



## Heart of West Midlands Regional Optical Committee 26-09-2019

### Present

Charles Barlow (CB)	Dudley/Solihull
Prab Boparai (PKB)	Wolverhampton
Jill Cheney (JC)	Wolverhampton
Debbie Graham (DG)	Optometric Advisor
Peter Hampson (PH)	Sandwell
Aisha Jeewa (AJ)	Walsall
Simone Mason (SM)	Clinical Governance & Performance Lead
Spencer Parkes (SP)	Solihull
Richard Rawlinson (RR)	LOCSU
Peter Rockett (PR)	Wolverhampton
Louise Sarjeant (LS)	Sandwell/Minutes
Wasim Sarwar (WS)	Clinical Governance & Performance Lead
Paul Sidhu (PS)	Dudley
Dan Spencer (DPS)	Solihull
Divya Sudera (DS)	Sandwell

### Apologies

Peter Bainbridge (PB), Ian Hadfield (IH)

### Minutes of previous meeting

DS need to change role, not CGPL. Proposed as correct by PS, seconded by CB.

### Matters Arising - nil

### Audit update

PS any update? CB asked IH, all moving to PPV. PH all areas being encouraged to do PPV, but can do their own thing if looking for areas not captured by PPV. DG been asked to prepare for PPV rollout based on national protocol.

### HWMOC members/distribution of minutes

DG do we ensure we capture everyone? LS as far as I was aware it was up to the LOC representatives to distribute the minutes to their LOCs. PS we put them on Sandwell's website pending ratification. CB if anyone else wants to be on the distribution list, let LS know. Only one rep from Walsall, should have two. LOC reps should also report back to LOCs.

DG each LOC is responsible to notify LS as to who they want on the distribution list, at least 2 reps, and should then ensure the LOCs have sight of the minutes. RR should have terms of reference so everyone does the same thing, re distributing minutes/putting on website. CB did have terms of reference, may need reviewing. PS AOP reviewed constitution initially.



### **LEHN update**

SM meeting due on 8<sup>th</sup> October, no update. RR no advert yet for Chair. PS need to push for its existence if worthwhile. DG can we quantify benefit? RR MECS across West Mids, ophth. depts talking to each other, future development of services eg hydroxychloroquine (HCQ) pathways. PH Chair needs to be appropriately funded, half a day not enough. DG is LEHN still in new NHS structure? RR likely as just appointed new chair in different region. DG may need future plans for NHS England to fund it. RR write a letter to David Brown asking about intentions, explaining LOC appetite and ask for information about future of LEHN. Get PB as HWMOC Chair to write.

### **PEC Update**

CB at the meeting the CGPLs provided excellent reports. Disappointed still minimal support for admin. No issues other than minor glitch with meds. LOCs to take on board clinical audit data – infection control audit. We're sharing guidelines across the region. PEC happy to provide printed material for hospitals and GPs as publicising MECS, but not opticians. New website due shortly and new leaflet design.

CB Dudley post cataract making good progress, but only Russell's Hall at the moment. Services going well.

AJ Walsall services stable, no unusual activity. Engaging with RR for glaucoma referral refinement funding and training. New LOC members to help and get money for training/pathways. Pre-op cataracts has been extended. RR didn't have extension in initial contract. CCGs will merge into Integrated Care System. AJ going to promote MECS at next LOC meeting. Had expressions of interest from ~10 optoms for referral refinement. DG need to map where they are for CCG and have business plan prepared over next three months, as that's when they'll fund.

DS Sandwell & West Birmingham post op cataracts have stalled as BMEC want us to use Medisoft. WS had agreed we'd use both Medisoft and Optomanager, but the manager left so caused delay. RR there was work behind the scenes, but Medisoft weren't being helpful. DG do our trusts use Medisoft? RR majority, yes. PR Wolverhampton use OpenEyes. PKB can we share info by Medisoft? PR info only shared via ERS. RR if using OpenEyes there are no barriers to connecting.

DG Birmingham are looking at cataract pathways and glaucoma referral refinement. RR new community ophthalmology provider, Health Harmony, reaching out to LOCs for support due to low activity. SP Solihull optoms used to referring to The Practice, so low uptake more likely from Birmingham. DPS one issue is they don't send any reports back. Have had a few meetings with them.

PR glaucoma enhanced referral scheme launch imminent but Optomanager not ready, likely late October. Commissioners have taken budget from HES to finance, so delay. Non-participating practices to refer to participating practices. GPs and HES can't deflect referrals that haven't been through pathway. Failed to launch Nuffield post-op cataract due to change in hospital director. Looking at other services such as stable glaucoma management etc. There's a RCOphth



document about what skill levels are needed. LOCSU pathways such a HCQ and macular hole deflection. PKB more private providers wanting to be involved.

