

NOTTINGHAMSHIRE LOCAL OPTICAL COMMITTEE

Chair: Adam Holliday

Bi-Monthly Meeting

Nottinghamshire Local Optical Committee
Bi-Monthly Meeting
Tuesday 31st March 2020
Virtual Meeting – via Zoom

Present:	Adam Holliday Indy Atwal Andrew Spybey David Cartwright David Bennett John Clissold Katie Franklin Sameen Qayyum Mo Aslam John Yeomans	Chair Treasurer
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In Attendance:	Sam Stretton John Duffy	Administrator East Midlands Medical Services
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Adam Holliday welcomed everyone to the meeting. It was felt now was a good time for everyone to meet, given that the scheduled meeting for 21st March 2020 was cancelled and the unprecedented times we now find ourselves in.

Apologies for today's meeting and matters arising from the previous meeting held on 21st January 2020 would not be included today.

1. **LOC response to COVID-19**

A list of practices were given to each committee member to contact following the Government's lockdown announcement. Telephone calls were then made to each one offering reassurance where possible and support. Contact details were also obtained, to ensure that information received by the LOC could be circulated widely. Practices were also advised that the Optical sector was working non-stop to support our course with NHS England.

A WhatsApp network support group has also been setup and anyone wishing to join, should email chair@nottoloc.org.uk with their telephone number.

Information is being emailed out to practices and practitioners as and when it is received.

The website is also being kept up to date and has a designated COVID-19 section.

The LOC is also being contacted regularly with questions and queries from the optical community.

It was felt that the LOC had performed really well in communicating and supporting the optical community in these challenging times.

John Clissold asked if the LOC had received any information in regards to practices that are still open. Adam Holliday advised that some practices are classing themselves as open, but are just undertaking telephone triage / reviews. The LOC is aware however that some practices are still undertaking face to face appointments and some are not.

It was agreed that the LOC would advise practices that are seeing patients without the correct Personal Protective Equipment (PPE) about the current guidance and that they are not only putting themselves and their families at risk, but also the patients and practice staff.

Action: Sam to re-circulate the guidance

2. Updates from LOCSU / NHSE / LEHN

Adam advised that at a national level eye care provision is being looked at along with GP, Pharmacy and Dentistry provision. Regional task groups have been setup to look at eye care during this period. This group is made up of Optical Advisors, Chairs of the LEHNs, along with some Ophthalmologist input.

David Cartwright has been trying to put together an eye care triage pathway that would be useful for this interim period. This was shared prior to the meeting for everyone to look at.

The triage pathway would keep patients out of hospitals and GP surgeries and in their own homes wherever possible. However there will be patients who have eye conditions that require advice and potentially treatment.

David suggested that the LOC could keep a list of practices that are open who would provide telephone advice. This list would be updated and circulated on possibly a fortnightly basis to GP surgeries, eye casualty, pharmacies and the 111 service. Patient needing advice, could then be directed to one of these practices. The practice would then triage the patient and decide based on the information given, if patients needed to be seen, if so, where and when.

Thought would need to be given around criteria as to who was on this list, in regards to qualifications, experience etc. Having 'hot and cold' practices would also need to be considered. Appropriate PPE would need to be supplied to practices.

If the CCGs agreed to this, funding would need to be agreed. This would need to cover each patient seen and the practice overheads, including staffing.

John Duffy advised that East Midlands Medical Services (EMMS) is currently working on a platform which is very close to completion in regards to an automated telephone triage service. The service will be provided via a central telephone number and there is a facility for patients to submit videos and photographs. Protocols and governance is built into this platform.

Patients would also receive consistent advice, which is another factor that needs to be built in. The platform also has the ability to run audits around numbers triaged and outcomes etc.

David Bennett felt that under no circumstance should the GOS be used to fund any service implanted at this current time and that this is an entirely different system.

Funding of this service was discussed and if a realistic fee was not agreed with the CCG, it was felt that practices would not consider providing this service.

Whatever system is put in place PPE is a must for any face to face consultations and the fee for this and disposing of it, needs to be built into any costing of service provision also.

Given that no GOS fees will be generated over the coming months, David felt that the levy to LOCSU needs to be suspended. Everyone agreed and that this should happen imminently.

Action: *Indy Atwal to contact LOCSU about suspending the levy payments.*

3. What Can We Be Looking at Medium to Long Term

David Cartwright advised that the Integrated Care System have picked up eye health as one of their next clinical areas to look at. At the meeting held in early March, there were about 50-60 people there looking at eye health type issues. The work is continuing using virtual meetings like today's. One of the notes to come out of this meeting was that more work needs to be done in community settings. This doesn't necessarily mean by Optometrists, but that is one of the things that the LOC needs to look at in the near future and to make sure that the optical community is well prepared.

Adam Holliday felt that once we know where the opportunities are, then we can work out what we need to do.

Sameen Qayyum asked about a children's screening service and if funding would be available.

John Duffy suggested visual field testing for patients before attending glaucoma clinics.

Adam mentioned a possible wetAMD community screening programme as most practices have an OCT. Andrew Spybey referred to a previous conversation that the LOC had around screening patients and the practices submitting the information to the secondary care clinics.

Those present discussed the landscape and how things might look after the COVID-19 outbreak is over and if there is any value in sticking with the NHS, in regards to the amount of money practices actually generate from the GOS one work.

A discussion also took place around the Primary Eyecare Company and Andrew advised that after 12 months, this has not really revolved. Andrew and David Bennett are still registered Directors of Primary Eyecare East Midlands Limited.

4. Any Other Business

AGM

The up and coming AGM in May. It was agreed that given the current situation, the venue would be cancelled and the AGM meeting would be held virtual.

MECS

A MECS services would be ideal at the current time, but it's hard to convince the CCG that this is a value for money service.

Information Sharing

Sameen Qayyum advised that NUH would like to receive a copy of the list the LOC are putting together in regards to what practices are still open. David Bennett asked what the Trust proposed to do with this. The sharing of the list was discussed, but concern was raised about how the Trust would use this and would they be sending patients to the open practices.

Future Meetings

Tuesday 21st May 2019 – AGM – to be held virtually