



Minutes of the Meeting held Wednesday 4th May 2011

Swallow Trafalgar Hotel Samlesbury Preston PR5 0UL
(Junction 32 M6/M55)

Present:	Antony Mazeika	Philip Harper
	Ian Shaw	Simon Kay
	Jane Barker	Tom Mackley
	Jane Quinn	Val Hughes
	Phil Jones	Vic Cottam
	Michael Jackson	Mike Moon
	Ruth Cuthbert	

ACTION

1 Apologies for Absence were received from

Teresa Broadhurst, Mike Broadhurst , Mike Ryan, Sally Ferguson, Sarah Bentley, Paul Hutchence, Alan Bowen, Matthew Nelder, Colin Tonner.

2 Any Other Business not on the Agenda

None

3 Discussion Points From AGM – March 2011

None

4 Approve the Minutes of the last meeting

All committee members agreed the minutes to be a true record - Approved and signed.

5 Matters arising from the last meeting

None

6 Treasurers Report

6.1 Balance – confidential part of Minutes

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6.2 IS advised that at this point LOCSU had not been paid from this balance.

7 Optometric Advisor Report

This was a written report delivered by VC in MB's absence.

7.1 Glaucoma Discharge Scheme Blackpool/North Lancs

The GDS in Blackpool and North Lancs now has less than a year to run before there will need to be some major changes. I am in discussion with the PCT with regard to whether 'local' accreditation would be satisfactory for patients to remain in a community setting having had perhaps a pachimetry undertaken either at the hospital unit, or at another convenient location (maybe an optical practice or private hospital) – ongoing situation.

7.2 GRR Blackpool/North Lancs

After six months of chasing and hassling with regard to this, it seems likely that North Lancs will approve the process to provide this service and keep patients out of hospital. Some of this activity has been delayed due to the lack of statistical proof that in fact this will save money, despite the fact that there has been an increase in activity of something like 80 patients per month going into the system. Some recent findings in Blackburn with Darwen have shown a more than 80% reduction in referral to secondary care following the introduction of this type of scheme. The process in North Lancs is now being looked at, at 'board level' – ongoing.

7.3 Eye Casualty Discharge Scheme

No activity

7.4 MECS Central Lancs

Despite the fact that this was supposed to have been launched by January 1st 2011, a decision is still to be made and would hopefully be announced at the end of April 2011 – ongoing (and not holding breath)

7.5 GDS, MECS, LVA north of North Lancs

No change in activity in this area. Still awaiting contact from Royal Lancaster Infirmary with regard to OHT (still not holding breath)

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8 **Booking & Choice**

This was a written report delivered by VC in MB's absence. Those of you in Blackpool will be aware that the Booking & Choice office is no longer to be used for referrals for either cataract surgery or normal referrals for general conditions. As such I was asked to circulate the addresses of the three main providers that would be used normally by the Booking & Choice office for patients referred to them from Blackpool optometrists. The service remains unaltered for any other optometrists referring through the Booking & Choice office based at Blackpool.

I have circulated the list of the three main providers that the Booking & Choice office at Blackpool has suggested are used by optometrists based in Blackpool. These are Blackpool Victoria Hospital, Royal Preston Hospital and Spire Fylde Coast Hospital (for cataract service only). The list circulated contains a fax number and telephone number in case of queries, along with the full address.

In my own experience, patients that I refer for onward assessment are automatically asked if they intend to be seen privately or through the NHS and if privately, I refer directly to the ophthalmic surgeon. However if NHS, I would normally advise the patient that they are likely to be offered a choice of provider and would normally suggest to them that they are seen at a local service especially if they are likely to need several appointments. Patients who are referred for cataract surgery sometimes choose their location based upon waiting time, but most still seem to choose their local provider for the convenience of this.

Personally, under the new system, I would see no extra 'activity' on advising patients which location to use and as such would be more than happy to fax the referral directly to the patients provider of choice, and personally, would therefore consider any extra payment would be made for this.

However, it has been brought to my attention by a committee member that by the patient not having a discussion with the Booking & Choice office, this will fall down to the optometrist to



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discuss this, which is not necessarily our job and for which we campaigned against when the Choose & Book was first set up.

If patients are not referred to one of these three providers, then obviously the patient would have to be referred directly back to the GP to provide this service, as the practitioner would not be expected to know the full list of available specialists in other parts of the country, but I suspect there would be very few of these.

