

Directors Meeting Minutes

Date: 29th June 2017; 3.00pm

Location: Holiday Inn J7 M6

1. Attendees

Charles Barlow (Dudley), Peter Rockett (Wolverhampton), Peter Bainbridge (Sandwell), Ian Hadfield (Birmingham), Dave Stevens (Walsall), Dan Sanders (Solihull).

2. Apologies

No apologies.

3. Conflicts of interest & MOU

These are all up to date

4. Minutes of the last meeting

Circulated by CB & In Dropbox. No questions on the minutes.

5. Matters Arising

1. CB to get confirmation from LOCSU regarding Directors Remuneration (done - see appendix1).
2. CB to look at LOCSU guidance for GOS with MECS – in company policies section of DropBox and all to agree and circulate 7.1.
3. All to ensure above guidance to be discussed at all future MECS events 7.2. APR confirms that at Wolverhampton training they are insisting that practices make the choice of sight test or MECS.
4. Discuss with Webstar potential for referrals to be sent by email – at the clinical governance and performance leads meeting Webstar confirmed that this is achievable.
5. PB to set up (and lead) a joint Sandwell & Bham LOCs CET group to provide smaller localized training sessions. (9.3 & 10.7) – PB he has done and will be discussed in the agenda
6. QIO for company – done by CB all completed pdf report downloaded and put in DropBox all policies have been reviewed and updated.
7. All company policies to be reviewed – done by CB, all updated and renamed. Archives created in dropbox of any policy that was completely replaced. APR queried if these policies should be shared with our subcontractors. As all subcontractors to complete their own QIO will need to have their own policies which will be downloaded from QIO, then the policies should match.
8. Request Solihull CCG to issue PEHOWM with email address 12.3 - Dan waiting to hear back from David Brown about this.
9. Chase Gian to clarify / correct Triage report 12.4 – Dave queried that the Walsall numbers did not always seem to be correct due to the way that for Walsall service pays for a triage. Gian has confirmed all is correct.
10. Inform Solihull CCG about our response to their CQUIN suggestion (12.7) – done by Dan and Simone
11. Invite Gian to next CG&PI meeting- done by CB
12. APR has sought further clarification from LOCSU about seeing young children and it is awaiting further clarification. APR to continue to chase.

APR

6. Financial Reports

- Management accounts – IH reports we are on track to making a profit this year.
- Bank accounts – IH reports account currently has a balance of £47,000 although there are still outstanding claims from some of the leads and there will be further training sessions to be paid for.
- IH will review the possibility of paying back the loc loans once the year end accounts have been finalized. APR proposed that we aim to be paying back half of the loc loans by the end of this financial year.
- IH advised that in view of the uncertain numbers of people likely to be attending the MECS the cash flow was most uncertain and therefore we should review the situation again once the Osces have been completed.
- Dave Stevens questioned whether or not we had reached the stage of needing to employ an administrator to assist with the workload. It was felt at this stage that was not necessary but when Dudley and the other Birmingham ccg come online then it should be reviewed again. It was agreed that having optoms doing the administration was expensive and should be reviewed in due course.
- IH advised that we could put through the directors expenses, rather than the loc pay this bill but this should not be done at this stage. IH was asked to report back on what would be appropriate financial remuneration for the director's expenses.

7. Clinical Governance & Performance Leads Reports

1. Wolverhampton – see appendix. Congratulations from the directors to APR on being awarded the new contract. Fees are the same. Service eligibility now falls into line with the other areas.

2. Walsall - see appendix.
3. SWB - see appendix. – CB asked in relation to point 5 of MECS, if the signed sub-contract is clear about the location of the provision of the service. CB to follow up with LOCSU if the sub-contract is clear about this. CB
4. Solihull – see appendix.
 Dan should pass on info about safeguarding to NHS England and LOC.
 Dan to follow up about the NHS Email address for the company and to remind the CCG that sub-contractor practices are not required to have NHS email addresses to carry out their duties under the contract. DS
 Dan to contact OC about advise as to what our obligations are regarding translation and what do the CCG & NHS England do to provide translation. DS
 IH reported that there are issues in balsall common where there are repeated cases of patients claiming that their GP surgery is in Solihull when in fact it isn't. This means the practice is carrying out the work but is not getting paid. Dan should flag this up and with the Balsall common practice. DS
 Dave Stevens recommended that the recent issue with a cataract referral coming from a GP surgery to LOCSU head office should be used as a reason to write to all GP practices to highlight the correct pathways of the service this is an excellent nor did opportunity and Solihull should do this. DS
5. There was discussion regarding the suitability of the reports from Webstar for the services. All raised comments about improvements that could be made. CB queried if all directors provided a report to their loc and if so in what format. Discussion followed on the most appropriate format of reports that could be used. It was agreed that the most appropriate format would be the quarterly anonymized report given to the CCG that the LOC would store with their minutes. All

8. Complaints / Risk Register

No complaints or risks reported

9. Education & Training

1. OSCES – 25th of July at Rowley Regis (half day of MECS) and 14th September at Aston (full day of MECS and IOP).
2. Other accreditations – PB confired he has set up a joint Sandwell & Bham LOCs CET group to provide smaller localized training sessions. He reports that Was & Divya have stormed ahead, hence WS query about any topics in particular that need to be covered in this peer discussion.
3. Email has also sent from Divya to PB & CB re: MECS peer discussion. Unfortunately it was not cc'd to other Directors so could ne be discussed. As an urgent point CB to circulate Divya & Was's suggestions for peer discussion and al directors to feedback urgently. PB minuted thanks for their excellent work. CB

