

Hampshire LOC

Minutes of Meeting

Meeting Date: Tuesday 04 February 2020

Novotel Southampton
1 West Quay Road
Southampton
SO15 1RA

| 1. | Welcome: Helena Jenkins-Hewes, Nigel Gemmell and Helen Haslett | Action |
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| | Present: Sean Matthews, Bill Vance, Anne Gill, Anthea Reid, Roisin Carruthers Masooma Kassam, Bryony Allen Gina Graham, Adam Knizat, David McCluskey, Steve Rowley and Denise Connor | |
| | In attendance: Ian Silk | |
| 2. | Apologies: Kirsty Adlem – PCSE and Helen Wardle - NHSE | |
| 3. | Declaration of Members Interests: | |
| 4. | To Approve Minutes 10 December 2019 - Minutes of Meeting were approved as read. | |
| 5.. | Matters arising not on the agenda: Roisin is tentatively looking at 30 April 2020 to run a further Glaucoma/MECS OSCE. This is dependent on availability of assessors and venue (Optegra Whiteley Other action points from previous meeting had been addressed or were included in this meeting. | |
| 6. | <u>Updates:</u> | |
| 6.1 | <u>PCSE</u> There was no representative and the update was sent out with the agenda. The update is included in the additional notes. Feedback from the committee was that it is often difficult to get through to PCSE and when they do it is not always a positive contact experience. Work needs to be done on customer service. | |
| 6.2 | <u>NHS England – South (Wessex) update</u> There was no representative and Ian provided the update. The update is included in the additional notes. | |

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| | There was no further comment from the committee | |
| 6.3 | <p>LOC Support Unit</p> <p>Helen Haslett provided a brief update on LOCSU activity. There is to be a South East regional symposium in March based on NHSE's new regions to discuss the way forward and explore new opportunities. Initial meeting is for LOC Chairs. It was reported that LOCSU will be supporting the activity of LOCs and not being the Lead participant. LOCSU are still sifting the feedback from last November's NOC and putting together a plan of action</p> | |
| | <p>Social Media Workshop</p> <p>Short Taught session on the use of:</p> <ul style="list-style-type: none"> • LinkedIn • Twitter • Facebook <p>This workshop was presented by Bryony and all the committee found it to be useful.</p> | |
| 7. | Resolution for any representatives of LOCSU, NHSE, PCSE and CCGs to be excluded from the remainder of this meeting, having regard to confidential nature of the discussion to be transacted. Helen therefore left the meeting with the committee's thanks. | |
| 8. | <p><u>LOC Chair</u></p> <p>The Chair' report covered the following points:</p> <ul style="list-style-type: none"> • Summary of the LOC's response to the GOC's strategic plan consultation • Summary of the LOC's response to the network contract Direct Enhanced Service (DES) draft outline service specifications consultation exercise • LOC discrete roles – update • Thoughts about the away day and positions on the committee • Final points (moved from AOB) <p>For the Committee's benefit the full notes are attached to these Minutes.</p> | |
| 9. | <p><u>Clinical Lead</u></p> <p>Anthea reported that she is still managing queries raised by West Hants CCG and also liaising with the Jane Bell, CGPL for Primary Eyecare Services in relation to additional community services. There are a high volume of emails generated by West Hants relating to queries and complaints from GPs which are not always justified, Jane handles most concerns in relation to MECS.</p> <p>There has been some email traffic from Southampton City CCG but overall the CCG are happy with the outcomes of the MECS scheme.</p> <p>Anthea also reported back on her recent presentation to delegates at the recent Sapphire Eye Care Post Cataract Follow Up scheme introduction event.</p> <p>Anthea reported that she has been put in touch with the local Mencap team to provide a talk on sight tests for people with learning difficulties.</p> | |

