

***Minutes for the Dudley LOC Committee Meeting held at 6.40p.m. on Monday 20th January 2025***

**Held at Russells Hall Hospital**

**Committee in Attendance**

Shamina Asif (Chair), Paul Sidhu (Secretary), Mark Tuffin (Treasurer), Charles Barlow, Shazad Mahmood, Ameerah Riaz Ahmed, Qadar Baz, Hussnan Ejaz, Rosie Birhah, Sonia Tyrell, Gurdeep Dosanjh,

Also in attendance – Chandni Sharma, Steve Roberts (LOCSU)

**1. Apologies**

Amir Afzal, Nicky Ferguson, David Wright, Jasheen Mangat

**2. Declarations of Interest**

Hussnan Ejaz reported that he is now on the Board of Specsavers.

**3. Minutes of the Previous Meeting**

CB proposed as an accurate record and RB seconded.

**4. Matters Arising from the Minutes**

See Updated Action Points.

EeRS Referral issues – CB stated this is ongoing and does not need to be included as a future Action Point.

**5. GOS Update**

CB recommends that all practitioners start using the new codes available when carrying out sight tests as they are not subject to post-payment verification at present.

**6. Primary Eyecare update– CB**

PES CQRM -

I am pleased to report that Primary Eyecare satisfied the contract team that they meet all their contractual performance metrics.

In addition their Safeguarding, Quality Assurance and Counter Fraud reports were accepted as satisfactory.

Following the contract review the following important topics were covered;

1. The Commissioner, Grace Jones (GJ), will endeavour to review the Glaucoma service specification which will include the possibility of GERS being adopted across the ICS.

2. Grace Jones confirmed that BMEC can't reject referrals on geographic/postcode grounds when a patient choice offer has been made. Action for LOCs - It would be sensible if we organised for all the LOCs to send out comms to contractors stating that referrals to BMEC (when its potentially out of area) contains the statement "patient choice was offered and the patient chose Birmingham and Midland eye centre". I will draft a suggestion to be agreed by all.

3. CB to pick up with Grace Jones regarding the waiting times for cataract surgery and work out whether or not the information on these waiting times for the local trusts should be added to the Cinapsis referral platform (if possible) - NB it is already available on Opera through the pre-OP service.

4. We can inform the LOCs that the NHS cost uplift factor (CUF) has not been awarded to us this year and to ask PES to appeal.

5. The Walsall trust cataract post-operative service increased funding has been approved to the level that Wasim has been requesting. However the service implementation is subject to the Walsall Trust infrastructure being able to support the cataract post op service - this is going to be investigated. There is the long term potential for a System wide Cataract post-op service, however with other pressures i do not see that as a priority for the commissioners.

6. A new fee for the cataract pre-op service from April 25 has been agreed. The LOC's should ask Primary eyecare (Wasim) to confirm what the new fee for contractors will be and also that when the information is sent out to contractors by PES that the LOCs have that information so they can also send it to all practices so that those not providing the service can be invited to join once they see what the significantly increased new fee is. Action for LOCs - send out information to all on the new contractor rate once its confirmed by PES.

Finally, I have been attending contract review meetings for over 10 years, ever since we got our first regional enhanced services and feel the time is now right for me to stand down.

Peter Rockett has agreed to take on this role and with his previous experience with Wolverhampton contracts and as a former director of our regional provider company he will be able to represent LOC interest very effectively.

The Primary Eyecare website has had a new ‘Find A Hospital’ added which details waiting times and hospital ratings.

**7. Chairs Business**

**Dudley LOC meeting report**

**PES MEETING :BUSINESS & PERFOMANCE REVIEW**

Meetings @ PES head offices on Oct 2/3 2024

**Executive Summary**

This report summarises the key points from the recent presentation provided by PES, highlighting the current performance metrics, collaboration opportunities, and future strategies for enhancing our partnership. The objective of the presentation was to meet with LOCs and share updates with LOCs, particularly focusing on identifying effective practices and areas for potential opportunities for support and collaboration.