10. Communications

1. Company website
2. Posters / Leaflets etc

11. QIO / IG –

12. AOB

1. Outside Clinic – enquiring gif they can participate in the Walsall IOP and MECS. As long as they can meet the service specifications, then there is nothing to stop them carrying out IOPRM. CB &
 Concerns were raised regarding the ability to meet the service specifications for MECS in particular D St
 by timeframes for appointments. In view of Wolverhampton commissioners deciding not to two commission MECS on a domiciliary visit it was felt the best thing to do would be to return to the Walsall commissioners and seek their opinion.
2. From DG - Can someone check the instructions that come out from the company and webstar ..does it explicitly state that each branch needs to have a unique ID Each practitioner would have their own sign off so there is no evidence that there is sharing of log ins. CB to query with Gian. CB
3. From DG - The company to identify all practices in each CCG currently not a sub contractor and see if any are branches of existing sub-contractors. Directors agreed that each LOC would need to check this. Action point for all. All
4. Dan Sanders – query from Paul Musticone regarding NHS111 – direct query to CB or Claire Roberts.
5. Dan Sanders – concerns from Optoms about their limitation to liability and safe practice. Are there any legal cases that have arisen yet. APR & PB to take advise form College and LOCSU and report back. APR &
PB

13. Date Of Next Meeting

12th October 2017, 3pm. Holiday Inn J7 M6 – Louise to book with the ROC as usual.

Action Points

- | | | |
|------|---|-------|
| 5.12 | APR has sought further clarification from LOCSU about seeing young children and it is awaiting further clarification. APR to continue to chase. | APR |
| 7.3 | CB to follow up with LOCSU if the sub-contract is clear about the location of the provision of the service. | CB |
| 7.4 | <ol style="list-style-type: none">1. Dan should pass on info about safeguarding to NHS England and LOC.2. Dan to follow up about the NHS Email address for the company and to remind the CCG that sub-contractor practices are not required to have NHS email addresses to carry out their duties under the contract.
Dan to contact OC about advise as to what our obligations are regarding translation and what do the CCG & NHS England do to provide translation3. Dan to flag up with the Balsall Common MECS practice that they are issues around patients claiming that their surgery is in Solihull when it isn't.4. Solihull to write to all GP practices to highlight the correct cataract pathways in light of recent problems as an opportunity to promote the service. | Dan S |
| 7.5 | Agreed that LOCs would be provided with copies of the quarterly anonymized report given to the CCG for the LOCs to store with their minutes as a record of providing ongoing updates about the services. | All |
| 9.3 | CB to circulate Divya & Was's suggestions for peer discussion and all directors to feedback urgently. | Done |
| 12.1 | To ask the Walsall commissioners their opinion on the use of MECS on Domiciliaries in the light of Wolverhampton's refusal and concerns about meeting timescales. | D St |
| 12.1 | To inform outside clinic that they can carry out IOP in Walsall | CB |
| 12.2 | To check the instructions that come out from the company and Webstar, does it explicitly state that each branch needs to have a unique ID. CB to query with Gian. | CB |
| 12.3 | Each LOC to identify all practices in each CCG currently not a sub-contractor and see if any are branches of existing sub-contractors | ALL |
| 12.5 | APR & PB to take advice from College and LOCSU regarding concerns from Optoms about their limitation to liability and safe practice. Are there any legal cases that have arisen yet? | PB |



CG & PL Directors Board Report

Date: 27/06/17

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton PEARS/MECS

1. **Activity:** MECS activity has been high for the last quarter with most practices showing greater demand, 15% up on this quarter a year ago.
2. **Performance of Service against Quality Requirements;** no significant issues or complaints, questionnaire completion 85%.
3. **Performance of Service against KPIs:** no issues with performance.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** last week we received notification that we have been awarded the new contract for a further 3 years with provisional extension of 2 years. Contract commences 1/9/17. Subsequent meeting with RR & CCG to develop mobilisation plans & clarify outstanding issues. There are minor changes to the service spec and KPIs. There will be some software development issues.
5. **Anonymised analysis of subcontractor performance:** CG review of practitioner performance under way, this is now a 6-monthly exercise. Small number outlying practices monitored closely, especially where showing high activity levels. We will be particularly examining records for apparent trivial activity.
6. **Subcontractor Performance Issues:** the main issue we are taking forward to the summer training meeting is making sure activity is appropriate, the message being choose if your patient is an eye examination or MECS
7. **Complaints:** no complaints this period
8. **Incidents:** no recent incidents.
9. **Any other relevant information or queries for the board:** issues with young children in MECS – query raised to LOCSU.



