



Directors Meeting Minutes

Date: 30th March 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), R Rawlinson (LOCSU)

2. Apologies

Nil

3. Conflicts of interest & MOU

All directors provided new conflicts of interest forms (or re-dated current forms) due again April 18 MOU referred to, confirmed by PR.

4. Minutes of the last meeting

Circulated by CB & In Dropbox

5. Matters Arising

- APR to speak to Webstar regarding merge the Cataract Self-assessment questionnaire and quality assessment questionnaire – Done.
- APR To raise with LOCSU the issue of very young children on the MECS pathway – still outstanding.
- CB & APR to look into changes to the cataract pathway due to the Harmonised Treatment Policies – deferred as query over whether they had been adopted, so some confusion over status.
- CB to talk to Shamina, Divya & Waz about setting up an OSCEs accreditation day – Done (booked 20/7/17 at Aston)
- CB to put together a proposal and possible dates for a CG&PL workgroup - Done
- CB to contact Stuart Burdett re cataract policies - Done
- CB to look at review of the Triage Form – raised with LOCSU – work in progress – ongoing as national form -
- CB to enquire if there are any national proposals for re-accreditations – spoke to Trevor Warburton – he will come back to me when there are proposals to trial

6. Financial Reports

- Management accounts – no accounts provided
- Bank accounts – copy of bank statement provided in Excel
Income & expenditure shown. CB queried excess of income over expenditure. Some CG&PL invoices are outstanding, to be chased. IH stated minimal profit expected. PB queried repayment of LOC loans. Directors confirmed that there is every likelihood that repayment of the loans will commence in 17/17 financial year.
- Directors pay (item 1) – CB to get confirmation from LOCSU (done - see appendix1).
 - a. Should the clinical leads be paid by the company – agreed responsibility of LOC at present CB
- but this may change when making surplus funds.
 - b. CG&PL paid by PEC
 - c. Directors attendance of meetings is the liability of LOCs but this may change when PEC making surplus funds.
 - d. Directors other duties liability of PEC – note LOCSU advise re: HMRC & Tax.

7. Clinical Governance & Performance Leads Reports

1. Wolverhampton - see reports but of note: MECS activity is higher than the anticipated 1%. PR advised that there is LOCSU guidance regarding service activity and links between NHS ST & MECS. He has concerns that MECS activity may be being generated from GOS. He has looked at stats by practice and by performer and finds both inter-practice and inter-performer variability. This was discussed at length. Agreed that LOCSU guidance was adopted and is to be circulated to all. Wolves will introduce at next training. All others agreed this would be clarified at all future MECS CET.
Is discussing with LOCSU and CCG the new AQP for re-commissioning. Change to fees for IOP likely. Have asked for new services to be looked at as SDIPs. (eg OHT kids etc) ALL
Questionnaires discussed – of great value – directors to review how these could be mandated.
2. Walsall – see reports but of note: meeting with CCG & HES planned to increased volume of cataract post op. Discussed Webstar sending referral by email to acute trust. IH raised concerns that eye clinics are not equipped or set up for email referrals. CB to speak to Gian re how soon Webstar could implement this. CB
3. SWB - see reports but of note: IH concerned service activity too low, especially cataract.
4. Solihull - see reports but of note: DS also reports concerns with activity levels.

Issues raised in the report are in hand or discussed in AOB. There is clear pressure from commissioners to come up with ways of us reducing referrals into the Trust to save the Trust money.

CB showed graphs of summary invoice activity – comparatively all service activity is on an upward trend. Although all have raised concerns about cataract activity, the graphs show an upward trend. CB brought up reports from data repository to show how we can compare service stats and performance.

8. Complaints / Risk Register

9. Education & Training

1. OSCES – date for next OSCES announced as 20th July.
2. Other accreditations – PR advised that in the new wolves service re-accreditations will be a matter for PEHOWM.
3. PB – to set up (and lead) a joint Sandwell & Bham LOCs CET group to look at setting up and provide smaller localized training sessions. (see 10.7) PB

10. Communications

1. Company website
2. Posters / Leaflets etc
3. Wish list for web star – a communication mechanism from PEC to practices / performers
4. Wolverhampton mandate attending one meeting a year for all practices – other areas to consider this.
5. Comms policy in SWB being implemented by Waz. DSa gave examples of engagements with other Stakeholders that have been occurring in Solihull.
6. Newsletters have been sent out in Solihull & Sandwell
7. Improving S&WB comms to practices with increased number of locality meetings (see 9.3)