**Key Updates and Performance Metrics**

**1. Current Performance Overview**

* **Insight into infrastructure & service contracts**:
Today there are approx. 150 staff with 60 of these being FT
Past 4 yrs there has been significant growth- Pandemic has pushed for the growth and needs have increased
PES has grown the telemed side of the business (CUES) to support regions who have issues with demand
* There was a discussion around which areas PES is working in and which areas they are not and current contracts and update on the different schemes in different areas.
* **Implementation of PES telemedicine 111 in West Midlands so that the patient is either managed on the phone or booked into a practice**
* **Finance**:
Target of 1% profit for business
Increase in money being received by practices through cost cutting and improving efficiency
Invests 81.4% into practices
Indirect salaries ~3.1%
Data analysts recruited to support practices and LOCs for growing data for meaningful conversations for ICBs

**2. Successful Initiatives**

1. **Discussion on late payments by NHS**:
Certain trusts have been poor at compliance with payments
This is an area they are working to support and ongoing individualised discussions and support as per case
2. **Discussion on Q10 Submissions**:
PES is working closely with Q10 to ensure the updates and forms are streamlined and made easier
If contractors are struggling with Q10 they should make contact for support through the system.
3. **Decommissioning in some areas**:
PES has been successful in ensuring the regions they support are still succeeding with services. Decommissioning is not an issue in PES areas
4. **SUS**: Secondary Users Service Data:
Elective funding for commissioners – funding is given to ICB to support reducing waiting times. PES is working to get this funding to ICBs using the data generated on success with reducing waiting times through primary eyecare support. Funding cannot be used for primary care- will be used in secondary. However, will strengthen the image and position of primary eyecare when ICB is looking at spending/expenditure. Build opportunity to be needed in the ICB.

**3. Further Discussions**

* **Training and education support for LOCs**
* **OPERA and issues with streamline this system**
* **Marketing for general public- Black Country highlighted as area of focus for advertising for general public e.g back of buses**
* **Request for resources (physical leaflets) and digital versions- if PES cannot fund at least organise reduced/discounted cost to support LOCs**
* **Future events from PES to update on current issues**

**CVD and stroke meeting – 02/10/2024 and 17/01/2025**

Meeting with stroke Dudley Public health on use of Optical practices for the face to face event – SM attended most of this meeting. We could potentially have opportunity to do a presentation to the Health and Wellbeing board. The stroke unit may want to send out leaflets on picking up a stroke to all optical practices to put in the waiting area. Most strokes are caused by blood pressure 50% - other avenues of picking up? We could also look at presenting at the chief executives board meeting.

**HLOP**

Following on from the alcohol training – most practices have now commenced the alcohol screening. I am waiting for an update from Public Health in terms of the figures. I will have this to hand for next LOC meeting. I have had quite a bit of work to do trying to set up practices on pharma outcomes and also chasing up contracts etc.

**BHF meetings**

There was a pot of money from BHF looking at innovation, I arranged a meeting with Duncan from Public health to see what we could tap into. NHS health checks was not taken into consideration as it is not an innovation however we worked with a pharmacist in Dudley Public Health to put in a bid to pick up high cholesterol in the population of under 30. Unfortunately we were unsuccessful in this bid.

**AI and fundus images**

We have had quite a few meetings with a company called TOKU based in New Zealand regarding using AI and fundus images to work out the risk of cardiovascular disease – the figure given is the Q risk score of 7.5% - above means you would need to do NHS Health check in the optical practice and then referred onto Pharmacist for statin/medication if high. Funding has been sourced for this small project involving one optical practice in Dudley. 100-200 images will be taken, screening will be carried out and then the results will be analysed. If this is successful we can look at a bigger project. The optical practice will be paid £5 for each screening and £20 for NHS HEALTH CHECK. We are hoping the project begins in March/April. The practice chosen will be a HLOP and has previously done NHS health checks. Training will be provided again.

**CMO clinical summit**

This was in Wolverhampton, and we had an interesting presentation from Stella Vigs who was talking about Transformation, Innovation and Productivity How to Support our Patients and Colleagues. She was talking about waiting times for all appointments – and how this is not evenly split in different areas. She also spoke about Lord Darzi’s report. She said Advice and guidance doesn’t really work. If every hospital were to increase its PIFU utilisation rate by 1 percentage point compared to the 2023/24 baseline through the second half of 2024/25, nationally 400,000 more patients could be seen in outpatients this financial year. • “Red Tape Challenge” announced by SofS and NHS CEO 3 October 2024 • Objective is to reduce bureaucracy through a rapid review of the issues • Broad scope of review – primary, secondary, community and mental health, for patients of all ages • The aim is to offer short-term, operational improvements. Any longer-term strategic and transformational changes identified will be built into the 10 year plan • We are committed to reporting our findings in the new year. We are collating examples of best practice and case studies so please share anything you have with england.redtapechallenge2024@nhs.net.