CG & PL Directors Board Report

Date: 27/06/17

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton Cataract

1. **Activity:** continues to rise – 66% up over the same quarter last year, now 1600+ cases in total.
2. **Performance of Service against Quality Requirements:** no issues, questionnaire completion for this quarter 75%.
3. **Performance of Service against KPIs:** no problems, see below.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** PEHOWM have successfully bid for the new 3/5 year contract with a plan by the CCG to develop post-op services as an SDIP.
5. **Anonymised analysis of subcontractor performance:** no performance issues identified, no alteration in referral patterns despite the change in VA levels.
6. **Subcontractor Performance Issues:** CG exercise underway, have referrals gone up or are more using the pathway? In the new contract practices will be obliged to join all 3 services.
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** none.



CG & PL Directors Board Report

Date: 27/06/17

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton IOPRM

1. **Activity:** activity has risen compared to the last 2 quarters but less than the same quarter last year; total 611 first repeats and 248 seconds.
2. **Performance of Service against Quality Requirements;** overall 77% discharge rate.
3. **Performance of Service against KPIs:** No issues with KPIs.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** the new contract has been secured with a new tariff. This should see more use of the pathway despite the forthcoming NICE changes. Software development – IOP is the weakest optomanger module & will need review.
5. **Anonymised analysis of subcontractor performance:** performance issues addressed in the CG exercise, one practice with high referral rates has only been entering patients when IOP proven to be referrable & will change their practice.
6. **Subcontractor Performance Issues:** now 22 accredited practices (up from 19) including 4 out of area.
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** Glaucoma training project underway, around 40 optoms will be trained with the aim of improving glaucoma referrals and hopefully as a gateway to the OHT service that the CCG plans to develop as an SDIP. Audit of glaucoma referrals also underway, none of audited referrals had come in throught the IOPRM system.



CG & PL Directors Board Report

Date: 21/05/2017

Presented by: David Stevens,

Service: Walsall MECS

1. **Activity:** MAR MECS 405 and 40 Triage only.
APR MECS 348 and 44 Triage only.
MAY MECS 374 and 35 Triage only

2. **Performance of Service against Quality Requirements;**
Any outstanding QiO Std contract requirements are being chased up, there are only 1 that still need to submit. The new version of QIO needs to be completed promptly or be excluded from the service.

3. **Performance of Service against KPIs;**
No major issues with KPIs , Follow ups still greater than threshold of 5%. Agreed to monitor . CCG had wanted monthly meetings now happy to meet every 3 months as schemes have settled down. Walsall are required to submit Data monthly CCG looking at whether this could be done 3 Monthly in line with other areas.

4. **Outcomes of meetings with commissioners and/or other stakeholders ;**
Direct referral to pharmacy scheme for issue of prescriptions is functioning well. CCG keen on Direct Referrals , Aisha and I pointed out not practical till NHS.net set up for All, but agreed to start looking at how this could work in view of services split between Walsall Manor and Wolverhampton.
Had Quarterly meeting with CCG on 15th June , presented annual report on performance of MECS and other services. Highlighted patient satisfaction and savings in visits to GPs.
Annual reports can be viewed in dropbox under Walsall Services Annual Reports.

5. **Anonymised analysis of subcontractor performance ;**
No 12 month review planned for end of April. Will need to work with LOCSU to evaluate and show how MECS is performing . As Walsall has no A and E more difficult to show reduction in HES activity. Also need to show reduction of GP appointments , quality of service and emphasis patient satisfaction and convenience. This was done at June CCG meeting.

6. Subcontractor Performance Issues ;

No issues at present.

7. Complaints;

No issues at present.

8. Incidents;

No issues at present.

9. Any other relevant information or queries for the board.

Full year of training events planned. Walsall has £5 payment for an appointment if not found to be eligible for MECS. Gian is finding out what there invoicing dept is recording as figures do not always tally with data I am given.

"Providers will be expected to effectively triage patients by telephone. However if a patient attends for an appointment with the pears service but is found not to be eligible for treatment , a payment of £5 can be claimed as long as accompanied by a complete patient record which details why the patient is not suitable for treatment."

Just undertaken review of all GP practice details practice names and Fax numbers are correct.

Just completed a mail out to all GP practices with posters , 50 MECS leaflets and summary of how service works to reinforce take up of MECS.



CG & PL Directors Board Report

Date: 21/05/2017

Presented by: David Stevens,

Service: Walsall Cataract Pre and Post

1. Activity:

MAR	Cataract	57 Pre	8 Post .
APR	Cataract	66 Pre	5 Post .
MAY	Cataract	53 Pre	8 Post.

2. Performance of Service against Quality Requirements;

Any outstanding QiO Std contract requirements are being met . 1 Practices still outstanding , they have been informed they now need to complete the new version immediately or be excluded from providing services.

3. Performance of Service against KPIs;

No issues with KPIs .

4. Outcomes of meetings with commissioners and/or other stakeholders ;

No Issues . Post Cataract figures still low , CCG and ourselves to arrange meeting with Ophthalmology to see how service can be improved. Had meeting on 15th June with CCG and all Cataract issues are to be looked with Manor Hospital.

5. Anonymised analysis of subcontractor performance ;

12 month review presented to CCG especially highlighted Questionnaire information showing patient satisfaction ratings .

6. Subcontractor Performance Issues ;

No issues at present.

7. Complaints; Nil

8. Incidents; Nil

9. Any other relevant information or queries for the board. Pre cataract referral pathway was very similar to the existing pathway so no issues reported. Post cataract is now up and running but figures still low . Manor now putting Post Op

forms into all patient notes so more activity expected , see note above. Meeting with Manor , CCG and ourselves being arranged.



