



Directors Meeting Minutes

Date: 14th April 2016; 5.30pm

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

Nil

3. Conflicts of interest

All directors completed and signed a new conflict of interest form, to be uploaded by CB – these are due annually

4. Minutes of the last meeting

Circulated by CB & In Dropbox – agreed by all.

5. Matters Arising

- All Directors signed LOC Company Directors agreement to be uploaded by CB
- All LOCs provided with “MOU with the LOC Company” document, to be signed and returned at the next meeting
- Formal Appointment of Company Named Roles:
 1. Chair – Charles Barlow
 2. Finance Director – Ian Hadfield
 3. IG Lead – P Hampson
 4. Caldicott Guardian – P Bainbridge
 5. Senior Information Risk Owner – I Hadfield
 6. Accountable Emergency Officer – C Barlow
 7. Safeguarding Lead – P Bainbridge
 8. Mental Capacity & Deprivation of Liberty Lead – D Sanders
 9. Prevent Lead – D Stevens
 10. CG & PL – AP Rockett
 11. Provider’s Child Sexual Exploitation Lead: D Stevens
 12. Provider’s Freedom To Speak Up Guardian: D Sanders

After some discussion these roles were agreed and passed.

Details to be kept on file in dropbox with policies and procedures.

6. Financial Reports

- Management accounts
- Bank accounts – IH reported £20,688.65 positive balance. Last three OSCES still unpaid, assessors paid, but WOPEC & Aston outstanding, so approx. £10,000 likely to be paid out shortly. There is an income stream from Wolverhampton, Walsall is coming on line, but the other services are not yet contributing.
No further OSCES are planned imminently, but there are performers asking for codes, so they will need to be planned for later in the year.
IH has been asked for a Corporation Tax return, it is being dealt with through Menzies.
The cash flow does not yet enable us to start repaying the LOC loans.

7. Clinical Governance & Performance Leads Reports (refer to summary reports attached)

1. Wolverhampton -
PR reported that more cataracts could go through the service – work to be done on this. Cataract report Point 3 will be raised with CCG as a possible spurious Cataract. Issues of uptake will need to be addressed. IOPs is a training issue.
The LOC have been approached by Primary Care Home (a national initiative) to pilot new ways of doing things, early discussion on cataract post op and OHT.
Is regularly reviewing outliers, there are some minor concerns that are being addressed.
PR reports that Webstar send agreed reports monthly directly to the CCG and then quarterly he attends a half day review meeting with a presentation with data from Webstar. It was agreed that all will try to work towards this and that IH should reassure his commissioners that all the data is there and will be provided in due course.
2. Walsall –
Very early figures, but looking promising. MECS activity already 105.
3. SWB & Solihull –
Too early to discuss figures, but IH has some concerns regarding reporting data (especially ethnicity) from Webstar and also concerns regarding CCG demands for monthly data. PR

reassured that Gian will resolve this, but not necessarily overnight.

Main issue is the role out and getting practices to sign up. Solihull are having a soft launch meeting in June as a Q&A session.

Action

Dan queried the PROMs – PR advised they are uploaded to Webstar and then can be destroyed.

CB

CB to look into summarizing the availability of services and their protocols. This may be already manageable by Webstar – CB follow up with Webstar.

Dan asked about a protocol/script for patients phoning in. It was agreed simply to say not eligible, but can offer to provide private services.

8. Complaints / Risk Register

No Complaints

9. Education & Training

1. Formalize accreditation level across the region – it was agreed to defer this discussion until the next quarter to allow time to roll out the services. PR said it is a live issue as there are performers who provide IOPRR in W'ton, but are not WOPEC accredited as they carried out Wton training. As numbers are small not an issue at present.
2. No OSCEs agreed for the next 3/12.
3. PR will look at whether his training grant (see below) can be used for signing off. Possibly use this as a template for developing and providing our own Goldmann sign off. This could save money with less WOPEC

10. Communications

1. Company website – CB advised that he has discussed this with LOCSU who have some new proposals for ROC websites. He suggested that we let Paul Sidhu discuss this with LOCSU and then report back to us.

