NOTTINGHAMSHIRE LOCAL OPTICAL COMMITTEE
Chair: Adam Holliday

Bi-Monthly Meeting

Nottinghamshire Local Optical Committee
Bi-Monthly Meeting
Tuesday 14th July 2020
Virtual Meeting – via Zoom

Present:	Adam Holliday	**Chair**
	Roma Malik	**Deputy Care**
	Indy Atwal	**Treasurer**
	Andrew Spybey	
	David Cartwright	
	David Bennett	
	John Clissold	
	Katie Franklin	
	Sameen Qayyum	
	Mo Aslam	
	John Yeomans	
	Ravi Chawda	
In Attendance:	Sam Stretton	**Administrator**
	Mrs Katya Tambe	**Consultant Ophthalmologist at NUH**
	Allan Connolly	
	Anthony Harvey	
	Janisha Seaman	
	Sonia Jethwa	

Adam Holliday welcomed everyone to the meeting and a round of introductions took place.

2. Apologies for Absence

No apologies received.

3. Minutes of previous meeting – 31st March 2020
- matters arising

Unfortunately due to technical difficulties, Sam was unable to share these on the meeting room screen. However these had been circulated previously and no matters were raised.

4. NUH Update – Mrs Katya Tambe, Consultant Ophthalmologist at NUH

Adam Holliday introduced Mrs Tambe to those present and advised that she has been working with the LOC and also with the Local Eye Health Network, to help develop the eye care pathways in the area. She kindly offered to attend the meeting tonight to provide an update on what is happening.

David Cartwright explained that as well as being a Consultant Ophthalmologist, she is also joint Head of Department at the Queens Medical Centre. David went on to say that in Nottinghamshire there is an Eye Health Strategy Board which has been in existence for about 18 months. This Board sits under the Integrated Care System. The Integrated Care System is a way forward for the NHS, where various groups rather than working in silos get together under one umbrella to provide patient care access all the various health disciplines. The Integrated Care Systems has a clinical services strategy which takes each medical area (20 in total) in turn for example Stroke, Children, Older People and looks at improving service deliver. After much debate, they agreed to also cover eye health in their clinic services strategy. Over the past three months a lot of work has been undertaken, as well as holding workshops involving all sectors of eye health and patient populations, to put together quite a long document regarding what should happen in regards to eye health in Nottinghamshire.

In summary David broke this down into 3 areas: more awareness of the importance of eye health and the things that people can do to improve their eye health. This might be to encourage more people to have sight tests, look at life style factors i.e. obesity, smoking etc. whilst using the umbrella of the Integrated Care System to encourage this. A priority would be to target high risk groups. The second area is around the number of people coming through the system that have eye disease and require treatment. This then has an impact on secondary care. Hospital around the country have struggled with this and it will only get worse as the population increases and with people living longer. The third area is sadly around people who may lose their sight and the provision of services for this group is slightly patchy.

The clinical services group presented their findings to the Integrated Care System last week and this pretty much got the go ahead to take action to address these issues. A draft of the document that was presented to the ICS was circulated by the LOC a few weeks ago. The hard bit is getting this actioned and it was felt that the EHSB could divide this up and get the appropriate to drive this forward. David feels these is a massive opportunity of community eye care to be involved with this. The Queens Medical Centre fully support the idea of getting more done with the community settings.

Mrs Tambe thanked the LOC for inviting her to the meeting and said it was great that everyone was working together.

Mrs Tambe completely agrees with the division of the work in regards to eye care provision in the region.

Working together would enable consultants to discharge patients into the community with a management plan to receive ongoing care. An optical practice is an idea place for these patients to be seen as everything is in place in regards to expertise and equipment. This would also benefit Optometrists as they could utilise their skills in a much better way and be more involved in patient care, no just performing sight test and issues spectacles. There would also be a bigger foot fall into practices.