CG & PL Directors Board Report

Date: 21/05/2017

Presented by: David Stevens,

Service: Walsall IOPRR

1. Activity:

MAR 1st reading 30 2nd reading 5

APR 1st reading 23 2nd reading 9

MAY 1st reading 26 2nd reading 7

2. Performance of Service against Quality Requirements;

Any outstanding QiO Std contract requirements are being chased. Deadline set now chasing 1 outstanding practice. New QIO now being insisted upon or exclusion from service.

No outstanding issues.

3. Performance of Service against KPIs;

No issues

4. Outcomes of meetings with commissioners and/or other stakeholders ;

No issues now 3 monthly meetings.

5. Anonymised analysis of subcontractor performance ;

12 month review took place on 15th June. Easiest service to show savings as NICE guidelines have specific referral criteria.

6. Subcontractor Performance Issues ;

No issues at present .

7. Complaints; Nil

8. Incidents; Nil

9. Any other relevant information or queries for the board. Nil. Ongoing training / lectures to be organised. Next training date 27th March Referral rates remain low.



CG & PL Directors Board Report

Date: 29/06/17

Presented by: Dan Sanders **Produced by:** Simone Mason

Service: Solihull MECS **March - May 2017**

1. Activity:

March MECS 232 and 43 Triage only.

April MECS 193 and 31 Triage only.

May MECS 201 and 24 Triage

2. Performance of Service against Quality Requirements; all CCG issues met for QiO Level 1 & Safeguarding. Solihull CCG are hoping to have the online Smart Survey set up ready to use for Safeguarding Reporting for Q1.

Here is a safeguarding update from Solihull CCG:

New Safeguarding on-line Form

New on line form for providers and professionals to raise adult safeguarding concerns.

Effective immediately -providers and professionals are required to raise their safeguarding concerns via an on-line form which can be found using this link:<http://www.solihull.gov.uk/adultsafeguardingpro> When raising a concern using this on-line form you will receive notification the concern has been received, you will be able to electronically save it and/or print a copy for your records. It is important the person you are concerned about knows your concerns and that you will be raising a safeguarding concern and that you provide sufficient information so the reader can understand the harm and abuse you are reporting.

Please advise correct procedure for Solihull Subcontractors (Agenda Item)

- Quarterly 4 report to CCG was completed but we did not have a review meeting. Outstanding issues: Any outstanding QiO Std contract requirements are being actively chased. Deadline 24/3/17. There were 4 practices still to complete or upload L2 out of the 18 MECS accredited practices, However, one has an action plan, and one was almost complete, so awaiting the pdf's. I am awaiting update now from Divya and Debbie, as they have been actively chasing and making a note.
- 3. Performance of Service against KPIs:** No issues with KPIs. 8 % of patients were given a follow up appointment which is just within the suggested follow-up rate of 6-8%. (Source: Monitoring activity in a MECS OT 4/4/15)
Solihull are required to submit the Activity & Finance Report monthly CCG.

4. Outcomes of meetings with commissioners and/or other stakeholders: We have had no meeting in May and our next review meeting is 31.8.17. There is still an outstanding issue regarding the sub-contractors to have nhs.net email addresses, so this has been added to the ROC agenda to start implementation of this in Solihull. Simone has sent a DQIP (Data Quality Improvement Policy) for NHS email and action plan for implementation, but has received no reply. Local incentive Scheme is now about the development of further pathways and the meetings we attend ie post cataract being introduced. Simone attended a PLT (Protected Learning Time Event) on 28/3/17 in Solihull where a large number of GP's, practice staff, nurses, etc attended a lunch and training afternoon. Richard Rawlinson attended with Simone and provided a LOCSU stand with our MECS leaflets and A4 sheets on display. The GP's were very positive about the service and each surgery that was present were told to come and collect a pack of leaflets from us, all remaining packs were given to the CCG who made sure they were delivered to the GP surgeries.

- Simone produced an Equality & Diversity Annual Report. This has been accepted. Template sent by Solihull CCG TO include Translator and Interpretation provision, staff and service user information for our employees, accessibility assurance statement and meeting religious and cultural needs of service users ie prayer room.

From Solihull CCG: The E&D lead has reviewed your report and says that it is fine.

Interpreting and Translation - He says that you appear to take the view that the default position is that family members interpret but this must be the patient's choice. He has some feedback to pass on. He is not sure what you would do if you were in a position where you had to give a patient important medical news. He would recommend that where you are aware in advance that a patient is likely to receive complex information or significant news that you contact the patient to offer a translator. This would only be where a patient is known to need one as in such cases the use of family / friends may not be sufficient. He would caution that where a non-qualified interpreter is used the organisation can have no assurance that all of the message is translated and staff should be aware of circumstances where it is evident this is occurring. A case in point would be where a member of staff asks a number of questions and receives single yes / no answers.

Produced annual reports which can be viewed in dropbox under CCG Reporting /Solihull Services/ April 2017/ Annual Reports.

- Accessible Information Standard - How are we implementing this?
- [Simone is arranging a meeting with the manager of the Urgent Primary Care Service at Solihull Hospital](#)

5. Anonymised analysis of subcontractor performance: No in depth analysis undertaken as yet, no issues have arisen. Data pool is still small.

