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MINUTES of the LOC COMMITTEE MEETING

Held on 31st January 2018

At Pontlands Park Hotel, Gt Baddow, Chelmsford CM2 8HR

**Attendees**

Emma Spofforth (ES) Secretary Chris Rushen (CR) Vice Chair Maggie Glover (MG) Vyomesh Gadhia (VG) Kate Clarke (KC) Sara Porter (SP)

Sheila Purser (SAP) Steven Hui (StH) Bhupinder Battu (BB)

Tracey Kinns (TK) Mark Carhart (MC) Reshma Patel (RP)

Observer: Roger Davies

**In attendance**

Katie Kingcott (KK) Minutes

**18/01 Welcome and apologies**

Welcome to Roger Davies as an observer.

CR acting as Chair this evening as SH unable to attend.

Apologies from Stuart Humfrey, Nick Hagan, Sheila Purser, Katherine Clarke and Kevin Lewis.

Introductions from everyone.

**18/02 Conflict of interest statement**

D2 has joined Broomfield Hospital working in their clinics.

**18/03 Minutes of last meeting**

No amendments. CR signed.

**18/04 Matters arising**

Action no 5: Hospital to audit scheme in the future. Status ongoing.

Action 18. ES suggests closed due to Jo no longer part of LEHN”

Action 19. Remain ongoing

Action 50. Remain ongoing

Action no 60: ES has discussions with Mid/South STP. ES suggests rollout fee’s to be paid for MECS services by CCG’s, and suggested fees for MECs for the practice’s to match the service in NE Essex. Fees quoted between £4000-£8000 cost for a GRR roll out and the Post Op roll out. Also ES has asked for training fee for MECs OSCE assessment ~£130 per Optom. KR proposed. MC seconded. All agreed.

Action no 61: Clarify with SH the email he had with the GOC.

Action 63: KK to look into what Bruce Evans can offer for CET.

Action 68: SHE have reported there are problems getting agreement from patients to send details to optoms. Won’t be ongoing for us. Close action. May be reopened later.

Action 71: Remove action.

Action 73: Remove action.

Action 74: D2 completed referral pathways guidance and put onto PDF. Uploaded to LOC website. Close action.

Action 75: Action ongoing.

Action 76: Action closed.

Action 77: Remove action.

Action 78: LEHN meeting 02.01. SP attending and will forward on report to the committee. Action ongoing.

Action 79: ES to liase with D2 regarding this.

Action 80: Keep action open.

Action 81: Action closed.

Action 82: Error of information from Trust. There was an issue accessing the referrals only. Now sorted. Action closed.

Action 83: Contact made with West CCG again. Action closed.

Action 84: Action closed. Remove.

Action 85: ES sent NOC reports to committee. No questions. Action closed

Action 86: Action removed.

**18/05 LOC Chairman’s Report**

CR standing in as chair for meeting as SH absent. Talk about Carrilion going bust – margins too small. Concern this may well be the same situation for Capita who administer GOS.

CET payments – has everyone been paid? Contact LOCSU if still waiting. Similar advice sent out across Essex via our database.

Thanks to committee, officers and PEE. All hard work MG is putting in with enhanced services.

**18/06 LOC Secretary's report­­­**

Still looking for suggestions for CET. If anyone has any, please email KK.

Suggested new format for AGM – one presentation, AGM, then short half hour presentation from sponsor? Poster quiz for AGM – have a back-up one should speaker not turn up.

Trying to cover competencies for future CET. Possibility of joining in with local Hospitals for future presentations. Happy to advertise private hospitals. Look at more local CET – hospitals etc.

Possible peer review session muted also. ES to look into demand.

NE event MG ran had pharmacists attending too. Been asked if we can attend their events in West/North and Mid. ES with a view we do go. Can speak about what optoms can do, MECS service etc. Cost implication. CR suggests give it a go see if it works. D2 been to one and thought very good having GP’s and pharmacists there. CR happy to give a talk. 3 dates – MG and CR to liaise regarding this.

Referral guidance to go out and be included in newsletter. Constantly being tweaked with more interaction with CCGs/Trusts.

Feedback on the newsletter most welcome. Any news let KK/ES know. KK to send newsletter information to D2 to link on website

**18/07 LOC Treasurer's Report**

We are in a healthy position. Thoughts on adjusting levy for the AGM - planning to keep the same this year.

We are breaking even. Paid quite a lot to LOCSU and central fund, which we have no control over. £131,647 income. £49,000 income to officers. PEE £26000. £50000 reserve. All running to budget.

KR to analyse monthly figures over last five years.

**18/08 PEE report**

Episodes from enhanced schemes to date 9305. MECS in NE Essex putting most patients through. New Paediatrics service, seen 6 patients in first months.

Post Op Cataract Service now live. Patients just going into service.

Clinical governance performance lead has to report on the schemes. Collating all data is time consuming.

NG81 created few issues with regards to Webstar across whole country. Work in progress.

Webstar moving over to much more comprehensive interface called Healhi proposed to be done in Oct 2018. Probably won’t be rolled out for this date. Looks easier to use from practitioner point of few. Extracting data and seeing if people are performing correctly in the scheme. ES has been offered to go with Richard upto Webstars head office to discuss ins and outs of Healthi going forward. MG offered to go with ES.

MG and Rupesh working towards scheme in North Essex. School screening service not referring patients into this scheme. Hospitals don’t want them too. MG sent spec for scheme in South Essex to some practitioners in North.