11. QIO / IG –

1. motion to adopt proposed timescales for QIO submissions for subcontractor practices – agreed by all as three months.
2. Company QIO – CB confirmed that this has been completed by CB

12. AOB

Training Grant Awards – Wton have been awarded £30,000. Unfortunately the bid by Birmingham was unsuccessful.

Surveys – PR advised that they are best done when patients are in the practice. Can also be done directly online. The comments are very powerful with commissioners.

Action

Outside Clinic are querying if they can provide the services. CB & PR to look at contract/service specification. PR queried if Binocular fundus viewing is possible on a domi visit. CB & PR advised it is possible but rare.

PR/CB

DS asked about leaflet distribution – Ad hoc was the consensus. CCG delivery system can be used where it exists.

13. Date Of Next Meeting

21st July 2016 – 5pm (earlier start), Holiday Inn J7 M6 – Louise to book with the ROC as usual.



CG & PL Directors Board Report

Date: 7/4/16

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton PEARS

1. **Activity:** MECS around 370 per month, total now 4500; cataract around 40 per month, IOPRM around 25 pm.
2. **Performance of Service against Quality Requirements;** MECS on target against quality requirements, all CG issues met, minor issues only in Quality e.g. 9% patients not offered same day appt – should be <5%.
3. **Performance of Service against KPIs:** No issues with KPIs, CCG happy to receive figures every quarter not monthly. Obvious non-compliance is that we don't record triage-only encounters.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** we have been complemented on our co-operation & quality of data.
5. **Anonymised analysis of subcontractor performance:** last analysed in detail autumn 2015 & we approached all outliers for reassurances regarding number of follow ups & incomplete follow ups (2 practices), % GP referrals (2), questionnaire completion (6). Currently re-analysing the outliers.
6. **Subcontractor Performance Issues:** there remain 5 practices who are always late, need chasing, are reluctant to comply, need special treatment.
7. **Complaints:** no recent issues except the reporting of difficulties with pharmacy Rx's.
8. **Incidents:** no recent incidents.
9. **Any other relevant information or queries for the board:** funded training; compulsory evening training; approaching outliers;



CG & PL Directors Board Report

Date: 7/4/16

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton Cataract

1. **Activity:** cataract currently 40 per month
2. **Performance of Service against Quality Requirements;** all CG issues met for QiO & safeguarding, quarterly reporting to CCG; outstanding issues:- we don't report % Px who requested full assessment after identification of cataract; have also not met % completed questionnaires until this quarter.
3. **Performance of Service against KPIs:** No issues with KPIs, except reporting patients with cataract who don't want assessment.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** we have been complemented on our co-operation & quality of data.
5. **Anonymised analysis of subcontractor performance:** completed cataract audit of 1 month's referrals April 16. Only 24% referrals use this pathway to WEI, 100% to Nuffield NHS. 74% 'success' rate cf 62% GOS18, 58% GP. Probably too much co-pathology.
6. **Subcontractor Performance Issues:** the audit shows around 5 practices accredited to the service referring by other means.
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** support from CCG & GPs for cataract service to be the required referral route. Ongoing discussion of post-surgery cataract service.



Primary Eyecare
Heart of West Midlands Ltd
www.eyecarewm.co.uk

CG & PL Directors Board Report

Date: 7/4/16

Presented by: Peter Rockett, Jill Cheney

Service: Wolverhampton IOPRM

1. **Activity:** cataract currently 40 per month
2. **Performance of Service against Quality Requirements;** all CG issues met for QiO & safeguarding, quarterly reporting to CCG; outstanding issues:- not policing 2 week requirement; no audit as yet.
3. **Performance of Service against KPIs:** No issues with KPIs, except 2 weeks as above & no significant feedback from HES.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** we have been complemented on our co-operation & quality of data.
5. **Anonymised analysis of subcontractor performance:** no serious analysis has been undertaken. Audit will be part of funded training.
6. **Subcontractor Performance Issues:** patchy use of service, some participating practices not using service.
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** funded training will result in audit of current referrals & GAT training, ongoing discussion of OHT service.