- **Subcontractor Performance Issues:** Out of a possible 26 optical practices in Solihull. 18 are participating and 8 are non-participating because they are multi-national companies ie Asda and Tesco. 2 are awaiting OSCE's, 2 have no Optom at the present moment, 1 soon to join and 3 are not going to join. 21 practices are on the website www.eyecarewm.co.uk. Should we list all practices ie Tesco and Asda with NO's in their columns?

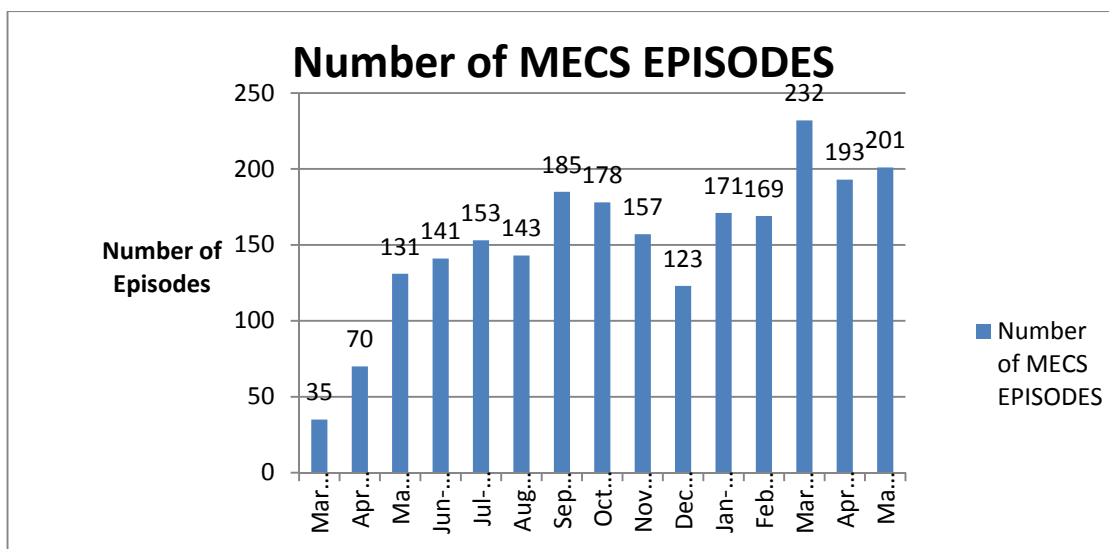
Complaints: No complaints received.

6. Incidents: no incidents.

7. Any other relevant information or queries for the board: CCG require information on what times the service is being offered at the various practices. Simone was working on a table of availability but Solihull LOC voted to 'abandon' as it was subject to change too often, with Locums, holidays, sickness and days off. The idea was to help cut the time ringing around the practices where some practices have reported it takes 45 minutes to find a practice with availability.

- Should I attend Solihull CCG Annual General Meeting 2017 (public invite) Tue 11 July 2017, 14:30 – 16:30 BST. We would like to take this opportunity to invite you to the 2016/17 Solihull Clinical Commissioning Group Annual General Meeting.
- There will be the opportunity to reflect on our achievements in reducing health inequalities and improving quality and share with you the challenges we face in the future, in developing our services to meet the changing health needs of people living in the Solihull area.
- We will have stalls from local and national providers showcasing the services available that help provide a whole community approach within Solihull.

8. Figures for MECS episodes not including Triage





CG & PL Directors Board Report

Date: 29/06/17

Presented by: Dan Sanders **Produced by:** Simone Mason

Service: Solihull Cataract March - May 2017

1. **Activity:**
 - March 36
 - April 44
 - May 44

2. **Performance of Service against Quality Requirements;** all CCG issues met for QiO & safeguarding. No CCG Review until 31/8/17. Outstanding issues:- Sub-contractors from Solihull were able to upload a 'to follow' notice on Webstar in order to provide a greater number of uptake for this service. Action: We will CONTINUE to inform practices to complete the WOPEC Cataract modules and then they can upload the evidence. However, at the current time, they cannot upload further evidence. Level 2 QiO in by 24/3/17. Awaiting update on this from Divya and Debbie.

3. **Performance of Service against KPIs:** No issues with KPIs.

4. **Outcomes of meetings with commissioners and/or other stakeholders:**
Produced annual reports which can be viewed in dropbox under CCG Reporting /Solihull Services/ April 2017/ Annual Reports

From meeting 30th March (what was the outcome?)

Neil Walker also asked why some referrals for cataract were still going via the GP and also whether we could advise him as to the number of cataract referred through Webstar that do not actually result in the patient going on to surgery.

His inference was that the cataract direct referral service might be cancelled or, worse still, might not even be taken up in BXC and BSC if it could not be shown to be of benefit.

NEW PROPOSAL FROM CCG (NEIL WALKER)

Neil Walker has asked me to contact you about Solihull CCG GPs directing all potential cataract patients to a local optometrist that is part of the Primary Eyecare contract for an agreed time.

Could you let me know if your optometry practices would be geared up for this step change. If so could you start to think about a leaflet that Neil could share with the GP practices via their weekly communication (Little & Often) for the GPs to hand out to a patient about the Optometry practice walk-in following the GP consultation.