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| 10. | <p><u>Treasurer</u></p> <p>Bill reported that funds were still good but as a result of continued increased activity by the LOC in conjunction with external organisations (CCGs etc.) there is an increase in expenditure which at the next AGM will require an increase in levy to keep funding on an even keel. A small increase will still provide value for money and remain less than other LOCs. Hampshire LOC levies 0.1% to fund its work whereas other areas levy 1.0%</p> <p>All agreed that this was a sensible course of action.</p> <p>Foillowing Bill's suggestion about succession planning, Denise Connor has agreed to be Deputy Treasurer</p> | |
| 11. | <p><u>Business Manager</u></p> <p>Ian reported back on the:</p> <p>New Website: Ian attended training or the new website last week. Whilst information is still awaited regarding the referral process and contact numbers for some areas of Hampshire, most information has been updated or added to the new website. Updates will continue as we progress forward. The website will go live on Friday or Saturday this week.</p> <p>A directive has been received from the Portsmouth CCG cluster that all non urgent referrals and those referrals not destined for St Mary's Hospital (Care UK) must be sent to GP practices for onward transmission by E-RS. Ian is trying to secure a meeting with the Portsmouth CCG cluster to discuss pathways around referrals etc.</p> <p>Ian attended the SCCCG MECS CRM on 03 February 2020 along with Jane Bell. Key points were:</p> <ul style="list-style-type: none"> • Shirley Health Partnership make up approx. 10% of referrals to MECS • A dedicated consultant will be in Eye Casualty at UHS from March 2020 • Quarterly meetings called 'Target' are run by the CCG as training and educational events for GPs and staff. They also have 'market stalls' and this would be a good way to promote MECS and eyecare. Lucie will forward contact details to Jane and Ian • Eye Casualty are still seeing a high number of walk in patients. Most are seen and given a MECS leaflet, others are persuaded to attend local MECS provider. Reception taff have an algorithm to work to when patients present • CCG and UHS will review numbers of out of area px along with 111 referrals that could have gone to MECS and update LOC and PES • Suggested that a leaflet drop in specific postcodes may help publicise MECS. Jane will look into this through the LEHN as there may be NHSE funding available <p>SCCCG will look at local 111 to review triaging and signposting to MECS or Eye Casualty</p> <p>Annual Leave (see Chair's notes)</p> | |
| 12. | <p><u>CCG Updates</u></p> <p>Nothing to report in addition to what has gone before other than, the Isle of Wight appear to be reducing their service levels as part f the special measures and clinicians on the island are finding that there is no-one left to</p> | |

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| | talk to regarding any problems. | |
| 13. | <p><u>LEHN</u></p> <p>Minutes from LEHN conference call on 31 January 2020 are attached to the email with these Minutes.</p> | Ian |
| 14. | <p><u>AGM 07 July 2020</u></p> <p>Venue: Norton Park Hotel, Sutton Scotney.</p> <p>The Guest Speaker is Mr Andrew Luff and topic suggestions for the talk would be appreciated asap.</p> <p>Key Dates:</p> <p>By 26 May 2020 - 42 Day mailing: Invitation to AGM, Committee nomination papers, Outline agenda, draft accounts & Chair' report</p> <p>By 16 June 2020 – CET application</p> <p>By 16 June 2020 – 21 Day Mailing: Final accounts, Chair's report, Voting papers and proxy nominations, Final Agenda</p> | All |
| 15. | <p>CET 2019-20</p> <p>05 Mar 2020 – Sapphire Eye Care (Red Light Therapy and OCT teaching update), Chewton Glen</p> <p>10 Mar 2020 – Winchester University (Anish Dhital), Hampshire LOC and Winchester County Hospital</p> | <p>Sapphire/Ian</p> <p>Anthea/Ian</p> |
| 16.. | <p>Any Other Business:</p> <p>Nil</p> | |
| 12. | <p>Date & Time of next meetings</p> <ul style="list-style-type: none"> • 31 Mar 20 – Causeway Business Centre, Petersfield • 19 May 20 – Novotel Southampton • 30 Jun 20 – Causeway Business Centre, Petersfield • 08 Sep 20 – Novotel Southampton • 03 Nov 20 – Causeway Business Centre, Petersfield | |

PCSE

Latest message is:

We have successfully launched PCSE Online on 28th October 2019. We are continuously encouraging contractors to submit their GOS forms electronically either through their [practice management system](#) or using PCSE Online. If you are with one of the following [large optical chains](#) (Specsavers, Boots, Vision Express, Scrivens, Optical Express, Costco or Outside Clinic) please do speak your head office.

