service of MECS/CUES. This was followed by an address from a senior civil servant in Ministry of Health who advocated all referrals to be electronic and direct to a common standard using a common digital access point; also he said all optometrists should have access to basic patient health information (via the NHS Spine?). The conference then split into different groups, <i>Deborah Daplyn</i> followed the “Digital Stream” to understand progress towards ERS or EERS for direct referrals which was supposed to have been put in place by all ICBs by September 2023. A national ERS/EERS programme is being developed which N&W ICB is interested in. A workshop on “Ocularnomics” i.e. diagnosing other conditions from ocular imaging and how AI may be used in this. A change in licencing is expected to allow companies to promote AI solutions in this field.</p> <p>b) <i>Julien Nelson</i> followed “Work Stream 3” – three workshops focussing on “Being a better you” which each covered very similar ground. He advised at future NOCs choosing one workshop from differing streams may be a better way for NWLOC representatives. The topic covered communication with patients and how body language, demeanour etc. can affect understanding and retention of the information being passed to the patient.</p> <p>c) <i>Ed Adkins</i> followed the NHS work stream. The first workshop discussed communication and cooperation between LMC, LDC, LPC, LOC and commissioners in an attempt to remove the concept of competition between the local professionals and look at the benefits of working more closely with each other. <i>Ed Adkins</i> will research the possible routes to gain contact with the other professional committees in Norfolk & Waveney.</p> <p>d) <i>Charlotte Berryman</i> attended “The Visionary pathway to success”. Four LOCs presented</p>	<p><i>Ed Adkins</i></p>

<p>case studies of where they had had success at the first workshop but the areas represented are so different from Norfolk & Waveney it is difficult to see the relevance of the information for NWLOC. The Isle of Wight LOC presented on how they had succeeded recruiting practices for CUES by running refresher courses and encouraging those that had dropped the service to re-engage. Cheshire LOC are screening for cardiovascular disease with equipment supplied by ICB and funding of £100 - £200. The next workshop discussed how to better present cases to NHS commissioners by commenting on environmental impact and the priorities for the commissioners. Gloucestershire LOC spoke about successes they had achieved with commissioning services in a rural area. The final workshop discussed inequalities, social deprivation and how they are linked to access to Glaucoma, MECS and other services.</p> <p>e) Michelle Horn followed work stream 2. The first workshop covered Equality, Diversity and Inclusion in LOC committees and quoted survey results on the ethnic, sexual, etc. composition of committees and where there are deficiencies, she suggested an EDI training session for NWLOC committee members may be usefully considered for the future. A workshop on how LOCs can be more sustainable by appointing someone to champion sustainability by looking at opportunities for the committee to reduce its environmental impact. The next meeting covered how to communicate with an ICB and included experiences from individual LOC on their communication, or lack of it, with their ICB.</p> <p>f) Deborah Daplyn explained that on day two the LOCs were grouped into their geographical areas to discuss series of questions supplied by LOCSU with the results fed back to the whole conference in the afternoon. This was followed by a keynote speech from a GP who advised when trying to present cases to commissioners the more data and feedback the better and having articles published in professional journals is a great benefit.</p> <p>g) Fionnuala Kidd said general feedback to LOCSU was that the NOC had been a success.</p> <p>i) ERS vs EERS – a question had been asked about their differences. ERS is the method used by GPS to converse with hospitals. EERS is the solution developed for optometry practices to communicate with hospitals for direct referrals. OPERA can be set up to feed directly into EERS however it is not long term funded. There are still issues around transferring some image files, NHS.net addresses, EGRESS etc. and different LOCs are trying different solutions.</p> <p>h) Deborah Daplyn suggested each of the representatives to NOC should bring back to the committee a single “Take home point” from the sessions they attended to be considered in greater detail at a future meeting.</p>	<p><i>Deborah Daplyn Julien Nelson Ed Adkins Charlotte Berryman – via WhatsApp Group</i></p>
<p>7) ICB Training Needs Analysis: Deborah Daplyn & Michelle Horn met Jordan from ICB to discuss the results of the survey which had a very poor response (17 replies) but they have yet to be published. ICB considers optometry as part of Primary Care and is keen to promote training and recruitment to enhance the sector.</p>	
<p>8) Website list of Optometrist Specialties & Skills: Ongoing</p>	
<p>9) Financial report: Linda Vernon-Wood said she had earlier sent out copies of the Current Account balance £58,866.88 and a new Profit & Loss report provided by the bank. The need for PAYE accounting has complicated NWLOC bookkeeping necessitating the use of Free Agent software.</p> <p>a) Contingency Fund now interest rates are rising it is suggested that a business savings account is opened to retain this money and allow it to grow over time. It was agreed to set up possibly two savings accounts, one instant access and a second 95 day notice account. The amounts to be invested in each account to be agreed.</p> <p>b) Claims for NOC expenses to be submitted separately for payment in December. All committee meeting fees paid automatically.</p>	<p><i>Linda Vernon-Wood</i></p>
<p>10) Training & CPD - Elizabeth Bunn said a programme for the coming months is as presented at the last meeting. The LOCSU talk will probably not go ahead and could be replaced by a Peer Review meeting if anyone is willing to act as the meeting lead. Linda</p>	