This would be subject to Solihull CCG members being in agreement. Neil has briefly discussed with the CCG's GP Eye Lead, Dr Lou Lupoli about whether it would be possible for GPs for an agreed time to send all potential cataract patients to Primary Eyecare but there would need to be further consultation with the GP practices first.

Let me know if you need any further information, however, Neil would be happy to discuss this further at the next CRM which I need to arrange as the one arrange for today was cancelled. However, the next CRM would likely be in July or August.

Currently – emailed back with the following points:

They require clarification of the pathway - currently pathway in place where GP's can already send direct to an accredited practice.

Observations raised were - If a patient attends a GP - how would the GP know that a patient needs referring for cataract surgery without being told so by an optometrist?

If a patient was referred to the GP by a non-participating practice via a GOS 18, then the GP sends the patient on to a participating practice to complete the referral, how could the 2nd optometrist complete the referral without doing a Sight test. Patient then may have to pay twice (if private) or an NHS sight test would have to be claimed - with a code?

Currently the Service Specification for Solihull section 3.2.3 reads 'Practitioners will be required to have performed a sight test as required by the Opticians Act either paid for privately or through GOS. This should include dilated fundus examination where necessary'. Therefore, if Gos 18 is being received from a GP or non-participating practice a GOS 1 coded 5.1 would need to be agreed in principle by the CCG.

We are actively finalising the remaining practices to be involved in the service. Apart from ASDA and TESCO.

There may always be a need for GOS 18, i.e Locums, TESCO Opticians/ASDA opticians, patients who cannot have general anaesthetic, etc

An agreed protocol across the board will need to be put in place

Chair of the Solihull LOC copied in and invited to Review meeting 31/8/17

We look forward to Neil's ideas and clarification as soon as possible please.

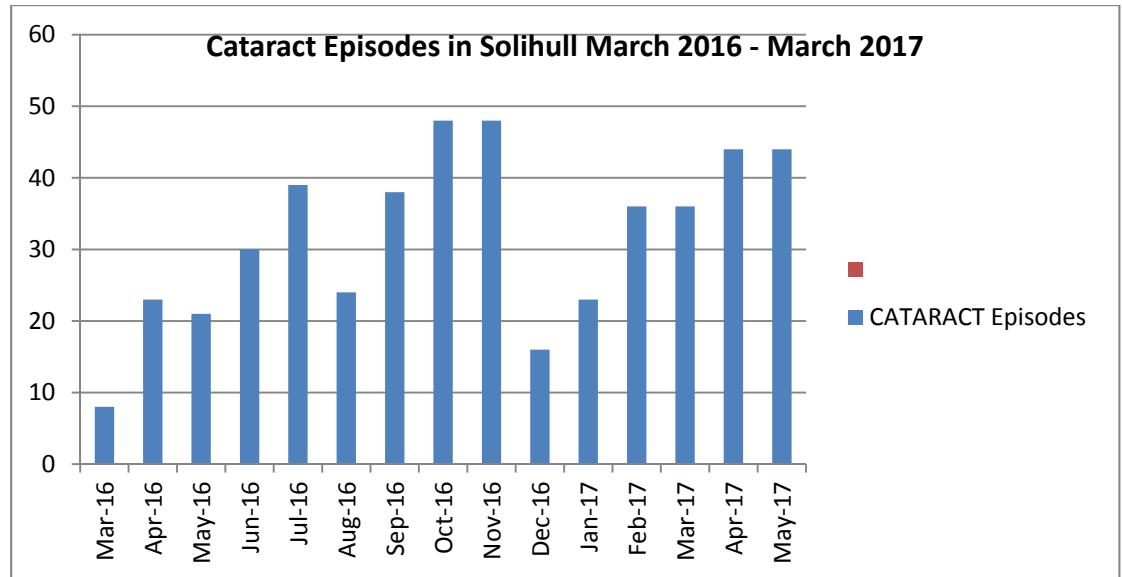
5. **Anonymised analysis of subcontractor performance:** No in depth analysis undertaken as we only have a small sample of data. Solihull CCG switched off the OLD C1 platform at the end of MAY 2016, so activity is on Webstar now for patients presenting with Solihull GP's. The C1 scheme still runs for patients with a Cross City or South Birmingham GP and Solihull has a separate platform called 'optoclaim' on Webstar to claim for those episodes. **Update required on this:** Can we check the old C1 platform has been closed as one sub-contractor seems to think they can still claim this way?
6. **Subcontractor Performance Issues:** Leads will check and chase that the WOPEC cataract modules are completed and uploaded

7. **Complaints:** None

8. **Incidents:** None

9. **Any other relevant information or queries for the board:** Matter arising from last board meeting: Must make this pathway the only way for optometrists to refer cataracts. Need Solihull GPs to refuse to process referrals sent via them.

10.