Anyone who wishes to use PCSE Online will need to complete the [user registration process](#). This where the contractor would of received a letter with unique code and then assigned various roles to their performer (optician) and administrative staff. If they have not received the letter please do call our customer support centre.

If any of your members would like me to provide a online a demonstration of PCSE Online, I can provide this remotely alternatively they can follow our [user guides](#)

NHSE

GOS4 adult approvals are processed by NHSBSA. We still get lots of calls here. Copy of briefing attached.

Contract admin is a pilot with the NHSBSA. Any new, relocation, addition and removal of premises need to go to NHSBSA. Copy of briefing attached. Any other contract changes NHS England at Oakley Road office must be informed.

No further update re South East transition. NHS England and NHS Improvement – South East Region.

The remaining contractors who have not submitted the QiO have been sent a final reminder and the deadline was today. All returns will be analysed and visits booked in. Process followed is in the Eye Health Policy Book.

Chair's Notes for LOC meeting

4th February 2020

Summary of the LOC's response to the GOC's strategic plan consultation

1. Regarding the GOC's mission statement, we agreed with the current wording 'with a focus on 'continuously raising standards'', because standards can always be improved.
2. Thinking about our vision, excellent customer service looks like the provision of excellent service to the GOC's customers: good communication, value for money and professionalism. Incorporating the GOC's five values.
3. Thinking about our five values, what types of behaviour or actions would you like to see the GOC demonstrate to meet these values? Please give examples where possible.
 - Integrity
 - Excellence
 - Respect
 - Empathy
 - Fairness - the GOC could publish standards for unregistered businesses and individuals, who supply spectacles and contact lenses (for example over the internet to patients without prescriptions).
4. We disagreed that the GOC's mission, vision and values are clear, because 'customers' aren't defined (are they public and/or registrants and/or patients?).
5. Potential external influences that might affect our work: de-regulation of the role of opticians and optometrists.
6. Strongly agreed with the GOC's three strategic objectives and their aims: world class regulatory practice; improved customer service; and continuous improvement.
7. Under the GOC's strategic objectives, we thought that the GOC should align itself more with the role and purpose of e.g. GMC and the GDC.
8. The GOC could better involve patients/public in their work by having regular public consultations and patient surveys.
9. We agree with the GOC's measures for success, however, they could include openness and transparency:
 - The actions on the Portsmouth University course should warrant further comment, as the details of their decision making doesn't seem to be available to read anywhere.
 - The results of the Education Strategic Review appear to have been disregarded in the new plans as they seem to have already decided what to do regardless of the outcome of the consultation. (If they are going to hold consultations they could at least avoid publishing a strategy until the results have been assimilated.)
10. Not sure how the GOC can better promote equality, diversity and inclusion in its work.

Summary of the LOC's response to the network contract Direct Enhanced Service (DES) draft outline service specifications consultation exercise

NHS England and Improvement has published draft service specifications PCNs. The document, which appeared just before Christmas, acknowledges the risk of "overburdening" PCNs at the early stages of development and says that the new requirements will be phased-in "in a way that is commensurate with the capacity available". Negotiations about the detail of the service specs are ongoing with the BMA with a final version due in "early" 2020 to be followed by further guidance. PCNs will be required to implement only two of the first five specs in full in 2020/21: structured medication reviews and enhanced care in care homes. For the next three - anticipatory care, personalised care and early cancer diagnosis - the document sets out a "headline trajectory for the requirements over the next four years". NHSE/I sought views on the specifications in a consultation exercise that concluded on 15th January and held "engagement webinars" in the first half of the month. Helen Northall, chief executive of PCC, said: "The fact that we do not yet have final guidance may be a further cause of anxiety for clinical directors already worried about implementing the service specifications at this early stage for PCNs. However, the willingness of national bodies to slow the process down can be seen as a positive sign that the centre is listening. We hope that clinical directors who still have concerns will take the opportunity to make their views known during the consultation."