Saudia Arabia have a spoa for all referrals and it works really well there. She also spoke about how different departments cant refer to one another and it has to go back through GP ege gastro and dermatology. They can issue sick notes for 6 weeks instead of 2 weeks

We spoke to Stella about using community optometrists to relieve pressure on secondary care. We also spoke about using optical practices to reduce health inequalities. Spoke to leads at RHH about hydroxychloroquine pathway in community too.

**Primary Care Collaborative meeting Nov 24**

The morning consisted of presentations on getting in right first time GIRFT, however the afternoon was more useful where we got to speak about what is working right between community and secondary care and what isn’t. The panel took onboard our comments and said they will include in the report.

**Interview with NHS Eye Care Transformation user research - visibility of discharge information**

**45mins around why as a practitioner I think it is important to receive letters from HES. Points I raised**

* Feedback helps Px not to be referred again for same issue (key)
* we can learn on accuracy of a referral
* the feedback links to the referral and the referrer will see it.
* Improves optoms knowledge- hopefully we learn what to refer and what not to refer, feedback on how, what and with what urgency things need to be referred
* Joined up working across the system for all involved in the pathways including the patient
* May reduce referral volumes in future
* The patient expects that the optom will know what has happened at the hospital (key)
* Patients are surprised as to why the optoms hasn’t got the feedback and why has the hospital not sent it back to you (key)
* Patient confidence in a system – if the optom is getting that information back, it is felt that that gives the patient more confidence in the optometrist (key)
* Feedback data is often of use 2 years down the line when the patient visits the practice for a routine eye test
* So would be admin and clinical time saved potentially
* CPD is directly linked to their work, their training and core feedback
* Reducing re referral point of view
* We can re-emphasise points that patient may not have understood at HES as we know what was discussed

**Regional NOC**

Discussions around SPOA, what we expect from LOCSU, the constitution was discussed, and some CPD on how to work together as LOC, challenges and hindrances

**Ophthalmology meetings**

Not enough consultants are coming to this meeting it will mean Optoms are invited to every other meeting. There was a discussion around ISPs, and waiting times for BMEC is 12 weeks for cataract and the opening of CHEC regionally.

**Midlands regional** – update on what is happening in other areas and what Dudley are doing.

**ROC – diabetic screening service IHI John and Becky**

There are 226,224 diabetics registered in the midlands as diabetic and 4, 500 newly diagnosed. 48 opticians 12 asda practices and 6 hospitals doing this.

Patients can book online and change appointment times and they have changed it so you can book by postcode and not GP practice. In October 23 24 months screening came into operation and in November 24 OCT is happening in health centres and fields for high risk diabetics. 9 OCTS manor hospital is one site. The challenges for IHI is that the devon model didn’t work as well they started off with 69% target but recently hit 80% - they have issues with people in deprived areas taking up screening and young people.

I asked them to consider using optical practices and then also disseminating information for practices who may have patients that have not been called for their screening. They will action this.

Wasim update – 111 eye problems will be directed to PES telemedicine and then if they need booking into an optical practice PES will phone and do this.

Post-op Walsall will now be getting paid.

SA also asked if the LOC could pay for leaflets on MECS – be discussed at next meeting.

ACTION: PS/SA

CB congratulated SA re the report on AI.

Shazad gave an update on his most recent meetings at the Council offices regarding Stroke Prevention. Whilst at the meetings the Council were not aware that Optoms could sometimes provide Foreign Body Removal.

**8. Regional Update**

##  CB Report to Dudley LOC

## LOCSU National Forum & ROC report

## Issues Raised since last LOC meeting include:

## • Requests for Guidance around: GOS Sight Tests, Referrals, Choice guidance - Note LOCs advised to resist NHS attempts to expand GOS ST requirements without additional funding and LOCs should be cautious about agreeing to additional unfunded requirements in local pathways

## • Support around delays to HES voucher payments

## • Issues with eGOS

## • WOPEC OSCEs access challenges

## • NHS mail and Egress issues

## • Single point of access and advice/guidance pilots

## • Data management and governance for LOCs

## • Commissioning support - toolkit and commissioning workshops

## • Reduced viability of the special schools service due to the reduced fees.

## • Concerns regarding the lack of LOC representation at a national level - No LOC voice or strategic input.

## The ROC meeting included a presentation by InHealth Intelligence where they reported they now have an overall uptake for diabetic screening of 80%. They also provided the following stats:

