

Minutes of the meeting of The Cambridgeshire Local Optometric Committee held on Tuesday 27th January at The George Hotel Huntingdon.

Present: W. Newsom (WN), C. Edwards (CE), M. Rao (MR), R. Lovell-Patel (RLP), A. Lask (AL), V. Rosamond (VR), D. Hardiman-McCartney (DHM), S. Urquhart (SU), L. Hodgson (LH), D. Harrison (DH), G. Macalister (GM), G. Kirk (GK).

Apologies: K. French, R. McLaughlin.

Minutes of last Meeting: These were previously circulated and approved.

Matters Arising: Leaflets on smoking cessation have been sent out to individual practices. There has been no meeting with Fenland PCT on Direct Referral. NHS.net is in the process of change, so the committee will look at this again later in the year. WN went to lobby M.Ps in the Member's Dining room at The Houses of Parliament, with the Eye Health Alliance. The LOC-SU has sent out a guide to Enhanced Services.

PCT and Clinical Governance Update: RLP has been discussing payments for Clinical Governance and also a possible waste management contract for Optometrists with the PCT. GPs and Pharmacists already have a waste contract with the PCT. The Dentists get payment for Clinical Governance so have to pay for their waste management. RLP is pushing for both CG payments and a waste contract.

RLP has had a query from the contracts department about an Optometrist who wanted to offer sight tests in schools, and she confirmed that this is not permissible.

Shared Care Schemes: WN is trying to get an increase in the cataract fee as there has been no raise since 2001. There is to be no change to the DRSS fee.

There was a Pathways meeting in December at which the Cataract and Glaucoma pathways were discussed. Addenbrookes and Wisbech have agreed to have a single pathway in Cambridgeshire. Addenbrookes have agreed to do post-op cataract checks with Optometrists. (As RM is now the Optometrist at Addenbrookes, hopefully he will be able to report back on this at the next LOC meeting.) ACES in Wisbech have agreed to use a similar Glaucoma Pathway to the CHANGES scheme run from Hinchingsbrooke. There will be a similar referral triage scheme to CHANGES1 and the OHT patients will be seen in a fully accredited scheme, possibly using ARU. With this scheme there is a concern as to who has ownership of the records. (RLP to check the minutes of the Pathway meeting to try and clarify this)

Diabetes: The second part of the External Audit of the DRSS scheme is to take place on the 17th March, and there may be a visit to a community practice on the 18th March. At the first EQA

visit, Adlam and Coomber, and Billsons were visited. Following the first part of the EQA visit it was recommended that there is more feedback on grading from the hospital. To cover this there is a meeting for all accredited Optometrists on Tuesday 3rd February, showing R3 gradings. It is also proposed that all accredited Optometrists do an audit on 40 consecutive patients seen on the DRSS, for this there will be a payment of £100.

A.Hammond wants to issue a certificate to each participating practice and to each accredited Optometrist. (The certificate will be awarded to the individual Optometrist after completion of the City and Guilds course, and on grading 500 image sets.)

KF is collecting data from the Hinchingsbrooke Urgent Clinic to see if it would be viable to have a PEARS-type scheme in the area. (Perhaps it will be possible for RM to do something similar in Addenbrookes)

Chairman's Report: WN discussed a recent article in OT about a referral letter in use in another area of the country. The article also gave a timescale for urgent/non-urgent referrals. The committee felt that the similar referral template given out at a meeting last year by Melanie Hingorhani was just as good. All felt that feedback to Optometrists had improved with the use of the Cambridgeshire Direct Referral Scheme, although there was some concern about feedback from Addenbrookes. When a patient is referred for cataract surgery at Addenbrookes and no surgery is performed for whatever reason there seems to be little or no feedback to the referring Optometrist. (Perhaps RM could also look at this).

Treasurer's Report: There was £29,716.20 in the main account up to 15/12/2008, and £9,000 in the deposit account. The 6-monthly payment to the LOC-SU is due in March and this will be in the region of £6-7,000.

Programme and Conference:

Programme: RLP will give a talk on the types of drugs available to use by the Optometrist on 26/02/2009.

Lydia Chang will give a Glaucoma related talk in March.

A.Kerr-Muir will give an anterior segment related talk in April.

Conference: CE has only had 2 replies from speakers so far; Tony Moore and David Broadway. Another 4 invites have been sent with no reply as yet.

WN suggested Psychological Aspects of Low vision as another topic to be covered.

AOB: The newsletter was discussed. This could be called Cambs. LOC E-news and preferably should be e-mailed. Suggestions for subjects to be included were: minutes of meetings, update

on shared-care programmes, PCT and CG issues, LOC-SU info., emergency phone numbers and referral criteria.

WN asked if meetings could be moved back to Thursdays instead of alternate Tuesdays and Thursdays, all were in agreement. This meeting was also in a smaller room which was thought to be preferable as it was more private and quieter. So it was decided to book this room in future.

The date of the next meeting is Thursday 19th March. The date of the AGM was decided as Thursday 14th May.