CG & PL Directors Board Report

Date: 11/4/2016

Presented by: David Stevens,

Service: Walsall MECS

- 1. Activity:** Officially went live on 1st March. MECS 105 and 7 Triage only.
- 2. Performance of Service against Quality Requirements;** All QiO requirements have been met. Any outstanding QiO Std contract requirements are to be met within a 3 Month period. Initially many practices recorded MECS on paper then transferred to optomanager as they became accredited.
- 3. Performance of Service against KPIs;** No issues with KPIs . Have meeting with Webstar on 18/4/16 to go through data to provide initial KPI information for CCG meeting on 21/4/16.
- 4. Outcomes of meetings with commissioners and/or other stakeholders ;** MECS Leaflets printed with practice details on , Posters , referral template and instructions on how to access the service were distributed to ALL Walsall GP practices , ALL Walsall pharmacy and Walk in Centres prior to 1st March start date. CCG were late in signing contract which slowed webstar in making platform available. This caused issues as GPs were sending referrals to practices who were not ready. This was resolved by advising practices to record episodes on paper and then download as platform became available. CCG have been helpful in keeping GPs informed of which practices were available.
- 5. Anonymised analysis of subcontractor performance ;** No data yet available.
- 6. Subcontractor Performance Issues ;** No issues at present. We now have 23 practices accredited with 2 more in the process of becoming accredited. Many practices slow to become accredited which has meant a lot of time chasing .!! Gradually ground them down.
- 7. Complaints;** CCG reported a few incidents of practices not seeing patients referred by the GPs , this was resolved by asking practices to record information on paper and then transferring to platform as it became live.
- 8. Incidents;** Nil

9. **Any other relevant information or queries for the board.** Encouraged by how GPs have taken a positive view of the service , quite a few GP practices have asked for more leaflets , posters and aide memoir . CCG have made available there internal GP/Pharmacy delivery system to get literature to the locations.



CG & PL Directors Board Report

Date: 11/4/2016

Presented by: David Stevens,

Service: Walsall Cataract Pre and Post

- 1. Activity:** Officially went live on 1st March. Cataract 22 Pre , 0 Post .
- 2. Performance of Service against Quality Requirements;** All QiO requirements have been met. Any outstanding QiO Std contract requirements are to be met within a 3 Month period. Initially many practices recorded Cataract on paper then transferred to optomanager as they became accredited.
- 3. Performance of Service against KPIs;** No issues with KPIs . Have meeting with Webstar on 18/4/16 to go through data to provide initial KPI information for CCG meeting on 21/4/16.
- 4. Outcomes of meetings with commissioners and/or other stakeholders ;** Not met with CCG yet , meeting arranged for 21/4/16.
- 5. Anonymised analysis of subcontractor performance ;** No data yet available.
- 6. Subcontractor Performance Issues ;** No issues at present. We now have 24 practices accredited with 2 more in the process of becoming accredited. Many practices slow to become accredited which has meant a lot of time chasing .!! Gradually ground them down.
- 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 has yet to be tested , we have meeting with CCG and Manor to ensure everyone at the Manor is aware of new Post Cataract pathway. Difficulty has been finding someone at the Manor to organise this process.



Primary Eyecare
Heart of West Midlands Ltd
www.eyecarewm.co.uk

CG & PL Directors Board Report

Date: 11/4/2016

Presented by: David Stevens,

Service: Walsall IOPRR

- 1. Activity:** No activity yet. Webstar made IOP available 8/4/16. Practices and Practitioners.
- 2. Performance of Service against Quality Requirements;** All QiO requirements have been met. Any outstanding QiO Std contract requirements are to met within a 3 Month period.
- 3. Performance of Service against KPIs;** No data to compare with yet.
- 4. Outcomes of meetings with commissioners and/or other stakeholders ;** No data for CCG to look at yet.
- 5. Anonymised analysis of subcontractor performance ;** No data yet.
- 6. Subcontractor Performance Issues ;** No issues at present , practices gradually becoming authorised . Week starting 18/4/16 will start to chase those practices that have not yet registered for authorisation.
- 7. Complaints;** Nil
- 8. Incidents;** Nil
- 9. Any other relevant information or queries for the board.** Nil