## Number registered patients with diabetes: 226,224

## • 1 year ago 217,000

## • 2 years ago 209,000

## • Added to the database in the last quarter: 4,529 (about 1,500 per month)

## • 99% newly diagnosed booked within 89 day target

## • Patients in the RDS (annual) pathway: 155,000

## • 100% returning patients booked in the +/- 6 weeks target

## • Closed apts ensure we meet this target. Previously open and had no idea if patients were

## booking

## • Results issued within 3 weeks: 99.8%

## • Urgent referrals graded and referred within 2 weeks – 100%

## Single Point of Access meeting

## CB provided the following minutes:

## Minutes of the Meeting: Heart of West Midlands SPoA

## Discussion Date: 19 December 2024 Time: 07:00 PM

## Attendees: • Charles Barlow • Claire Lane • Andrew Byrne • Steve Roberts • Wasim Sarwar • Dr. Peter Hampson • Shamina Asif • Peter Rockett

## Agenda: 1. Introduction and purpose of the meeting

## 2. Discussion on the Single Point of Access (SPoA) for ophthalmology services

## 3. Challenges and considerations for implementing SPoA

## 4. Next steps and action items

##  Minutes: 1. Introduction and Purpose: o Charles Barlow opened the meeting, explaining the need to discuss the SPoA for ophthalmology services across the Black Country.

## The aim is to ensure all Local Optical Committees (LOCs) are aware of the SPoA and to agree on what should be discussed with the Commissioners.

## Concerns were raised over now only being invited to the monthly Ophthalmology network every quarter now, despite Optometry being the largest representative body previously.

## 2. Discussion on SPoA:

## Charles Barlow highlighted the increased activity around SPoA and the need for LOCs to form a consensus.

## Andrew Byrne and Steve Roberts provided insights into how SPoA is being driven by patient needs and NHS guidance, particularly for urgent and emergency pathways.

## There was a discussion around patient choice and how commissioners use the difficulty in Optomretists providing full choice as required as a reason for SPoA.

##  Concerns were raised that ICBs may use SPoA for activity management, to direct more into NHS trusts rather than ISPs, potentially. o Claire Lane discussed how SPoAs work from a Trust point of view, including concerns around choice, costs, patient care and efficient use of resources, noting that it works well for managing patient choice and balancing referrals between NHS and private providers.

## Shamina raised concerns around why Optometrists are best placed to offer choice and have control over the process, and thus are unlikely to welcome SPoA o Wasim Sarwar discussed the tools available for patients to make informed choices, such as the "find a hospital" tool

## Peter Rockett shared his experience with the SPoA in Staffordshire, highlighting some challenges faced by primary care optometrists.

## 3. Challenges and Considerations:

##  The group discussed the importance of ensuring patient choice and the need for transparency in the referral process. o Concerns were raised about the administrative burden on optometrists and the need for adequate funding. Requests for anything beyond the standard GOS tests must be refused by practitioners unless funded.

## The payment and invoicing system must be simple, transparent and ideally using an existing system such as Opera.

## The potential impact on pre-cataract pathways and the importance of maintaining these services were also discussed.

##  Dr Peter Hampson noted that we do not yet know what was actually being proposed, and a lot would depend on this. It is likely to happen as it is being driven nationally. o Shamina rasied the need for translation services to be included in any SPoA and suggested we look at “best practice” to see where SPoA is already working well and we can learn from.

## 4. Next Steps and Action Items: o Dr Peter Hampson noted that we do not have information about the SPoA proposal and it is difficult to plan until we do.

## He noted that we need to decide what we want to get out of it, what our concerns are, what the benefits will be for Optometrists and the patients.

## Charles Barlow: To gather questions and concerns to be addressed with the Commissioners. To work with Steve and Andy to create an information document for LOCs of couple of pages.

## The group is to appoint a lead from one of the LOCS on this issue. Peter and Charles advised it was not possible for them to be lead due to other roles/potential interests.

## CB suggests a regular but short, possibly monthly, meeting between Black country LOCs, especially due to the changes in the regularity of the meetings with the ICB.

**9. Hospital Liaison Business**

NF not in attendance – nothing to report.

**10. Secretary’s Business**

**10.1 – Social Media Update –** Chandni Sharma wants to set up a LinkedIn account and has asked SA to send her the key points for the upcoming year to organise the year’s events.