11. QIO / IG –

1. New Qio Requirements – (Long or short contracts) – Simone has asked for a guidance document – All contract were confirmed by RR as long contracts, therefore QIO for long contracts will be done.
2. CB advised he has commenced the new QIO. Policies will be updated in due course. Agreed that all to pay attention to new policies that appear. PR will be used to sign off policies. CB/PR
3. DSa queried if doing the new QIO automatically complies with IG Toolkit. This is still an area of ambiguity and we await clarification from Pete Hampson / Optical Confederation

12. AOB

1. Out of area providers (IH query) – Anyone eligible as long as they meet the service requirements.
2. Fee uplifts – have Solihull received one, if so how much – are there any others expected - see Solihull Report.
3. Solihull DQIP and impasse over NHSNet emails (DSa) - pressure from CCG for all practices to have emails – not necessarily an issue for HOWMPEC. Dan to ask for CCG to issue HOWMPEC with an NHS Email. Look at Webstar to send referrals by email. See point 7.2. DSa
4. Telephone Triage reported as DNAs (IH & DSt query) – Webstar issue has been flagged – DSt has been speaking to Gian to clarify – will chase him. DSt
5. Solihull MECS “Other” diagnosis (DSa) – info is available within software – improvements to this can be improved with training and monitoring by CG&PL. CG&PL can look at if there are any trends within practices or performers. PR reported that at Wolves meetings, they have fed back to practices what they have entered as diagnoses to improve standards. This training can be put into the SDIPs.
6. Quality of service reporting following review with Neil Walker (IH) – spreadsheet reviewed – we (& CG&PL) need to look at training to ensure quality of referrals improves.
7. Solihull CQUIN – advice and guidance service discussed – Dan to inform CCG that we have considered this and do not feel that this is a service that we could provide that would be financially viable or the CCG. The CCG could perhaps consider using the integrated hub operating within NHS111. DSa
8. Solihull Equality & Diversity Report – to be sent to LOCSU to produce a report
9. Solihull Query regarding cataract – DSa explained this was a query from the CCG as to why all cataract referrals are not going through PEHOWM – DSa explained why to them – as previously discussed we wish as many as possible to go through PEHOWM, but cannot mandate it.
10. MECS & A&E query – DSa – as previously discussed, the CCG want our services to minimize activity in A&E. Unsure from spreadsheet sent to us what they want. They perhaps want us to

put more patients through MECS, but cannot we cannot put patients thought who do not meet the criteria. There may be something here for SDIPs.

11. Company secretary – CB queried that we do not have a company secretary listed at companies house. CB will chase with LOCSU
12. PR proposed that we invite Gian to next CG&PL meeting

CB

13. Date Of Next Meeting

29th June 2017, Holiday Inn J7 M6 – Louise to book with the ROC as usual.

Action Points

- | | |
|---|-------------|
| CB to get confirmation from LOCSU regarding Directors Remuneration (done - see appendix1). | CB |
| CB to look at LOCSU guidance for GOS with MECS - all to agree and circulate 7.1 | CB /
ALL |
| All to ensure above guidance to be discussed at all future MECS events 7.2 | ALL |
| Discuss with Webstar potential for referrals to be sent by email 7.2 | CB |
| set up (and lead) a joint Sandwell & Bham LOCs CET group to provide smaller localized training sessions. (9.3 & 10.7) | PB |
| QIO for company to be done 11 | CB |
| All company policies to be reviewed 11.2 | CB /
PR |
| Request Solihull CCG to issue PEHOWM with email address 12.3 | DSa |
| Chase Gian to clarify / correct Triage report 12.4 | DSt |
| Inform Solihull CCG about our response to their CQUIN suggestion (12.7) | DSa |
| Invite Gian to next CG&PI meeting | CB |



CG & PL Directors Board Report

Date: 22/03/17

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton PEARS/MECS

1. **Activity:** MECS around 370 per month, a little higher than 12 months ago, total now over 8500. Greater than the 'predicted' 1% of population.
2. **Performance of Service against Quality Requirements;** no significant issues or complaints, questionnaire completion edging up to 82%.
3. **Performance of Service against KPIs:** no issues with performance.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** positive relationship with CCG continues & we have contributed to revised service spec; tender for new contract to launch 3/4/17 as AQP, plans in hand with LOCSU advisor to be on top of this. Changes to service spec are modest, other new services will be included in contract as an SDIP. Ongoing regular meetings with ophthalmology representatives, further contact required with pharmacy.
5. **Anonymised analysis of subcontractor performance:** performed quarterly by practice and 6-monthly by practitioner with feedback to practices on a 6-monthly basis. Small number outlying practices monitored closely.
6. **Subcontractor Performance Issues:** satisfactory response to the CG exercise, now in the process of chasing non-responder – main issues are high activity in a couple of practices, all high activity practices are examined very carefully.
7. **Complaints:** no complaints this period
8. **Incidents:** no recent incidents.
9. **Any other relevant information or queries for the board:** positive figures showing 27% patients using MECS would have otherwise gone to A&E.



