

## **Minutes of the meeting of The Cambridgeshire Local Optometric Committee held on Tuesday 30<sup>th</sup> September at The George Hotel in Huntingdon.**

**Present:** V.Rosamond(VR), A.Lask(AL), W.Newsom(WN), K.French(KF), C.Edwards(CE), D.Hardiman-McCartney(DHM), S.Urquhart(SU), R.McLaughlin(RM), R.Lovell-Patel(RLP).

**Apologies:** L.Hodgson, M.Rao, R.Whitehead, G.Macalister, D.Harrison

**Minutes of last meeting:** These had previously been circulated and were approved by the committee.

**Matters Arising:** There is still a concern about the Glaucoma patients discharged from Addenbrookes, as there is currently no protocol for seeing these patients. There needs to be some guidance for the Optometrists who are seeing these patients. **RM will speak to Keith Martin about this.** A possible solution to the problem would be to ask Keith Martin to come and give a lecture on Glaucoma and also hold a forum for questions to be raised about this.

**LOC-SU:** A model constitution for LOCs has been proposed by the Support unit. The committee discussed how this will affect Cambs. LOC.

Dispensing Optician member: the committee currently has no DO representative. The suggestion was made to find out who are DO contractors on the PCT list and invite them to the AGM.

There should be re-election of Officers annually.

There should be an Annual Budget.

The AGM should be held within 3 months of the end of the financial year.

### **PCT and Clinical Governance Update:**

**Clinical Governance:** RLP said that she had found out from the smoking cessation group that there were 2 levels of involvement for Optometry practices.

1: To direct people as to where they should go for advise/ help on smoking cessation

2: To carry out 'second phase' counselling within the practice.

The committee felt that the first option would be better, so **RLP will look into having smoking cessation leaflets available to every Optometry practice in the area.**

RLP has sent out the first Clinical Governance newsletter and 4 sets of competencies to 73 practices and has only had 4 returned. RPL has asked for the performer's list from the PCT and will send to all individuals the first 4 competencies and the next 4.

RLP has also been approached by the PCT about a concern which has arisen about 1 Optometrist who has submitted a lot of GOS S/T and voucher claims with no codes. When questioned the person concerned said they were seeing the patient involved frequently in practice rather than referring to the

HES. RLP was asked to comment on this situation but felt she needed more information as to the clinical nature of the problem. The committee agreed that this was the correct way to handle the situation.

**Direct Referral:** There is interest from some consultants at Addenbrookes to have direct referral into the eye clinic from Optometrists in a similar way to the Hinchingsbrooke system. WN and AL are to attend the next meeting of Cambridge commissioning G.Ps to discuss this further. There was some discussion about having direct referral in Fenland. **The committee need to contact the GP commissioning lead to take this further.**

There has been some mention from the PCT about the issue of having an electronic cataract referral form. Following discussion about this the committee felt it would be a good idea to find out about nhs.net accounts for Optometrists. Lyndon Taylor had recently been interviewed about this on an OQ CD. **It was decided to contact Lyndon Taylor to find out about joining his Pilot scheme for optometrists to join the nhs.net system.**

#### **Shared Care Schemes:**

**Cataracts:** There are 2 re-accreditation meetings being held for the Addenbrookes and Hinchingsbrooke schemes.

**Diabetes:** In the latest Clinical Governance newsletter RLP has included information about the Diabetic screening scheme specifically for those not involved with the scheme.

**Glaucoma:** Hinchingsbrooke have had quite a few patients come through the CHANGES scheme recently. For Phase 2 the patients require an HRT assessment. In Peterborough all the accredited Optometrists are starting to do Gonioscopy and Pachymetry on all patients seen on the Glaucoma scheme. There is currently a data protection issue with Medisoft. This is preventing medisoft from being used in the practices.

**Treasurer's Report:** The balance of the account on 15/08/2008 was £28,000 with £9,000 in the deposit account. The Chairman has requested that the **Treasurer needs to give a full report on the finances in the next LOC meeting.** The situation regarding the payments to the LOC-SU also needs to be clarified.

**Programme:** CE has had a quote from the Menzies Hotel regarding next year's conference. The day delegate rate is £55.00 to £57.50. Approximate total cost will be £4000. This gives a cost of £85.00 per person. CE suggested that the fees to delegates remain the same as at the last conference for levy payers and non-levy payers. The committee agreed that we should keep to the same location and will discuss the fees at the next LOC meeting. CE also suggested that there should be a **talk on the use of OCT/HRT/GDX.**

There will be no evening lecture meeting in December or January. In February Lydia Chang is able to give a talk on a Tuesday or Wednesday.

**Any Other Business:** The date of the next 2 LOC meetings was set for Thursday 27<sup>th</sup> November and Tuesday 27<sup>th</sup> January 2009. **(all highlighted phrases in green are action points for the next meeting)**