CG & PL Directors Board Report

Date: 29/06/17

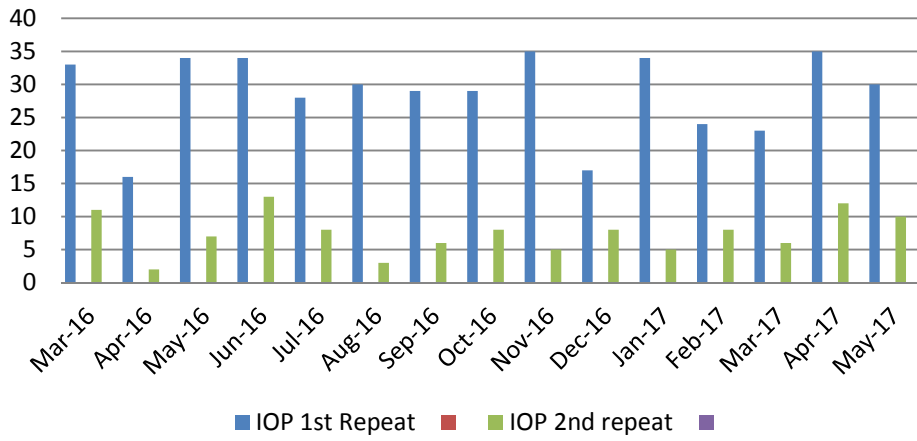
Presented by: Dan Sanders **Produced by:** Simone Mason

Service: Solihull IOP RM March – May 2017

1. **Activity:** 88 1st repeats, 28 2nd repeat (for breakdown see table below)
2. **Performance of Service against Quality Requirements;** all CCG issues met for QIO & safeguarding, quarterly reporting to CCG, with next 31/8/17. Outstanding issues:- none.
3. **Performance of Service against KPIs:** No issues with KPIs.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** This service has not been discussed in great detail at any meetings so far. Produced annual reports which can be viewed in dropbox under CCG Reporting /Solihull Services/ April 2017/ Annual Reports
5. **Anonymised analysis of subcontractor performance:** no analysis has been undertaken.
6. **Subcontractor Performance Issues:** Once sub-contractors can upload further evidence ie IOP certificates. CG &PL can recommend and chase WOPEC IOP certificates. Action: Chase Webstar on this matter. They are aware of the need to do this.
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:**

	IOP 1 ST	IOP 2 ND
March	23	6
April	35	12
May	30	10
TOTALS	88	28

Total number of IOP Repeat Measures Solihull March 2016-May 2017





CG & PL Directors Board Report

Date: 30/06/2017

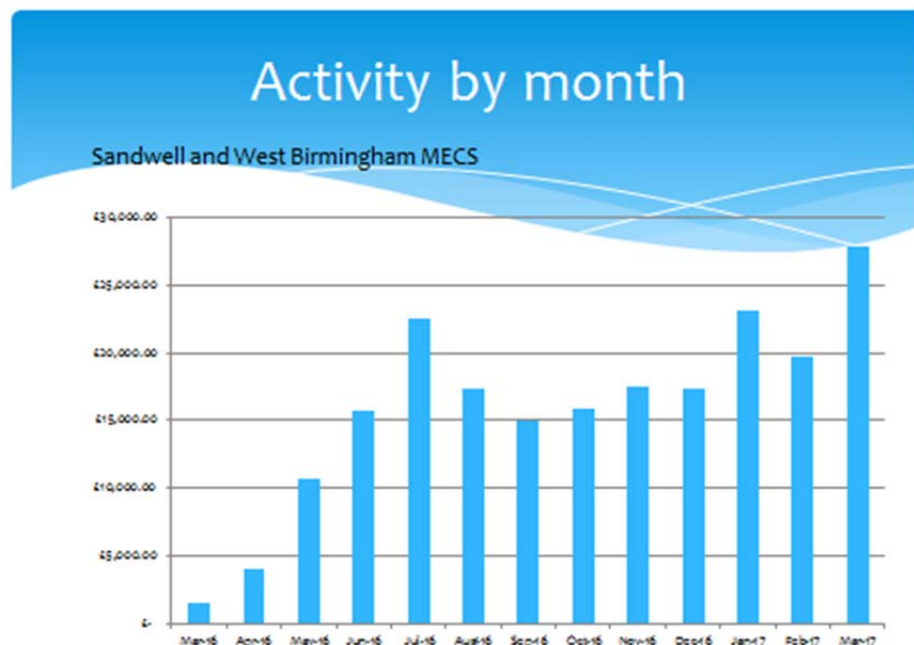
Presented by: Ian Hadfield/Debbie Graham

Service: Sandwell and West Birmingham MECS

- 1. Activity:** An average so far this year (5 months data available) of 403 per month slightly disappointing but closer to the CCG estimated activity of 462 episodes per month but their expected total did include quite a lot of follow-up appointments which we don't report because we do not charge for them. Best months so far were March with 480 and May with 436 episodes. Katrina Venerus estimates that, based on the population of SWB, the potential is for 500 to 550 episodes per month
- 2. Performance of Service against Quality Requirements;** No problems to report. Patient questionnaire completion has fallen to about 34% (Jan to March) which is much lower but still fairly high compared with the average of less than 20% coming back for other services commissioned by the CCGs.
- 3. Performance of Service against KPIs:** Minor issues with over referral for some conditions but generally no serious problems. We spoke to Maged Nesim at BMEC A&E and he did identify one culprit as a particularly irksome over referrer who is currently under a degree of stress. We had previously spoken to the particular provider but hope to find an opportunity for a further gentle word soon.
- 4. Outcomes of meetings with commissioners and/or other stakeholders:** As stated in other reports the meetings tend to be brief and rushed. By the time we have shown them the slides the CCG team are almost comatose and show very little concern about anything. Whereas in other areas the Service leads are being pressed for more and more information we are being asked to keep our presentations as short as possible and we sometimes know more about what reports should be presented when than they do. In fact the end of year review, due in April, has still not taken place because, initially, the management side were finding it difficult to arrange a date but, more recently because we have not been able to fit in with their suggested dates. All the end of year reports have been submitted but the next meeting, which will also cover year 2; quarter 1 is not now scheduled until July.
- 5. Anonymised analysis of subcontractor performance:** A closer inspection of subcontractor performance and activity levels has been undertaken and a few questions raised. Divya discovered that one contractor operating two practices under the same name was operating both on the same contractor. The contractor has been