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CG & PL Directors Board Report

Date: 22/03/17

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton IOPRM

1. **Activity:** activity remains modest, 556 first repeat episodes and 210 second repeat.
2. **Performance of Service against Quality Requirements;** overall 73% discharge rate.
3. **Performance of Service against KPIs:** No issues with KPIs.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** no matters have arisen, IOPRM to form part of tender process in April with a revised tariff. Other options were discussed but will form part of OHT service, this is not to be immediately commissioned but will be an SDIP within the new contract.
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 21 accredited practice (up from 19) with an out of area practice also doing very low level activity..
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** hopefully a modified tariff will encourage participation along with the start of the glaucoma project in April.



CG & PL Directors Board Report

Date: 22/03/17

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton Cataract

1. **Activity:** has risen and was nearly double the same quarter last year, now over 1400 cases in total.
2. **Performance of Service against Quality Requirements:** no issues, questionnaire completion now 66%. Webstar tasked to merge the questionnaire with the patient self assessment.
3. **Performance of Service against KPIs:** no problems, see below.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** pre-op cataract will be tendered in April along with the other services, spec largely unchanged with modifications to KPI. Post-op cataract will be in new contract as an SDIP offering the chance to develop the service without a separate commissioning exercise.
5. **Anonymised analysis of subcontractor performance:** no performance issues identified, change in VA levels not had a demonstrable effect.
6. **Subcontractor Performance Issues:** Practices participating in PEARS/MECS have been told that they are expected to join the cataract service, the new spec will emphasize this and may make it compulsory
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: 21/03/2017

Presented by: David Stevens,

Service: Walsall MECS

1. **Activity:** JAN MECS 326 and 22 Triage only.
FEB MECS 357 and 28 Triage only.

2. **Performance of Service against Quality Requirements;**
Any outstanding QiO Std contract requirements are being chased up, there are only 2 that still need to submit. Both of these will have to complete the new version of QIO 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.

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 with All, but agreed to start looking at how this could work in view of services split between Walsall Manor and Wolverhampton.

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.

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.



CG & PL Directors Board Report

Date: 21/03/2017

Presented by: David Stevens,

Service: Walsall IOPRR

1. Activity:

JAN 1st reading 24 2nd reading 7
FEB 1st reading 33 2nd reading 5

2. Performance of Service against Quality Requirements;

Any outstanding QiO Std contract requirements are being chased. Deadline set now chasing 2 outstanding practices. 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 planned for end of April.

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: 21/03/2017

Presented by: David Stevens,

Service: Walsall Cataract Pre and Post

1. Activity:

JAN Cataract 39 Pre 1 Post .

FEB Cataract 39 Pre , 5 Post .

2. Performance of Service against Quality Requirements;

Any outstanding QiO Std contract requirements are being met . 2 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. Next meeting 27th April

5. Anonymised analysis of subcontractor performance ;

12 month review being organised.

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. Trying to arrange meeting with Manor CCG and ourselves.



CG & PL Directors Board Report

Date: 30/03/17

Presented by: Ian Hadfield/Debbie Graham

Service: Sandwell and West Birmingham MECS

1. **Activity:** An average to date of 340 per month including triaged patients, very disappointing compared with the CCG estimated activity of 462 episodes per month but their expected total does include quite a lot of follow-up appointments which we don't report because we do not charge for them.
2. **Performance of Service against Quality Requirements;** No problems to report. Patient questionnaire completion is well over 70% which is very high compared with the average of less than 20% coming back for other services commissioned by the CCG.
3. **Performance of Service against KPIs:** Minor issues with over referral for some conditions but generally no serious problems.
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.
5. **Anonymised analysis of subcontractor performance:** No specific analysis done but 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:** no incidents this period.

9. **Any other relevant information or queries for the board:** None.