CG & PL Directors Board Report

Date: 11/4/16

Presented by: Ian Hadfield, Debbie Graham

Service: Sandwell & West Birmingham MECS March 2016

1. **Activity:** 45
2. **Performance of Service against Quality Requirements;** all CG issues met for QiO & safeguarding, quarterly report to CCG completed but not yet submitted; outstanding issues:- Very poor uptake as not many practices aware that service had gone live, also serious problem with Webstar not providing access to the platform in a timely manner. Although some 150 people attended launch meetings participants seem to have little idea how to use Optomanager.
3. **Performance of Service against KPIs:** No issues with KPIs, except CCGs both require patient ethnicity and this is not included as part of the assessment but reported on the patient questionnaire. Because the questionnaires are anonymous cannot be tied in with patient episode. Have requested that Webstar sort out this problem but, so far, no response.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** Leads and CG&P Leads have met with various GP locality groups and the diabetic stakeholder group to explain how the service works. Leads and CG&P leads have visited most GP practices and spoken to practice managers, reception staff and, on occasions, GPs. Meeting with commissioner to report on complete failure of service at commencement when a GP referred a patient before the contract was signed and the patient could not find an accredited optometrist. Also discussed reporting requirements. Leaflets and posters distributed to all Birmingham GPs and a few Sandwell GPs, Also leaflets and posters dropped in to a number of pharmacies and a few non-participating optometrists. Now have a complete mailing list for all GP practice managers so comms will become a little easier. No help with comms whatsoever from CCG except a brief mention in Nicks News. It is going to be a long slog getting this service up to the levels achieved in Wolverhampton.
5. **Anonymised analysis of subcontractor performance:** No in depth analysis undertaken as we only have one months data and there is precious little of that.
6. **Subcontractor Performance Issues:** Very poor initial uptake, practitioners slow to submit registration forms and Webstar slow to sign them off. Leads still not aware of who will or will not be taking part in services. Webstar usually quite slow to

respond to requests for information. Some out of area providers were slow to upload episodes and back dated them so some March episodes may not appear on the appropriate invoice. A few issues have been identified by the CG&P lead regarding exactly what some providers are putting through MECS so some initial telephone contact is going to be necessary.

7. **Complaints:** See above regarding difficulty finding an accredited practitioner. What made it worse was that the GP is a member of the CCG board. The actual commissioners apologised to our team as they had been as guilty as ourselves regarding contract sign off.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** No



CG & PL Directors Board Report

Date: 11/4/16

Presented by: Ian Hadfield, Debbie Graham

Service: Sandwell and West Birmingham Cataract March 2016

1. **Activity:** 13
2. **Performance of Service against Quality Requirements;** all CG issues met for QiO & safeguarding, quarterly report to CCG completed but not yet submitted; outstanding issues:- Very poor uptake as not many practices aware that service had gone live, also serious problem with Webstar not providing access to the platform in a timely manner. Despite more than 150 people attending launch meetings, sub-contractors have not much idea about how to use the platforms
3. **Performance of Service against KPIs:** No issues with KPIs, except CCGs both require patient ethnicity and this is not included as part of the assessment but reported on the patient questionnaire. Because the questionnaires are anonymous cannot be tied in with patient episode. Have requested that Webstar sort out this problem but, so far, no response.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** Cataract not discussed with commissioners so far.
5. **Anonymised analysis of subcontractor performance:** No in depth analysis undertaken as we only have one months data and there is precious little of that.
6. **Subcontractor Performance Issues:** Very poor initial uptake, practitioners slow to submit registration forms and Webstar slow to sign them off. Leads still not aware of who will or will not be taking part in services. Webstar usually quite slow to respond to requests for information.
7. **Complaints:** None
8. **Incidents:** None
9. **Any other relevant information or queries for the board:** Must make this pathway the only way for optometrists to refer cataracts. Need Sandwell GPs to refuse to process referrals sent via them.