Mrs Tambe advised that over the past 5 years the increase in demand on eye departments has gone up by about 15-20% and there is a lot that community optometry could manage in practice.

Mrs Tambe talked about ways in which NUH and community optometry could work collaboratively and the types of eye problems that could be seen and managed in the community. Training and support would be available and Optometrists would be able to seek advice from an Ophthalmologist if needed. Having patient management protocols in place would provide assurance on both sides.

At the moment 2 pathways are being looked at, one is eye casualty and the other medical retina. For the eye casualty pathway NUH are setting up a small pilot with Specsavers and some of their Optometrists are going to be joining them for their IP qualification. A new digital platform will be used which has adapters that can be used in the optometry practices, this will allow NUH consultants to see exactly what the Optometrists can see so advice can be given accordingly. The plan is for Optometrists to go into NUH to sit with consultants in eye casualty or other clinics, to learn how to follow-up patients for example those with uveitis or flashes and floaters.

The OCCF is a competency framework that have 3 levels. Mo Aslam is the lead at NUH for this. NUH would like to use this framework to achieve competency across the board and everyone has the same level of training i.e. whether you are working at NUH, in the community or another region.

The medical retina pathway would be more about data collection and Optometrist who see patients with medical retina problems know when patients need to be seen in hospital. Currently referrals have to go via the patients GP, then through the refinement process. This causes delay for the patient. Having a direct pathway between optometry practices and the hospital would avoid delays and ensure that only patients needing to be seen in hospital are seen by using and analysing the information / images obtained by the Optometrist.

David Bennett asked to raise a point with Mrs Tambe about the triaging process, in which referrals are sent to the hospital. David stated that the triaging process in fact kept 70% of patients out of hospital. Mrs Tambe was pleased to hear this as she had not seen any figures around this. David advised that East Midlands Medical Services would be able to provide this data and that it would also be interesting to see data from NUH on referrals. David also felt that direct referral should be a very high agenda item for the ICS as this would make the process run exceptional well.

David also raised optometry core competency, which NUH may not be aware of. Many Optometrists have qualifications which are ahead of the core competency in the fact that we have the WOPEC qualifications which are recognised at national level. It would be advantageous if optometry core competencies and WOPEC qualifications could be incorporated into the OCCF.

Adam thanked Mrs Tambe for attending and contributing at tonight's meeting and hoped that now the journey of collaborative working had started, that she would be able to attend again. Mrs Tambe said it had been a pleasure attending and she would be very happy to do so again.

Out of curiosity Mrs Tambe asked how many of the optometry colleagues in Nottinghamshire are part of the LOC, as she is very keen to ensure that everyone is represented and everyone can be involved. Adam advised that the LOC represents the whole of the Nottinghamshire optical community and any information that NUH send to the LOC, will be sent out to every practice. Everyone is invited to attend these meetings, but not everyone attends. The LOC is transparent and everything is in the public domain on the website.

Before everything starts moving forward and being put in place, Mrs Tambe asked if there was an appetite for collaborative working between NUH and the optical community. It was confirmed unanimously that there was an appetite and everyone was keen to get things moving, this would include the commissioning and remuneration of the services which has to work for everyone.

Mrs Tambe left the meeting.

David Cartwright confirmed what Mrs Tambe had said in that the Queens Medical Centre are genuinely keen to get community practices involved. David feels that over the next 6 months the LOC needs to work with them in regards to putting together various models that will be presented to the Clinical Commission Group.

Those present then discuss the OCCF qualification and the importance of getting the Collage of Optometrists and the Royal Collage of Ophthalmologist on board in regards to standardising qualifications. It was also felt that now was a good time for Optometrists to up-skill to be ready to provide additional services if they wished to do so in the future.

5. Eye Health Strategy Board

This was covered by David Cartwright prior to Mrs Tambe speaking.

Adam asked if anyone had any questions regarding the document that was circulated a few weeks ago. The review document will be at the forefront of discussion over the coming weeks / months / years. Adam felt that this was something that everyone needed to get to grips with and process as how to everyone can be involved in this and in the delivery of services. If people hadn't looked at the slides, he would highly recommend that people do.