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CG & PL Directors Board Report

Date: 30/03/17

Presented by: Ian Hadfield/Debbie Graham

Service: Wolverhampton IOPRM

1. **Activity:** Extremely disappointing with an average of only 34 repeat episodes per month compared with the 79 expected by the CCG. 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 80+% 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.
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.
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



CG & PL Directors Board Report

Date: 30/03/17

Presented by: Ian Hadfield/Debbie Graham

Service: Sandwell and West Birmingham Cataract

1. **Activity:** Very disappointing, an average of only 43 per month to date whereas the CCG were expecting 186 per month based on previous years activity. Not known where the other 143 are being referred from or to.
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.
3. **Performance of Service against KPIs:** no problems, CRM was very brief with no complaints from either side except the failure to receive payment for three months towards the end of last year. CCG staff had no concerns.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** No problems
5. **Anonymised analysis of subcontractor performance:** This is 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:** no incidents.
9. **Any other relevant information or queries for the board:** none.



CG & PL Directors Board Report

Date: 30/03/17

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

Service: Solihull MECS **January-February 2017**

1. Activity:

January MECS 171 and 23 Triage only.

February MECS 169 and 21 Triage only.

2. **Performance of Service against Quality Requirements;** all CCG issues met for QiO Level 1 & Safeguarding. Quarterly 3 report to CCG was completed for February's review meeting which was held on 16th March 2017. Outstanding issues: Any outstanding QiO Std contract requirements are being actively chased. Deadline 24/3/17. There are now 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. CCG happy with Questionnaire completion.
3. **Performance of Service against KPIs:** No issues with KPIs.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** CCG sent us price increase 0.1% inflator. Price Increase policy and National and Local Variation contracts have been signed by Dan Sanders on 16/3/17. Price increases to PEC only and not sub-contractors. 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. Simone is to write a DQIP (Data Quality Improvement Policy) for NHS email and action plan for implementation. Simone has sent a MECC policy which is now to be added onto a SDIP (Service Development Improvement Plan) – template sent to Simone. Local incentive Scheme is now about the development of further pathways and the meetings we attend ie post cataract being introduced. Leaflets and posters were printed and all practices have received a pack, as well as the Solihull border practices. Most up-to-date information is on www.eyecarewm.co.uk Simone attended a meeting on 22/3/17 with the Solihull CCG Comms team to change the current information on MECS on the Solihull CCG website. Also discussed : people to contact for minor eye unit to see if they require any leaflets. A copy of the press release was sent together with pdf of the leaflet for them to distribute. **They would like the logo/graphics** to be able to tweet about the service and eye health, and opticians can re-tweet or even link to the twitter feed. Met Ros Brooks who was involved in Wolverhampton PEARs where they were nominated for an award. She is in charge of the twitter feed. Simone to attend a PLT (Protected Learning Time Event) on 28/3/17 in Solihull where a large number of GP's, practice staff, nurses, etc will attend a lunch and training afternoon. We will have a stand with our leaflets and A4 sheets on display.

Simone provided a breakdown of the MECS outcomes which showed that a number of inappropriate referrals to ophthalmology are being made. The national tariff for a first outpatient appointment has just been increased by 30% and the CCG (Neil Walker in particular) are very keen to ensure that only those cases that absolutely have to be referred are and that, where it is at all possible, referrals go to "The Practice" (Solihull's intermediate ophthalmology provider).

Looking at the list of outcomes there were some glaringly obvious silly referrals e.g. 11 referrals for dry AMD, one of which had been sent in as an emergency referral and a number of referrals for PVD.

We need to urgently find a way to stop these referrals being made or the CCG will be unlikely to renew the contract.

WE need to discuss ways that we can improve performance at the directors meeting on 30th.

Other items from CCG:

- CQUIN : Promote advice and guidance so that GP's could ring up PEC for advice. So a SDIP could therefore be developed to look at setting this up (Neil Walker) How would this be set-up and would it be useful? I was thinking we could change this to NHS 111? Update on this please.
- Simone to also produce an Equality & Diversity Annual Report – has this been done before? 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
- Accessible Information Standard - How are we implementing this?

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

6. Subcontractor Performance Issues: Out of a possible 28 optical practices in Solihull. 10 are non-participating because they are either domiciliary companies or a multi-national company ie Asda and Tesco. 21 practices are on the website.

- Should we list all practices ie Tesco and asda with NO's in their columns?

www.eyecarewm.co.uk as they offer MECS, IOP or Cataract services. Of the 21 practices, **18 are accredited for MECS. 2 are not going to participate in MECs at the current time. 1 optometrist is awaiting OSCEs and Vision Express Solihull is a very long 'work in progress' but we are in communications. Boots Shirley has recently lost their MECS accredited optom, so cannot be part of the scheme at the current time.**