CG & PL Directors Board Report

Date: 11/4/16

Presented by: Ian Hadfield, Debbie Graham

Service: SWB IOPRM

1. **Activity:** 7 1st repeats, 1 2nd repeat
2. **Performance of Service against Quality Requirements;** all CG issues met for QiO & safeguarding, quarterly reporting to CCG, report prepared but not yet submitted; 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 at any meetings so far
5. **Anonymised analysis of subcontractor performance:** no analysis has been undertaken. Only have 1st month data and very little of that since Webstar failed to provide the platform to any SWB sub-contractors before the end of the month. Only one sub-contractor added post-dated episodes to the platform.
6. **Subcontractor Performance Issues:** yet to decide, can't blame sub-contractors for not participating in a service for which no platform was available. Feeling is that uptake will be unimpressive as is the case elsewhere.
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: 11/4/16

Presented by: Dan Sanders, Rekha Rai

Service: Solihull MECS March 2016

1. **Activity:** 35
2. **Performance of Service against Quality Requirements;** all CG issues met for QiO & safeguarding, quarterly report to CCG completed but not yet submitted; outstanding issues:- Very poor uptake as not many practices aware that service had gone live, also serious problem with Webstar not providing access to the platform in a timely manner. Few sub-contractors really aware what they can and cannot do through MECS.
3. **Performance of Service against KPIs:** No issues with KPIs, except CCG requires patient ethnicity to be reported and this is not included as part of the assessment but reported on the patient questionnaire. Because the questionnaires are anonymous cannot be tied in with patient episode. Have requested that Webstar sort out this problem but, so far, no response.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** No particular issues with Solihull CCG, Simone has delivered posters and leaflets to all optometrists, GPs and pharmacies. Have a much better idea who is and is not involved in Solihull.
5. **Anonymised analysis of subcontractor performance:** No in depth analysis undertaken as we only have one months data and there is precious little of that.
6. **Subcontractor Performance Issues:** Very poor initial uptake, practitioners slow to submit registration forms and Webstar slow to sign them off. Webstar usually quite slow to respond to requests for information. A few issues have been identified by the CG&P leads regarding exactly what some providers are putting through MECS so some initial telephone contact is going to be necessary.
7. **Complaints:** None, where questionnaires have been completed all seem to be very happy with the service received
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** No



CG & PL Directors Board Report

Date: 11/4/16

Presented by: Dan Sanders, Rekha Rai

Service: Solihull Cataract March 2016

1. **Activity:** 8
2. **Performance of Service against Quality Requirements;** all CG issues met for QiO & safeguarding, quarterly report to CCG completed but not yet submitted; outstanding issues:- Very poor uptake as not many practices aware that service had gone live, also serious problem with Webstar not providing access to the platform in a timely manner. Possible that some will have been uploaded via the old C1 claiming system but no access to this in Optoadmin.
3. **Performance of Service against KPIs:** No issues with KPIs, except CCGs both require patient ethnicity and this is not included as part of the assessment but reported on the patient questionnaire. Because the questionnaires are anonymous cannot be tied in with patient episode. Have requested that Webstar sort out this problem but, so far, no response.
4. **Outcomes of meetings with commissioners and/or other stakeholders:** Cataract not discussed with commissioners so far.
5. **Anonymised analysis of subcontractor performance:** No in depth analysis undertaken as we only have one months data and there is precious little of that.
6. **Subcontractor Performance Issues:** Very poor initial uptake, practitioners slow to submit registration forms and Webstar slow to sign them off. Leads more or less aware of who will or will not be taking part in services. Webstar usually quite slow to respond to requests for information.
7. **Complaints:** None
8. **Incidents:** None
9. **Any other relevant information or queries for the board:** Must make this pathway the only way for optometrists to refer cataracts. Need Solihull GPs to refuse to process referrals sent via them.



CG & PL Directors Board Report

Date: 11/4/16

Presented by: Dan Sanders, Rekha Rai

Service: Solihull IOPRM

1. **Activity:** 33 1st repeats, 11 2nd repeat
2. **Performance of Service against Quality Requirements;** all CG issues met for QiO & safeguarding, quarterly reporting to CCG, report prepared but not yet submitted; 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 at any meetings so far
5. **Anonymised analysis of subcontractor performance:** no analysis has been undertaken. Only have 1st month data and very little of that since Webstar failed to provide the platform to any Solihull sub-contractors before the end of the month. All activity was recorded using the old Birmingham LOC IOP repeat measures platform
6. **Subcontractor Performance Issues:** yet to decide, can't blame sub-contractors for not participating in a service for which no platform was available. Feeling is that uptake will be unimpressive as is the case elsewhere.
7. **Complaints:** no issues.
8. **Incidents:** no incidents.
9. **Any other relevant information or queries for the board:** none