David said that a meeting needed to be arranged in the next few weeks for the committee to look at this further and suggested that the work is then divided between working groups of 4-5 people, including a representative from MySight for the Low Vision service, possibly a consultant from NUH on secondary care services. Two LOC committee members would also be on each group.

A discussion also took place around an issue where patients are being turned away from eye casualty and directed to optical practices to have pressures re-checked or with flashes and floaters investigated. Roma is leading on this and needs to respond to NUH, who have confirmed that they have been directing patients to optical practices. NUH have also said there has been some talks with commissioners about funding this and finding a more formal process. David Cartwright did advise that this has been raised internally at NUH, but the worry is this won't have been disseminated to everyone and the practice will still continue.

6. Any Other Business

LOCSU Levy

Indervir Atwal advised that last week he took part in a virtual Treasurers meeting, at which the levy was discussed. LOCSU advised that over the next 24 months they are working on the basis that GOS sight tests will drop down by 50% of what they were before the COVID outbreak. This has an impact on us as an LOC and also LOCSU, as both are funded through GOS 1 sight test fees. This has a major implication on LOC funding and we need to make cut backs, otherwise we will run out of funds before the 24 months. This could potentially be at the 12-18 months mark. It is very hard to forecast, as the drop in GOS fees might not be 50%, but we need to work on the idea it will be for the next 12 months. Indervir is putting together a few options for the committee to decide on and then review this again next year.

LOCSU did put a pause on their levy for four months, but have now advised that their levy will be reinstated in August. The pause in the levy had very little impact on us, as no levy was generated from GOS over the four months. LOCSU are expecting LOCs to take a hit and for practices to take a hit, but their money irrespectively.

This news was not received well by those present and it was felt that LOCSU should also be taking a hit. David Bennett said that under no circumstances should the LOC pay any money to LOCSU until such time that they came to us and justified why it should be paid. Adam thinks that from a housekeeping perspective we should be making some reductions in our outgoings in parts, but also takes the view that they can only have what we've got left over and we can't give them what we haven't got. Adam felt that it was not acceptable to increase the levy for practices to cover this at the moment. David Cartwright went on to say that in the foreseeable future we are going to have to get practices organised under one umbrella. If LOCSU are going to help us significantly with this, he could justify giving them money, however if they are not he would not pay them a penny. He also suggested paying someone locally in Nottinghamshire to undertake the work LOCSU do, which has been said numerous times at meetings in the past. Adam had hoped that Richard Rawlinson would be at tonight's meetings to discuss the levy issue further. David Bennett asked for this to issue to be a standing agenda item and have a statement of intent on what we plan to do and have a vote on this. Adam, Roma and Indy are going to put together the suggestions and circulate these round to everyone ready for discussion at the next bi-monthly meeting.

Notice of Payment to LOC Members

Andrew Spybey advised that Jill Gratton used to provide each committee member with a notice of how much they had been paid by Nottinghamshire LOC for their accounting purposes. Andrew asked Indervir if this was something that he could provide. Indervir confirmed it was and asked other committee members to let him know if they would also like to receive one.

Information Request

Janisha asked if it would be possible to have some information on LOCSU prior to the next meeting in regards to their remit and support to LOCs.

Adam advised that LOCSU was formed to support LOCs in their activity. They work at national levy and lobby for the profession. However their support does come at a significant cost.

Date and times of future meetings:

Bi-monthly Meeting – Tuesday 29th September 2020 at 7.00pm

Bi-monthly Meeting – Tuesday 17th November 2020 at 7.00pm

Bi-Monthly Meeting – Tuesday 12th January 2021 at 7.00pm

Bi-Monthly Meeting – Tuesday 16th March 2021 at 7.00pm

AGM – Tuesday 11th May 2021 at 7.00pm