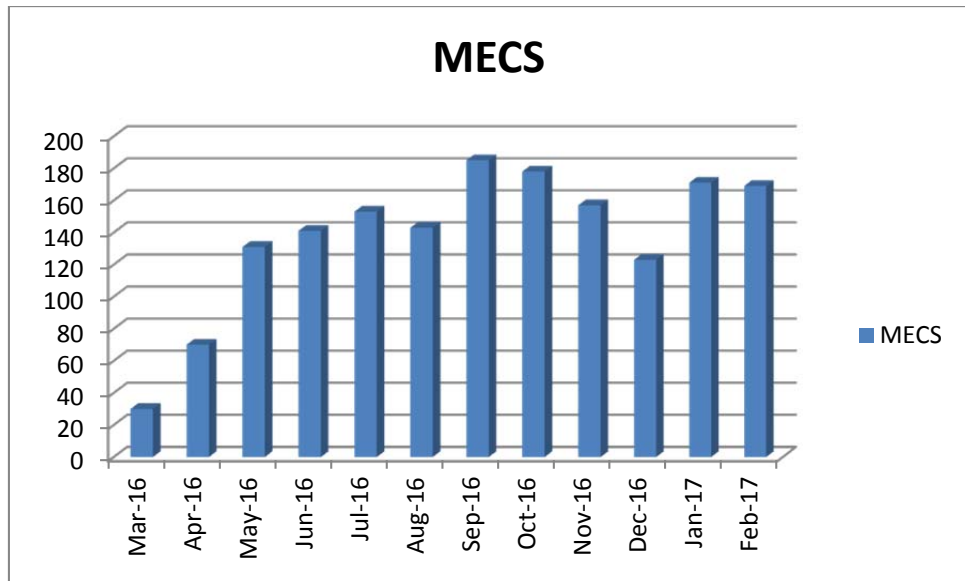
- Complaints:** Two complaints satisfactorily resolved from 29/9/2016 and 3/10/16. No new complaints received since.

7. Incidents: no incidents.

8. 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 working on a table of availability.

MECS

Mar-16 30
Apr-16 70
May-16 131
Jun-16 141
Jul-16 153
Aug-16 143
Sep-16 185
Oct-16 178
Nov-16 157
Dec-16 123
Jan-17 171
Feb-17 169
1651





CG & PL Directors Board Report

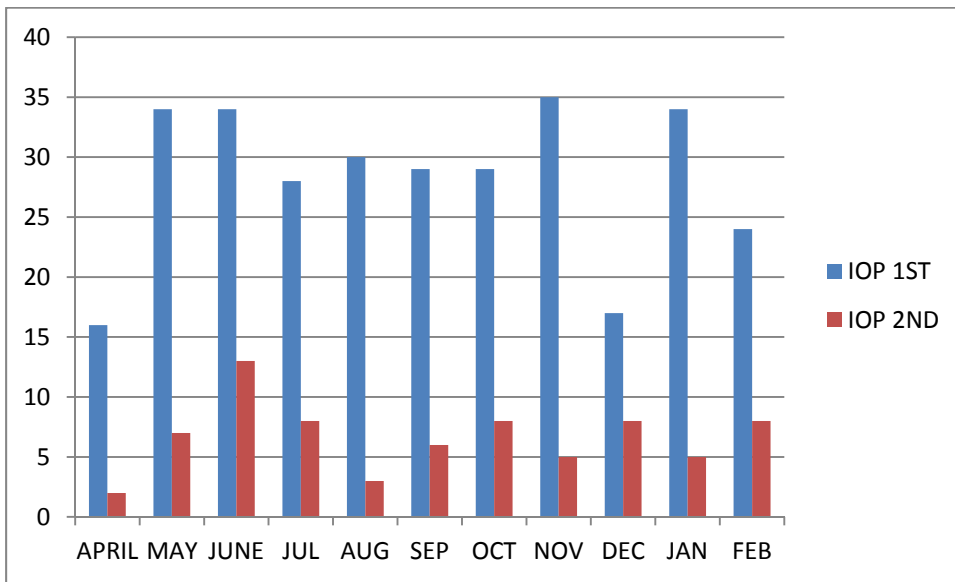
Date: 30/03/17

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

Service: Solihull IOP RM January – February 2017

1. **Activity:** 58 1st repeats, 13 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 review just completed on 16/03/17. 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.
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
Jan	34	5
Feb	24	8
March	-	-
TOTALS	58	13





CG & PL Directors Board Report

Date: 30/03/17

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

Service: Solihull Cataract January - February 2017

1. Activity:

- January 23
- February 36

2. Performance of Service against Quality Requirements; all CCG issues met for QiO & safeguarding, quarterly report to CCG due 16/02/17. 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.

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

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

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.

WE need to discuss ways that we can improve performance at the directors meeting on 30th.

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. Follow-up: 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.