- 42 pages
- Optometry is not mentioned in the document specifically - does it fall under the 'anticipatory care' section?
- The success of enhanced optical services commissioned by CCGs in Hampshire should be considered for inclusion in the service
- Hampshire Local Optical Committee would like to be updated with dates of the MDT meetings so that it can represent primary eye care practices
- Webinars - ask for summary from Ian & Bryony

LOC discrete roles - update

- The LOC has three vacancies for contactor members
- All performer member positions are filled
- Thank you to everyone who has volunteered for one of the discrete roles. It is important that everyone has a discrete role going forward, and this is a part of the first year of our strategic plan. Some of the roles (e.g. deputy treasurer) already have job descriptions and associated training provided by LOCSU, however the remit of some of them will need to be discussed and agreed at an individual level.
 - Denise is our new deputy treasurer (formerly vice treasurer), and will be Bill's successor as treasurer
 - Thank you to Bill for more than 15 years as treasurer!
 - Anthea is our new clinical services lead (mapping/defining/documenting extended services), which will be part of the clinical lead's role
 - Bryony is our new communications lead
 - Anne is our new low vision lead
 - Bryony or Anne are the CET lead?
 - Adam is our new HES liaison
 - Will be discussing the role with Adam, Anthea & Ian later
 - The LMC & LMC liaison, public health liaison and recruitment lead roles will continue to be part of the chair's remit
- Vacancies:
 - Locality lead
 - Could involve 'neighbouring LOC liaison' role
 - Dorset, West Sussex, West Berkshire, Wiltshire
 - Or both as part of communications lead
 - Governance lead
 - Not one role
 - Clinical governance is part of clinical lead
 - GDPR governance is part of business manager role
 - University lead - may not be required presently due to the situation in Portsmouth, however Roisin & Anthea have expressed interest

Thoughts about the away day and positions on the committee

I thought we could discuss what everyone thought about the away day, and your individual positions on the committee.

Final points (moved from AOB)

- PO box for the LOC?
 - Ian has looked into some options for having a PO Box, including PAYG
 - Decided there will be no listed address for the LOC on the new website or for Hampshire LOC on search engines (currently picture of Ian's house)
 - Due to low volume of post received
 - Address will be given for AGMs
- Discussion - first communication to the PCN clinical directors
- Discussion - PCN action plan

Recap of the strategic plan - actions for years 1 & 2

These are our short term goals for this year:

1. Upskill committee
2. Establish relationships with NHS (LMC, LPC & PCNs)
3. Allocate discreet roles to all committee members
4. Develop a succession plan for committee officers
5. Establish clarity and uniformity in the PES/CCG contracts and service specifications
6. Develop communication strategy (including for social media)

Indicators of success

1. Regular status meetings and standing item on all LOC meeting agendas
2. Commercially - turnover of PES (requires regular reports from PES)
3. Contractor and performer survey (10 questions - now and end of year 1, 2 and 3)
4. Social media engagement
5. WOPEC accreditations
6. Numbers of sight tests across Hampshire
7. Increased MECS activity
8. Contractors engaged with Community Eyecare Schemes

Future opportunities

- Build reputation with the public and NHS
 - Be seen as the first port of call for advice and sign-posting eye care services
- Build relationships: LMC, LPC, PCNs

- Delegation & succession planning
- Build on enhanced optical services
- o Same MECS contract with all CCGs
- o Initiate conversation with commissioners regarding providing NICE recommended screening services e.g. hydroxychloroquine
- o Young children pathway
- Work with multi-disciplinary teams
- Improve communication (social media)
- CET: peer discussion
- Build the committee (need three more contractor members)
- Upskill the committee

Clinical lead report

- Good links with Soton CCG (Lucie)

- 42 day mailing for AGM will be 19th May

- 21 day will be 16th June

- Ian on holiday 25/5 - 9/6