Mid Essex – MG and MC went to review meeting. Noted that contract for scheme ends on 31st March. GRR plus wanted like in South Essex. Need to do contract variation for NG81 as pathway has changed. Talked about whether scheme should be extended. ES suggested contract should be sent out for another year. ES to flag this to Jane and Emily as part of the STP. MG to check notice on contract.

Directors meeting few weeks ago – discussed various issues. Improving accounts for coming year. Discussed perceived issues regarding Webstar – only get 5 days support instead of the 6. MECS contract says Monday to Saturday. Only 9-5 Monday to Friday. ES to email Richard regarding this.

Need to organise Glaucoma based peer revew for Mid and South. KK to help arrange this. Compulsory for glaucoma services in mid and south.

Thanks to MG, SAP and ES for all their hard word. MG puts amazing amount of work in.

**18/09 CCG area updates:**

**In addition to earlier reports circulated**

**NE** Update from Sarah Esson. The STP that NE Essex falls into also includes Ipswich and West Suffolk CCG’s. Suffolk CCGs have put community services out for procurement. Service spec mirror of PAS system used by Evolutio. Discussion as to whether this will be challenged by LOCSU to CCG’s as it limits participation.

Discussions over community glaucoma service have gone quiet. Pilot possible.

Paediatric service spec in early discussions. KK to chase SAP up regarding CR talk.

**South** Need glaucoma peer review. Waiting for SAP to come back to discuss dates. Wednesday in either April or May as this is when Simon Ruben can do.

Ongoing issue with getting more optoms accredited for the service. ES trying to get 4 people accredited. Suggested we get Simon Ruben in to get accredit Optoms in evening clinics in a practice already providing the service. Need to come up with a figure to pay Simon Ruben to supervise practitioners. We will be able to get some Optoms accredited through Broomfield when they commission a CGS. Funds for Simon Ruben to come from practitioners. Schedule for accreditation – average of 3 training sessions - must be able to assess an optic nerve head. ES suggest £500 per night. Need to decide if LOC contribute towards this. Discussion within committee. Agreed unanimously that LOC should not subsidise the training. Agreed unanimously that practices should be asked to pay to have their Optometrists accredited.

To help clear some backlog, Southend would like to recruit up to 10 optometrists in the eye department. KK to send out information.

**Mid** Broomfield interested in following Community Glaucoma Service in the South. ES waiting for meeting date for further discussions. Mr Wishart has handed his notice in at Broomfield, leaving Broomfield with no Glaucoma consultants.

**West** StH attends health and wellbeing meetings. Next meeting on 21st April. Do we want a stall at the launch of Essex live well to promote health and wellbeing strategy on 28th March – healthcare practitioners attend. VG has expressed interest in attending. St Johns ambulance, live well Essex, virgin care attend. StH to find out how eyes are represented on the website.

ES and SH had meeting with Kosar from the CCG. Positive meeting. Going forward looking at what they can do regarding community ophthalmologist services. She is starting commissioning from scratch. Getting back to ES by end of week on how they want to work with us. There are concerns over procurement issues.

**Mid/South STP** – Broomfield, Basildon and Southend agreed to become one trust. Basildon used to have ophthalmology department. Current clinics at Broomfield and Southend. Commissioning all hospital services will be altered within STP region.

In order to have a community ophthalmology service in south and mid, ophthalmologists have agreed to work with LOC to get services in place. ES had meeting earlier today to work towards getting service sub contracted into the community. Looks like might have to alter slightly how we work in the region. (PEE officers then left the room – MG and MC. If we are challenged at any stage by using PEE, then the Officers can not be involved is service discussions and pathway modelling which is still underway.) Ophthalmologists want to triage – bounce out into MECS or MECS plus service. MECS optometrist in that region need to be commissioned. MECS plus need optometrists that have some level of training at the hospital.

At some point we will all have to use electronic referrals. Everyone to go paperless. Going forward need business model to be able to cater for all of that. Not to be discussed outside of LOC. The wish is for this to be up and running by June 2018. MG and MC back in the meeting.

**18/10 LEHN update**

Communications between SH and Lyn Price last Nov/Dec. Not acted upon due to personal circumstances. LEHN meeting tomorrow. SP and NH to attend. Important to have two members from LOC who have different skill sets. Alignment of STP plans on LEHN agenda. LOC massively involved with STP in Mid and South.

**18/11 SPEC**

SuperPEC – thoughts from service running and commissioning point of view is having one big primary eyecare company representing an area is better. Got to happen from commissioning point of view.

How has PEE allocated funds to others in the region. Looks like we have more running costs. Having to re-look at allocation of funds in PEE. MG and KR in the process of dealing with this.

LOCSU can’t confirm governance issues for the SuperPEC going forward yet. KR at flagged this at NOC when they discussed SuperPEC. Savings on costs of making contracts will help it to pay for itself. Board of directors for SuperPEC – we would provide one representative for this.

BB: Two years ago Havering LOC combined with 7 other LOC’s to form NELF. Waltham Forest LOC carried on with MECS. Thoughts were that being a bigger LOC it would roll out to everyone – still not happened.

**18/12 AOB – topics for CET**

Would like to do OCT based CET. Possibly Aman Chandra – BMI Ophthalmologist OCT.

New consultant at Broomfield.

D2 to do mailchimp to practitioners to ask for idea’s/competencies

First committee meeting after AGM – will be officer elections. Everyone on committee can stand for officer.

Need more people involved with LOC work.

SH currently not working. Need a fourth person as a standby if needed whilst SH away. At other Officers request, SAP will stand in.

**18/13 Date of next meeting**

16th May at Pontlands Park.

Meeting ended 9.35pm