

**Minutes of The Cambridgeshire Local Optometric Committee which took place at The Black Bull Godmanchester on 20th November 2007.**

**Present:** Wendy Newsom(WN),David Harrison(DH), Alison Lask(AL), Sheila Urquhart(SU), Gaynor Kirk(GK) Vivien Rosamond(VR), Lesley Hodgson(LH),Graham Macalister(GM), Robert McLaughlin(RM),Daniel Hardiman-McCartney(DHM)(observing).

**Apologies:** Chris Edwards and Karen French.

**Minutes of Last Meeting:** These were approved by the committee.

**Matters Arising:** The issue of the Low vision clinic at Anglia Ruskin was raised as no-one has seen a flier promoting this. It was felt that this should be more widely promoted.

**Report from the N.O.C.:** AL and WN attended the N.O.C. in Kenilworth. The LOC Support Unit was introduced which will be run by the AOP and headed by Georgina Gordon. The unit is to help support LOCs in negotiating with PCTs to provide enhanced services. PCT terms were explained, such as PBR (payment by results), where the money follows the patient. The National Tariff is currently £104 for a new patient and £56 for a follow-up. PBC (practice-based commissioning) was also explained. This is where the GPs decide what services are required and the PCT sets about providing this. The LOC support unit will be able to provide good quality data to LOCs to use when approaching PCTs to negotiate enhanced services. It was emphasised that there is a need to ensure Optometry services will be appropriately rewarded as PCTs could look at this as a cheap option. It was stressed that LOCs need to have good links with local PCTs and become familiar with PCT members. The importance of good negotiating skills was also covered.

Another topic covered was the purpose of the LOC . This is to innovate, support, give advice, establish business plans and to negotiate. If necessary to employ someone to act on the LOC's behalf, perhaps on a one day per week basis. The LOC Support unit should be used as an Optometric adviser. It was also stressed that it is important to realise that change is driven clinically not financially.

**PCT and Clinical Governance Update:** Following on from the NOC, it was decided that we need to look at gaps in the current services. Al suggested that there is a need for referral refinement as currently patients referred from GPs to Optometry practices are seen on the GOS , which is not right. One of the first things to do is an audit of what is happening currently and WN is doing such an audit at Hinchbrooke. Louise Allen from Addenbrookes is keen to have an Optometrist work in Addenbrookes and wants to get much more involved with Optometrists. So that will provide a good point of contact for training for referral refinement. SU is in contact with Peterborough PCT, which will also be useful. An audit on referral triage is CG related and will need to be raised at a CG meeting.

The issues raised at the last CG meeting were around Standards for better health(SBH) and the need to encourage all practices to be at grade 1 in the(SBH). GK raised the handwashing target and the fact that is handwashing taught at university?. She said that at ARU there are handwashing reminders in the

clinic area. At ARU a safe waste disposal system has been introduced, where all clinical waste is put into bins, the content is then disposed of correctly and the bins autoclaved and re-used. It was suggested that GK raise this at the next CG meeting.

**Shared Care:** Diabetes- IT is the biggest problem –not Clinisys, but Hinchingsbrooke ITdept. The Broadband pipe has not been ordered yet, so downloading is V. slow and this will limit the numbers that can be seen in a session. Everyone taking part will need to do the City and Guilds qualification which is equivalent to A level. WN is the mentor, and Declan Flanagan the assessor for the scheme, locally.

Glaucoma- Fenland originally gave support for DH, N. Coley and Spectacular to be involved in screening, but they have now blocked this and are having a rethink on how to take this forward.

Cataracts- Hinchingsbrooke and Peterborough have held their annual update meetings. Addenbrookes have yet to arrange a meeting.

Low vision- A low vision subcommittee needs to be arranged.

**One-Day Conference:** The survey following the conference is due to be sent out. Date of the next conference is to be November 4<sup>th</sup> 2009. At the next conference there should be more sponsorship, possibly by means of a mini-exhibition? There also needs to be a method of ensuring people have points for those lectures that they attend, as a lot of people left before the last lecture. Perhaps it needs to finish earlier.

LH needs to contact the LOC support unit to clarify the position on gratuities for people giving lectures etc, and whether the surplus from the conference can be used from this.

SU to send a letter of thanks to Chris Edwards.

**Chairman's Report:** The chairman said she really appreciated that new members have joined the committee. The LOC needs to ensure that all practitioners start using the Cambridgeshire referral letter. The letter needs to go onto a CD-ROM for distribution, DHM said he would look into getting quotes for this. By using this letter there should be better feedback for the Optometrist. If possible this should be used on a computer, if not the handwritten version is acceptable.

**Treasurer's Report:** LH stated that the Conference expenditure was approx. £7000 and the income was £4255. In the past £500 has been sent to the central fund from the conference surplus. There needs to be clarification from the AOP as to the use of surplus funds.

**Programme:** In Cambridge, the following lectures have been arranged:

G. Lennox Dystonia and Treatment 21/02/2008

D. Flanagan AMD 17/03/2008

L.Allen Paediatrics 05/2008

Cooper vision 04/2008

A.Poulson 09/2008

The Peterborough meetings started at the beginning of November, and it was decided that a buffet should only be provided for those meetings when sponsorship was available. SU to contact Robert Whitehead about this.

**Any Other Business:** Chris Edwards went to a meeting recently about AMD and Norfolk and Norwich have decided to fund Avastin not Lucentis.

AL mentioned that there is a practice in Cambridge charging NHS patients a fee for services which should be included. ie charging diabetic patients for photos. It was decided that this should be mentioned to the new CG facilitator.

GK suggested that people should be invited to 'sit in' on some LOC meetings. These would be people such as interested parties from the PCTs who could be invited to appropriate parts of an LOC meeting. This was thought to be a good idea.

The location for future meetings will have to be changed as the function room at The Black Bull is to be changed into bedrooms.

The suggestion is to move to The George in Huntingdon. VR will check this out and let everyone know.

Meetings will alternate between Tuesdays and Thursdays. The next meeting will be on Thurs. 24<sup>th</sup> Jan 2008, after that Tuesday 11<sup>th</sup> March. The AGM will be held in May.