

Minutes of the meeting of The Cambridgeshire Local Optometric Committee held on Thursday 27th November at The George Hotel in Huntingdon.

Present: W. Newsom(WN),K. French(KF), A. Lask(AL), C. Edwards(CE), D. Harrison(DH), D. Hardiman-McCartney(DHM), G. Macalister(GM),L. Hodgson(LH),V. Rosamond(VR), R.McLaughlin(RM), S.Urquhart(SU),G.Kirk(GK).

Apologies: M.Rao , R.Lovell-Patel.

Correction to Minutes of last meeting: For the conference CE suggested having a demonstration on the use of anterior segment imaging techniques and not a talk on on OCT/GDX/HRT.

Matters Arising: RLP has approached the Public Health team to get the leaflets on smoking cessation. Fenland PCT are trying to set up a meeting with WN about having Direct Referral.J. Wallman has said he is happy for Optometrists to go onto NHS.net. The LOC will contact Lyndon Taylor about this in Spring 2009.

LOC-SU: WN, CE and AL went to the National Optometric Conference (NOC), at the end of November (the week prior to this meeting). The meeting was spilt up into different sessions on various topics.

- **Therapeutics:** There will be courses leading straight to the qualification in Independent Prescribing by the end of the year at various universities such as Manchester, Aston and City. Those with the appropriate qualification will be able to prescribe any licensed medication for ocular conditions within the competence of the Optometrist. Guidelines will be available for 61 conditions only 19 of these have been completed so far.
- **Enhanced Services:** The LOC-SU has a good team of advisers who can provide support. They have models of National Enhanced Services and can organise payments for services from various PCTs.The advice is to keep meeting and talking to GPs.
- **Glaucoma Schemes:** Various schemes were highlighted, one of which was the Hinchingsbrooke scheme (although it was referred to as the Peterborough scheme.) The scheme in Wales was also discussed.
- **UK Vision Strategy:** Anita Lightstone spoke on this, and WN wants to use this to improve Sensory Services in Cambridgeshire.
- **IT:** There was a talk on the use of electronic submission of NHS forms by the large multiples, Vision Express and Specsavers.

- **Pears Scheme:** The Welsh scheme was discussed, 75% of patients seen on the scheme were self-referred and 66% of patients are kept out of the HES. The fee for this service is £38.00 per assessment. (Locally the PCT is still keen on having a Pears Scheme and RLP has been asked to give a summary of the scheme. KF is keeping a note of those patients seen in the emergency clinic at Hinchingsbrooke to see if a Pears-type scheme could reduce these numbers.)
- **Clinical Governance:** The message from the NOC was to encourage Clinical Governance amongst peers but there should be no audits for the PCT unless there is payment for this. Patricia O'Sullivan provided a list of payments the Optometrists in various PCTs have received for taking part in Clinical Governance related activities. This varied from £100-£600. Each LOC needs to negotiate an annual fee for this from the PCT. RLP will need to negotiate with the PCT. It was decided the annual fee for Cambs. should be £500-£600. (for about 2 hours a month).

PCT and Clinical Governance: This has been covered in the LOC-SU report, and Chairman's Report.

Shared-Care Schemes:

Diabetes: The first part of the DRSS external audit has taken place, the auditors were v. supportive of the scheme as they have been aware of the IT issues.

WN is suggesting a meeting for all accredited Optometrists without any Ophthalmologist input. This will probably be in February 2009, and will be in the form of an open discussion. WN will also ask every Optometrist to do an audit of 40-50 successive screenings and check the final outcome with their own results. There is a possible fee of £100 for each Optometrist to do this.

The PCT are not interested in Fenland joining the Cambs. DRSS.

Glaucoma: There was a meeting on 25th October in Cambridge with Keith Martin and Rupert Bourne in the form of an open discussion on Glaucoma. This arose as there were stable Glaucoma patients sent out from Addenbrookes and told to visit an Optometrist.

Arising from this meeting is the need for the LOC to come up with a plan for some form of scheme to see Glaucoma patients in the Cambridge area. There was considerable discussion on this. The general consensus was that there should be a scheme similar to the Hinchingsbrooke scheme, initially based on referral refinement. The ideal place to do this would be Anglia Ruskin University (ARU). The PCT may be able to rent a room at ARU and the PCT would pay an Optometrist with some specialised training to do this.

There also has to be a decision on what type of Glaucoma patients should be seen on this scheme. The Optometrist training required also depends on which Glaucoma patients will need to be seen. There was also a suggestion to do a pilot using ARU, and possibly at The Princess of Wales in Ely and also in Saffron Walden.

Low Vision: The low vision committee meets every other month with K. Macnally as chairman. There is still the possibility of having a dedicated low vision clinic at ARU, but Social Services need to be involved.

Cataracts: There is a possibility of putting the assessment fee up to £40 and the post-op fee to £20.

Chairman's Report: WN has been in discussion with Cambridge GPs, Addenbrookes and the PCT about direct referral into Addenbrookes. The Cambridge GPs want to have a referral refinement system with Dr. Amure (GPSI) to see all referrals at The Princess of Wales hospital in Ely. ARU may also be involved in this scheme. Referral Refinement could also be done by any Optometrist with a special interest. The GPs are concerned that direct referral would increase the amount of referrals into Addenbrookes. There is also concern about the locum Optometrists who are only in a practice for one day and refer everything they are not sure about. In Hinchingsbrooke the number of referrals did go up slightly when direct referral started, and the total number of referrals from GPs did not go down. Doug Newman from Addenbrookes says that the Hospital Optometrist in Addenbrookes needs to Triage the referrals. It seems as there will be no direct referral into Addenbrookes for now, although no decision has been made.

WN suggested that in future there could be a Cambs Eye Referral Triage Service across the whole area. This would be run by trained OSI especially in blepharitis and flashes and floaters. Melanie Hingorani has said she would be happy to teach this, but someone from Addenbrookes would be needed as well.

Treasurer's Report: There is £24,915 in the main account, and £9,000 in the deposit account.

Sight Test levy fees Sept: £3,571.16

Aug: £3,875.22

July: £3,914.86

Average of the past 6 months is £3,823 which is approx. £46,000pa.

Gifts need to be made to anyone who gives a talk –to be made in the form of a book token.

Programme:

Conference Preview: The costs from the Menzies in Bar Hill are : £3,900 for the main room,£450 for the syndicate room, £57.50 day delegate rate £19.00 + Vat element for food. (This doesn't include lecturer's fees + travel which is approx.£2000.)

The suggestion was that the fee for Levy payers should be £30.00 and non-levy payers £90.00.

So far the programme for the conference is: Tony Moore - Gene Therapy

John Tickner - Therapeutics Update

Trusit Dave - C/L Topic

Low vision - Psychological aspects (speaker to be

found for this)

Ocular motility problems in Adults (speaker to be

found for this)

Evening Lecture Programme: It was decided to trial having Tea and Coffee at the start of the evening lectures rather than at the end, as the LOC pay for this and currently v. few people stay for this after the lecture.

Meetings for this year are: Feb. - Grading meeting DRSS

- Meeting with new Medical Retina Consultant from

Addenbrookes.

March - Lydia Chang Glaucoma

April - M. Kerr-Muir Anterior Eye

The date of the next two meetings was decided as Tuesday 27th January 2009 and Thursday 19th March 2009.