ACTION: SA

PS suggested that Chandni be co-opted onto the Committee as Social Media Lead. The Committee voted and this was carried unanimously.

**10.2** – **LOC Cloud file Storage** – Steve Roberts suggested that the Committee await the outcome of LOCSU guidance which is currently being compiled.

**11. CPD Officer’s Business**

RB presented the following report:

Dates for the diary:

‘An evening with an Ophthalmologist’

Mid March Mr Ahmad Elsahn – ‘Physiology, Pathology, Diagnosis and Management of Glaucoma’ Date & Venue TBC

June 10th Kam Balagghan

 15th Dudley & Sandwell Joint CPD event

Oct 14th Kam Balagghan

Regional workforce development plans:

Neurology

Goldmann refresher

Foreign Body workshop

Retinoscopy

OCT

Glaucoma

SA explained that there is a potential clash with Eid. RB will review.

**12. Treasurer’s Report**

Current balance £103K ( as of Friday 17/01/2025)

Outstanding payments to HMRC for tax and NI approx £500 and £3K owed to LOCSU for October, November and December levy gives a truer balance of £99.5K

This is split again approximately between Dudley LOC £39.5K and EERS £60K. At the last meeting the balance was £106K split Dudley LOC £38K EERS £68K.

The EERS balance is still waiting for claims from Wolverhampton LOC as nothing has been claimed to date. Sandwell last date for worked claimed is October 2024 and Walsall last date claimed is September 2024. I am very pleased to say that Dudley are up to date with claimed work as of 31/12/2024.

Correspondence has been received from Lloyds bank as they have changed the Treasurers Account we have with them to a Community account from the 14th of January 2025. In essence this is an account that is designed for non profit organisations with a turnover of less than £250K per year. The charges for this account will be set at £4.25 per month plus transaction charges for electronic cash and cheque payments. However we are allowed a certain number of transactions per month included in our fee. I suggest that the situation is monitored regarding the charges made and report back at an upcoming meeting.

Another point to make is that we have stopped paying honorarium and all officers are requested to submit claims as close to the end of the month as possible, The cut-off date is the 7th of the subsequent month to that of the claim.

In addition to the above information, MT will attend the Treasurer’s Liaison Day to be held in London on 13th February 2025.

 **13. Authorisation to act and email conversations**

The motion from previous meetings was put to the committee (*the committee give continued permission and authority for officers to deal with and make decisions on matters that arise that need urgent attention. When this occurs, wherever possible a discussion by email with the Committee should take place before a decision is made. Whenever possible and reasonable officers should bring all matters that require decisions to the next committee meeting, and decisions will only be made outside meetings where waiting is not a realistic option.)*

Agreed unanimously

**14. Authorisation to act on ROC**

The motion from previous meetings was put to the committee (*The committee to agree to Charles Barlow and Paul Sidhu continuing to represent the LOC at HWMROC, with permission for them to use their judgement when deciding if individual decisions made there amount to minor decisions or major decisions. For decisions they consider minor they are authorised to act on the LOCs behalf. For all decisions they consider major they must seek to have those ratified by the LOC, and they must make this clear to the ROC.)*

Agreed unanimously

**15. A.O.B.**

A date has been set for the 2025 AGM. This will be held on 10th June.

ST asked PS to organise putting the Children’s Second Pair request form onto the Dudley LOC Website.

ACTION: PS

SA would like to get quotes for a banner promoting Dudley LOC which the Committee could use as various meetings and presentations. The Committee agreed.

ACTION: SA

Steve Roberts (LOCSU) informed the Committee that the new LOCSU Model Constitution is due out by the end of February.

**16. Date of Next Meeting**

The next LOC meeting will be held on Monday 28th April 2025 – 6.30pm via Zoom. The meeting closed at 9.07pm.

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| Actions | Action by |
| Fast Track Cataracts feedback to Russells Hall Hospital – carried forward SA in process of organising a meeting John Barry | SA/CB |
| Setting up the Linked In account | SA/CH |
| Children’s Second Pair form adding to Website | PS |
| Banner Quotes | SA |
| Russells Hall reputation feedback request – carried forward | ALL |
| SA to find out Cannock Hall protocol for Post-Cataract procedure – carried forward awaiting full response. | SA |
| SA/Committee to discuss leaflets for CUES at next meeting | SA |