If we were not referring to one of these three providers, we would then have to refer back to individual GP's, which does still take place in Central Lancs and can certainly delay the process of referral for patients when sometimes the GP is expecting the patient to contact them and vice versa.

Personally, I would still suggest that the route of referring via fax to the three providers would be more simple than referring the patient back to individual GP's where we have to do this by letter / GOS 18 and then respond to the numerous calls from patients when they feel that their GP hasn't received their referral or indeed contacted them for an appointment.

An opinion from the LOC would be welcomed.

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VC asked the committee if they felt payment was appropriate.

SK advised that he felt that the philosophy of choice had been lost and that this was a big change with no consultation. SK also pointed out that at present he instructs his patients to talk to Choose & Book directly; he also advised that if a patient requests a specific hospital they can wait weeks for a reply as opposed to not putting a choice when the patient is contacted within days.

VC pointed out that if committee felt that counselling patients regarding their choice was not an option then the previous system of referring to GPs would prevail and waiting times would increase.

JB and TM felt that if any counselling took place then payment



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should be made to optoms.

MJ informed the committee that in Lancaster the system was not good and the 6wks waiting guideline had 'gone by the wayside'.

SK reported that the Blackpool Choose & Book office gave a good service at present and he felt it a waste to relocate/close the office. SK also wanted to highlight the fact that removing patients choice was against current government policy.

All agreed that more information was needed regarding the level of counselling required and other than telling the patient where they will be going for treatment, they would require payment.

MB to provide more information on level of counselling required

9 Contractor wishing to join committee – Riz Iqbal – Specsavers Chorley

MB to action

The committee were asked if there were any objections to Riz joining the group – No objections

10 New Committee Information from LOCSU

The committee were asked if they were happy to use the LOCSU guidelines /information pack regarding new committee members.

All agreed.

Joy Groome to email link to website to all

11 Advise re performers or contractors

The committee were asked if they were happy regarding their status as performer / contractor at present. All asked for the current list to be emailed out to confirm.

Joy Groome to email information to all

12 Waste Disposal Proposal

The committee discussed present methods of disposal of clinical waste and concluded that they would like to continue to be in control of their own waste. SK asked if practices must use a contractor to which VC replied yes, as it must be proved that the waste goes to incineration.

Joy Groome to email link to website to all MB to chase LASCA re this for confirmation

13 Statutory Levy Report

I contacted Karen Slade at LaSCA with regard to the discussions of statutory levy collection for the LOC. She has confirmed that it will be possible to take £100 from a list of practices that I have given her.

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I have posted letters to all contractors concerned and also emailed all contractors and performers to ensure that they are aware of this situation prior to the money coming from their account. Hopefully, £100 should be paid to us by May, having being taken from the April statements followed by the balance of the funding requested by percentage levy on sight test fees, including domiciliaries from June onwards.

To date, Karen has not been able to give me the percentage figure that would be appropriate to collect the balance of the levy, but I anticipate this being in the region of 0.25% – 0.3% of an increase. However I have also asked her to bring the levy to the same percentage across the whole of the patch, as previously it was still being run at two slightly different levels from south of the patch compared to the north, having followed on from the previous two committees.

When I have more information on this I will report back but the process is now ongoing.

I have confirmed to her that any voluntary levy payments will remain unchanged.

Mike Broadhurst

14 Dates of Future Meetings

21/09/11 – 11/01/12 – 28/03/12 – 18:00hrs start

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15 Any other business

Safeguarding Vulnerable Adults – VC confirmed that LOCSU guidelines had not yet been published – awaiting more information.
AM – How do we know if a person is mentally impaired?
SK replies that the guidelines are on the AOP site under Quality in Optometry.

Declaration of interest – forms were handed to all to complete.

Paul Timms – JB asked if the committee had sent condolences to Pauls wife / business partner.

Mike Broadhurst to
send condolences on
behalf of the
committee

MJ asks if it is acceptable that Mr Morgan (wet AMD) sends for an eye test every time he sees patient. A recent patient had had 5 eye tests in 5 months. VC replied if the ophthalmologist is asking for the test it is ok to go ahead.

MB has passed a comment since the meeting saying that although it is appropriate or it could be accepted for the ophthalmologist to ask for an eye examination, it is against the ethos of the GOS in that is being used as an ongoing assessor for a scheme for which the hospital is being paid and as such shouldn't really be taking place.

The meeting closed at 7.40pm

Signed:

Date:

Vic Cottam

Chair

North & West Lancs Local Optical Committee



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