told that they must open a second sub-contract and the application has been received but, actually sorting out their submissions is proving to be not the simplest of matters. We are convinced that they actually do have everything in place but arranging for everything to be uploaded correctly is proving somewhat frustrating even for the normally unflappable Debbie. A slightly more in depth analysis of individual optometrists referrals in some of the larger practices has shown some discrepancies but nothing excessively out of line. Each month the activity levels and outcomes are looked at to determine whether any practices are particular outliers. In general the MECS activity coincides with GOS activity, both of which may, of course, be inappropriate given the area concerned.

6. **Subcontractor Performance Issues:** None to report but still having a small problem getting a few to complete QiO.
7. **Complaints:** no complaints this period
8. **Incidents:** A couple of cataract referrals failed to arrive at the chosen provider in a timely manner, otherwise no incidents this period other than the discovery of the dual practice issue already mentioned above.
9. **Any other relevant information or queries for the board:** None.





CG & PL Directors Board Report

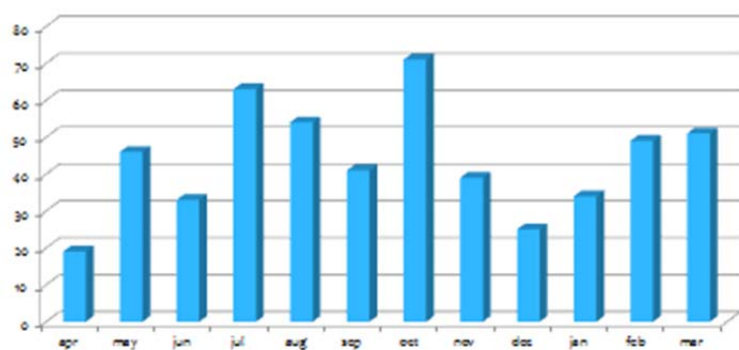
Date: 30/06/17

Presented by: Ian Hadfield/Debbie Graham

Service: Sandwell and West Birmingham Cataract

1. **Activity:** Very disappointing, an average of only 49 per month so far this year whereas the CCG were expecting 186 per month based on previous years activity. Not known where the other 137 are being referred from or to. Last month best so far at 69.
2. **Performance of Service against Quality Requirements:** High levels of satisfaction with most patients stating that they would be extremely likely to recommend the service. There have been cases where referrals have not been received from Webstar by the chosen provider.
3. **Performance of Service against KPIs:** no problems, last CRM was very short as previously reported and the end of year meeting was cancelled (see MECS report). Next CRM now rescheduled to end July/ early August. No problems expected.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** No meetings or problems. Spoke to Andrew Jacks at QE for future ref. He is dead against the company taking on cataract post-op services as they need their juniors to take the training opportunities.
5. **Anonymised analysis of subcontractor performance:** This is still something not done in SWB but we must implement it for the forthcoming year.
6. **Subcontractor Performance Issues:** Service is seriously underused and we need to promote it to all contractors in the area. We can only assume that Sandwell contractors are still referring via GP whilst West Birmingham may be referring direct and receiving no payment.
7. **Complaints:** no issues.
8. **Incidents:** A few referrals did not go through until chased.
9. **Any other relevant information or queries for the board:** none.

Cataract Activity by month





CG & PL Directors Board Report

Date: 30/06/17

Presented by: Ian Hadfield/Debbie Graham

Service: SWB IOPRM

1. **Activity:** Extremely disappointing with an average of only 28 repeat episodes per month so far this year compared with the 79 expected by the CCG. An average of 9.8 second repeats per month and 4.2 with IOPs over 21 mm Hg at final repeat. Optometrists have asked for more training but the only way to learn is to DO IT.
2. **Performance of Service against Quality Requirements;** overall discharge rate is acceptable and in the 85% range.
3. **Performance of Service against KPIs:** Just not doing enough and not enough practitioners prepared to appanate. The CCG report shows that only two or three practices are taking this service seriously whilst others seem to only bother to report and claim when they have nothing better to do.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** No complaints from commissioners who appear to see the CRMs as being as much of an irritation as do our side, frequently arrive late for meetings and are always in a hurry to finish because another group is banging on the door of the meeting room expecting us to have finished. Wasim Sarwar is putting himself about meeting with small groups of stakeholders to little effect. As for the rest of the services the end of year CRM was cancelled and will not now take place until 3rd August
5. **Anonymised analysis of subcontractor performance:** We regularly look at the stats and are happy with the outcomes but dismayed by the volume.
6. **Subcontractor Performance Issues:** None other than those outlined above
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** No

IOPRM activity by month