RR Worcester had a 720% increase in invoices from Spa Medica. Worcs waiting list was 43 weeks, Spa Medica 2 weeks, so Trust have lost income. DG one trust when providing training for optoms told them not to send pxs to Spa Medica as will “destroy NHS”. Have to give patients choice when referring. PH we do need to be careful that we don’t erode NHS, it will be our problem when we start to get things taken from us in same way. RR government looking at repealing elements of the Health and Social Care Act so don’t have to put contracts out to tender.

PKB Spa Medica asked if can support LOC events. Can’t endorse specific provider and want to keep good relations with New Cross. Send pxs to Nuffield for short waiting list, but New Cross if pathology. DG need to give pxs info and choice but can’t recommend. SP CCG were going to publish waiting times. WS some have. DG CCG need to provide one document with all provider info.

### **PEC Training**

DS 20 people on MECS list, 3 on glaucoma, mostly SWB. Who’s funding the training? CB multiples fund/provide OSCEs for their employees. Those without access have to pay for their own (£125). Who puts them on? The regional company paid initially, no intention to continue paying for OSCEs. Need to provide them for independents. PS to get funding need to agree as individual LOCs. Loan money to put on sessions, and then recoup from individuals. May lose money if non-attendance.

PH how did we justify paying for training in the first place but not now? Nothing has changed, other than when people qualified. DS Worcs only charge if out of area. PH shouldn’t PEC pay for it? WS they won’t. PH shouldn’t make newly qualifieds pay. WS can get evening venues cheap/free. CB LOCs need to work out funding. DG difficult to get people to prove where they work, workforce primed initially, but circumstances have changed. Also shouldn’t only fund independents and not multiples. PR there’s not enough money for LOCs going forwards. CB need to put on OSCEs at least twice a year. LOCs can underwrite, but should aim to charge. Maybe PEC should underwrite? WS ~£2500 for 20 people. DG if LOCs pay for OSCEs, then multiples would want to claim money back, as they’re not benefitting. SP yes, we pay levy and pay Specsavers to put on OSCEs.

CB should we put on OSCEs? (Agreed yes).

Proposals 1) LOCs should underwrite cost? 2) LOCs should have discussion about subsidies. Could LOCs fund provision of assessors and candidates pay WOPEC fees? (£69). PH can we specify area? CB personally would charge optoms £125, then less issue with contractors. DS can charge in advance, though payments would have to go through LOC, not WOPEC. CB one LOC would have to lead on that. DS can check if WOPEC would take payment, likely increase in admin charge if so.

PS optom should pay and be told to “approach you LOC to see what their funding situation is”. CB next OSCEs likely after Christmas as not enough time before.



CB proposed we agree that WS & DS put on a set of OSCEs ASAP and to charge participants. LOCs to agree to underwrite any loss on these OSCEs until agreement is reached across the region for a permanent solution for regular OSCEs. Poss Bham can act as lead for this set and then agree with LOCs about any proportional split in costs, perhaps by proportion of total number of practices across region. All agreed. WS & DS to produce a clear breakdown of costs for LOCs. LOCs need to discuss and bring back to DS/HWMOC ASAP.

### **AOB**

RR thanks to LOCs that have responded to LOC needs analysis, can other LOCs add it to their agenda.

RR NOC coming up, please register interest. There'll be important discussions and news about how LOCs will work together across the country.

RR LOCs need to know who clinical directors of Primary Care Networks (PCN) are. Clinical commissioning will sit with Integrated Care System (ICS), PCNs are 4/5 GP practices, coming together as a network covering 30,000-50,000 patients and are GP led.

RR when looking at correspondence, LOCs should be represented through an official email address, should look professional. PH LOCSU should support us by providing a LOC email address.

CB standing for Central Optical Fund Director, it changed to a company a few years ago. Can all LOCs join (free), so you can vote for me at NOC. COF is for the benefit of optometry and LOCs.

### **Date of Next Meeting**

6.30pm for 7pm start – Thursday 13<sup>th</sup> February 2020 (Solihull)

### **Action Plan**

Each LOC to ensure LS has correct/up-to-date mailing list and that HWMOC minutes are distributed to LOCs accordingly.

PB to write to David Brown enquiring about the status of the LEHN, emphasising LOC desire to keep active.

Each LOC needs to decide with OSCEs if;

- 1) LOCs should underwrite costs
- 2) LOCs should subsidise costs (bearing in mind multiples eg Specsavers contribute to the levy and also pay for their own OSCEs)

RR to ask LOCSU about LOC email addresses.