<p>Vernon-Wood suggested using a presentation by the Central Fund (3 interactive CPD points) instead. New Medica want to present an event in person at the New Medica premises which could be arranged for April. Miss Kimia Ziahosseini has offered to make a presentation on ocular palsies as a follow-up from last year's AGM lecture. Julien Nelson suggested an AGM lecture on OCT interpretation - Dan Rosser has contact with a Heidelberg representative who lectures to ophthalmologists on the subject.</p>	<p>Elizabeth Bunn</p> <p>Julien Nelson & Dan Rosser</p>
<p>11) LOCSU Report & update – Fionnuala Kidd</p> <p>a) An NHS webinar to discuss the Central Contract the details of which have been shared via WhatsApp.</p> <p>b) Central Contract for CUES & MECS – LOCSU asked for feedback from LOCs on past experiences, positive and negative, with these services to help facilitate discussions with NHS. The negotiations are to create a national specification for an urgent eyecare service based on CUES and MECS that standardises the variety of service specifications that are used currently. It was decided all committee members are to consider this and report their findings to Deborah Daplyn via WhatsApp and she will sent the amalgamated comments to Fionnuala Kidd LOCSU by the deadline on Monday 20th November.</p>	<p>Deborah Daplyn</p>
<p>12) Web Manager Report: Peter Hutchinson referred to the previously circulated report:</p> <p>a) Total Website Registered Members: 198 (+30 registered but NOT activated) One practitioner moved away. 520 User Visits of which 182 were account log-on Pages visited 4333: File Downloads: 308</p> <p>b) Four new accounts opened - details sent to Ed Adkins.</p> <p>c) Consider rewording NWLOC mission statement on the website home page from:</p> <p><i>Norfolk & Waveney LOC is a statutory organisation representing Performers and Contractors providing General Ophthalmic Services within the Norfolk & Waveney Clinical Commissioning Groups (CCGs) area. The principal role of the LOC is to promote optometry within the local health economy for the benefit of the NHS and patients and to provide information and assistance to local contractors and performers by:</i></p> <ul style="list-style-type: none"> • <i>Liaising with local NHS Commissioners and other organisations.</i> • <i>Collating General Optical correspondence on mandatory procedures, best practice and benchmarking.</i> • <i>Disseminating information to the profession.</i> • <i>Developing the role of optometry in the community.</i> • <i>Developing partnerships with neighbouring LOCs.</i> <p>To read:</p> <p><i>Norfolk & Waveney LOC is a statutory organisation representing Performers and Contractors providing General Ophthalmic Services within the Norfolk & Waveney Integrated Care Board (ICB) area. The principal role of the LOC is to promote optometry within the local health economy for the benefit of the NHS and patients and to provide information and assistance to local contractors and performers by:</i></p> <ul style="list-style-type: none"> • <i>Liaising with local NHS Commissioners and other organisations.</i> • <i>Collating General Optical correspondence on mandatory procedures, best practice and benchmarking.</i> 	

<ul style="list-style-type: none"> • Disseminating information to the profession. • Developing the role of optometry in the community. • Developing partnerships with neighbouring LOCs. • Providing professional development and training opportunities for members of the profession. <hr/> <p style="text-align: center;"><i>OPTOMETRISTS AND DISPENSING OPTICIANS NEW TO NORFOLK & WAVENEY</i></p> <hr/> <p style="text-align: center;">ARE INVITED TO CREATE AN ACCOUNT - CLICK HERE –</p> <hr/> <p>Making these changes will release space for a “Next Meeting” block in place of the present “Create an Account” block on the top right of the home page. Note: a limit of two blocks per page imposed by LOCSU The suggested changes were agreed – <i>Peter Hutchinson</i> to update website.</p>	<i>Peter Hutchinson</i>
13) Practice Address update: Lords Optician, Castle Meadow, Norwich due to close in December 2023.	
14) Correspondence: all previously circulated	
15) A.O.B. a) <i>Deborah Daplyn</i> has been asked if there are any pathways to escalate examinations for patients who have experienced delays/ cancellations to HES appointments and are now aware of a vision loss? <i>Dan Rosser</i> advised at NNUH the normal referral urgent pathway should be used following examination by optometrist. <i>Hannah Castley</i> confirmed same procedure used at QEH and JPH uses a similar approach.	
16) Committee Meeting Dates 2023: Zoom meetings will continue to be held on the second Wednesday of alternate months: 10 January: 13 March: 8 May: AGM TBA June; 9 July: 11 September; 6 November	
17) Meeting closed 21:52 hrs	